The Health Survey for England 2010 – Household Questionnaire

P3027

Programme Documentation

Household Questionnaire
Point2
SAMPLE POINT NUMBER.
Range: 1..997

Address
ADDRESS NUMBER.
Range: 1..97

Hhold
HOUSEHOLD NUMBER.
Range: 1..9

First
INTERVIEWER: For information, you are in the questionnaire for:
Point no: (Point number)
Address no: (Address number)
Household no: (Household number)

DateOK
Today’s date according to the laptop is (date). Is this the correct start date of this interview?
1 Yes
2 No

WhoHere
INTERVIEWER: Collect the names of the people in this household.
1 Continue

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

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

ENDIF

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

HHSize
Derived household size.
Range: 1..12

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

HOUSEHOLD COMPOSITION GRID FOR ALL HOUSEHOLD MEMBERS
(MAXIMUM 12)

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

**Name**
*First name from WhoHere*

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

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

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

**IF AgeOf = NONRESPONSE THEN**
**AgeEst**
INTERVIEWER CODE: Ask if necessary: Are you / is he/she) aged under 2 years , at least 2 up to 15 years, or 16 years or older.
INTERVIEWER: If not known, try to get best estimate.
   1  Under 2 years
   2  2 to 15 years
   3  16 to 64 years
   4  65 and over

**ENDIF**

**IF (AgeOf >=16) OR (AgeEst = 16 years or older) THEN**
**MarStat**
Are you (is he/she)
Ask or record. Code first that applies.
   1  ...single, that is never married,
   2  married and living with (husband/wife),
   3  civil partner in a legally recognised Civil Partnership
   4  married and separated from (husband/wife),
   5  divorced,
   6  or, widowed?
   7  **Spontaneous only** - Formerly in a legally recognised civil partnership and separated from civil partner
   8  **Spontaneous only** - Formerly in a legally recognised civil partnership and civil partnership is now legally dissolved
   9  **Spontaneously only** – A surviving civil partner (his/her partner has since died)

**IF (more than one person aged 16+ in household) AND (MarStat = single OR married and separated OR divorced OR widowed) THEN**
**Couple**
May I just check, are you (is he/she) living with anyone in this household as a couple?
ASK OR RECORD
1   Yes
2   No
3   Spontaneous only - same sex couple but not in a formal registered civil partnership

ENDIF
ENDIF

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

IF (AgeOf = 0 - 15) AND (AgeOf = Response) OR (LegPar = Yes) OR (AgeEst = Under 2 years or 2 to 15 years) THEN
  Par1
  Which of the people in this household are (name of respondent’s) parents or have legal parental responsibility for him/her on a permanent basis?
  INTERVIEWER: Code first person at this question.

  (Codeframe of all household members)
  1-12 Person numbers of household members
  97: Not a household member / dead

IF Par1 = 1..12 THEN
  Par2
  Which other person in this household is (name of respondent’s) parent or has legal parental responsibility for him/her on a permanent basis?
  INTERVIEWER: Code second person at this question.
  IF no-one else in the household.

  Codeframe of all household members)
  1-12 Person numbers of household members
  97: No-one else in the household

Nat1Par
SHOW CARD A2
From this card please tell me what is the relationship of (name of respondent) to (name of parent/legal guardian) [Par1] Just tell me the number beside the answer that applies to (name of respondent) and (name of parent/legal guardian).

IF (Par2 IN 1..12) THEN
  Nat2Par
  SHOW CARD A2
  From this card please tell me the relationship of (name of respondent) to (Just tell me the number beside the answer that applies to (name of respondent).

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

IF more than 2 children THEN
SelCh
Interviewer: Is this child selected for an individual interview?
ENDIF
ENDIF
ENDIF

NoneElig
INTERVIWER: There are no eligible respondents in this household.
Press <Ctrl Enter > and select Admin to complete the Admin details.

RELATIONSHIP BETWEEN HOUSEHOLD MEMBERS COLLECTED FOR ALL

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

ASK ALL

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

HHResp
INTERVIEWER CODE: Who was the person responsible for answering the grids in this questionnaire?
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(Codeframe of adult household members)
1-12 Person numbers of household members#
97 Not a household member

IF More than one person coded at HHldr THEN

HiHNum
You have told me that (name) and (name) jointly own or rent the accommodation. Which of you / who has the highest income (from earnings, benefits, pensions and any other sources)?

(INTERVIWER: See instructions <F9> for help, then press <Esc>)

These are the joint householders:

Enter Person number if two people have the same income, enter 13.
(Codeframe of joint householders)
1-12 Person numbers of household members
13 Two people have the same income

IF HiHNum=13 THEN

JntEldA
Enter person number of the eldest joint householder from those with the highest income.
Ask or record.

(Codeframe of joint householders)
1-12 Person numbers of household members

ENDIF

ELSEIF HiHNum=Don’t know or Refused

JntEldB
Enter person number of the eldest joint householder.
Ask or record.
(Codeframe of joint householders)

ENDIF

ENDIF

HRP
INTERVIEWER: The household reference person is:
(Displays name of Household Reference Person)
Press <1> and <Enter> to continue.

DVHRPNum
Person number of Household Reference Person

Eligible
Interviewer: For your information the persons in this household eligible for individual interview are:
(List of eligible respondents)
ASK ALL
Tenure1
SHOW CARD A3
Now, I’d like to get some general information about your household. In which of these ways does your household occupy this accommodation? Please give an answer from this card.

1 Own it outright
2 Buying it with the help of a mortgage or loan
3 Pay part rent and part mortgage (shared ownership)
4 Rent it
5 Live here rent free (including rent free in relative's/friend's property; excluding squatting)
6 Squatting

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

LandLORD
Who is your landlord?
INTERVIEWER: Read out and code first that applies.
 1 the local authority/council/ New Town Development,
 2 a housing association or co-operative or charitable trust,
 3 employer (organisation) of a household member,
 4 another organisation,
 5 relative/friend (before you lived here) of a household member,
 6 employer (individual) of a household member,
 7 another individual private landlord?

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

ENDIF

ASK ALL
Bedrooms
How many bedrooms does your household have, including bedsitting rooms and spare bedrooms?
INTERVIEWER: Exclude bedrooms converted to other uses (e.g. bathroom). Include bedrooms temporarily used for other things (e.g. study, playroom).
Range: 0..20

ENDIF

ASK ALL
Heaters
SHOWCARD A4.
In your accommodation do you have any of the heating or cooking appliances on this card which you regularly use?
INTERVIEWER: If the respondent has one of the heating appliances listed on the card, regular refers to use in winter or when it is cold.
1   Yes
2   No

ASK ALL

HeatType
SHOWCARD A4
Which of the types of heating or cooking appliances on this card do you use?
CODE ALL THAT APPLY
1  Gas fired boiler for central heating or hot water
2  Oil fired boiler for central heating or hot water
3  Coal or coke boiler or stove
4  Wood burning stove
5  Gas or calor gas fire in fireplace with flue or chimney
6  Other gas or calor gas fire
7  Open coal fire
8  Gas hob or cooking rings
9  Gas oven
10 Paraffin heater
11 None of these

Damp
During the winter months, does condensation form on the windows or walls of any room in your home apart from the bathrooms or toilets?
1   Yes
2   No

Fungus
During the winter months, are there patches of mould or fungus in any room in your home, apart from bathrooms or toilets?
1   Yes
2   No

Petho
Do you keep any household pets inside your house/flat?
1   Yes
2   No

IF Petho= Yes THEN
WtPet
What pets do you keep inside your house/flat?
PROBE: What others?
CODE ALL THAT APPLY
1  Dog
2  Cat
3  Bird
4  Other furry pets
5  Other
ASK ALL

PasSm
Does anyone smoke inside this (house/flat) on most days?
INTERVIEWER: Include non-household members who smoke inside the house or flat.
Exclude household members who only smoke outside the house or flat.

1  Yes
2  No

IF PasSm = Yes THEN

NumSm
How many people smoke inside this (house/flat) on most days?
Range:  1..20

ENDIF

ASK ALL

Car
Is there a car or van normally available for use by you or any members of your household?
INTERVIEWER: Include any provided by employers if normally available for private use by
respondent or members of household.

1  Yes
2  No

IF Car = Yes THEN

NumCars
How many are available?
1  One
2  Two
3  Three or more

ENDIF

SrcInc
Please look at SHOW CARD A5.
There has been a lot of talk about health and income. We would like to get some idea of your
household's income. This card shows various possible sources of income. Can you please tell
me which kinds of income you (and your husband/wife/partner) receive?
PROBE: For all sources.
CODE ALL THAT APPLY

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

**NJntInc**
SHOW CARD A6
This card shows incomes in weekly, monthly and annual amounts.
Which of the groups on this card represents (your/you and your husband/wife/partner’s 
combined) income from all these sources, before any deductions for income tax, National 
Insurance, etc?

Just tell me the number beside the row that applies to (you/your joint incomes).
INTERVIEWER: Enter the band number. Don’t know= 96, Refused = 97
    Range: 1..31, 96, 97

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

**IF OthInc = Yes THEN**
**NHHInc**
SHOW CARD A6
Thinking of the income of your household as a whole, which of the groups on this card 
represents the total income of the whole household before deductions for income tax, National 
Insurance, etc.
INTERVIEWER: Enter band number. Don’t know= 96, Refused = 97
    Range: 1..31, 96, 97

**ENDIF**

**ENDIF**

**EMPLOYMENT DETAILS OF HOUSEHOLD REFERENCE PERSON COLLECTED**

**NHA activ**
SHOW CARD A7
Which of these descriptions applies to what you/name (Household Reference Person) were 
doing last week, that is in the seven days ending (date last Sunday)?

**CODE first to apply.**
1 Going to school or college full-time (including on vacation)
2 In paid employment or self-employed (or away temporarily)
3 On a Government scheme for employment training
4 Doing unpaid work for a business that you own, or that a relative owns
5 Waiting to take up paid work already obtained
6 Looking for paid work or a Government training scheme
7 Intending to look for work but prevented by temporary sickness or injury 
   (CHECK MAX 28 DAYS)
8 Permanently unable to work because of long-term sickness or disability (USE ONLY FOR MEN AGED 16-64 OR WOMEN AGED 16-59)
9 Retired from paid work
10 Looking after home or family
11 Doing something else (SPECIFY)

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

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

IF (NHActiv = Intending to look for work but prevented by temporary sickness or injury, Retired from paid work, Looking after the home or family or Doing something else) OR (HstWork=No) AND (Household Reference Person aged under 65 (men)/60 (women)) THEN
   H4WkLook
   Thinking now of the 4 weeks ending (date last Sunday), were you/name (Household Reference Person) looking for any paid work or Government training scheme at any time in those four weeks?
   1 Yes
   2 No
ENDIF

IF NHActiv=(Looking for paid work or a government training scheme) OR H4WkLook = Yes THEN
   H2WkStrt
   If a job or a place on a Government training scheme had been available in the (7 days/four weeks) ending (date last Sunday), would you/name (Household Reference Person) have been able to start within two weeks?
   1 Yes
   2 No
ENDIF

IF NHActiv = (Looking for work or a government training scheme . .Doing something else) OR (HStWork = No) THEN
   HEverJob
   Have you/name (Household Reference Person) ever been in paid employment or self-employed?
   1 Yes
   2 No
ENDIF
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IF NHAActiv=Waiting to take up paid employment already obtained THEN

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

1 Yes
2 No

ENDIF

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

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

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

ENDIF

IF HEverJob = Yes THEN

HPayLast
Which year did you/name (Household Reference Person) your/his/her leave last paid job?
WRITE IN.
Numeric: 1920..2999 Decimals: 0

IF HPayLast  <= 8 years ago THEN

HPayMon
Which month in that year did you/he/she leave?

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

ENDIF

ENDIF

ENDIF

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

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

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

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

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

**HEmploye**
Were/Are/Will you/name (Household Reference Person) be...READ OUT...
1   an employee
2   or, self-employed?

INTERVIEWER: If in doubt, check how this employment is treated for tax & NI purposes.

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

ENDIF

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

**HNEmplee**
Including yourself/name (Household Reference Person), about how many people are/were/will be employed at the place where you/name usually work(s)/(usually worked/will work)?

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

ELSEIF (HEmploye = SelfEmp) AND (HDirctr = No) THEN

HSNEmple

Do/Did/Will you/name (Household Reference Person) have any employees?

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

ENDIF

IF HEmploye = Employee THEN

HInd

What does/did your/ his/her employer make or do at the place where you/name (Household Reference Person) (usually work/usually worked/will work)?

Text: Maximum 100 characters

Sector

Is your organisation a private sector organisation such as a company, or a public sector body such as a local or national government, schools or health service, or a non-profit organisation such as a charity?

1. Private sector
2. Public sector
3. Non-profit organisation
4. Don’t know
5. Refused

ELSEIF HEmploye = Self Employed THEN

HSlfWtMa

What do/did/will you/name (Household Reference Person) make or do in your business?

Text: Maximum 100 characters

ENDIF

ENDIF

ASK ALL HRPOcc

INTERVIEWER: DID (Household Reference Person) ANSWER THE OCCUPATION QUESTIONS HIM/HERSELF?

1. Yes
2. No

INTERVIEWER: END OF HOUSEHOLD SCHEDULE. NOW ADMINISTER INDIVIDUAL SCHEDULE(S).
General Health

**ASK ALL**

**OwnDoB**

What is your date of birth?

ENTER DATE IN NUMBERS, E.G. 02/01/1972.

IF (Name) DOES NOT KNOW HIS/HER DATE OF BIRTH, PLEASE GET AN ESTIMATE.

IF OwnDoB = Response THEN

OwnAge

Can I just check, your age is *(computed age)*?

1  Yes

2  No

ENDIF

IF OwnDoB = Not known/Refused THEN

OwnAgeE

Can you tell me your age last birthday? IF NECESSARY: What do you estimate your age to be?

Range: 1..120

IF (OwnAgeE = Not known/Refused) AND (Estimated age from household grid >=16) THEN

AgeAEst

INTERVIEWER: ESTIMATE NEAREST AGE

18  (ie between 16-19)
25  (ie between 20-29)
35  (ie between 30-39)
45  (ie between 40-49)
55  (ie between 50-59)
65  (ie between 60-69)
75  (ie between 70-79)
85  (ie 80+)

ELSE IF (OwnAgeE = Not known/Refused) AND (Estimated age from household grid < 16) THEN

AgeCEst

INTERVIEWER: ESTIMATE NEAREST AGE:

1  1 year
3  3 years
5  5 years
7  7 years
9  9 years
11 11 years
13 13 years
15 15 years

ENDIF

ENDIF

**ASK ALL**

**GenHelf**

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

1  ...very good
2  good
3  fair
4  bad, or
5  very bad?

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

1 Yes
2 No

IF LongIll = Yes THEN

FOR i = 1 TO 6 DO
    IF (i = 1) OR (More[i - 1] = Yes) THEN
        Records up to six long-standing illnesses
        IllsTxt[i]
        What (else) is the matter with you?
        INTERVIEWER: RECORD FULLY. PROBE FOR DETAIL.
        IF MORE THAN ONE MENTIONED, ENTER ONE HERE ONLY.
        Open Answer: up to 60 characters

        Variable names for text are IllsTxt1-IllsTxt6

    IF (i < 6) THEN
        More[i]
        (Can I check) do you have any other long-standing illness, disability or infirmity?
        1 Yes
        2 No

    ENDF
ENDIF
ENDDO

IF LongIll = Yes THEN

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

ASK ALL

LastFort
Now I'd like you to think about the two weeks ending yesterday. During those two weeks did you have to cut down on any of the things you usually do about the house or at school/work/or in your free time because of a condition you have just told me about or some other illness or injury?
1 Yes
2 No

IF LastFort = Yes THEN

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

IF Age16+ AND LongIll = Yes THEN
ConvDoc
You mentioned earlier that you have a/some long term health condition(s). Doctors, nurses or other health workers sometimes have a special discussion with people with a long term condition, to look at the way that their health and care is managed. This is to make sure that people are given information and understand the options for their condition, are happy with the care they are receiving overall for their health, and know how they can be involved in decisions about their care.

Have you had a conversation like this with your doctor, nurse or health worker about your long term condition(s)?
   1. Yes
   2. No
   3. Not sure

IF ConvDoc=Yes
LastYr
Was this in the last 12 months or longer ago?
   1. In last 12 months
   2. Longer ago

IF Age16+ AND LongIll = Yes THEN
PlanAg
Sometimes a doctor, nurse or other health worker will agree a Personal Care Plan for someone with a long term condition, where they write down how the condition will be managed and who is involved in providing general health care or support.

In the last 12 months, have you and a health professional agreed a Personal Care Plan for your overall health and social care needs?
   1. Yes, have agreed a personal care plan in the last 12 months
   2. Yes, agreed a personal care plan more than 12 months ago
   3. No, do not have a personal plan

IF PlanAg = No THEN
OffPlan
Have you talked about a Personal Care Plan with a health care professional, or been offered a Personal Care Plan in the last 12 months?
   1. Yes
   2. No

IF OffPlan = Yes THEN
WhyNoPl
Why have you not agreed a Personal Care Plan after discussing it? Is that because you didn't want one or is there some other reason?
   1. Did not want a personal care plan
   2. Still discussing a plan, not yet agreed
   95. Other reason - SPECIFY

IF WhyNoPl = Other THEN
NoPlOth
INTERVIEWER: Specify other reason.

IF OffPlan = No THEN
LikePlan
Would you like the opportunity to discuss a Personal Care Plan with a health professional?
   1. Yes
   2. No
   3. Don't know

CareImpr
Has your Care Plan improved the health or social care services you receive?
IF YES: Would you say they have improved a great deal or to some extent?
SINGLE CODE ONLY.
   1. Yes - improved a great deal
   2. Yes - improved to some extent
   3. No - not improved
   4. Don't know / can't say

ASK ALL WHO HAVE A LONG-TERM CONDITION

OptOff
SHOWCARD B1
There are various options for self care support that health care professionals may offer to people with long term health conditions. This card shows some of them. Have you discussed or been offered any of the things on this card in the last 12 months (even if you decided not to take them up)?
PROBE FULLY: Which others?
CODE ALL THAT APPLY.
   1. Being given help to find information about your condition
   2. Being given help to find information about the choices you have for care from health professionals
   3. Attending a training course on your condition, such as the Expert Patients Programme, Challenging Arthritis, DAFNE for diabetes, etc.
   4. Joining a support network or attending a group for people with a long-term condition
   5. Having equipment fitted into your home
   95. Other (PLEASE SPECIFY)
   96. None of these

IF (Other IN OptOff) THEN
OptOffOt
INTERVIEWER: Please specify.

OptDone
SHOWCARD B2
And over the last 12 months which, if any, of the things on this card have you actually done to help manage your condition? Just read out the numbers that apply.
PROBE FULLY: Which other things (have you done to help manage your condition in the last 12 months)?
CODE ALL THAT APPLY
   1. Read and used information about your condition
   2. Read and used information about the choices you have for care from health professionals
   3. Attended a training course on your condition such as the Expert Patients Programme, Challenging Arthritis, DAFNE for diabetes, etc
   4. Joined a support network or attended a group for people with a long-term condition
   5. Had equipment fitted into your home
   95. Other (PLEASE SPECIFY)
   96. None of these

IF (Other IN OptDone) THEN
OpDonOt
INTERVIEWER: Please specify.
**Dental Health**

**ASK ALL**

**DenHlth**

SHOW CARD C1

In relation to dental health, which of the things on this card applies to you?

EXPLAIN IF NECESSARY: Crowns are included as natural teeth.

I have...
1. ...no natural teeth and wear dentures
2. ...both natural teeth and denture(s)
3. ...only natural teeth
4. ...neither natural teeth nor dentures

IF DenHlth = 2 or 3 THEN

**NatTeeth**

Adults can have up to 32 natural teeth but over time people lose some of them.

How many natural teeth have you got? Is it...

READ OUT...

EXPLAIN IF NECESSARY: Include teeth with crowns and wisdom teeth.
1. Fewer than 10 natural teeth
2. Between 10 and 19 natural teeth
3. 20 or more natural teeth?

ENDIF

**DenHlth2**

Would you say that your dental health (your mouth, teeth and/or dentures) is...
1. ...excellent
2. ...very good
3. ...good
4. ...fair
5. ...or poor?

**DenProb**

SHOW CARD C2

In the past 6 months, have you had any problems with your mouth, teeth or dentures which have caused you to have any of the things listed on this card?

CODE ALL THAT APPLY.
1. Difficulty eating food
2. Difficulty speaking clearly
3. Problems with smiling, laughing and showing teeth without embarrassment
4. Problems enjoying the company of other people such as family, friends or neighbours
5. None of these
Doctor-Diagnosed Hypertension

IF Age>=16
EverBP
Do you now have, or have you ever had...READ OUT ...high blood pressure (sometimes called hypertension)?
1 Yes
2 No

IF EverBP = Yes THEN
DocNurBP
Were you told by a doctor or nurse that you had high blood pressure?
1 Yes
2 No

IF (DocNurBP = Yes) AND (Sex = Female) THEN
PregBP
Can I just check, were you pregnant when you were told that you had high blood pressure?
1 Yes
2 No

IF PregBP = Yes THEN
NoPregBP
Have you ever had high blood pressure apart from when you were pregnant?
1 Yes
2 No
ENDIF
ENDIF
ENDIF

IF DocNurBP=Yes and NoPregBP <> No THEN
AgeinfBP
How old were you when you were first told by a (doctor/nurse) that you had high blood pressure? Interviewer: Type in age in years.
Numeric: 0..100

MedcinBP
Are you currently taking any medicines, tablets or pills for high blood pressure?
1 Yes
2 No

IF MedcinBP = No, Don't know or refused THEN
StillBP
ASK OR RECORD: Do you still have high blood pressure?
1 Yes
2 No

PastAbBP
Have you ever taken medicines, tablets, or pills for high blood pressure in the past?
1 Yes
2 No

IF PastAbBP = Yes THEN
FinTaBC
Why did you stop taking (medicines/tablets/pills) for high blood pressure? PROBE: What other reason? TAKE LAST OCCASION. CODE ALL THAT APPLY

1 Doctor advised me to stop due to: …improvement
2 …lack of improvement
3 …other problem
4 Respondent decided to stop: …because felt better
5 … for other reason
95 Other reason

IF FinTaBC=6 THEN
FinTaOth
INTERVIEWER: Please specify other reason
Text: Maximum 50 characters
ENDIF
ENDIF
ENDIF

OthAdv
Are you receiving any (other) treatment or advice because of your high blood pressure? INCLUDE REGULAR CHECK-UPS

1 Yes
2 No

IF OthAdv = Yes THEN
WhatTrt
SHOW CARD D1

What other treatment or advice are you currently receiving because of your high blood pressure? PROBE: What else? CODE ALL THAT APPLY

1 Blood pressure monitored by GP/other doctor/nurse
2 Advice or treatment to lose weight
3 Blood tests
4 Change diet
5 Stop smoking
6 Reduce stress
95 Other (RECORD AT NEXT QUESTION)

IF AdBPc = Other THEN
WhatTSp
PLEASE SPECIFY...
Text: Maximum 50 characters
ENDIF
ENDIF
ENDIF
Diabetes

ASK ALL AGED 16+

EverDi
Do you now have, or have you ever had diabetes?
  1. Yes
  2. No

IF EverDi=YES THEN

Diabetes
Were you told by a doctor that you had diabetes?
  1. Yes
  2. No

IF FEMALE

DiPreg
Can I just check, were you pregnant when you were told that you had diabetes?
  1. Yes
  2. No

IF Di Preg=Yes THEN

DiOth
Have you ever had diabetes apart from when you were pregnant?
  1. Yes
  2. No

IF EverDi=YES AND HAD DIABETES APART FROM WHEN PREGNANT THEN

DiAge
Apart from when you were pregnant, approximately how old were you when you were first told by a doctor that you had diabetes?
INTERVIEWER: Type in age in years.

Insulin
Do you currently inject insulin for diabetes?
  1. Yes
  2. No

DiMed
Are you currently taking any medicines, tablets or pills (other than insulin injections) for diabetes?
  1. Yes
  2. No

OthDi
SHOW CARD E1
Are you currently receiving any other treatment or advice for diabetes?
INTERVIEWER: Include regular check-ups.
  1. Yes
  2. No

OtherDi
SHOW CARD E1
What other treatment or advice are you currently receiving for diabetes?
PROBE: What else?
CODE ALL THAT APPLY.
COtherDi [Editor back code]
What other treatment or advice are you currently receiving for diabetes?
PROBE: What else?
CODE ALL THAT APPLY.
1. Special diet
2. Eye screening / regular eye tests
3. Regular check-up with GP/hospital/clinic
4. Other (RECORD AT NEXT QUESTION)

WhatDSp
INTERVIEWER: SPECIFY OTHER TREATMENT OR ADVICE.

IF Eye Screening NOT MENTIONED AT OtherDi
WhyNoET
You did not mention regular eye tests for your diabetes. Is there any reason why you are not having your eyes tested regularly?

1. Not needed / never been told that I need eye tests
2. Been offered regular eye tests but didn't want them
3. Been offered regular eye tests but not able to take them up
4. Other (RECORD AT NEXT QUESTION)

IF WhyNoET = Other THEN
OthNoET
INTERVIEWER: PLEASE SPECIFY.
Kidney Disease

EverKidD
We now have some questions about kidney disease, which is an area we are looking at in the Health Survey this year.
Do you yourself now have, or have you ever had chronic kidney disease?
Don't include simple urine infections, a single episode of kidney stone disease or kidney cancer.
IF ASKED: Renal failure is a form of kidney disease. Only chronic renal failure should be included at this question.
  1. Yes
  2. No

FamKidD
Do any of your close relatives (parents, brothers or sisters, or children) have chronic kidney disease, or have they ever had chronic kidney disease?
This would include needing long term dialysis or a kidney transplant, but excludes simple urine infections, a single episode of kidney stone disease or kidney cancer.
IF ASKED: Renal failure is a form of kidney disease. Only chronic renal failure should be included at this question.
  1. Yes
  2. No

IF EverKidD = No THEN
RiskKid
Have you ever been told by a doctor or health professional that you are at risk of kidney disease?
  1. Yes
  2. No
ENDIF

IF EverKidD = Yes THEN
DocInfo1
Were you told by a doctor that you had chronic kidney disease?
  1. Yes
  2. No

IF DocInfo1 = Yes THEN
AgeInfo1
How old were you when you were first told by a doctor that you had kidney disease?
INTERVIEWER: ENTER AGE IN YEARS.

IF EverKidD = Yes THEN
KidTest
Have you ever been told you were being tested for kidney disease?
  1. Yes
  2. No

IF KidTest = Yes THEN
WhKTest
When were you (last) tested for kidney disease? Was it...
READ OUT...
  1. ...within the last 12 months
  2. more than 12 months ago but within the last 5 years
  3. or longer ago?

IF WhKTest IN LAST FIVE YEARS THEN
WhatTest
Did you have a blood test or urine test, or any other test, to see if you had kidney disease?
Which other tests?
CODE ALL THAT APPLY.
   1. Blood test
   2. Urine test
   3. Scan
   4. Other test
   5. Can't remember

IF Other IN WhatTest THEN
WhTestOt
INTERVIEWER: Please specify other test.
ENDIF

IF WhatTest = Blood THEN
BldRes
When you had your (most recent) blood test, were you told a percentage (eGFR) which shows how well your kidneys were working?
EXPLAIN IF NECESSARY: Doctors would usually say that a percentage of 60 or lower suggests a kidney problem. (eGFR: Estimated Glomerular Filtration Rate)
   1. Yes, given a percentage
   2. No, but given a different measure
   3. No, not given any measure or percentage
   4. Don't remember
ENDIF

IF WhatTest = Urine THEN
UrTest
When you had your (most recent) urine test, do you know whether there was any blood or protein in your urine?
CODE ALL THAT APPLY.
   1. Blood
   2. Protein
   3. Neither
   4. Don't remember/Don't know/Not told result
ENDIF

ENDIF

IF EverKidD = Yes THEN
MedKidD
Are you currently taking any medicines, tablets or pills for kidney disease?
   1. Yes
   2. No

AdvKidD
SHOW CARD F1
Are you currently receiving any other treatment or advice for kidney disease?
INTERVIEWER: include regular check-ups.
   1. Yes
   2. No

IF AdviceKidD = Yes THEN
AdKidDC
SHOW CARD F1
What (other) treatment or advice are you currently receiving for kidney disease?
PROBE: What else? CODE ALL THAT APPLY.
   1. Special diet/dietary advice
   2. Regular check-up with GP
   3. Regular check-up with hospital clinic
   4. Regular dialysis
   95 Other - SPECIFY

(Other IN AdKidDc) THEN
WhatDSp
INTERVIEWER: Please specify.
   ENDIF
   ENDIF
   ENDIF
   ENDIF
   ENDIF
Respiratory Module

**ASK ALL**

**EverW**
I am now going to ask you some questions about your breathing...

Have (Has) you (name) ever had wheezing or whistling in the chest at any time, either now, or in the past?
1. Yes
2. No

**IF EverW = YES THEN**

**NoCol**
Have (Has) you (name) ever had this wheezing or whistling when (you/he/she) did not have a cold?
1. Yes
2. No

**TweWz**
Have (Has) you (name) had wheezing or whistling in the chest in the last 12 months?
1. Yes
2. No

**IF TweWz = YES THEN**

**SleTw**
In the last 12 months, how often on average has your (name) sleep been disturbed due to wheezing or whistling in the chest?

Have (has) (you/he/she)... READ OUT...
1. Never woken with wheezing
2. Woken less than one night per week, or
3. Woken one or more nights per week?

**NaDli**
In the last 12 months, how much did wheezing or whistling in the chest interfere with your (name) normal daily activities?

READ OUT
1. Not at all
2. A little
3. Quite a bit
4. A lot

**ENDIF**

**ENDIF**

**ASK ALL**

**LstYrSoB**
Apart from when you (name) are (is) doing strenuous exercise, have (has) (you/he/she) ever had shortness of breath, breathlessness, or difficulty in breathing at any time in the last 12 months?
1. Yes
2. No

**SoBUp**
Are (Is) you (name) troubled by shortness of breath when hurrying on level ground or walking up a slight hill?
1. Yes
2. No
3. Never walks up hill or hurries
4. Cannot walk

IF SoBUp = YES or never walks up hill or hurries THEN
SoBAg
Do (Does) you (name) get short of breath walking with other people of (your/his/her) own age on level ground?
1. Yes
2. No
3. Never walks with people of own age on level ground

IF SoBAg = YES or never walks with people of own age THEN
SoLev
Do (Does) you (name) have to stop for breath after walking at (your/his/her) own pace on level ground?
1. Yes
2. No

ENDIF
ENDIF

IF SoLev = YES or SoBUp = cannot walk THEN
SoBHouse
Are (Is) you (name) ever too breathless to leave the house?
1. Yes
2. No

IF SoBHouse = YES THEN
LeavHo
Is that all or most days, at least once a week, or less often than that?
1. All or most days
2. At least once a week
3. Less often

ENDIF

SoBDress
Are (Is) you (name) ever breathless when dressing or undressing?
1. Yes
2. No

ENDIF

IF SoBDress = YES THEN
BDress
Is that all or most days, at least once a week, or less often than that?
1. All or most days
2. At least once a week
3. Less often

ENDIF

Coufam
Do (Does) you (name) usually cough first thing in the morning?
1. Yes
2. No
**Couff**
Do (Does) you (name) usually cough first thing in the morning in the winter?
1. Yes
2. No

**IF Couff = No OR don’t know THEN**

**CofDa**
Do (Does) you (name) usually cough during the day or night in the winter?
EXPLAIN IF NECESSARY: Usually is at least six single coughs per day.
1. Yes
2. No

**ENDIF**

**IF Couff = YES or CofDa = YES THEN**

**FrCof**
Do (Does) you (name) cough like this on most days for as much as three months each year? That is, for three consecutive months.
1. Yes
2. No

**ENDIF**

**ASK ALL**

**FleUs**
Do (Does) you (name) usually bring up any phlegm from (your/his/her) chest?
1. Yes
2. No

**Flegm**
Do (Does) you (name) usually bring up any phlegm from (your/his/her) chest, first thing in the morning in the winter?
1. Yes
2. No

**IF Flegm = No or don’t know THEN**

**FleDa**
Do (Does) you (name) usually bring up any phlegm from (your/his/her) chest, during the day or at night in the winter?
1. Yes
2. No

**ENDIF**

**IF FleUs = YES or Flegm = YES or FleDa = YES THEN**

**FreFl**
Do (Does) you (name) bring up phlegm like this on most days for as much as three months each year? That is, for three consecutive months.
1. Yes
2. No

**ENDIF**

**ASK ALL**

**EverSnor**
Have (Has) you (name) ever been told that (you/he/she) snore(s) heavily or loudly?
1. Yes
2. No
EvrSleep
Has anyone ever told you that you (name) stop(s) breathing during (your/his/her) sleep?
1. Yes
2. No

IF EverSleep = YES THEN
SleepTrt
Have (Has) you (name) ever been investigated (or assessed) for a sleep related breathing problem?
1. Yes
2. No

IF SleepTrt = YES THEN
SleepNHS
Are (Is) you (name) receiving treatment from the NHS for a sleep related breathing problem?
1. Yes
2. No

IF SleepNHS = YES THEN
SlpCPAP
Are (Is) you (name) being treated with a machine you use at home called CPAP, or something else?
(CPAP = Continuous Positive Airways Pressure)
1. CPAP
2. Something else (please specify other)

IF SlpCPAP = Something else THEN
SlpCPAP
INTERVIEWER: Please specify other answer
Open answer: up to 250 characters

ASK ALL AGED 16+
SlpDay
SHOW CARD G1
In contrast to just feeling tired, how likely are you to doze off or fall asleep during the day?
1. Would never doze
2. Slight chance of dozing
3. Moderate chance of dozing
4. High chance of dozing

ConDr
Did a doctor or nurse ever tell you that you (name) had asthma?
1. Yes
2. No

IF ConDr = YES THEN
FirAtA
How old were (was) you (name) when you were first told by a doctor or nurse that (you/he/she) had asthma?
INTERVIEWER: Enter age in years."
Numeric: 0..100 Decimals: 0

SymAs
SHOW CARD G2
Have (Has) you (name) had any symptoms of asthma in the last 12 months, or are they controlled by medication?
The Health Survey for England 2010 – Individual Questionnaire

Respiratory Disease

1. Yes, have had symptoms of asthma in the last 12 months
2. No symptoms in the last 12 months, asthma controlled by medication
3. No symptoms in the last 12 months, no medication taken for asthma

IF SymAS = YES THEN

WhtSym
Do (Does) you (name) have symptoms of asthma every day or most days, or do (does) (you/he/she) have attacks every now and then, or both?
1. Symptoms every day/ most days
2. Attacks every now and then
3. Both

SleepDif
In the last week, on how many days have (has) you (name) had difficulty sleeping because of (your/his/her) usual asthma symptoms?
0. None
1. 1 day
2. 2 days
3. 3 days
4. 4 days
5. 5 days
6. 6 days
7. 7 days

SymDays
In the last week, on how many days have (has) you (name) had (your/his/her) usual asthma symptoms during the day?
0. None
1. 1 day
2. 2 days
3. 3 days
4. 4 days
5. 5 days
6. 6 days
7. 7 days

IntDays
In the last week, on how many days has your (name) asthma interfered with (your/his/her) usual activities?
0. None
1. 1 day
2. 2 days
3. 3 days
4. 4 days
5. 5 days
6. 6 days
7. 7 days

AsTwe
When was your (name) most recent attack of asthma?
PROMPT IF NECESSARY:

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

**COPD**
Did a doctor ever tell you that you (name) had chronic bronchitis, emphysema or COPD (Chronic Obstructive Pulmonary Disease)?
1. Yes
2. No

**IF COPD = 1 or TWEWZ = 1 or SOBUP = 1 or CONDR = 1 THEN**

**WhtCOPD**
SHOW CARD G3
Which of the following did the doctor tell you that you (name) had?
PROBE: Which others? CODE ALL THAT APPLY.

1. COPD
2. Chronic Bronchitis
3. Emphysema

**HrtCOPD**
Have (name) ever been told by a doctor that you (he/she) also have (has) heart failure?
1. Yes
2. No

**AgeCOPD**
How old were(was) you (name) when you were first told by a doctor that (you/he/she) had (WhtCOPDtxt)?

ENTER AGE IN YEARS.
Numeric: 1..100 Decimals: 0

**Flare**
Over the last 12 months have (has) you (name) had any flare ups when (your/his/her) symptoms were worse than usual for at least two days in a row?
1. Yes
2. No

**IF Flare = YES THEN**

**NumFlare**
How many of these flare ups have (has) you (name) had in the last 12 months?
1. One
2. Two
3. Three or more

**ChgFlare**
SHOW CARD G4
In these flare ups what changed?
PROBE: What else? CODE ALL THAT APPLY.

1. Breathing got worse
2. Started to cough up phlegm
3. Phlegm increased in volume
4. Colour of phlegm changed
5. Other change
IF ChgFlare = Other THEN

ChgFlarO
INTERVIEWER: Please specify other change.
Open answer: up to 250 characters

TrtFlare
SHOW CARD G5
How were these flare ups usually treated?
PROBE: Which others? CODE ALL THAT APPLY.

1. Increased use of inhalers
2. Taking antibiotics
3. Taking steroid tablets
4. Other treatment (specify what it was)
5. No treatment

TrtFlarO
INTERVIEWER: Please specify other treatment.
Open answer: up to 250 characters

ColdCOPD
If you (name) have (has) a cold do (your/his/her) chest symptoms get worse?
1. Yes
2. No
ENDIF

IF COPD = 1 or TWEWZ = 1 or SOBUP = 1 or CONDR = 1 THEN

Inhal
Over the last 12 months, have (has) you (name) used an inhaler, puffer or nebuliser prescribed by a
doctor to treat (your/his/her) asthma, wheezing or whistling, or difficulty in breathing?
1. Yes
2. No

TrtMed
SHOW CARD G6
What treatment or medication are (is) you (name) taking every day for (your/his/her) asthma,
wheezing or whistling, or difficulty in breathing?
PROBE: Which others? CODE ALL THAT APPLY.
1. Steroid tablets
2. Theophylline tablets (e.g. Nuelin, Slo-Phyllin, Uniphylline, Phylocontin)
3. Antibiotics
4. Tablets, capsules or other liquid medicine to help bring up phlegm - Carbocisteine, Erdotin,
Visclair
5. Other tablets or granules (e.g. montelukast /Singulair), zafirlukast/ Accolate
6. Inhalers
7. Oxygen
8. Other treatment or medication
9. None

TrtMedO
INTERVIEWER: Please specify other treatment or medication.
Open answer: up to 250 characters

InhList
SHOW CARD G7
Have (Has) you (name) used any of the inhalers **on this list** in the past 12 months?
1. Yes
2. No

**InhDay**
SHOW CARD G7
Do (Does) you (name) use any of the inhalers **on this list** every day?
1. Yes
2. No

**InhWeek**
SHOW CARD G7
On how many days have (has) you (name) used an inhaler on this list in the last seven days?
0. None
1. 1 day
2. 2 days
3. 3 days
4. 4 days
5. 5 days
6. 6 days
7. 7 days

**ENDIF**
**ENDIF**

**InhList2**
SHOW CARD G8
Have (Has) you (name) used any of the inhalers on this list in the past 12 months?
1. Yes
2. No

**InhDay2**
SHOW CARD G8
Do (Does) you (name) use any of the inhalers **on this list** every day?
1. Yes
2. No

**InhWeek2**
SHOW CARD G8
On how many days have (has) you (name) used an inhaler on this list in the last seven days?
0. None
1. 1 day
2. 2 days
3. 3 days
4. 4 days
5. 5 days
6. 6 days
7. 7 days

**InhList3**
SHOW CARD G9
Have (Has) you (name) used any of the inhalers **on this list** in the past 12 months?
1. Yes
2. No
InhDay3
SHOW CARD G9
Do (Does) you (name) use any of the inhalers on this list every day?
1. Yes
2. No

InhWeek3
SHOW CARD G9
On how many days have (has) you (name) used an inhaler on this list in the last seven days?
0. None
1. 1 day
2. 2 days
3. 3 days
4. 4 days
5. 5 days
6. 6 days
7. 7 days

ENDIF
ENDIF

InhList4
SHOW CARD G10
Have (Has) you (name) used any of the inhalers on this list in the past 12 months?
1. Yes
2. No

InhDay4
SHOW CARD G10
Do (Does) you (name) use any of the inhalers on this list every day?
1. Yes
2. No

InhWeek4
SHOW CARD G10
On how many days have (has) you (name) used an inhaler on this list in the last seven days?
0. None
1. 1 day
2. 2 days
3. 3 days
4. 4 days
5. 5 days
6. 6 days
7. 7 days

ENDIF
ENDIF

InhList5
SHOW CARD G11
Have (Has) you (name) used any of the inhalers on this list in the past 12 months?
1. Yes
2. No

InhDay5
SHOW CARD G11
Do (Does) you (name) use any of the inhalers on this list every day?
InhWeek5
SHOW CARD G11
On how many days have (has) you (name) used an inhaler on this list in the last seven days?
0. None
1. 1 day
2. 2 days
3. 3 days
4. 4 days
5. 5 days
6. 6 days
7. 7 days

IF age 4 – 15 AND SymAS = 1, 2 or ConDr = 1 THEN
AtSch
Are (Is) you (name) attending school?
1. Yes
2. No

IF AtSch = YES THEN
SchAb
Over the last 12 months, how many days has your (name) asthma/wheezing/whistling in (your/his/her) chest caused (you/him/her) to be absent from school?
1. None
2. Less than 5
3. 5-9
4. 10-14
5. 15-19
6. 20-29
7. 30 or more
8. Don’t know / can’t remember this
ENDIF

IF AtSch = Yes and Inhal = 1 or TrtMed = 6 THEN
EasInh
SHOW CARD G12
How easy or difficult is it for you (name) to get to (your/his/her) reliever inhaler at school?
1. Very easy
2. Quite easy
3. Quite difficult
4. Very difficult
5. Have never had to get it (DON’T READ OUT)
6. Don’t know
ENDIF

IF AtSch = YES THEN
SchSit
SHOW CARD G13
Have (Has) you (name) had an asthma attack at school which has involved any of these situations?

PROBE: Which others? CODE ALL THAT APPLY.
1. The teachers or the nurse had to assist
2. Parents had to be called to the school
3. An ambulance had to be called
4. None of these
ENDIF

FtMnt
Over the last 12 months, for how many months did you work full-time?
INTERVIEWER: If less than 1 month enter '0'.
Numeric: 0..12 Decimals: 0

IF FtMnt > 0 THEN
WoAbs
Over the last 12 months, how many days has your wheezing/whistling in your chest, shortness of
breath or difficulty in breathing caused you to be absent from work?
1. None
2. Less than 5
3. 5-9
4. 10-14
5. 15-19
6. 20-29
7. 30 or more
8. Don't know / can't remember this
ENDIF

LimStren
SHOW CARD G14
On average, during the past week, how limited were (was) you (name) in these activities because of
(your/his/her) breathing problems:
Strenuous physical activities (such as climbing stairs, hurrying, doing sports)?

1. Not limited at all
2. Very slightly limited
3. Slightly limited
4. Moderately limited
5. Very limited
6. Extremely limited
7. Totally limited/ can't do these activities

LimMod
SHOW CARD G14
(On average during the past week, how limited were (was) you (name) because of (your/his/her)
breathing problems for)
Moderate physical activities (such as walking, housework, carrying things)?

1. Not limited at all
2. Very slightly limited
3. Slightly limited
4. Moderately limited
5. Very limited
6. Extremely limited
7. Totally limited/ can't do these activities

LimDaily
SHOW CARD G14
(On average during the past week, how limited were (was) you (name) because of (your/his/her)
breathing problems for)
Daily activities at home (such as dressing, washing (yourself/himself/herself))?

1. Not limited at all
2. Very slightly limited
3. Slightly limited
4. Moderately limited
5. Very limited
6. Extremely limited
7. Totally limited/ can't do these activities

**LimSocial**

SHOW CARD G14
(On average during the past week, how limited were (was) your (name) because of (your/his/her) breathing problems for)

Social activities (such as talking, being with children, visiting friends/relatives)?

1. Not limited at all
2. Very slightly limited
3. Slightly limited
4. Moderately limited
5. Very limited
6. Extremely limited
7. Totally limited/ can't do these activities

ENDIF

**ASK ALL**

**NoFlu**

In the last 12 months, have (has) you (name) had a problem with sneezing or a runny or blocked nose when (you/he/she) did not have a cold or the flu?

1. Yes
2. No

**IF Flu = YES THEN**

**NoFlFour**

When you (name) suffer(s) from this, is this for more than four hours a day on more than four days a week?

1. Yes
2. No

**IF NoFlFour = YES THEN**

**Hayfever**

Is this nose trouble seasonal (for instance hay fever) or all the year round?

PROBE IF NECESSARY IF ALL YEAR ROUND: Is it all year round but more at some times of year?

1. Seasonal
2. All year round
3. All year round but more at some times of year
4. None of these

**IF NoFlFour = YES and FtMnt > 0 THEN**

**NosWk**

Does your nose trouble interfere with your performance at work?

1. Yes
2. No
IF NosWk = YES THEN
NosWOff
Over the last 12 months, how many days has your nose trouble caused you to be absent from work?
1. None
2. Less than 5
3. 5-9
4. 10 or more
5. Don't know / can't remember this
ENDIF
ENDIF

IF NoFlFour = YES and AtSch = 1 THEN
NosSch
Does your (name) nose trouble interfere with (your/his/her) performance at school?
1. Yes
2. No
IF NosSch = YES THEN
NSchOff
Over the last 12 months, how many days has your (name) nose trouble caused (you/him/her) to be absent from school?
1. None
2. Less than 5
3. 5-9
4. 10 or more
5. Don't know / can't remember this
ENDIF
ENDIF

HFevrTrt
Do (Does) you (name) take any medications for (your/his/her) nose symptoms?
READ OUT...
1. ...over the counter medications only,
2. medication prescribed by a doctor only,
3. or both?
4. Neither (DON'T READ OUT)
IF HFevrTrt = 1, 2, 3 THEN
HFevrDay
Do (Does) you (name) take these medicines every day, or just when (your/his/her) symptoms get worse?
1. Every day
2. Just when the symptoms get worse
HFTrtOk
Does the medication you (name) take(s) for (your/his/her) nose trouble adequately control the problem? I mean either prescribed medication or ones you buy over the counter.
1. Yes, controls the problem
2. No
ENDIF
ENDIF
Swine Flu Module

HadFlu
Since May 2009, have you had a flu-like illness where you felt feverish and had a cough or sore throat?
1. Yes
2. No

SwineFlu
Do you think your flu-like illness was swine flu?
IF HAD FLU MORE THAN ONCE ASK: Did you think any of the times you were ill it was swine flu?
1. Yes
2. No

WhnMSFlu
When did you have this illness - which month and year was it?
INTERVIEWER: Record the month here.
If more than one episode they thought was swine flu record for the most severe episode (or if equally severe, the most recent).

1. January
2. February
3. March
4. April
5. May
6. June
7. July
8. August
9. September
10. October
11. November
12. December

WhnYSFlu
(When did you have this illness - which month and year was it?)
INTERVIEWER: Record the year here.
Numeric: 2009..2020 Decimals: 0

DiagFlu
SHOW CARD G15
What makes you think it was swine flu?
1. Based on my own judgement
2. Based on using the Symptom Checker from the National Pandemic Flu Service (on the internet)
3. Based on a phone call to GP / hospital / NHS Direct/ National Pandemic Flu Service
4. Based on a face to face consultation with a doctor / nurse
5. Based on results of a nose or throat swab or blood test
6. Other (NOT ON CARD)

TreatSFlu
SHOW CARD G16
How was this illness treated?
1. Over the counter cold or flu medicines or pain killers, bought at a shop or chemist
2. Antivirals e.g. tamiflu, relenza
3. Antibiotics
4. Other treatment
5. No treatment

**SFluWork**
How many days did you have to take off work, school or college because of the illness?
INTERVIEWER: Exclude weekends.
1. None
2. 1
3. 2
4. 3
5. 4
6. 5
7. 6-10 days
8. 10 or more days
9. I am not in work, school or college

**FluJab**
Since October 2009, have you received a flu jab?
1. Yes
2. No

**WhenMJab**
When did you have a flu jab?
INTERVIEWER: Record the month here.
THE RESPONDENT COULD HAVE HAD MAX 4 JABS. IF MORE THAN ONE, CODE MOST RECENT FIRST.
1. January
2. February
3. March
4. April
5. May
6. June
7. July
8. August
9. September
10. October
11. November
12. December

**WhenYJab**
(When did you have a flu jab?)
INTERVIEWER: Record the year here.
Numeric: 2009..2020 Decimals: 0

**JabTyp**
What type of jab was it?
READ OUT
1. Swine flu jab
2. Seasonal flu jab
3. Jab for both
4. (DON'T READ OUT) Not sure

**MoreJab**
Have you had any other flu jabs since October 2009?
1. Yes
2. No

JabTime
SHOW CARD G17
You said you had a flu-like illness in (Month) (Year), and you had a flu jab that month. From this card, when did you have the illness?
1. Before the vaccine
2. Immediately after the vaccine - within 2 days
3. After the vaccine - from 3 days to 2 weeks
4. More than 2 weeks after the vaccine
5. Can't remember (NOT ON CARD)
Fruit and vegetable consumption

IF Age of respondent >= 5 THEN
VFInt
Now we are moving on to a different topic, and I'd like to ask you a few questions about some of the things you ate and drank yesterday. By yesterday I mean 24 hours from midnight to midnight. First I'd like to ask you some questions about the amount of fruit and vegetables you have eaten
  1    Continue

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

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

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

IF VegPul = Yes THEN
  VegPulQ
  SHOWCARD H1
  How many tablespoons of pulses did you eat yesterday?
  IF ASKED: 'Think about a heaped or full tablespoon'.
  Range: 0.5 - 50.0
ENDIF

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

IF VegVeg = Yes THEN
  VegVegQ
  SHOWCARD H1
  How many tablespoons of vegetables did you eat yesterday?
  IF ASKED: 'Think about a heaped or full tablespoon'.
  Range: 0.5 - 50.0
ENDIF
**VegDish**

Apart from anything you have already told me about, did / Did you eat any other dishes made **mainly** from vegetables or pulses yesterday, such as vegetable lasagne or vegetable curry?

Don't count vegetable soups or dishes made mainly from potatoes.

1. Yes
2. No

**IF VegDish = Yes THEN**

**VegDishQ**
SHOWCARD H1

How many tablespoons of vegetables or pulses did you eat *in these kinds of dishes* yesterday?

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

Range: 0.5 - 50.0

**ENDIF**

**VegUsual**

Compared with the amount of vegetables, salads and pulses you usually eat, would you say that yesterday you ate...

...READ OUT...

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

**FrtDrnk**

Not counting cordials, fruit-drinks and squashes, did you drink any fruit juice yesterday?

1. Yes
2. No

**IF FrtDrnk = Yes THEN**

**FrtDrnkQ**

How many small glasses of fruit juice did you drink yesterday?

IF ASKED: 'A small glass is about a quarter of a pint'.

Range: 0.5 - 50.0

**ENDIF**

**Frt**

Did you eat any fresh fruit yesterday? Don't count fruit salads, fruit pies, etc.

1. Yes
2. No

**IF Frt = Yes THEN**

FOR idx:= 1 TO 15 DO

**IF (idx = 1) OR (FrtMor[idx-1] = Yes) THEN**

**FrtC[idx]**

What kind of fresh fruit did you eat yesterday?

INTERVIEWER: USE THE **FRESH FRUIT SIZE LIST** IN YOUR SHOWCARDS/CODING FRAMES TO CODE THE SIZE OF THIS FRUIT. IF MORE THAN ONE KIND OF FRUIT MENTIONED, CODE ONE HERE ONLY

1. Very large fruit
2. Large fruit
3. Medium-sized fruit
4. Small fruit
5. Very small fruit
6. Not on coding list
IF FrtC[idx] IN [VLge..VSml] THEN
  IF FrtC[idx] = VLge THEN
    much := 'many average slices'
  ELSEIF FrtC[idx] IN [Lge..Sml] THEN
    much := 'much'
  ELSEIF FrtC[idx] = VSml THEN
    much := 'many average handfuls'
  ENDIF
ENDIF
FrtQ[idx]
  How much of this fruit did you eat yesterday?
  Range: 0.5-.50.0
ELSEIF FrtC[idx] = NotLst THEN
  FrtOth[idx]
    What was the name of this fruit?
    Text: Maximum 50 characters
  FrtNotQ[idx]
    How much of this fruit did you eat?
    Text: Maximum 50 characters
ENDIF
IF idx < 15 THEN
  FrtMor[idx]
    Did you eat any other fresh fruit yesterday?
    1  Yes
    2  No
ENDIF
ENDIF
ENDDO
ENDIF
ENDDO
ENDIF
ENDDO
ENDIF

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

FrtDry
Did you eat any dried fruit yesterday? Don't count dried fruit in cereal, cakes, etc.
  1  Yes
  2  No
IF FrtDry = Yes THEN
  FrtDryQ
    SHOWCARD H1
    How many tablespoons of dried fruit did you eat yesterday?
    IF ASKED: 'Think about a heaped or full tablespoon'.
    Range: 0.5-.50.0
ENDIF

FrtFroz
Did you eat any frozen or tinned fruit yesterday?
  1  Yes
  2  No
IF FrtFroz = Yes THEN
  FrtFrozQ
  SHOWCARD H1
  How many tablespoons of frozen or tinned fruit did you eat yesterday?
  IF ASKED: 'Think about a heaped or full tablespoon'.
  Range: 0.5-.50.0
ENDIF

FrtDish
Apart from anything you have already told me about, did/Did you eat any other dishes made mainly from fruit yesterday, such as fruit salad or fruit pie? Don't count fruit in yoghurts.
  1  Yes
  2  No

IF FrtDish = Yes THEN
  FrtDishQ
  SHOWCARD H1
  How many tablespoons of fruit did you eat in these kinds of dishes yesterday?
  IF ASKED: 'Think about a heaped or full tablespoon'.
  Range: 0.5-.50.0
ENDIF

FrtUsual
Compared with the amount of fruit and fruit juice you usually eat and drink, would you say that yesterday you ate and drank...
...READ OUT...
  1  less than usual,
  2  more than usual,
  3  or about the same as usual?
END
Smoking (Aged 18+)

IF Age of Respondent = 18 to 24 THEN

BookChk
INTERVIEWER CHECK: (name of respondent) IS AGED (age of respondent). RESPONDENT TO BE...:
1  Asked Smoking/Drinking questions
2  Given SELF-COMPLETION BOOKLET FOR YOUNG FEMALE ADULTS/ YOUNG MALE ADULTS

ENDIF

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

SmokEver
May I just check, have you ever smoked a cigarette, a cigar or a pipe?
1  Yes
2  No

IF SmokEver = Yes THEN

SmokeNow
Do you smoke cigarettes at all nowadays?
1  Yes
2  No

ENDIF

IF SmokeNow = Yes THEN

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

IF DlySmoke = 97 THEN

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

IF Estim = grams THEN

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

ELSEIF Estim = ounces THEN

Ounces
PLEASE RECORD ESTIMATED (DAILY) CONSUMPTION OF TOBACCO (ON WEEKDAYS) IN OUNCES. FOR FRACTIONS OF OUNCES RECORD:
1/4 (a quarter) oz as .25
For analysis purposes ounces or grams of tobacco are converted to number of cigarettes and stored in the variable CigWDay.

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

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

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

ELSEIF Estim = ounces THEN
Ounces
PLEASE RECORD ESTIMATED (DAILY) CONSUMPTION OF TOBACCO (AT WEEKENDS) IN OUNCES.
FOR FRACTIONS OF OUNCE RECORD:

1/4 (a quarter) oz as .25
1/3 (a third) oz as .33
1/2 (half) oz as .5
2/3 (two thirds) oz as .66
3/4 (three quarters) oz as .75
Range: 0.01..2.40

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

IF SmokeNow=Yes THEN
SmokWher
SHOW CARD I2
  In which of these places, if any, did you smoke in during the last 7 days ending yesterday? CODE ALL THAT APPLY
1  At my home (indoors or outside, eg. in garden or on doorstep)
2  Outside (other than at home)
3  Inside other people’s homes
4  Whilst travelling by car
5  Inside other places

IF SmokWher = 1 OR 2 THEN SmokHome
SmokHome
SHOWCARD I3
  Where in your home do you usually smoke?
  CODE ALL THAT APPLY
1  Outside, for example in the garden or on doorstep
2  Own room/bedroom
3  Living room
4  Kitchen
5  Toilet
6  Bathroom
7  Study
8  Dining room
9  Everywhere
10 Somewhere else in the home
ENDIF
ENDIF

IF SmokWher = Outside, other than at home THEN
SmokOut
SHOWCARD I4
  Where did you smoke outside during the last 7 days ending yesterday?
1  In the street, or out and about
2  Outside at work
3  Outside at other people’s home
4  Outside pubs or bars
5 Outside restaurants, cafes or canteens
6 Outside shops
7 Outside other places

IF SmokeNow=Yes THEN
SmokPpl
SHOWCARD I5
In the last 7 days, did you smoke near to any of the following types of people?
1 Babies aged 2 and under
2 Children aged 2-10
3 Children aged 11-15
4 Older adults over the age of 65
5 Pregnant women
6 Adults aged 16-64 with asthma or breathing problems
7 None of these
ENDIF

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

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

IF GiveUp = YES
GvUpReas
SHOWCARD I6
What are your main reasons for wanting to give up?
1 Because of a health problem I have at present
2 Better for my health in general
3 To reduce the risk of getting smoking related illnesses
4 Because of the smoking ban in all enclosed public places, including pubs and restaurants
5 Family/friends wanted me to stop
6 Financial reasons (couldn’t afford it)
7 Worried about the effect on my children
8 Worried about the effect on other family members
9 Something else
ENDIF

ENDIF

FirstCig
How soon after waking do you usually smoke your first cigarette of the day?

PROMPT AS NECESSARY.

1. Less than 5 minutes
2. 5-14 minutes
3. 15-29 minutes
4. 30 minutes but less than 1 hour
5. 1 hour but less than 2 hours
6. 2 hours or more

ENDIF

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

SmokeCig
Have you ever smoked cigarettes?

1. Yes
2. No

IF SmokEver = YES and SmokeNow = NO
QuitReas
SHOW CARD 11
Why did you decide to give up smoking?
CODE ALL THAT APPLY

1. Advice from a GP or health professional
2. Advert for a nicotine replacement product
3. Government TV, radio or press advert
4. Hearing about a new stop smoking treatment
5. Financial reasons (couldn’t afford it)
6. Being faced with the smoking ban in all enclosed public places, including pubs and restaurants
7. I knew someone else who was stopping
8. Seeing a health warning on cigarette packet
9. Family or friends wanted me to stop
10. Being contacted by my local NHS Stop Smoking Services
11. Health problems I had at the time
12. Worried about future health problems
13. Pregnancy
14. Worried about the effect on my children
15. Worried about the effect on other family member
16. My own motivation
17. Something else
18. Cannot remember

ENDIF

IF SmokeCig = Yes THEN
SmokeReg
Did you smoke cigarettes regularly, that is at least one cigarette a day, or did you smoke them only occasionally?

1. Smoked cigarettes regularly, at least 1 per day
2. Smoked them only occasionally
3. Never really smoked cigarettes, just tried them once or twice

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

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

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

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

ENDIF
RolNum
Computed: estimated tobacco consumption in ounces.
Range: 1..97

ENDIF
ENDIF
ENDIF
ENDIF

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

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

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

IF EndSmoke = Response THEN
  IF EndSmoke=0 THEN
    LongEnd
    How many months ago was that?
    1  Less than 6 months ago
    2  Six months, but less than one year
  ENDIF
  IF EndSmoke<2 THEN
    Nicot
    Did you use any nicotine products, such as nicotine patches, chewing gum,
    lozenges or other similar products at all to help you give up?
    INTERVIEWER: IF RESPONDENT HAS GIVEN UP MORE THAN ONCE, ASK
    ABOUT MOST RECENT OCCASION.
    1  Yes
    2  No
  ENDIF

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

IF (Sex = Female) AND (Age of Respondent is 18 to 49 years) THEN
  IF (EndSmoke <> EMPTY) AND (EndSmoke < 2) THEN
    IsPreg
    Can I check, are you pregnant now?
    1  Yes
    2  No
  ENDIF
  IF IsPreg = Yes THEN
    SmokePrg
    Have you smoked at all since you've known you've been pregnant?
    IF YES, PROBE: All the time or just some of the time?
    1  Yes, all the time
    2  Yes, some of the time
    3  No, not at all
  ENDIF
  IF SmokePrg = [Yes, some of the time OR No, not at all] THEN
    StopPreg
    Did you stop smoking specifically because of your pregnancy, or for some
    other reason?


1. Because of pregnancy
2. For some other reason

ENDIF
ENDIF
ENDIF

ELSEIF (IsPreg = No) OR (IsPreg = NONRESPONSE) OR (SmokeNow = Yes) THEN

PregRec
Can I check, have you been pregnant in the last twelve months?
1. Currently pregnant
2. Was pregnant in last twelve months but not now
3. Not pregnant in last twelve months

IF PregRec = Was pregnant in last twelve months but not now THEN

PregSmok
Did you smoke at all during pregnancy?
(INTEVIWER: DURING TIME WHEN KNEW SHE WAS PREGNANT) IF
YES, PROBE: All the time or just some of the time?
1. Yes, all the time
2. Yes, some of the time
3. No, not at all

ENDIF
ENDIF

IF (PregSmok = Yes, some of the time OR No, not at all) THEN

PregStop
Did you stop smoking specifically because of your pregnancy, or for some other reason?
1. Because of pregnancy
2. For some other reason

ENDIF

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

SmokeTry
Have you ever tried to give up smoking because of a particular health condition you had at the time?
1. Yes
2. No

ENDIF

DrSmoke
Did/Has a medical person, for example a doctor or nurse ever advised you to stop smoking altogether because of your health?
1. Yes
2. No

IF DrSmoke = Yes THEN

DrSmoke1
How long ago was that?
(INTEVIWER: PROMPT AS NECESSARY.
1. Within the last twelve months
2. Over twelve months ago
CigarNow
Do you smoke cigars at all nowadays?
   1 Yes
   2 No

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

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

FathSm
Did your father ever smoke regularly when you were a child?
   1 Yes
   2 No

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

IF age = 0-12 OR (age >=18 AND Bookchk = 1)
   XExpSm
   Now, in most weeks, how many hours a week are (you/name of child) exposed to other people's tobacco smoke?
   INTERVIEWER: IF EXPOSED FOR SOME TIME BUT LESS THAN ONE HOUR ENTER 1, OTHERWISE RECORD TO THE NEAREST HOUR.
   Range: 0..168

   ChExpSm
   Is (name of child) looked after for more than two hours per week by anyone who smokes while looking after (him/her), including anyone in this household?
      1 Yes
      2 No

IF XExpSm >=1 AND age >=18 THEN
   SHOW CARD I7
Are you regularly exposed to other people's tobacco smoke in any of these places?
PROBE: Where else? CODE ALL THAT APPLY.
   1  At own home
   2  At work
   3  In other people's homes
   4  Outdoor smoking areas of pubs/restaurants/cafes
   5  In other places
   6  No, none of these

IF Passive=1-6 THEN
  Bother
  Does this bother you at all?
    1  Yes
    2  No
ENDIF
ENDIF
Drinking (Aged 18+)

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

Drink
I am now going to ask you a few questions about what you drink - that is if you drink. Do you ever drink alcohol nowadays, including drinks you brew or make at home?
   1 Yes
   2 No

IF Drink = No THEN

DrinkAny
Could I just check, does that mean you never have an alcoholic drink nowadays, or do you have an alcoholic drink very occasionally, perhaps for medicinal purposes or on special occasions like Christmas and New Year?
   1 Very occasionally
   2 Never

IF DrinkAny = Never THEN

AlwaysTT
Have you always been a non-drinker or did you stop drinking for some reason?
   1 Always a non-drinker
   2 Used to drink but stopped

IF AlwaysTT = Used to drink but stopped THEN

WhyTT
Did you stop drinking because of a particular health condition that you had at the time?
   INTERVIEWER: IF RESPONDENT SAYS PREGNANCY, CODE YES
   1 Yes
   2 No

ENDIF

ENDIF

ENDIF

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

DrinkOft
SHOW CARD J1
Thinking now about all kinds of drinks, how often have you had an alcoholic drink of any kind during the last 12 months?
   1 Almost every day
   2 Five or six days a week
   3 Three or four days a week
   4 Once or twice a week
   5 Once or twice a month
   6 Once every couple of months
   7 Once or twice a year
   8 Not at all in the last 12 months

IF DrinkOft <> Not at all in the last 12 months THEN

DrinkL7
Did you have an alcoholic drink in the seven days ending yesterday?
   1 Yes
IF DrinkL7 = Yes THEN

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

IF DrnkDay = 2 to 7 days THEN

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

ENDIF

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

DrnkType
SHOW CARD J2
Thinking about last (answer to WhichDay), what types of drink did you have that day?
CODE ALL THAT APPLY
1 Normal strength beer/lager/cider/shandy
2 Strong beer/lager/cider
3 Spirits or liqueurs
4 Sherry or martini
5 Wine
6 Alcopops/pre-mixed alcoholic drinks
7 Other alcoholic drinks
8 Low alcohol drinks only

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

NBrL7
Still thinking about last (answer to WhichDay), how much normal strength beer, lager, stout, cider or shandy (excluding cans and bottles of shandy) did you drink that day? INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.
1 Half pints
2 Small cans
3 Large cans
4 Bottles

IF NBrL7=Half pints THEN
NBrL7Q(1)
ASK OR CODE: How many half pints of normal strength beer, lager, stout, cider or shandy (excluding cans and bottles of shandy) did you drink that day?
   Range: 1..97
ENDIF

IF NBrL7Q = Small cans THEN
   NBrL7Q(2)
   ASK OR CODE: How many small cans of normal strength beer, lager, cider or shandy did you drink that day?
   Range: 1..97
ENDIF

IF NBrL7 = Large cans THEN
   NBrL7Q(3)
   ASK OR CODE: How many large cans of normal strength beer, lager, cider or shandy did you drink that day?
   Range: 1..97
ENDIF

IF NBrL7 = Bottles THEN
   NBrL7Q(4)
   ASK OR CODE: How many bottles of normal strength beer, lager, cider or shandy did you drink that day?
   Range: 1..97
   NBotL7
   ASK OR CODE: What make of normal strength beer, lager, stout, cider or shandy did you drink from bottles on that day? INTERVIEWER: IF RESPONDENT DRANK DIFFERENT MAKES CODE WHICH THEY DRANK MOST.
      Text: Maximum 21 characters
ENDIF
ENDIF

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

IF SBRL7 = Half pints THEN
   SBrL7Q(1)
   ASK OR CODE: How many half pints of strong beer, lager, stout or cider did you drink on that day?
   Range: 1..97
ENDIF
IF SBrL7=Small cans THEN
  SBrL7Q(2)
  ASK OR CODE: How many small cans of **strong beer, lager, stout or cider** did you drink on that day?
  Range: 1..97
ENDIF

IF SBrL7=Large cans THEN
  SBrL7Q(3)
  ASK OR CODE: How many large cans of **strong beer, lager, stout or cider** did you drink on that day?
  Range: 1..97
ENDIF

IF SBrL7=Bottles THEN
  SBrL7Q(4)
  ASK OR CODE: How many bottles of **strong beer, lager, stout or cider** did you drink on that day?
  Range: 1..97
  SBotL7
  ASK OR CODE: What make of **strong beer, lager, stout or cider** did you drink from bottles on that day? INTERVIEWER: IF RESPONDENT DRANK DIFFERENT MAKES CODE WHICH THEY DRANK MOST
  Text: Maximum 21 characters
ENDIF
ENDIF

IF DrnkType = Spirits THEN
  SpirL7
  Still thinking about last (**answer to WhichDay**), how much spirits or liqueurs (such as gin, whisky, brandy, rum, vodka, advocaat or cocktails) did you drink on that day?
  CODE THE NUMBER OF SINGLES - COUNT DOUBLES AS TWO SINGLES.
  Range: 1..97
ENDIF

IF DrnkType = Sherry THEN
  ShryL7
  Still thinking about last (**answer to WhichDay**), how much sherry or martini, including port, vermouth, Cinzano and Dubonnet did you drink on that day?
  CODE THE NUMBER OF GLASSES.
  Range: 1..97
ENDIF

IF DrnkType = Wine THEN
  WineL7
  Still thinking about last (**answer to WhichDay**), how much wine, including Babycham and champagne, did you drink on that day?
  INTERVIEWER: please note that respondent may give answer in bottles and glasses. Please code the relevant option.
INTERVIEWER: CODE THE MEASURE THE RESPONDENT USED
1  Bottle or parts of bottle
2  Glasses
3  Both bottles or parts of bottle, and glasses

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

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

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

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

IF WineL7= 2 (Glasses)
WL7Gl
CODE THE NUMBER OF GLASSES (drunk as glasses).
Range: 1..97 (ALLOW FRACTIONS)
WL7Glz
Were you drinking from a large, standard or small glass?
INTERVIEWER: If respondent drank from two or three different size glasses, please code all that apply.

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

ENDIF
ENDIF
ENDIF
IF DrnkType = Alcopops/pre-mixed alcoholic drink
   PopsL7
   Still thinking about last (answer to WhichDay), how much alcoholic soft drink
   (‘alcopop’) did you drink on that day? INTERVIEWER: CODE MEASURES
   THAT YOU ARE GOING TO USE
   1   Small cans
   2   Bottles

IF PopsL7 = Small cans THEN
   PopsL7Q(1)
   ASK OR CODE: How many small cans of alcoholic soft drink
   (‘alcopop’) did you drink on that day?
   Range: 1..97
ENDIF

IF PopsL7 = Bottles THEN
   PopsL7Q(2)
   ASK OR CODE: How many bottles of alcoholic soft drink
   (‘alcopop’) did you drink on that day?:
   Range: 1..97
ENDIF
ENDIF

IF DrnkType = Other THEN
   OthL7TA
   Still thinking about last (answer to WhichDay), what other type of alcoholic
   drink did you drink on that day? CODE FIRST MENTIONED ONLY.
   Text: Maximum 30 characters

   OthL7QA
   How much (name of ‘other’ alcoholic drink) did you drink on that day?
   WRITE IN HOW MUCH. REMEMBER TO SPECIFY HALF PINTS/
   SINGLES/GLASSES/BOTTLES.
   Text: Maximum 30 characters

   OthL7B
   Did you drink any other type of alcoholic drink on that day?
   1   Yes
   2   No

IF OthL7B = Yes THEN
   OthL7TB
   Still thinking about last (answer to WhichDay), what other type of alcoholic
   drink did you drink on that day? CODE FIRST MENTIONED ONLY.
   Text: Maximum 30 characters

   OthL7QB
   How much (name of ‘other’ alcoholic drink) did you drink on that day?
   WRITE IN HOW MUCH. REMEMBER TO SPECIFY HALF
   PINTS/SINGLES/GLASSES/BOTTLES.
   Text: Maximum 30 characters
OthL7C
Did you drink any other type of alcoholic drink on that day?
  1    Yes
  2    No

IF OthL7C=Yes THEN
OthL7TC
Still thinking about last (answer to WhichDay), what other type of alcoholic drink did you drink on that day?
CODE FIRST MENTIONED ONLY

OthL7QC
How much (name of ‘other’ alcoholic drink) did you drink on that day?
WRITE IN HOW MUCH. REMEMBER TO SPECIFY HALF PINTS/ SINGLES/ GLASSES/ BOTTLES.
Text: Maximum 30 characters
ENDIF
ENDIF
ENDIF
ENDIF

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

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

NActiv
SHOW CARD K1
Which of these descriptions applies to what you were doing last week, that is in the seven days ending (date seven days ago)?
CODE FIRST TO APPLY
  1 Going to school or college full-time (including on vacation)
  2 In paid employment or self-employment (or away temporarily)
  3 On a Government scheme for employment training
  4 Doing unpaid work for a business that you own, or that a relative owns
  5 Waiting to take up paid work already obtained
  6 Looking for paid work or a Government training scheme
  7 Intending to look for work but prevented by temporary sickness or injury (CHECK 28 DAYS OR LESS)
  8 Permanently unable to work because of long-term sickness or disability (USE ONLY FOR MEN AGED 16-64 OR WOMEN AGED 16-59)
  9 Retired from paid work
  10 Looking after the home or family
  95 Doing something else (SPECIFY)

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

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

IF ((NActiv=Intending to look for work, Retired from paid work, Looking after the home or family or Doing something else OR StWork=No) AND ((Age = 16 to 64 years AND Sex=Male) OR (Age = 16 to 59 years AND Sex=Female))) THEN
H4WkLook
Thinking now of the four weeks ending (date last Sunday). Were you looking for any paid work or Government training scheme at any time in those four weeks?
  1 Yes
  2 No
ENDIF

IF NActiv=Looking for paid work/training scheme OR 4WkLook=Yes THEN
2WkStrt
If a job or a place on a Government training scheme had been available in the *(7 days/four weeks)* ending *(date last Sunday)*, would you have been able to start within two weeks?

1. Yes
2. No

ENDIF

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

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

1. Yes
2. No

ENDIF

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

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

1. Yes
2. No

ENDIF

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

HowLong
How long have you been looking/were you looking for paid work/a place on a government scheme?

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

ENDIF

IF (Everjob=Yes) THEN

PayLast
Which year did you leave your last paid job?
WRITE IN.
Range: 1920..2001

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

PayMon
Which month in that year did you leave?

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

ENDIF

PayAgeI
Computed: Age when last had a paid job.

ENDIF

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

JobTitle
I’d like to ask you some details about your most recent job/the main job you had/the job you are waiting to take up). What is (was/will be) the name or title of the job?
   Text: Maximum 60 characters

FtPTime
Are you (were you/will you be) working full-time or part-time?
(FULL-TIME = MORE THAN 30 HOURS PART-TIME = 30 HOURS OR LESS)
   1 Full-time
   2 Part-time

WtWork
What kind of work do (did/will) you do most of the time?
   Text: Maximum 50 characters

MatUsed
IF RELEVANT: What materials or machinery do (did/will) you use?
IF NONE USED, WRITE IN `NONE'.
   Text: Maximum 50 characters

SkilNee
What skills or qualifications are (were) needed for the job?
   Text: Maximum 120 characters

Employe
Are you (were you/will you be) ...READ OUT...
   1 an employee,
   2 or, self-employed
   INTERVIEWER: IF IN DOUBT, CHECK HOW THIS EMPLOYMENT IS TREATED FOR TAX & NI PURPOSES.

IF Employe = Self-employed THEN

Dirctr
Can I just check, in this job are you (were you/will you be) a Director of a limited company?
   1 Yes
IF Employe=an employee OR Dirctr=Yes THEN
EmpStat
Are you (were you/will you be) a ...READ OUT...
  1 manager,
  2 foreman or supervisor,
  3 or other employee?

NEmplee
Including yourself, about how many people are (were) employed at the place where you usually work (usually worked/will work)?
  1 1 or 2
  2 3-24
  3 25-499
  4 500+

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

IF Employe=an employee OR Dirctr=Yes THEN
Ind
What does (did) your employer make or do at the place where you (usually worked/will work)?
  Text: Maximum 100 characters
ELSEIF Employe=Self-employed THEN
SlfWtMa
What (did/will) you make or do in your business?
  Text: Maximum 100 characters
ENDIF
ENDIF

IF (Employe = Employ OR Dirctr = Yes) THEN
Isector
Is your organisation a private sector organisation such as a company, or a public sector body such as a local or national government, school or the health service, or a non-profit organisation such as a charity?
  1 Private sector
  2 Public sector
  3 Non-profit organisation
  4 Don’t know
  5 Refused
ENDIF
IF NActiv = Response THEN
   HRPOcc
   INTERVIEWER: DID (name of respondent) ANSWER THE OCCUPATION QUESTIONS HIM/HERSELF?

ELSEIF (NActiv) non response THEN

ENDIF

OEmpStat
   Derived employment status.
   Range: 0..8

SOC, SOCIs, SEG, SIC coded during edit stage

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

Qual
   SHOW CARD K2
   Do you have any of the qualifications listed on this card? Please look down the whole list before telling me.
   1  Yes
   2  N

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

ENDIF

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

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

ASK ALL
Origin
SHOW CARD K3
To which of the groups listed on this card do you consider you belong?
  1 White – British
  2 White – Irish
  3 Any other white background

Mixed:
  4 Mixed - White and Black Caribbean
  5 Mixed - White and Black African
  6 Mixed - White and Asian
  7 Any other mixed background

Asian or Asian British:
  8 Asian or Asian British – Indian
  9 Asian or Asian British – Pakistani
10 Asian or Asian British – Bangladeshi
11 Any other Asian/Asian British background

Black or Black British:
12 Black or Black British – Caribbean
13 Black or Black British – African
14 Any other Black/Black British background

15 Chinese or other ethnic group:
15 Chinese
16 Any other (please describe)

IF Origin = Any other THEN
XOrigin
Please describe

ASK ALL
Relig
SHOW CARD K4
What is your religion? CODE ONLY ONE.
1 None
2 Christian – Catholic
3 Christian – all other denominations including Church of England, Protestant and all other Christian denominations
4 Buddhist
5 Hindu
6 Jewish
7 Muslim
8 Sikh
9 Any other religion (PLEASE SPECIFY)

IF Relig = 9 THEN
Xrelig
INTERVIEWER: Please enter other religion.
Self-completion placement (Aged 8+)

IF Age of Respondent is 13 years and over and BookChk=Given THEN
SCIntro
PREPARE (Green/Light pink/Light blue/Dark pink/Dark blue/Grey) SELF-COMPLETION BOOKLET (FOR CHILDREN AGED 13-15/FOR YOUNG FEMALE ADULTS/FOR YOUNG MALE ADULTS/FOR FEMALE ADULTS/FOR MALE ADULTS/FOR ADULTS 70+) BY ENTERING SERIAL NUMBERS. CHECK YOU HAVE CORRECT PERSON NUMBER.

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

IF Age of Respondent is 13 years or over THEN
SComp2
I would now like you to answer some more questions by completing this booklet on your own. The questions cover smoking and drinking and some about your general health.

INTERVIEWER: Explain how to complete booklet and show example in booklet
If asked, show booklet to parent(s).

IF Age of Respondent is 4-15 THEN
ParSDQ
INTERVIEWER: Ask parent to complete cream booklet for parents of children 4-15
The child’s parents are:
Code person numberof the parent who is completing the booklet, or enter code:
95 = parent not present at time of interview
96 = booklet refused
Wait until respondent(s) have finished and then check each booklet completed
If not, ask if questions missed in error
If in error, ask respondent to complete.
ENDIF

IF Age of respondent is 8 years or over THEN
SComp3
INTERVIEWER CHECK: WAS THE (YELLOW/GREEN/LIGHT PINK/LIGHT BLUE/DARK PINK/DARK BLUE/GREY/CREAM) BOOKLET (FOR CHILDREN AGED 8-12/FOR CHILDREN AGED 13-15/FOR YOUNG FEMALE ADULTS/FOR YOUNG MALE ADULTS/FOR FEMALE ADULTS/FOR MALE ADULTS/FOR ADULTS 70+/FOR PARENTS OF CHILDREN AGED 4-15) COMPLETED?
1 Fully completed
2 Partially completed
3 Not completed
IF SComp3 = Fully completed OR Partially completed THEN

SC3Acc
Was it completed without assistance?
1 Completed independently
2 Assistance from other children
3 Assistance from adult(s) (not interviewer)
4 Assistance from interviewer
5 Interviewer administered

ENDIF

IF SComp3 = Partially completed OR Not completed THEN

SComp6
INTERVIEWER: RECORD WHY BOOKLET NOT COMPLETED / PARTIALLY COMPLETED. CODE ALL THAT APPLY:
0 Child 2-13 away from home during fieldwork period
1 Eyesight problems
2 Language problems
3 Reading/writing/comprehension problems
4 Respondent bored/fed up/tired
5 Questions too sensitive/invasion of privacy
6 Too long/too busy/taken long enough already
7 Refused to complete booklet (no other reason given)
8 Illness/disability
9 Child 2-13 asleep
10 Not in/not available
11 Proxy refusal
12 No self completion booklet available
95 Other (SPECIFY)

IF SComp6=Other THEN

SComp6O
PLEASE SPECIFY OTHER REASON.
Text: Maximum 60 characters

ENDIF

ENDIF

IF SComp3 = Fully completed OR Partially completed THEN

SComp5A
INTERVIEWER: CODE WHO WAS PRESENT IN ROOM WHILE (name of respondent) COMPLETED SELF-COMPLETION. INCLUDE YOURSELF, ANYONE INTERVIEWED AT THE SAME TIME AS RESPONDENT, PARENT ANSWERING ON BEHALF OF 8-12 YEAR OLDS OR OTHERS IN THE ROOM. CODE ALL THAT APPLY.
1 Spouse / partner
2 Parent(s) (incl step-/foster-)
3 Brother(s)/Sister(s)
4 Own/Related child(ren) (incl step-/ foster-/ partner's)
5 Other relative(s)
6 Unrelated adult(s)
7 Unrelated child(ren)
8  Interviewer
9  Completed alone in room

ENDIF

ENDIF
Measurements

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

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

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

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

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

IF HiNRel = Other THEN
OHiNRel
INTERVIEWER: PLEASE SPECIFY WHAT CAUSED UNRELIABLE HEIGHT MEASUREMENT.
Text: Maximum 60 characters

ENDIF
ENDIF

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

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

ELSEIF RespHts = Height attempted, not obtained OR Height not attempted THEN
NoHtBC
INTERVIEWER: CODE REASON FOR NOT OBTAINING HEIGHT.
   1 Child: away from home during fieldwork period (specify in a Note)
   2 Respondent is unsteady on feet
   3 Respondent cannot stand upright/too stooped
   4 Respondent is unable to get out of a chair/in a wheelchair
   5 Respondent is unable to get out of bed
   6 Respondent unable to remove shoes
   7 Child: subject would not stand still
   8 Ill or in pain/has disability (physical or mental)
   9 Stadiometer faulty/not available/couldn't be used
  10 Child 2-13 asleep
  11 Not in/not available
  12 Proxy refusal
  95 Other - specify

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

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

IF EHtCh = Metres
EHtM
PLEASE RECORD ESTIMATED HEIGHT IN METRES.
Range: 0.01..2.44
ELSEIF EHtCh = Feet and inches
EHtFt
PLEASE RECORD ESTIMATED HEIGHT. ENTER FEET.
Range: 0..7

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

You can enter half inches, if given, with a .5 decimal.
ENDIF
ENDIF

EstHt
Computed: Final measured or estimated height (cm).
Range: 0.0...999.9

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

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

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

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

WtChAd
ENTER WEIGHT OF ADULT HOLDING CHILD.
Weight

Computed: Measured weight, either Weight or WtChAd – WtAdult

Range: 0.0..140.0

ENDIF

FloorC

SCALES PLACED ON?
1 Uneven floor
2 Carpet
3 None of these

RelWaitB

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

MBookWt

INTERVIEWER: CHECK WEIGHT RECORDED ON MEASUREMENT RECORD CARD.

WEIGHT: (x) kg OR (x) stones (x) pounds. IF WEIGHT LOOKS WRONG, GO BACK TO XWeight' AND REWEIGH.

ENDIF

IF RespWts = Weight refused THEN

ResNWt

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

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

NoWtBC

CODE REASON FOR NOT OBTAINING WEIGHT.
1 Child: away from home during fieldwork period (specify in a Note)
2 Respondent is unsteady on feet
3 Respondent cannot stand upright
4 Respondent is unable to get out of a chair/in a wheelchair
5 Confined to bed
6 Respondent unable to remove shoes
7 Respondent weighs more than 130 kg
8 Ill or in pain/has disability (physical or mental)
9  Scales not working/not available/couldn’t be used
10 Parent unable to hold child
11 Child 2-13 asleep
12 Not in/not available
13 Proxy refusal
95 Other - specify

IF NoWtBC = Other THEN
NoWatCO
PLEASE SPECIFY OTHER REASON.
Text: Maximum 60 characters
ENDIF
ENDIF

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

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

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

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

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

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

1 Continue

ELSE (All other respondents)
Nurse
There are two parts to this survey. You have just helped us with the first part. We hope you will also help us with the second part, which is a visit by a qualified nurse to collect some medical information and carry out some measurements. I would like to make an appointment for the nurse to come round and explain some more about what is required.

INTERVIEWER: Check whether the respondent agrees to the nurse visit. **Always** mention the nurse by name (if known). Press <9> for help explaining about the nurse visit.

IF ASKED FOR DETAILS, EXPLAIN: The nurse will ask some more questions, for example, whether they are taking any medications, and take some measurements, for example, blood pressure and take a saliva sample.

1 Agreed nurse could contact
2 Refused nurse contact

IF Nurse = Agreed nurse could contact THEN

NrsAppt
INTERVIEWER: CODE WHETHER YOU HAVE MADE AN APPOINTMENT FOR THE NURSE TO VISIT (OR WHETHER THE NURSE WILL CALL TO MAKE THEIR OWN APPOINTMENT).

1 Able to make an appointment for the nurse
2 Unable to make an appointment for the nurse

AptRec
INTERVIEWER: IF YOU HAVE MADE AN APPOINTMENT, RECORD DETAILS OF THE NURSE APPOINTMENT ON THE BACK OF THE **MEASUREMENT RECORD CARD**.

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

EVEN IF YOU HAVE NOT MADE AN APPOINTMENT, ALWAYS WRITE DOWN THE NAME OF NURSE ON THE BACK OF THE MEASUREMENT RECORD CARD.

IF Nurse = Refused nurse contact THEN
NurseRef
INTERVIEWER: RECORD REASON WHY RESPONDENT REFUSED NURSE CONTACT. CODE BELOW AND RECORD AT G1 ON A.R.F
0 Own doctor already has information
1 Given enough time already to this survey/expecting too much
2 Too busy, cannot spare the time (if Code 1 does not apply)
3 Had enough of medical tests/medical profession at present time
4 Worried about what nurse may find out/’might tempt fate’
5 Scared/of medical profession/ particular medical procedures (e.g. blood sample)
6 Not interested/Can't be bothered/No particular reason
95 Other reason (specify at next question)

IF NurseRef=Other reason THEN
NrsRefO
PLEASE SPECIFY OTHER REASON FOR REFUSAL. CODE BELOW AND RECORD
AT G1 ON A.R.F.
Text: Maximum 60 characters

ENDIF
**Consents**

**ASK ALL AGED 16+**

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

INTERVIEWER: GIVE THE RESPONDENT THE **LIGHT BLUE** CONSENT FORM (NHS CANCER REGISTRY) AND THE **SALMON** CONSENT FORM (HES) AND ALLOW THEM TIME TO READ THE INFORMATION.

1 Consent given
2 Consent not given

**IF NHSCAN = Consent given THEN**

**NHSSig**

EXPLAIN THE NEED FOR WRITTEN CONSENT: Before I can pass your details on, I have to obtain written consent from you.

ENTER THE RESPONDENT’S SERIAL NUMBER ON THE TOP OF THE CONSENT FORMS.

ASK RESPONDENT TO SIGN AND DATE BOTH FORMS.

GIVE THE SECOND COPY OF THE FORM TO THE RESPONDENT.

CODE WHETHER SIGNED CONSENTS OBTAINED.

CODE ALL THAT APPLY.
1 Hospital Episodes Statistics Register consent obtained
2 NHS Central Register and Cancer Registry consent obtained
3 All consents signed
4 No signed consents

**ENDIF**

**Thank**
Thank you for your help. Before we end the interview I need to collect a little more information for our records.

1 Continue

**TPhone**

Some interviews in a survey are checked to make sure that people like yourself are satisfied with the way the interview was carried out. Just in case yours is one of the interviews that is checked, it would be helpful if we could have your telephone number.

INTERVIEWER: IF GIVEN, ENTER TELEPHONE NUMBER ON FRONT OF ARF.
1 Number given
2 Number refused
3 No telephone
4 Number unknown

**RelInter**

If at some future date we wanted to talk to you further about your health, may we contact you to see if you are willing to help us again?

1 Yes
2 No
Health Survey for England 2010

Booklet for Adults 70+

In Confidence

How to fill in this questionnaire

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

Example:

Tick one box

<table>
<thead>
<tr>
<th>Very healthy life</th>
<th>Fairly healthy life</th>
<th>Not very healthy life</th>
<th>An unhealthy life</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you feel that you lead a ...

1 [ ]

2 [ ]

3 [ ]

4 [ ]

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

Example:

Write in no. 6

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

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

Example:

Tick one box

Yes [ ] Go to Q4

No [ ] Go to Q5
Happy (new)

Q1  Taking all things together, on a scale of 0 to 10, how happy would you say you are? Here 0 means you are very unhappy and 10 means you are very happy.

Write in

GENERAL HEALTH TODAY

Now we would like to know how your health is today.

Please answer ALL the questions. By ticking one box for each question below, please indicate which statements best describe your own health state today.

Mobility

Q2  Mobility

Tick one box

I have no problems in walking about 1

I have some problems in walking about 2

I am confined to bed 3

Selfcare

Q3  Self-Care

Tick one box

I have no problems with self-care 1

I have some problems washing or dressing myself 2

I am unable to wash or dress myself 3

Usualact

Q4  Usual activities

Tick one box

I have no problems with performing my usual activities (eg. work, study, housework, family or leisure activities) 1

I have some problems with performing my usual activities 2

I am unable to perform my usual activities 3

Pain

Q5  Pain/Discomfort

Tick one box

I have no pain or discomfort 1

I have moderate pain or discomfort 2

I have extreme pain or discomfort 3
Anxiety

Q6  Anxiety/Depression

Tick one box

I am not anxious or depressed

I am moderately anxious or depressed

I am extremely anxious or depressed

Q7  HthStat (new)

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health state is today, in your opinion. Please do this by drawing a line from the box below to which ever point on the scale indicates how good or bad your health state is today.

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GENERAL HEALTH OVER THE LAST FEW WEEKS

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

HAVE YOU_recently:

**GHQConc**

Q8 been able to concentrate on whatever you’re doing?

<table>
<thead>
<tr>
<th>Better than usual</th>
<th>Same as usual</th>
<th>Less than usual</th>
<th>Much less than usual</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**GHQSleep**

Q9 lost much sleep over worry?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>No more than usual</th>
<th>Rather more than usual</th>
<th>Much more than usual</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**GHQUse**

Q10 felt you were playing a useful part in things?

<table>
<thead>
<tr>
<th>More so than usual</th>
<th>Same as usual</th>
<th>Less useful than usual</th>
<th>Much less useful</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**GHQDecis**

Q11 felt capable of making decisions about things?

<table>
<thead>
<tr>
<th>More so than usual</th>
<th>Same as usual</th>
<th>Less so than usual</th>
<th>Much less capable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**GHQStrai**

Q12 felt constantly under strain?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>No more than usual</th>
<th>Rather more than usual</th>
<th>Much more than usual</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**GHQOver**

Q13 felt you couldn’t overcome your difficulties?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>No more than usual</th>
<th>Rather more than usual</th>
<th>Much more than usual</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
HAVE YOU RECENTLY:

**GHQEnjoy**

Q14 been able to enjoy your normal day-to-day activities?

Tick one box

<table>
<thead>
<tr>
<th></th>
<th>More so than usual</th>
<th>Same as usual</th>
<th>Less so than usual</th>
<th>Much less than usual</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Tick one box

**GHQFace**

Q15 been able to face up to your problems?

Tick one box

<table>
<thead>
<tr>
<th></th>
<th>More so than usual</th>
<th>Same as usual</th>
<th>Less able than usual</th>
<th>Much less able</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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<td>2</td>
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<td>3</td>
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</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Tick one box

**GHQUnhap**

Q16 been feeling unhappy and depressed?

Tick one box

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>No more than usual</th>
<th>Rather more than usual</th>
<th>Much more than usual</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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<td>4</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Tick one box

**GHQConfi**

Q17 been losing confidence in yourself?

Tick one box

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>No more than usual</th>
<th>Rather more than usual</th>
<th>Much more than usual</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>3</td>
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</tr>
<tr>
<td>4</td>
<td></td>
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</tr>
</tbody>
</table>

Tick one box

**GHQWorth**

Q18 been thinking of yourself as a worthless person?

Tick one box

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>No more than usual</th>
<th>Rather more than usual</th>
<th>Much more than usual</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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<td></td>
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<tr>
<td>3</td>
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</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Tick one box

**GHQHappy**

Q19 been feeling reasonably happy, all things considered?

Tick one box

<table>
<thead>
<tr>
<th></th>
<th>More so than usual</th>
<th>About same as usual</th>
<th>Less so than usual</th>
<th>Much less than usual</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2</td>
<td></td>
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<td>3</td>
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<tr>
<td>4</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

General Health Questionnaire (GHQ – 12)

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This edition published 1992.

GL Assessment is part of the Granada Learning Group

Spare 323-325
**GENERAL WELLBEING**

**Q20** Below are some statements about feelings and thoughts. Please circle the number that best describes your experience of each over the last 2 weeks.

<table>
<thead>
<tr>
<th>(ALL NEW)</th>
<th>None of the time</th>
<th>Rarely</th>
<th>Some of the time</th>
<th>Often</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OptimF</strong> I’ve been feeling optimistic about the future</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>Useful</strong> I’ve been feeling useful</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>Relax</strong> I’ve been feeling relaxed</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>IntPeop</strong> I’ve been feeling interested in other people</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>Energy</strong> I’ve had energy to spare</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>Dealprb</strong> I’ve been dealing with problems well</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>ThkClr</strong> I’ve been thinking clearly</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>Goodme</strong> I’ve been feeling good about myself</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>ClsePeop</strong> I’ve been feeling close to other people</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>Confidet</strong> I’ve been feeling confident</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>Makemind</strong> I’ve been able to make up my own mind about things</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>Loved</strong> I’ve been feeling loved</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>IntThgs</strong> I’ve been interested in new things</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>Cheer</strong> I’ve been feeling cheerful</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)  
© NHS Health Scotland, University of Warwick and University of Edinburgh, 2006, all rights reserved.

**Paidwk (new)**

**Q21** Are you currently in paid employment?

Tick ONE box

| Yes | 1 | Go to Q22 |
| No  | 2 | Go to end |
Copejob (new)

Q22  How much do you agree or disagree with the statement that 'I feel able to cope with the demands of my job'?

Tick ONE box

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

Choicewk (new)

Q23  Do you have a choice in deciding HOW you go about your work?

Tick ONE box

Never 1
Occasionally 2
Some of the time 3
Much of the time 4
Most of the time 5
All of the time 6

Supptwk (new)

Q24  Do you get help and support from your line manager?

Tick ONE box

Often 1
Sometimes 2
Seldom 3
Never/ almost never 4
Does not apply/ have no manager 5
Losejob (new)

Q25  How likely is it that you will lose your job and become unemployed within the next twelve months?

Please estimate the probability of such a change on a scale from 0 to 100.
- 0 means that such a change will definitely not take place.
- 100 means that such a change definitely will take place.

Circle one box

0 10 20 30 40 50 60 70 80 90 100

344 346

Thank you for answering these questions.

Please give the booklet back to the interviewer.
Health Survey for England 2010
Booklet for Women 18-69

In Confidence

- Please look at the instructions on the next page for information on how to fill in this questionnaire.

- Ask the interviewer for help if you do not understand a question or are not sure what to do.

Thank you for taking part in this survey
How to fill in this questionnaire

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

Example:

<table>
<thead>
<tr>
<th>Very healthy life</th>
<th>Fairly healthy life</th>
<th>Not very healthy life</th>
<th>An unhealthy life</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you feel that you lead a ...

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

Example:

Write in no. 6

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

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

Example:

<table>
<thead>
<tr>
<th>Yes</th>
<th>Go to Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No</th>
<th>Go to Q5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

D. For some of the questions you will not need to give an answer. These have been put in to direct you to another point of the questionnaire, based on the answers you have already given.

Example:

If you ticked more than one box at question 10, please answer question 11. Others please go to question 15 on page 8.
Happy (new)
Q1 Taking all things together, on a scale of 0 to 10, how happy would you say you are? Here 0 means you are very unhappy and 10 means you are very happy.

Write in

GENERAL HEALTH TODAY

Now we would like to know how your health is today.

Please answer ALL the questions. By ticking one box for each question below, please indicate which statements best describe your own health state today.

Mobility
Q2 Mobility

Tick one box

1. I have no problems in walking about
2. I have some problems in walking about
3. I am confined to bed

Selfcare
Q3 Self-Care

Tick one box

1. I have no problems with self-care
2. I have some problems washing or dressing myself
3. I am unable to wash or dress myself

Usualact
Q4 Usual activities

Tick one box

1. I have no problems with performing my usual activities (eg. work, study, housework, family or leisure activities)
2. I have some problems with performing my usual activities
3. I am unable to perform my usual activities

Pain
Q5 Pain/Discomfort

Tick one box

1. I have no pain or discomfort
2. I have moderate pain or discomfort
3. I have extreme pain or discomfort
**Anxiety**

**Q6** Anxiety/Depression

Tick one box

1. I am not anxious or depressed
2. I am moderately anxious or depressed
3. I am extremely anxious or depressed

**Q7** HthStat (new)

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health state is today, in your opinion. Please do this by drawing a line from the box below to which ever point on the scale indicates how good or bad your health state is today.

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

HAVE YOU RECENTLY:

**GHQConc**

Q8 been able to concentrate on whatever you’re doing?

Tick one box

<table>
<thead>
<tr>
<th>Better than usual</th>
<th>Same as usual</th>
<th>Less than usual</th>
<th>Much less than usual</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**GHQSleep**

Q9 lost much sleep over worry?

Tick one box

<table>
<thead>
<tr>
<th>Not at all</th>
<th>No more than usual</th>
<th>Rather more than usual</th>
<th>Much more than usual</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**GHQUse**

Q10 felt you were playing a useful part in things?

Tick one box

<table>
<thead>
<tr>
<th>More so than usual</th>
<th>Same as usual</th>
<th>Less useful than usual</th>
<th>Much less useful</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**GHQDecis**

Q11 felt capable of making decisions about things?

Tick one box

<table>
<thead>
<tr>
<th>More so than usual</th>
<th>Same as usual</th>
<th>Less so than usual</th>
<th>Much less capable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**GHQStrai**

Q12 felt constantly under strain?

Tick one box

<table>
<thead>
<tr>
<th>Not at All</th>
<th>No more than usual</th>
<th>Rather more than usual</th>
<th>Much more than usual</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**GHQOver**

Q13 felt you couldn't overcome your difficulties?

Tick one box

<table>
<thead>
<tr>
<th>Not at All</th>
<th>No more than usual</th>
<th>Rather more than usual</th>
<th>Much more than usual</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
HAVE YOU RECENTLY:

**GHQEnjoy**

Q14 been able to enjoy your normal day-to-day activities?

Tick one box

<table>
<thead>
<tr>
<th>More so than usual</th>
<th>Same as usual</th>
<th>Less so than usual</th>
<th>Much less than usual</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**GHQFace**

Q15 been able to face up to your problems?

Tick one box

<table>
<thead>
<tr>
<th>More so than usual</th>
<th>Same as usual</th>
<th>Less able than usual</th>
<th>Much less able</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**GHQUnhap**

Q16 been feeling unhappy and depressed?

Tick one box

<table>
<thead>
<tr>
<th>Not at All</th>
<th>No more than usual</th>
<th>Rather more than usual</th>
<th>Much more than usual</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**GHQConfi**

Q17 been losing confidence in yourself?

Tick one box

<table>
<thead>
<tr>
<th>Not at All</th>
<th>No more than usual</th>
<th>Rather more than usual</th>
<th>Much more than usual</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**GHQWorth**

Q18 been thinking of yourself as a worthless person?

Tick one box

<table>
<thead>
<tr>
<th>Not at All</th>
<th>No more than usual</th>
<th>Rather more than usual</th>
<th>Much more than usual</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**GHQHappy**

Q19 been feeling reasonably happy, all things considered?

Tick one box

<table>
<thead>
<tr>
<th>More so than usual</th>
<th>About same as usual</th>
<th>Less so than usual</th>
<th>Much less than usual</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
**GENERAL WELLBEING**

**Q20** Below are some statements about feelings and thoughts. Please circle the number that best describes your experience of each over the last 2 weeks.

<table>
<thead>
<tr>
<th>(ALL NEW)</th>
<th>None of the time</th>
<th>Rarely</th>
<th>Some of the time</th>
<th>Often</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OptimF</strong> I’ve been feeling optimistic about the future</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>Useful</strong> I’ve been feeling useful</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>Relax</strong> I’ve been feeling relaxed</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>IntPeop</strong> I’ve been feeling interested in other people</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>Energy</strong> I’ve had energy to spare</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>Dealprb</strong> I’ve been dealing with problems well</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>ThkCir</strong> I’ve been thinking clearly</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>Goodme</strong> I’ve been feeling good about myself</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>ClsePeop</strong> I’ve been feeling close to other people</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>Confidet</strong> I’ve been feeling confident</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>Makemind</strong> I’ve been able to make up my own mind about things</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>Loved</strong> I’ve been feeling loved</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>IntThgs</strong> I’ve been interested in new things</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>Cheer</strong> I’ve been feeling cheerful</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2006, all rights reserved.

**Paidwk (new)**

**Q21** Are you currently in paid employment?

Tick ONE box

<table>
<thead>
<tr>
<th>Yes</th>
<th>1</th>
<th>Go to Q22</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>2</td>
<td>Go to Q26</td>
</tr>
</tbody>
</table>
**Copejob (new)**

**Q22** How much do you agree or disagree with the statement that 'I feel able to cope with the demands of my job'?

Tick **ONE box**

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Choicewk (new)**

**Q23** Do you have a choice in deciding HOW you go about your work?

Tick **ONE box**

<table>
<thead>
<tr>
<th>Never</th>
<th>Occasionally</th>
<th>Some of the time</th>
<th>Much of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Supptwk (new)**

**Q24** Do you get help and support from your line manager?

Tick **ONE box**

<table>
<thead>
<tr>
<th>Often</th>
<th>Sometimes</th>
<th>Seldom</th>
<th>Never/ almost never</th>
<th>Does not apply/ have no manager</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Losejob (new)**

**Q25** How likely is it that you will lose your job and become unemployed within the next twelve months?

Please estimate the probability of such a change on a scale from 0 to 100.
- **0** means that such a change will definitely **not** take place.
- **100** means that such a change definitely will take place.

**Circle one box**

0  10  20  30  40  50  60  70  80  90  100

**Q26** The next section includes questions that you may find sensitive. We hope that you will answer these because, combined with responses from all others in the survey, they will help us build up a picture of experiences across the whole population. If you do not wish to answer any question, please leave it blank.

**IF YOU ARE AGED 18-54 PLEASE TURN TO THE NEXT PAGE TO ANSWER QUESTION 27, OTHERWISE PLEASE GO TO QUESTION 46 ON PAGE 18**
Q27  This is a list of possible contraception methods. Which, if any, do you (and a partner) usually use at present?

- No method used – no sexual relationship with a man currently
- No method used – partner sterilised/had a vasectomy
- No method used - I have been sterilised/had a hysterectomy
- No method ever used – other reason
- Mini pill
- Combined pill
- Pill – not sure which
- Male condom
- Female condom
- Morning after pill
- Emergency intra-uterine device (IUD)
- Coil / intra-uterine device (IUD)
- Hormonal IUS (intra-uterine system) - MIRENA
- Cap / diaphragm
- Vaginal ring - Nuvaring
- Spermicides (foams/gels/sprays/pessaries)
- Contraceptive patch
- Injections
- Implants
- Natural family planning (safe period/rhythm method/Persona)
- Withdrawal
- Going without sexual intercourse to avoid pregnancy
- Another method of protection
WRITE IN

WNoCont (new)
Q28 Are there occasions when you (and a partner) do not use contraception?

Tick ONE box

1 Yes Go to Q29
2 No Go to Q31

WUsualC (new)
Q29 Which of the following applies to you?

Tick ONE box

1 I (and a partner) usually use contraception Go to Q30
2 I (and a partner) usually do not use contraception

WYNoc (new)
Q30 Here is a list of reasons why people do not use contraception. Which of these applies to you?

Tick ONE box

1 Don't like contraception/Find methods unsatisfactory Go to Q31
2 My partner doesn't like – or won't use - contraception
3 Don't know where to obtain contraceptives/advice
4 Find access to contraceptive services difficult
5 Some other reason WRITE IN

Q31 If you ticked more than one box at question 27 please answer question 32. Others please go to question 34 on page 12.

WMComb (new)
Q32 You have mentioned that you usually use more than one method. Do you use them in combination or do you sometimes use one and sometimes another?

Tick ONE box

1 In combination Go to Q34
2 Sometimes one, sometimes other Go to Q33
Which one do you use most often?

- Mini pill
- Combined pill
- Pill – not sure which
- Male condom
- Female condom
- Morning after pill
- Emergency intra-uterine device (IUD)
- Coil / intra-uterine device (IUD)
- Hormonal IUS (intra-uterine system) - MIRENA
- Cap / diaphragm
- Vaginal ring - Nuvaring
- Spermicides (foams/gels/sprays/pessaries)
- Contraceptive patch
- Injections
- Implants
- Natural family planning (safe period/rhythm method/Persona)
- Withdrawal
- Going without sexual intercourse to avoid pregnancy
- Another method of protection (WRITE IN)
- Use methods equally often

Go to Q34
**WMCHwL (new)**

**Q34** For how long have you been using your usual method/the method you use most often?

- Less than 3 months
- At least 3 months, less than 6 months
- At least 6 months, less than 1 year
- At least 1 year, less than 2 years
- At least 2 years, less than 5 years
- 5 years or more

**WYNopp (new)**

**Q35** Here is a list of reasons why people do not use any method for preventing pregnancy. Which of these applies to you?

- I am pregnant
- I want to become pregnant
- Unlikely to conceive because of the menopause
- Unlikely to conceive because possibly infertile
- Don’t like contraception/Find methods unsatisfactory
- My partner doesn’t like – or won’t use – contraception
- Don’t know where to obtain contraceptives/advice
- Find access to contraceptive services difficult
- Some other reason

WRITE IN

Tick ONE box

1
2
3
4
5
6
01
02
03
04
05
06
07
08
09

Go to Q36

Skip the next two questions and go to Q37
WNoCHwL (new)

Q36  For how long have you not been using a method of contraception?

- Less than 3 months
- At least 3 months, less than 6 months
- At least 6 months, less than 1 year
- At least 1 year, less than 2 years
- At least 2 years, less than 5 years
- 5 years or more

Go to Q37

WMAP (new)

Q37  Have you used the emergency hormonal contraception pill in the last year? This is sometimes known as ‘the morning after pill’.

- Yes
- No

Go to Q38

WMAPTm (new)

Q38  On how many occasions in the last year have you used the emergency contraception pill?

Write in

WMAPWr (new)

Q39  Where did you go for this (on the most recent occasion)?

- A doctor or nurse at your GP’s surgery
- Sexual health clinic (GUM clinic)
- NHS family planning clinic/contraceptive clinic/reproductive health clinic
- NHS ante-natal clinic/midwife
- Private non-NHS doctor or clinic
- Youth advisory clinic (e.g. Brook clinic)
- Pharmacy / chemist
- Hospital accident and emergency (A&E) department
- Any other place
What was your main reason for using emergency contraception (on the most recent occasion)?

<table>
<thead>
<tr>
<th>Reason</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condom failure</td>
<td>1</td>
</tr>
<tr>
<td>Missed pill/forgot to take the pill</td>
<td>2</td>
</tr>
<tr>
<td>Other routine contraceptive failure</td>
<td>3</td>
</tr>
<tr>
<td>Condom not available</td>
<td>4</td>
</tr>
<tr>
<td>I or my partner did not want to use a condom</td>
<td>5</td>
</tr>
<tr>
<td>Other reason</td>
<td>6</td>
</tr>
</tbody>
</table>
### Q41
In the past year have you sought advice on contraception, or obtained supplies, from any of these sources? 

<table>
<thead>
<tr>
<th>Source</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>A doctor or nurse at your GP’s surgery</td>
<td>01</td>
</tr>
<tr>
<td>Sexual health clinic (GUM clinic)</td>
<td>02</td>
</tr>
<tr>
<td>NHS family planning clinic/contraceptive clinic/reproductive health clinic</td>
<td>03</td>
</tr>
<tr>
<td>NHS ante-natal clinic/midwife</td>
<td>04</td>
</tr>
<tr>
<td>Private non-NHS doctor or clinic</td>
<td>05</td>
</tr>
<tr>
<td>Youth advisory clinic (e.g. Brook clinic)</td>
<td>06</td>
</tr>
<tr>
<td>Pharmacy / chemist</td>
<td>07</td>
</tr>
<tr>
<td>Internet website</td>
<td>08</td>
</tr>
<tr>
<td>Supplies from school/college/university services</td>
<td>09</td>
</tr>
<tr>
<td>Over the counter at a petrol station/supermarket/other shop</td>
<td>10</td>
</tr>
<tr>
<td>Vending machine</td>
<td>11</td>
</tr>
<tr>
<td>Mail order</td>
<td>12</td>
</tr>
<tr>
<td>Hospital accident and emergency (A&amp;E) department</td>
<td>13</td>
</tr>
<tr>
<td>Any other place</td>
<td>14</td>
</tr>
<tr>
<td>WRITE IN</td>
<td>15</td>
</tr>
<tr>
<td>I have not sought advice or supplies</td>
<td>16</td>
</tr>
</tbody>
</table>

### WTstCh (new)
Q42 Have you ever had a test for Chlamydia?

<table>
<thead>
<tr>
<th>Choice</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>Go to Q43</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Go to Q46</td>
<td></td>
</tr>
</tbody>
</table>
WTChWn (new)

**Q43** When did you have your last test for Chlamydia?

<table>
<thead>
<tr>
<th>Box</th>
<th>Time Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Less than 3 months</td>
</tr>
<tr>
<td>2</td>
<td>At least 3 months, less than 6 months</td>
</tr>
<tr>
<td>3</td>
<td>At least 6 months, less than 1 year</td>
</tr>
<tr>
<td>4</td>
<td>At least 1 year, less than 2 years</td>
</tr>
<tr>
<td>5</td>
<td>At least 2 years, less than 5 years</td>
</tr>
<tr>
<td>6</td>
<td>5 years or more</td>
</tr>
</tbody>
</table>

WCTsWr (new)

**Q44** Where were you (last) tested for Chlamydia?

<table>
<thead>
<tr>
<th>Box</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>02</td>
<td>General practice (GP) surgery</td>
</tr>
<tr>
<td>03</td>
<td>Sexual health clinic / GUM clinic</td>
</tr>
<tr>
<td>04</td>
<td>NHS Family planning clinic/contraceptive clinic/reproductive health clinic</td>
</tr>
<tr>
<td>05</td>
<td>NHS ante-natal clinic/midwife</td>
</tr>
<tr>
<td>06</td>
<td>Private non-NHS doctor or clinic</td>
</tr>
<tr>
<td>07</td>
<td>Youth advisory clinic (e.g. Brook clinic)</td>
</tr>
<tr>
<td>08</td>
<td>Self-collected test from pharmacy / chemist</td>
</tr>
<tr>
<td>09</td>
<td>Self-collected test from internet</td>
</tr>
<tr>
<td>11</td>
<td>Self-collected test from somewhere else</td>
</tr>
<tr>
<td>14</td>
<td>Termination of pregnancy (abortion) clinic</td>
</tr>
<tr>
<td>15</td>
<td>Hospital accident and emergency (A&amp;E) department</td>
</tr>
<tr>
<td>17</td>
<td>Somewhere else WRITE IN</td>
</tr>
<tr>
<td>Reason</td>
<td>Code</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>I had symptoms</td>
<td>01</td>
</tr>
<tr>
<td>My partner had symptoms</td>
<td>02</td>
</tr>
<tr>
<td>I was notified because a partner was diagnosed with Chlamydia</td>
<td>03</td>
</tr>
<tr>
<td>I wanted a general sexual health check-up</td>
<td>04</td>
</tr>
<tr>
<td>Check-up after previous positive test</td>
<td>05</td>
</tr>
<tr>
<td>I had no symptoms but I was worried about the risk of Chlamydia</td>
<td>06</td>
</tr>
<tr>
<td>I was offered a routine test</td>
<td>07</td>
</tr>
<tr>
<td>Other (WRITE IN)</td>
<td>08</td>
</tr>
</tbody>
</table>
EVERYONE PLEASE ANSWER

WDiag01-12 (a) WDiarec (b) (new)

Q46  (a) Have you ever been told by a doctor or other healthcare professional, that you had any of the following?

(b) If you have had more than one of these, which were you told about most recently?

<table>
<thead>
<tr>
<th>(a) Ever</th>
<th>(b) Most recent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tick ALL that apply 431-450</td>
<td>Tick ONE box 451-452</td>
</tr>
<tr>
<td>Chlamydia</td>
<td>01</td>
</tr>
<tr>
<td>Gonorrhoea</td>
<td>02</td>
</tr>
<tr>
<td>Genital warts (venereal warts)</td>
<td>03</td>
</tr>
<tr>
<td>Syphilis</td>
<td>04</td>
</tr>
<tr>
<td>Trichomonas vaginalis (Trich, TV)</td>
<td>05</td>
</tr>
<tr>
<td>Herpes (genital herpes)</td>
<td>06</td>
</tr>
<tr>
<td>Pubic lice / crabs</td>
<td>07</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>08</td>
</tr>
<tr>
<td>Pelvic Inflammatory Disease (PID, salpingitis)</td>
<td>09</td>
</tr>
<tr>
<td>Vaginal thrush (Candida, yeast infection)</td>
<td>10</td>
</tr>
<tr>
<td>Bacterial vaginosis</td>
<td>11</td>
</tr>
<tr>
<td>An infection transmitted by sex – can't remember which</td>
<td>14</td>
</tr>
<tr>
<td>None of these</td>
<td>15</td>
</tr>
</tbody>
</table>

IF YOU HAD NONE OF THESE PLEASE GO TO QUESTION 49 ON PAGE 20,
OTHERS PLEASE GO TO THE NEXT QUESTION
**WWnSti (new)**

**Q47** When were you last told by a doctor or health professional that you had an infection transmitted by sex?

Tick ONE box

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 year ago</td>
<td>1</td>
</tr>
<tr>
<td>Between 1 year and 2 years</td>
<td>2</td>
</tr>
<tr>
<td>Between 2 years and 3 years</td>
<td>3</td>
</tr>
<tr>
<td>Between 3 years and 4 years</td>
<td>4</td>
</tr>
<tr>
<td>Between 4 years and 5 years</td>
<td>5</td>
</tr>
<tr>
<td>More than 5 years ago</td>
<td>6</td>
</tr>
<tr>
<td>Have not had an infection transmitted by sex</td>
<td>7</td>
</tr>
</tbody>
</table>

**WWrSti (new)**

**Q48** Where were you last treated for an infection transmitted by sex?

Tick ONE box

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A doctor or nurse at your GP’s surgery</td>
<td>02</td>
</tr>
<tr>
<td>Sexual health clinic (GUM clinic)</td>
<td>03</td>
</tr>
<tr>
<td>NHS Family planning clinic/contraceptive clinic/</td>
<td>04</td>
</tr>
<tr>
<td>reproductive health clinic</td>
<td></td>
</tr>
<tr>
<td>NHS ante-natal clinic/midwife</td>
<td>05</td>
</tr>
<tr>
<td>Private non-NHS doctor or clinic</td>
<td>06</td>
</tr>
<tr>
<td>Youth advisory clinic (e.g. Brook clinic)</td>
<td>07</td>
</tr>
<tr>
<td>Pharmacy / chemist</td>
<td>08</td>
</tr>
<tr>
<td>Internet site offering treatment</td>
<td>09</td>
</tr>
<tr>
<td>Termination of pregnancy (abortion) clinic</td>
<td>14</td>
</tr>
<tr>
<td>Hospital accident and emergency (A&amp;E) department</td>
<td>15</td>
</tr>
<tr>
<td>Somewhere else</td>
<td></td>
</tr>
<tr>
<td>WRITE IN</td>
<td>17</td>
</tr>
<tr>
<td>Have not had an infection transmitted by sex</td>
<td>01</td>
</tr>
</tbody>
</table>
EVERYONE PLEASE ANSWER

W1stInt (new)
Q49 How old were you when you first had sexual intercourse with a man?

Go to Q50

Write in

This hasn't happened

WHetLife (new)
Q50 Altogether, in your life so far, with how many men have you had sexual intercourse?

Go to Q54

Write in

WCert (new)
Q51 Are you certain of that number or have you had to estimate it?

Tick ONE box

Certain
Estimate

WHet1Yr (new)
Q52 Altogether, in the last year, with how many men have you had sexual intercourse?

Write in

WCon4wk (new)
Q53 Was a condom (sheath) used on any occasions of having vaginal or anal sex with a man in the last 4 weeks?

Tick ONE box

Yes, used on every occasion
Yes, used on some occasions
No, not used in the last 4 weeks
Not had vaginal or anal sex in last 4 weeks

WEvSam (New)
Q54 Have you ever had sex with a woman? That is, oral sex or other forms of genital contact.

Go to Q55

Yes
**WSamLif (new)**  
Q55 Altogether, in your life so far, with how many women have you had sex?

**WCert2 (new)**  
Q56 Are you certain of that number or have you had to estimate it?

Tick ONE box

- Certain
- Estimate

**WSam5yr (new)**  
Q57 Altogether, in the last **five years**, with how many women have you had sex?

Write in

Thank you for answering these questions.

Please give the booklet back to the interviewer in the envelope provided.
Health Survey for England 2010

Booklet for Men 18-69

In Confidence

- Please look at the instructions on the next page for information on how to fill in this questionnaire.

- Ask the interviewer for help if you do not understand a question or are not sure what to do.

Thank you for taking part in this survey
How to fill in this questionnaire

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

Example:

<table>
<thead>
<tr>
<th>Very healthy life</th>
<th>Fairly healthy life</th>
<th>Not very healthy life</th>
<th>An unhealthy life</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Do you feel that you lead a ...

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

Example:

Write in no. 6

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

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

Example:

Tick one box

<table>
<thead>
<tr>
<th>Yes</th>
<th>Go to Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No</th>
<th>Go to Q5</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

D. For some of the questions you will not need to give an answer. These have been put in to direct you to another point of the questionnaire, based on the answers you have already given.

Example:

If you ticked more than one box at question 10, please answer question 11. Others please go to question 15 on page 8.
Happy (new)

Q1 Taking all things together, on a scale of 0 to 10, how happy would you say you are? Here 0 means you are very unhappy and 10 means you are very happy.

Write in

GENERAL HEALTH TODAY

Now we would like to know how your health is today.

Please answer ALL the questions. By ticking one box for each question below, please indicate which statements best describe your own health state today.

Mobility
Q2 Mobility

Tick one box

1. I have no problems in walking about

2. I have some problems in walking about

3. I am confined to bed

Selfcare
Q3 Self-Care

Tick one box

1. I have no problems with self-care

2. I have some problems washing or dressing myself

3. I am unable to wash or dress myself

Usual activities
Q4 Usual activities

Tick one box

1. I have no problems with performing my usual activities (eg. work, study, housework, family or leisure activities)

2. I have some problems with performing my usual activities

3. I am unable to perform my usual activities

Pain
Q5 Pain/Discomfort

Tick one box

1. I have no pain or discomfort

2. I have moderate pain or discomfort

3. I have extreme pain or discomfort
Anxiety

Q6  Anxiety/Depression

Tick one box

I am not anxious or depressed

1

I am moderately anxious or depressed

2

I am extremely anxious or depressed

3

Q7  HthStat (new)

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health state is today, in your opinion. Please do this by drawing a line from the box below to which ever point on the scale indicates how good or bad your health state is today.
Please read this carefully:
We should like to know how your health has been in general over the past few weeks. Please answer ALL the questions by ticking the box below the answer which you think most applies to you.

**HAVE YOU RECENTLY:**

<table>
<thead>
<tr>
<th>Question</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GHQConc</strong> been able to concentrate on whatever you're doing?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GHQSleep</strong> lost much sleep over worry?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GHQUse</strong> felt you were playing a useful part in things?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GHQDecis</strong> felt capable of making decisions about things?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GHQStrai</strong> felt constantly under strain?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GHQOver</strong> felt you couldn't overcome your difficulties?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### HAVE YOU RECENTLY:

#### GHQEnjoy

<table>
<thead>
<tr>
<th>Question</th>
<th>More so than usual</th>
<th>Same as usual</th>
<th>Less so than usual</th>
<th>Much less than usual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q14</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### GHQFace

<table>
<thead>
<tr>
<th>Question</th>
<th>More so than usual</th>
<th>Same as usual</th>
<th>Less able than usual</th>
<th>Much less able</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q15</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### GHQUnhap

<table>
<thead>
<tr>
<th>Question</th>
<th>Not at all</th>
<th>No more than usual</th>
<th>Rather more than usual</th>
<th>Much more than usual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q16</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### GHQConf

<table>
<thead>
<tr>
<th>Question</th>
<th>Not at all</th>
<th>No more than usual</th>
<th>Rather more than usual</th>
<th>Much more than usual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q17</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### GHQWorth

<table>
<thead>
<tr>
<th>Question</th>
<th>Not at all</th>
<th>No more than usual</th>
<th>Rather more than usual</th>
<th>Much more than usual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### GHQHappy

<table>
<thead>
<tr>
<th>Question</th>
<th>More so than usual</th>
<th>About same as usual</th>
<th>Less so than usual</th>
<th>Much less than usual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q19</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

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This edition published 1992.
GL Assessment is part of the Granada Learning Group

Spare 323-325
## GENERAL WELLBEING

**Q20** Below are some statements about feelings and thoughts. Please circle the number that best describes your experience of each over the last 2 weeks.

(ALL NEW)

<table>
<thead>
<tr>
<th>Statement</th>
<th>None of the time</th>
<th>Rarely</th>
<th>Some of the time</th>
<th>Often</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>OptimF I’ve been feeling optimistic about the future</td>
<td>1  2  3  4  5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Useful I’ve been feeling useful</td>
<td>1  2  3  4  5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relax I’ve been feeling relaxed</td>
<td>1  2  3  4  5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IntPeop I’ve been feeling interested in other people</td>
<td>1  2  3  4  5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Energy I’ve had energy to spare</td>
<td>1  2  3  4  5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dealprb I’ve been dealing with problems well</td>
<td>1  2  3  4  5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ThkCir I’ve been thinking clearly</td>
<td>1  2  3  4  5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goodme I’ve been feeling good about myself</td>
<td>1  2  3  4  5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ClsePeop I’ve been feeling close to other people</td>
<td>1  2  3  4  5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confidet I’ve been feeling confident</td>
<td>1  2  3  4  5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Makemind I’ve been able to make up my own mind about things</td>
<td>1  2  3  4  5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loved I’ve been feeling loved</td>
<td>1  2  3  4  5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IntThgs I’ve been interested in new things</td>
<td>1  2  3  4  5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cheer I’ve been feeling cheerful</td>
<td>1  2  3  4  5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2006, all rights reserved.

### Paidwk (new)

**Q21** Are you currently in paid employment?

Tick ONE box

Yes 1 → Go to Q22

No 2 → Go to Q26
Copejob (new)
Q22  How much do you agree or disagree with the statement that ‘I feel able to cope with the demands of my job’?

**Tick ONE box**

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

Choicewk (new)
Q23  Do you have a choice in deciding HOW you go about your work?

**Tick ONE box**

- Never  1
- Occasionally  2
- Some of the time  3
- Much of the time  4
- Most of the time  5
- All of the time  6

Supptwk (new)
Q24  Do you get help and support from your line manager?

**Tick ONE box**

- Often  1
- Sometimes  2
- Seldom  3
- Never/ almost never  4
- Does not apply/ have no manager  5
Losejob (new)

Q25  How likely is it that you will lose your job and become unemployed within the next twelve months?

Please estimate the probability of such a change on a scale from 0 to 100.
- 0 means that such a change will definitely not take place.
- 100 means that such a change definitely will take place.

Circle one box

0 10 20 30 40 50 60 70 80 90 100

Spare 347-350

Q26  The next section includes questions that you may find sensitive. We hope that you will answer these because, combined with responses from all others in the survey, they will help us build up a picture of experiences across the whole population. If you do not wish to answer any question, please leave it blank.
This is a list of possible contraception methods. Which, if any, do you (and a partner) usually use **at present**?

- The contraceptive pill
- Male condom
- Female condom
- Emergency contraception (morning after pill)
- Long acting reversible contraception – IU (intra-uterine) Devices / Systems, contraceptive injections, patches, implants
- Another method of protection
- No method
- No sexual relations with a woman currently

Tick ALL that apply.

Go to Q28
MFPS01 – 15 (new)
Q28 In the past year have you sought advice on contraception, or obtained supplies, from any of these sources?

- A doctor or nurse at your GP’s surgery
- Sexual health clinic (GUM clinic)
- NHS family planning clinic/contraceptive clinic/reproductive health clinic
- NHS ante-natal clinic/midwife
- Private non-NHS doctor or clinic
- Youth advisory clinic (e.g. Brook clinic)
- Pharmacy / chemist
- Internet website
- Supplies from school/college/university services
- Over the counter at a petrol station/supermarket/other shop
- Vending machine
- Mail order
- Hospital accident and emergency (A&E) department
- Any other place
- WRITE IN
- I have not sought advice or supplies

Go to Q29

MTstCh (new)
Q29 Have you ever had a test for Chlamydia?

- Yes
- No

Tick ONE box

Go to Q30
Go to Q33
**MTChWn (new)**

**Q30** When did you have your last test for Chlamydia?

- Less than 3 months
- At least 3 months, less than 6 months
- At least 6 months, less than 1 year
- At least 1 year, less than 2 years
- At least 2 years, less than 5 years
- 5 years or more

**MCTsWr (new)**

**Q31** Where were you (last) tested for Chlamydia?

- General practice (GP) surgery
- Sexual health clinic / GUM clinic
- NHS Family planning clinic/contraceptive clinic/reproductive health clinic
- NHS ante-natal clinic/midwife
- Private non-NHS doctor or clinic
- Youth advisory clinic (e.g. Brook clinic)
- Self-collected test from pharmacy / chemist
- Self-collected test from internet
- Self-collected test from somewhere else
- Termination of pregnancy (abortion) clinic
- Hospital accident and emergency (A&E) department
- Somewhere else

WRITE IN

---

**Tick ONE box**

- 1
- 2
- 3
- 4
- 5
- 6
- 02
- 03
- 04
- 05
- 06
- 07
- 08
- 09
- 11
- 14
- WRITE IN

---

*Go to Q31*

*Go to Q32*
Why were you (last) tested for Chlamydia?

Tick ALL that apply

01 I had symptoms
02 My partner had symptoms
03 I was notified because a partner was diagnosed with Chlamydia
04 I wanted a general sexual health check-up
05 Check-up after previous positive test
06 I had no symptoms but I was worried about the risk of Chlamydia
07 I was offered a routine test
08 Other

WRITE IN

Go to Q33
EVERYONE PLEASE ANSWER

MDiag01-12 (a) MDiarec (b) (new)

Q33  (a) Have you ever been told by a doctor or other healthcare professional, that you had any of the following?

(b) If you have had more than one of these, which were you told about most recently?

<table>
<thead>
<tr>
<th>(a) Ever</th>
<th>(b) Most recent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tick ALL that apply</strong></td>
<td><strong>Tick ONE box</strong></td>
</tr>
<tr>
<td>Chlamydia</td>
<td>431-450</td>
</tr>
<tr>
<td>Gonorrhoea</td>
<td>02</td>
</tr>
<tr>
<td>Genital warts (venereal warts)</td>
<td>03</td>
</tr>
<tr>
<td>Syphilis</td>
<td>04</td>
</tr>
<tr>
<td>Trichomonas vaginalis (Trich, TV)</td>
<td>05</td>
</tr>
<tr>
<td>Herpes (genital herpes)</td>
<td>06</td>
</tr>
<tr>
<td>Pubic lice / crabs</td>
<td>07</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>08</td>
</tr>
<tr>
<td>NSU (Non Specific Urethritis), NGU (Non Gonococcal Urethritis)</td>
<td>12</td>
</tr>
<tr>
<td>Epididymitis</td>
<td>13</td>
</tr>
<tr>
<td>An infection transmitted by sex – can’t remember which</td>
<td>14</td>
</tr>
<tr>
<td>None of these</td>
<td>15</td>
</tr>
</tbody>
</table>

IF YOU HAD NONE OF THESE PLEASE GO TO QUESTION 36 ON PAGE 15, OTHERS PLEASE GO TO THE NEXT QUESTION
MWnSti (new)

Q34 When were you last told by a doctor or health professional that you had an infection transmitted by sex?

Tick ONE box

\begin{itemize}
  \itemLess than 1 year ago
  \itemBetween 1 year and 2 years ago
  \itemBetween 2 years and 3 years ago
  \itemBetween 3 years and 4 years ago
  \itemBetween 4 years and 5 years ago
  \itemMore than 5 years ago
\end{itemize}

MWrSti (new)

Q35 Where were you last treated for an infection transmitted by sex?

Tick ONE box

\begin{itemize}
  \itemA doctor or nurse at your GP’s surgery
  \itemSexual health clinic (GUM clinic)
  \itemNHS Family planning clinic/contraceptive clinic/reproductive health clinic
  \itemNHS ante-natal clinic/midwife
  \itemPrivate non-NHS doctor or clinic
  \itemYouth advisory clinic (e.g. Brook clinic)
  \itemPharmacy / chemist
  \itemInternet site offering treatment
  \itemTermination of pregnancy (abortion) clinic
  \itemHospital accident and emergency (A&E) department
  \itemSomewhere else WRITE IN
\end{itemize}

Spare 456-460
EVERYONE PLEASE ANSWER

**M1stInt (new)**

**Q36** How old were you when you first had sexual intercourse with a woman?

Write in

This hasn't happened

Go to Q37

**MHetLife (new)**

**Q37** Altogether, in your life so far, with how many women have you had sexual intercourse?

Write in

Go to Q41

**MCert (new)**

**Q38** Are you certain of that number or have you had to estimate it?

Tick ONE box

- Certain
- Estimate

**MHet1Yr (new)**

**Q39** Altogether, in the last year, with how many women have you had sexual intercourse?

Write in

**MCon4wk (new)**

**Q40** Was a condom (sheath) used on any occasions of having vaginal or anal sex with a woman in the last 4 weeks?

Tick ONE box

- Yes, used on every occasion
- Yes, used on some occasions
- No, not used in the last 4 weeks
- Not had vaginal or anal sex in last 4 weeks

**MEvSam (New)**

**Q41** Have you ever had sex with a man? That is, oral or anal sex or any other forms of genital contact.

Tick ONE box

- Yes
- No

Go to Q42

Go to Q45
MSamLif (new)  
Q42  Altogether, in your life so far, with how many men have you had sex?

Write in

MSam5yr (new)  
Q44  Altogether, in the last five years, with how many men have you had sex?

Write in

Q45  IF YOU HAVE NEVER HAD SEX WITH A WOMAN, PLEASE GO TO THE END OF THE BOOKLET, OTHERS PLEASE GO TO QUESTION 46

MEvrPd (new)  
Q46  Have you ever paid money for sex with a woman?

Tick ONE box

Yes  Go to Q47

No  Go to end

MLstPay (new)  
Q47  When was the last time you paid for sex with a woman?

Tick ONE box

In the last 7 days

More than 7 days, up to 4 weeks ago

More than 4 weeks, up to 1 year ago

More than 1 year, up to 5 years ago

Longer than 5 years ago

Thank you for answering these questions.

Please give the booklet back to the interviewer in the envelope provided.
Health Survey for England 2010

Booklet for Young Adult Women

In Confidence

- Please look at the instructions on the next page for information on how to fill in this questionnaire.

- Ask the interviewer for help if you do not understand a question or are not sure what to do.

Thank you for taking part in this survey
How to fill in this questionnaire

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

   Example:
   
   
<table>
<thead>
<tr>
<th></th>
<th>Tick one box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very healthy life</td>
<td></td>
</tr>
<tr>
<td>Fairly healthy life</td>
<td></td>
</tr>
<tr>
<td>Not very healthy life</td>
<td></td>
</tr>
<tr>
<td>An unhealthy life</td>
<td></td>
</tr>
</tbody>
</table>

   Do you feel that you lead a ...
   
   1  
   2  
   3  
   4

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

   Example:
   
   Write in no. 6

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

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

   Example:
   
   Tick one box
   
   Yes  Go to Q4
   
   No   Go to Q5

D. For some of the questions you will not need to give an answer. These have been put in to direct you to another point of the questionnaire, based on the answers you have already given.

   Example:
   
   If you ticked more than one box at question 10, please answer question 11. Others please go to question 15 on page 8.
Smoking

DSmokevr (+smokever = smkevr)
Q1 Have you ever smoked a cigarette, a cigar or a pipe?

Tick ONE box
Yes   
No    

Go to next question
Go to Q12 on page 5

Dsmokecig (+ smokecig = cigevr)
Q2 Have you ever smoked a cigarette?

Tick ONE box
Yes   
No    

Go to next question
Go to Q12 on page 5

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

Write in how old you were then

DSmoknow (+ smokenow = cignow)
Q4 Do you smoke cigarettes at all nowadays?

Tick ONE box
Yes   
No    

Go to Q7 on page 4
Go to next question
Q5 Why did you decide to give up smoking?

Tick ALL that apply

26 - 43

Advice from a GP/health professional

Advert for a nicotine replacement product

Government TV, radio or press advert

Hearing about a new stop smoking treatment

Financial reasons (couldn’t afford it)

Because of the smoking ban in all enclosed public places, including pubs and restaurants

I knew someone else who was stopping

Seeing a health warning on a cigarette packet

Family or friends wanted me to stop

Being contacted by my local NHS Stop Smoking Services

Health problems I had at the time

Worried about future health problems

Pregnancy

Worried about the effect on my children

Worried about the effect on other family members

My own motivation

Something else

Cannot remember

DSmokreg (+ smokereg = cigreg)

Q6 Did you smoke cigarettes regularly or occasionally?

Tick ONE box

44

Regularly, that is at least one cigarette a day

Occasionally

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

Go to Q12 on page 5
**DDlysmok (+ Dlysmoke = cigwday)**

**CURRENT SMOKERS**

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

Write in number smoked a day

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

Write in number smoked a day

**Dwkndsmo (+ wkndsmok = cigwend)**

Q9  Do you mainly smoke ...

Tick ONE box

- filter-tipped cigarettes,
- plain or untipped cigarettes,
- or hand-rolled cigarettes?

**DCigType (+ CigType = CigTyp)**

Q10  Would you like to give up smoking altogether?

Tick ONE box

Yes → Go to next question

No → Go to Q12

**DGiveup (+ Giveup = GivupSk)**

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

Tick ALL that apply

- Because of a health problem I have at present
- Better for my health in general
- Less risk of getting smoking related illnesses
- Family/friends wanted me to stop
- Financial reasons (couldn't afford it)
- Worried about the effect on my children
- Because of the ban on smoking in all public places
- Other
DPareg (+ Fathsm = SmkDad)
EVERYONE PLEASE ANSWER

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

Tick ONE box

Yes 1
No 2
Don't know 8

Dmareg (+ Mothsm = SmkMum)

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

Tick ONE box

Yes 1
No 2
Don't know 8

DExpsm (+ Expsm = ExpSmok)

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

Number of hours a week

Write in

Dnrsmo2 (new) (+ Passive = Passmk7)

Q15 Are you regularly exposed to other people’s tobacco smoke in any of these places?

Please tick all the places where you are often exposed to other people’s smoke

Tick ALL boxes which apply

At home 1
At work 2
In other people’s homes 3
Outdoor smoking areas of pubs/restaurants/cafes 4
In other places 5
No, none of these 6

Go to Q15 b)

Go to Q16 on page 6
**DSmkbthr**

Q15  Does this bother you?

b) Does this bother you?

<table>
<thead>
<tr>
<th>Tick ONE box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

**DRINKING**

**DDrink (+ drink = dnnnow)**

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

<table>
<thead>
<tr>
<th>Tick one box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

**DDrinkan (+drinkany = dnany)**

Q17  Just to check, does that mean you never have an alcoholic drink nowadays, or do you have an alcoholic drink very occasionally, perhaps for medicinal purposes or on special occasions like Christmas and New Year?

<table>
<thead>
<tr>
<th>Tick one box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

**Dalwaytt (+alwaystt = dnevr)**

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

<table>
<thead>
<tr>
<th>Tick one box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

**DDrinkag**

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

Write in how old you were then
**DDrinkof** (+ drinkoft = dnoft)

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

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Box Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Almost every day</td>
<td>01</td>
</tr>
<tr>
<td>Five or six days a week</td>
<td>02</td>
</tr>
<tr>
<td>Three or four days a week</td>
<td>03</td>
</tr>
<tr>
<td>Once or twice a week</td>
<td>04</td>
</tr>
<tr>
<td>Once or twice a month</td>
<td>05</td>
</tr>
<tr>
<td>Once every couple of months</td>
<td>06</td>
</tr>
<tr>
<td>Once or twice a year</td>
<td>07</td>
</tr>
<tr>
<td>Not all in the last 12 months</td>
<td>08</td>
</tr>
</tbody>
</table>

**DDrinkL7** (+drinkL7 = d7day)

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

<table>
<thead>
<tr>
<th>Response</th>
<th>Box Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>

**DDrinkday** (+drinkday = d7many)

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

<table>
<thead>
<tr>
<th>Days</th>
<th>Box Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
<td>1</td>
</tr>
<tr>
<td>Two</td>
<td>2</td>
</tr>
<tr>
<td>Three</td>
<td>3</td>
</tr>
<tr>
<td>Four</td>
<td>4</td>
</tr>
<tr>
<td>Five</td>
<td>5</td>
</tr>
<tr>
<td>Six</td>
<td>6</td>
</tr>
<tr>
<td>Seven</td>
<td>7</td>
</tr>
</tbody>
</table>
**Q23** Please think about the day in the last week on which you drank the most. (If you drank the same amount on more than one day, please answer about the most recent of those days.)

From this list, please tick all the types of alcoholic drink which you drank on that day. For the ones you drank, write in how much you drank on that day. EXCLUDE NON-ALCOHOLIC OR LOW-ALCOHOL DRINKS, EXCEPT SHANDY.

**TICK ALL DRINKS DRUNK ON THAT DAY**

<table>
<thead>
<tr>
<th>Type</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol)-exclude bottles/cans of shandy</td>
<td>DDKtyp01</td>
</tr>
<tr>
<td>Strong beer, lager, stout or cider (6% alcohol or more, such as Tennants Super, Special Brew, Diamond White)</td>
<td>DDKtyp02</td>
</tr>
<tr>
<td>Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails</td>
<td>DDKtyp03</td>
</tr>
<tr>
<td>Sherry or martini (including port, vermouth, cinzano, dubonnet)</td>
<td>DDKtyp04</td>
</tr>
<tr>
<td>Wine (including babycham and champagne)</td>
<td>DDKtyp05</td>
</tr>
<tr>
<td>Alcoholic soft drink (‘alcopop’) or a pre-mixed alcoholic drink such as Bacardi Breezer, WKD or Smirnoff Ice</td>
<td>DDKtyp06</td>
</tr>
<tr>
<td>Other kinds of alcoholic drink</td>
<td></td>
</tr>
</tbody>
</table>

**WRITE IN HOW MUCH DRUNK ON THAT DAY**

<table>
<thead>
<tr>
<th>Type</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol)-exclude bottles/cans of shandy</td>
<td></td>
</tr>
<tr>
<td>Strong beer, lager, stout or cider (6% alcohol or more, such as Tennants Super, Special Brew, Diamond White)</td>
<td></td>
</tr>
<tr>
<td>Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails</td>
<td></td>
</tr>
<tr>
<td>Sherry or martini (including port, vermouth, cinzano, dubonnet)</td>
<td></td>
</tr>
<tr>
<td>Wine (including babycham and champagne)</td>
<td></td>
</tr>
<tr>
<td>Alcoholic soft drink (‘alcopop’) or a pre-mixed alcoholic drink such as Bacardi Breezer, WKD or Smirnoff Ice</td>
<td></td>
</tr>
<tr>
<td>Other kinds of alcoholic drink</td>
<td></td>
</tr>
</tbody>
</table>

**WRITE IN NAME OF DRINK**

1. DDKtyp07
2. DDKtyp08

Spare 155-168
Taking all things together, on a scale of 0 to 10, how happy would you say you are? Here 0 means you are very unhappy and 10 means you are very happy.

Write in

GENERAL HEALTH TODAY

Now we would like to know how your health is today.

Please answer ALL the questions. By ticking one box for each question below, please indicate which statements best describe your own health state today.

**Mobility**

**Q25** Mobility

Tick ONE box

| I have no problems in walking about | 1 |
| I have some problems in walking about | 2 |
| I am confined to bed | 3 |

**Selfcare**

**Q26** Self-Care

Tick ONE box

| I have no problems with self-care | 1 |
| I have some problems washing or dressing myself | 2 |
| I am unable to wash or dress myself | 3 |

**Usualact**

**Q27** Usual activities

Tick ONE box

| I have no problems with performing my usual activities (eg. work, study, housework, family or leisure activities) | 1 |
| I have some problems with performing my usual activities | 2 |
| I am unable to perform my usual activities | 3 |

**Pain**

**Q28** Pain/Discomfort

Tick ONE box

| I have no pain or discomfort | 1 |
| I have moderate pain or discomfort | 2 |
| I have extreme pain or discomfort | 3 |
Anxiety

Q29  Anxiety/Depression

Tick ONE box

I am not anxious or depressed

I am moderately anxious or depressed

I am extremely anxious or depressed

Q30  HthStat (new)

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health state is today, in your opinion. Please do this by drawing a line from the box below to which ever point on the scale indicates how good or bad your health state is today.

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GENERAL HEALTH OVER THE LAST FEW WEEKS

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

HAVE YOU RECENTLY:

<table>
<thead>
<tr>
<th>GHQConc</th>
<th>Better than usual</th>
<th>Same as usual</th>
<th>Less than usual</th>
<th>Much less than usual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q31</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GHQSleep</th>
<th>Not at all</th>
<th>No more than usual</th>
<th>Rather more than usual</th>
<th>Much more than usual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q32</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GHQUse</th>
<th>More so than usual</th>
<th>Same as usual</th>
<th>Less useful than usual</th>
<th>Much less useful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q33</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GHQDecis</th>
<th>More so than usual</th>
<th>Same as usual</th>
<th>Less so than usual</th>
<th>Much less capable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q34</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GHQStrai</th>
<th>Not at all</th>
<th>No more than usual</th>
<th>Rather more than usual</th>
<th>Much more than usual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q35</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GHQOver</th>
<th>Not at all</th>
<th>No more than usual</th>
<th>Rather more than usual</th>
<th>Much more than usual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q36</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**HAVE YOU RECENTLY:**

<table>
<thead>
<tr>
<th>Question</th>
<th>GHQEnjoy</th>
<th>GHQFace</th>
<th>GHQU unhap</th>
<th>GHQConf</th>
<th>GHQ Worth</th>
<th>GHQ Happy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q37 been able to enjoy your normal day-to-day activities?</td>
<td>More so than usual</td>
<td>Same as usual</td>
<td>Less so than usual</td>
<td>Much less than usual</td>
<td>More so than usual</td>
<td>Same as usual</td>
</tr>
<tr>
<td>Q38 been able to face up to your problems?</td>
<td>More so than usual</td>
<td>Same as usual</td>
<td>Less able than usual</td>
<td>Much less able</td>
<td>More so than usual</td>
<td>Same as usual</td>
</tr>
<tr>
<td>Q39 been feeling unhappy and depressed?</td>
<td>Not at all</td>
<td>No more than usual</td>
<td>Rather more than usual</td>
<td>Much more than usual</td>
<td>Not at all</td>
<td>No more than usual</td>
</tr>
<tr>
<td>Q40 been losing confidence in yourself?</td>
<td>Not at all</td>
<td>No more than usual</td>
<td>Rather more than usual</td>
<td>Much more than usual</td>
<td>Not at all</td>
<td>No more than usual</td>
</tr>
<tr>
<td>Q41 been thinking of yourself as a worthless person?</td>
<td>Not at all</td>
<td>No more than usual</td>
<td>Rather more than usual</td>
<td>Much more than usual</td>
<td>Not at all</td>
<td>No more than usual</td>
</tr>
<tr>
<td>Q42 been feeling reasonably happy, all things considered?</td>
<td>More so than usual</td>
<td>About same as usual</td>
<td>Less so than usual</td>
<td>Much less than usual</td>
<td>More so than usual</td>
<td>About same as usual</td>
</tr>
</tbody>
</table>

Spare 323-325
GENERAL WELLBEING

Q43 Below are some statements about feelings and thoughts. Please circle the number that best describes your experience of each over the last 2 weeks.

(ALL NEW)

OptimF I’ve been feeling optimistic about the future

Useful I’ve been feeling useful

Relax I’ve been feeling relaxed

IntPeop I’ve been feeling interested in other people

Energy I’ve had energy to spare

Dealprb I’ve been dealing with problems well

ThkCir I’ve been thinking clearly

Goodme I’ve been feeling good about myself

ClsePeop I’ve been feeling close to other people

Confidet I’ve been feeling confident

Makemind I’ve been able to make up my own mind about things

Loved I’ve been feeling loved

IntThgs I’ve been interested in new things

Cheer I’ve been feeling cheerful

Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)
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Paidwk (new)

Q44 Are you currently in paid employment?

Tick ONE box

Yes 1  Go to Q45

No 2  Go to Q49
**Copejob (new)**

**Q45**  How much do you agree or disagree with the statement that ‘I feel able to cope with the demands of my job’?

Tick ONE box

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

**Choicewk (new)**

**Q46**  Do you have a choice in deciding HOW you go about your work?

Tick ONE box

| Never          | 1 |
| Occasionally   | 2 |
| Some of the time | 3 |
| Much of the time | 4 |
| Most of the time | 5 |
| All of the time | 6 |

**Supptwk (new)**

**Q47**  Do you get help and support from your line manager?

Tick ONE box

| Often          | 1 |
| Sometimes      | 2 |
| Seldom         | 3 |
| Never/ almost never | 4 |
| Does not apply/ have no manager | 5 |
Losejob (new)

Q48  How likely is it that you will lose your job and become unemployed within the next twelve months?

Please estimate the probability of such a change on a scale from 0 to 100.
- 0 means that such a change will definitely not take place.
- 100 means that such a change definitely will take place.

Circle one box

0  10  20  30  40  50  60  70  80  90  100

Q49  The next section includes questions that you may find sensitive. We hope that you will answer these because, combined with responses from all others in the survey, they will help us build up a picture of experiences across the whole population. If you do not wish to answer any question, please leave it blank.
This is a list of possible contraception methods. Which, if any, do you (and a partner) usually use at present?

- No method used – no sexual relationship with a man currently
- No method used – partner sterilised / had a vasectomy
- No method used - I have been sterilised / had a hysterectomy
- No method ever used – other reason

<table>
<thead>
<tr>
<th>Method</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mini pill</td>
<td>07</td>
</tr>
<tr>
<td>Combined pill</td>
<td>08</td>
</tr>
<tr>
<td>Pill – not sure which</td>
<td>09</td>
</tr>
<tr>
<td>Male condom</td>
<td>10</td>
</tr>
<tr>
<td>Female condom</td>
<td>11</td>
</tr>
<tr>
<td>Morning after pill</td>
<td>14</td>
</tr>
<tr>
<td>Emergency intra-uterine device (IUD)</td>
<td>15</td>
</tr>
<tr>
<td>Coil / intra-uterine device (IUD)</td>
<td>16</td>
</tr>
<tr>
<td>Hormonal IUS (intra-uterine system) - MIRENA</td>
<td>17</td>
</tr>
<tr>
<td>Cap / diaphragm</td>
<td>18</td>
</tr>
<tr>
<td>Vaginal ring - Nuvaring</td>
<td>19</td>
</tr>
<tr>
<td>Spermicides (foams/gels/sprays/pessaries)</td>
<td>20</td>
</tr>
<tr>
<td>Contraceptive patch</td>
<td>21</td>
</tr>
<tr>
<td>Injections</td>
<td>22</td>
</tr>
<tr>
<td>Implants</td>
<td>23</td>
</tr>
<tr>
<td>Natural family planning (safe period/rhythm method/Persona)</td>
<td>24</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>25</td>
</tr>
<tr>
<td>Going without sexual intercourse to avoid pregnancy</td>
<td>26</td>
</tr>
<tr>
<td>Another method of protection WRITE IN</td>
<td>29</td>
</tr>
</tbody>
</table>

Go to Q50

Tick ALL that apply

WCont01 - 23 (new)
**WNoCont (new)**

Q51 Are there occasions when you (and a partner) do **not** use contraception?

Tick ONE box

Yes 1 — Go to Q52

No 2 — Go to Q54

**WUsualC (new)**

Q52 Which of the following applies to you?

Tick ONE box

I (and a partner) usually use contraception 1 — Go to Q53

I (and a partner) usually do not use contraception 2

**WYNoc (new)**

Q53 Here is a list of reasons why people do not use contraception. Which of these applies to you?

Tick ONE box

Don't like contraception/Find methods unsatisfactory 1 — Go to Q54

My partner doesn't like – or won't use - contraception 2

Don't know where to obtain contraceptives/advice 3

Find access to contraceptive services difficult 4

Some other reason WRITE IN 5 — Go to Q54

Q54 If you ticked more than one box at question 50 please answer question 55. Others go to question 57 on page 19.

**WMComb (new)**

Q55 You have mentioned that you usually use more than one method. Do you use them in combination or do you sometimes use one and sometimes another?

Tick ONE box

In combination 1 — Go to Q57

Sometimes one, sometimes another 2 — Go to Q56
Which one do you use most often?

Tick ONE box

375-376

Mini pill

Combined pill

Pill – not sure which

Male condom

Female condom

Morning after pill

Emergency intra-uterine device (IUD)

Coil / intra-uterine device (IUD)

Hormonal IUS (intra-uterine system) - MIRENA

Cap / diaphragm

Vaginal ring - Nuvaring

Spermicides (foams/gels/sprays/pessaries)

Contraceptive patch

Injections

Implants

Natural family planning (safe period/rhythm method/Persona)

Withdrawal

Going without sexual intercourse to avoid pregnancy

Another method of protection

WRITE IN

Use methods equally often

Go to Q57
**WMChwL (new)**

**Q57** For how long have you been using your usual method/the method you use most often?

- Less than 3 months
- At least 3 months, less than 6 months
- At least 6 months, less than 1 year
- At least 1 year, less than 2 years
- At least 2 years, less than 5 years
- 5 years or more

**WYNopp (new)**

**Q58** Here is a list of reasons why people do not use any method for preventing pregnancy. Which of these applies to you?

- I am pregnant
- I want to become pregnant
- Unlikely to conceive because of the menopause
- Unlikely to conceive because possibly infertile
- Don't like contraception/Find methods unsatisfactory
- My partner doesn’t like – or won’t use – contraception
- Don’t know where to obtain contraceptives/advice
- Find access to contraceptive services difficult
- Some other reason WRITE IN

**Tick ONE box**

- Less than 3 months 1
- At least 3 months, less than 6 months 2
- At least 6 months, less than 1 year 3
- At least 1 year, less than 2 years 4
- At least 2 years, less than 5 years 5
- 5 years or more 6

**Skip the next two questions and go to Q60**

**Go to Q59**
WNoCHwL (new)

Q59 For how long have you not been using a method of contraception?

Tick ONE box

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 3 months</td>
<td>1</td>
</tr>
<tr>
<td>At least 3 months, less than 6 months</td>
<td>2</td>
</tr>
<tr>
<td>At least 6 months, less than 1 year</td>
<td>3</td>
</tr>
<tr>
<td>At least 1 year, less than 2 years</td>
<td>4</td>
</tr>
<tr>
<td>At least 2 years, less than 5 years</td>
<td>5</td>
</tr>
<tr>
<td>5 years or more</td>
<td>6</td>
</tr>
</tbody>
</table>

Go to Q60

WMAP (new)

Q60 Have you used the emergency hormonal contraception pill in the last year? This is sometimes known as ‘the morning after pill’.

Tick ONE box

<table>
<thead>
<tr>
<th>Response</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>

Go to Q61

WMAPTm (new)

Q61 On how many occasions in the last year have you used the emergency contraception pill?

Write in 382-383

WMAPWr (new)

Q62 Where did you go for this (on the most recent occasion)?

Tick ONE box

<table>
<thead>
<tr>
<th>Location</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>A doctor or nurse at your GP’s surgery</td>
<td>02</td>
</tr>
<tr>
<td>Sexual health clinic (GUM clinic)</td>
<td>03</td>
</tr>
<tr>
<td>NHS family planning clinic/contraceptive clinic/reproductive health clinic</td>
<td>04</td>
</tr>
<tr>
<td>NHS ante-natal clinic/midwife</td>
<td>05</td>
</tr>
<tr>
<td>Private non-NHS doctor or clinic</td>
<td>06</td>
</tr>
<tr>
<td>Youth advisory clinic (e.g. Brook clinic)</td>
<td>07</td>
</tr>
<tr>
<td>Pharmacy / chemist</td>
<td>08</td>
</tr>
<tr>
<td>Hospital accident and emergency (A&amp;E) department</td>
<td>15</td>
</tr>
<tr>
<td>Any other place Write in</td>
<td>17</td>
</tr>
</tbody>
</table>
WMAPY (new)

Q63 What was your main reason for using emergency contraception (on the most recent occasion)?

Tick ONE box

Condom failure

Missed pill/forgot to take the pill

Other routine contraceptive failure

Condom not available

I or my partner did not want to use a condom

Other reason

Spare 387-390
WFPS01 – 15 (new)
Q64 In the past year have you sought advice on contraception, or obtained supplies, from any of these sources?

<table>
<thead>
<tr>
<th>Source</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>A doctor or nurse at your GP’s surgery</td>
<td>02</td>
</tr>
<tr>
<td>Sexual health clinic (GUM clinic)</td>
<td>03</td>
</tr>
<tr>
<td>NHS family planning clinic/contraceptive clinic/reproductive health clinic</td>
<td>04</td>
</tr>
<tr>
<td>NHS ante-natal clinic/midwife</td>
<td>05</td>
</tr>
<tr>
<td>Private non-NHS doctor or clinic</td>
<td>06</td>
</tr>
<tr>
<td>Youth advisory clinic (e.g. Brook clinic)</td>
<td>07</td>
</tr>
<tr>
<td>Pharmacy / chemist</td>
<td>08</td>
</tr>
<tr>
<td>Internet website</td>
<td>09</td>
</tr>
<tr>
<td>Supplies from school/college/university services</td>
<td>10</td>
</tr>
<tr>
<td>Over the counter at a petrol station/supermarket/other shop</td>
<td>11</td>
</tr>
<tr>
<td>Vending machine</td>
<td>12</td>
</tr>
<tr>
<td>Mail order</td>
<td>13</td>
</tr>
<tr>
<td>Hospital accident and emergency (A&amp;E) department</td>
<td>15</td>
</tr>
<tr>
<td>Any other place WRITE IN</td>
<td>17</td>
</tr>
<tr>
<td>I have not sought advice or supplies</td>
<td>01</td>
</tr>
</tbody>
</table>

WTstCh (new)
Q65 Have you ever had a test for Chlamydia?

Tick ONE box

<table>
<thead>
<tr>
<th>Answer</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>

Go to Q66
Go to Q69
When did you have your last test for Chlamydia?

Tick ONE box

Less than 3 months  
At least 3 months, less than 6 months  
At least 6 months, less than 1 year  
At least 1 year, less than 2 years  
At least 2 years, less than 5 years  
5 years or more

Where were you (last) tested for Chlamydia?

Tick ONE box

General practice (GP) surgery  
Sexual health clinic / GUM clinic  
NHS Family planning clinic/contraceptive clinic/reproductive health clinic  
NHS ante-natal clinic/midwife  
Private non-NHS doctor or clinic  
Youth advisory clinic (e.g. Brook clinic)  
Self-collected test from pharmacy / chemist  
Self-collected test from internet  
Self-collected test from somewhere else  
Termination of pregnancy (abortion) clinic  
Hospital accident and emergency (A&E) department  
Somewhere else WRITE IN
Q68  Why were you (last) tested for Chlamydia?

Tick ALL that apply

- I had symptoms  \( \square \)
- My partner had symptoms  \( \square \)
- I was notified because a partner was diagnosed with Chlamydia  \( \square \)
- I wanted a general sexual health check-up  \( \square \)
- Check-up after previous positive test  \( \square \)
- I had no symptoms but I was worried about the risk of Chlamydia  \( \square \)
- I was offered a routine test  \( \square \)
- Other
  WRITE IN  \( \square \)
EVERYONE PLEASE ANSWER

WDiag01-12 (a) WDiarec (b) (new)

Q69 a) Have you ever been told by a doctor or other healthcare professional, that you had any of the following?

b) If you have had more than one of these, which were you told about most recently?

<table>
<thead>
<tr>
<th></th>
<th>(a) Ever</th>
<th>(b) Most recent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tick ALL that apply</strong></td>
<td>431-450</td>
<td>451-452</td>
</tr>
<tr>
<td>Chlamydia</td>
<td>01</td>
<td>01</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>02</td>
<td>02</td>
</tr>
<tr>
<td>Genital warts (vanereal warts)</td>
<td>03</td>
<td>03</td>
</tr>
<tr>
<td>Syphilis</td>
<td>04</td>
<td>04</td>
</tr>
<tr>
<td>Trichomonas vaginalis (Trich, TV)</td>
<td>05</td>
<td>05</td>
</tr>
<tr>
<td>Herpes (genital herpes)</td>
<td>06</td>
<td>06</td>
</tr>
<tr>
<td>Pubic lice / crabs</td>
<td>07</td>
<td>07</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>08</td>
<td>08</td>
</tr>
<tr>
<td>Pelvic Inflammatory Disease (PID, salpingitis)</td>
<td>09</td>
<td>09</td>
</tr>
<tr>
<td>Vaginal thrush (Candida, yeast infection)</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Bacterial vaginosis</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>An infection transmitted by sex – can't remember which</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>None of these</td>
<td>15</td>
<td></td>
</tr>
</tbody>
</table>

**IF YOU HAD NONE OF THESE PLEASE GO TO QUESTION 72 ON PAGE 27, OTHERS PLEASE GO TO THE NEXT QUESTION**
**WWnSti (new)**

**Q70** When were you last told by a doctor or health professional that you had an infection transmitted by sex?

<table>
<thead>
<tr>
<th>Box</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Less than 1 year ago</td>
</tr>
<tr>
<td>2</td>
<td>Between 1 year and 2 years ago</td>
</tr>
<tr>
<td>3</td>
<td>Between 2 years and 3 years ago</td>
</tr>
<tr>
<td>4</td>
<td>Between 3 years and 4 years ago</td>
</tr>
<tr>
<td>5</td>
<td>Between 4 years and 5 years ago</td>
</tr>
<tr>
<td>6</td>
<td>More than five years ago</td>
</tr>
<tr>
<td>7</td>
<td>Have not had an infection transmitted by sex</td>
</tr>
</tbody>
</table>

**WWrSti (new)**

**Q71** Where were you last treated for an infection transmitted by sex?

<table>
<thead>
<tr>
<th>Box</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>02</td>
<td>A doctor or nurse at your GP’s surgery</td>
</tr>
<tr>
<td>03</td>
<td>Sexual health clinic (GUM clinic)</td>
</tr>
<tr>
<td>04</td>
<td>NHS Family planning clinic/contraceptive clinic/reproductive health clinic</td>
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<td>05</td>
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<tr>
<td>06</td>
<td>Private non-NHS doctor or clinic</td>
</tr>
<tr>
<td>07</td>
<td>Youth advisory clinic (e.g. Brook clinic)</td>
</tr>
<tr>
<td>08</td>
<td>Pharmacy / chemist</td>
</tr>
<tr>
<td>09</td>
<td>Internet site offering treatment</td>
</tr>
<tr>
<td>14</td>
<td>Termination of pregnancy (abortion) clinic</td>
</tr>
<tr>
<td>15</td>
<td>Hospital accident and emergency (A&amp;E) department</td>
</tr>
<tr>
<td>17</td>
<td>Somewhere else WRITE IN</td>
</tr>
<tr>
<td>01</td>
<td>Have not had an infection transmitted by sex</td>
</tr>
</tbody>
</table>
EVERYONE PLEASE ANSWER

**W1stInt (new)**

Q72  How old were you when you **first** had sexual intercourse with a man?

Go to Q73

Write in

This hasn't happened

**WHetLife (new)**

Q73  Altogether, in your life so far, with how many men have you had sexual intercourse?

Write in

**WCert (new)**

Q74  Are you certain of that number or have you had to estimate it?

Tick ONE box

- Certain 1
- Estimate 2

**WHet1Yr (new)**

Q75  Altogether, in the last **year**, with how many men have you had sexual intercourse?

Write in

**WCon4wk (new)**

Q76  Was a condom (sheath) used on any occasions of having vaginal or anal sex with a man in the last 4 weeks?

Tick ONE box

- Yes, used on every occasion 1
- Yes, used on some occasions 2
- No, not used in the last 4 weeks 3
- Not had vaginal or anal sex in last 4 weeks 4

**WEvSam (New)**

Q77  Have you ever had sex with a woman? That is, oral sex or other forms of genital contact.

Tick ONE box

- Yes 1  Go to Q78
- No 2  Go to end
WSamLif (new)
Q78  Altogether, in your life so far, with how many women have you had sex?

Write in

WCert2 (new)
Q79  Are you certain of that number or have you had to estimate it?

Tick ONE box

- Certain
- Estimate

WSam5yr (new)
Q80  Altogether, in the last five years, with how many women have you had sex?

Write in

Thank you for answering these questions.

Please give the booklet back to the interviewer in the envelope provided.
Health Survey for England 2010

Booklet for Young Adult Men

In Confidence

- Please look at the instructions on the next page for information on how to fill in this questionnaire.

- Ask the interviewer for help if you do not understand a question or are not sure what to do.

Thank you for taking part in this survey
How to fill in this questionnaire

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

Example:

<table>
<thead>
<tr>
<th></th>
<th>Very healthy life</th>
<th>Fairly healthy life</th>
<th>Not very healthy life</th>
<th>An unhealthy life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you feel that you lead a ...</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

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

Example:

Write in no. 6

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

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

Example:

Tick one box

Yes 1 Go to Q4

No 2 Go to Q5

D. For some of the questions you will not need to give an answer. These have been put in to direct you to another point of the questionnaire, based on the answers you have already given.

Example:

If you ticked more than one box at question 10, please answer question 11. Others please go to question 15 on page 8.
Smoking

**DSmokevr (+smokever = smkevr)**
**Q1** Have you ever smoked a cigarette, a cigar or a pipe?

Tick ONE box

Yes

No

Go to Q12 on page 5

---

**Dsmokcig (+ smokecig = cigevr)**

**Q2** Have you ever smoked a cigarette?

Tick ONE box

Yes

No

Go to Q12 on page 5

---

**DCigage**

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

Write in how old you were then

---

**DSmoknow (+ smokenow = cignow)**

**Q4** Do you smoke cigarettes at all nowadays?

Tick ONE box

Yes

No

Go to Q7 on page 4

Go to next question
Q5 Why did you decide to give up smoking?

Tick ALL that apply

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

Q6 Did you smoke cigarettes regularly or occasionally?

Tick ONE box

- Regularly, that is at least one cigarette a day
- Occasionally
- I never really smoked cigarettes, just tried them once or twice

Go to Q12 on page 5
**DDlysmok (+ Dlysmoke = cigday)**

**CURRENT SMOKERS**

**Q7**  
About how many cigarettes a day do you usually smoke on weekdays?  
Write in number smoked a day

**Dwkndsmo (+ wkndsmok = cigwend)**

**Q8**  
And about how many cigarettes a day do you usually smoke at weekends?  
Write in number smoked a day

**DCigType (+ CigType = CigTyp)**

**Q9**  
Do you mainly smoke ...  
Tick ONE box

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

**DGiveup (+ Giveup = GivupSk)**

**Q10**  
Would you like to give up smoking altogether?  
Tick ONE box

- Yes  
- 1 → Go to next question
- No  
- 2 → Go to Q12

**DyGvUp**

**Q11**  
What are your main reasons for wanting to give up?  
Tick ALL that apply

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

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

Tick ONE box

Yes [1]
No [2]
Don’t know [8]

Dmareg (+Mothsm = SmkMum)
Q13 Did your mother ever smoke regularly when you were a child?

Tick ONE box

Yes [1]
No [2]
Don’t know [8]

DExpsm (+ Expsm = ExpSmok)
Q14 In most weeks, how many hours a week are you exposed to other people’s tobacco smoke?

Number of hours a week Write in

Dnrsmo2 (new) (+Passive = Passmk7)
Q15 Are you regularly exposed to other people’s tobacco smoke in any of these places?
a) Please tick all the places where you are often exposed to other people’s smoke

Tick ALL boxes which apply

At home [1]
At work [2]
In other people’s homes [3]
Outdoor smoking areas of pubs/restaurants/cafes [4]
In other places [5]
No, none of these [6]

Go to Q15 b)
Go to Q16 on page 6
DSmkbthr
Q15 Does this bother you?
b) Tick ONE box

Yes

No

DRINKING

DDrink (+ drink = dnnow)
Q16 Do you ever drink alcohol nowadays, including drinks you brew or make at home?

Tick one box

Yes

Go to Q19

No

Go to next question

DDrinkan (+drinkany = dnany)
Q17 Just to check, does that mean you never have an alcoholic drink nowadays, or do you have an alcoholic drink very occasionally, perhaps for medicinal purposes or on special occasions like Christmas and New Year?

Tick one box

Very occasionally

Go to Q19

Never

Go to next question

Dalwaytt (+alwaystt = dnevr)
Q18 Have you always been a non-drinker or did you stop drinking for some reason?

Tick one box

Always a non-drinker

Go to Q24 on page 9

Used to drink but stopped

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

Write in how old you were then
DDrinkof (+ drinkoft = dnoft)
Q20 Thinking now about all kinds of drinks, how often have you had an alcoholic drink of any kind during the last 12 months?

Tick one box
84-85

Almost every day 01
Five or six days a week 02
Three or four days a week 03
Once or twice a week 04
Once or twice a month 05
Once every couple of months 06
Once or twice a year 07
Not all in the last 12 months 08

DDrinkL7 (+ drinkL7 = d7day)
Q21 Did you have an alcoholic drink in the seven days ending yesterday?

Tick one box
86

Yes 1 → Go to next question
No 2 → Go to Q24 on page 9

DDrinkday (+ drinkday = d7many)
Q22 On how many days out of the last seven did you have an alcoholic drink?

Tick one box
87

One 1
Two 2
Three 3
Four 4
Five 5
Six 6
Seven 7
Q23 Please think about the day in the last week on which you drank the most. (If you drank the same amount on more than one day, please answer about the most recent of those days.)

From this list, please tick all the types of alcoholic drink which you drank on that day. For the ones you drank, write in how much you drank on that day. EXCLUDE NON-ALCOHOLIC OR LOW-ALCOHOL DRINKS, EXCEPT SHANDY.

### TICK ALL DRINKS DRUNK ON THAT DAY

<table>
<thead>
<tr>
<th>Drink Description</th>
<th>Code</th>
<th>Glasses (count doubles as 2 singles)</th>
<th>Pints</th>
<th>Large cans or bottles</th>
<th>Small cans or bottles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol)-exclude bottles/cans of shandy.</td>
<td>DDKtyp01</td>
<td>Nberqt7 Dnblq72 Dnblq73</td>
<td>01</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strong beer, lager, stout or cider (6% alcohol or more, such as Tennants Super, Special Brew, Diamond White)</td>
<td>DDKtyp02</td>
<td>Sberqt7 Dsblq72 Dsblq73</td>
<td>02</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails</td>
<td>DDKtyp03</td>
<td>DSpirlt7q</td>
<td>03</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sherry or martini (including port, vermouth, cinzano, dubonnet)</td>
<td>DDKtyp04</td>
<td>Dshrltq</td>
<td>04</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wine (including babycham and champagne)</td>
<td>DDKtyp05</td>
<td>Dw250ml Dw175ml Dw125ml dwbtl</td>
<td>05</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcoholic soft drink ('alcopop') or a pre-mixed alcoholic drink such as Bacardi Breezer, WKD or Smirnoff Ice</td>
<td>DDKtyp06</td>
<td>Dpopsl7q</td>
<td>06</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### WRITE IN HOW MUCH DRUNK ON THAT DAY

<table>
<thead>
<tr>
<th>Drink Description</th>
<th>Code</th>
<th>Large glasses (250ml)</th>
<th>Standard glasses (175ml)</th>
<th>Small glasses (125ml)</th>
<th>Bottles (750ml)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. DDKtyp07</td>
<td>07</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. DDKtyp08</td>
<td>08</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Spare 155-168
Happy (new)

Q24 Taking all things together, on a scale of 0 to 10, how happy would you say you are? Here 0 means you are very unhappy and 10 means you are very happy.

Write in

GENERAL HEALTH TODAY

Now we would like to know how your health is today.

Please answer ALL the questions. By ticking one box for each question below, please indicate which statements best describe your own health state today.

Mobility

Q25 Mobility

Tick ONE box

1. I have no problems in walking about
2. I have some problems in walking about
3. I am confined to bed

Self-care

Q26 Self-Care

Tick ONE box

1. I have no problems with self-care
2. I have some problems washing or dressing myself
3. I am unable to wash or dress myself

Usual act

Q27 Usual activities

Tick ONE box

1. I have no problems with performing my usual activities (eg. work, study, housework, family or leisure activities)
2. I have some problems with performing my usual activities
3. I am unable to perform my usual activities

Pain

Q28 Pain/Discomfort

Tick ONE box

1. I have no pain or discomfort
2. I have moderate pain or discomfort
3. I have extreme pain or discomfort
**Anxiety**

**Q29  Anxiety/Depression**

Tick ONE box

- I am not anxious or depressed
- I am moderately anxious or depressed
- I am extremely anxious or depressed

---

**Q30  HthStat (new)**

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health state is today, in your opinion. Please do this by drawing a line from the box below to which ever point on the scale indicates how good or bad your health state is today.
GENERAL HEALTH OVER THE LAST FEW WEEKS

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

**HAVE YOU RECENTLY:**

<table>
<thead>
<tr>
<th>Question</th>
<th>GHQConc</th>
<th>GHQSleep</th>
<th>GHQUse</th>
<th>GHQDecis</th>
<th>GHQStrai</th>
<th>GHQOver</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q31</td>
<td>been able to concentrate on whatever you're doing?</td>
<td>Better than usual</td>
<td>Same as usual</td>
<td>Less than usual</td>
<td>Much less than usual</td>
<td></td>
</tr>
<tr>
<td>Q32</td>
<td>lost much sleep over worry?</td>
<td>Not at all</td>
<td>No more than usual</td>
<td>Rather more than usual</td>
<td>Much more than usual</td>
<td></td>
</tr>
<tr>
<td>Q33</td>
<td>felt you were playing a useful part in things?</td>
<td>More so than usual</td>
<td>Same as usual</td>
<td>Less useful than usual</td>
<td>Much less useful</td>
<td></td>
</tr>
<tr>
<td>Q34</td>
<td>felt capable of making decisions about things?</td>
<td>More so than usual</td>
<td>Same as usual</td>
<td>Less so than usual</td>
<td>Much less capable</td>
<td></td>
</tr>
<tr>
<td>Q35</td>
<td>felt constantly under strain?</td>
<td>Not at all</td>
<td>No more than usual</td>
<td>Rather more than usual</td>
<td>Much more than usual</td>
<td></td>
</tr>
<tr>
<td>Q36</td>
<td>felt you couldn't overcome your difficulties?</td>
<td>Not at all</td>
<td>No more than usual</td>
<td>Rather more than usual</td>
<td>Much more than usual</td>
<td></td>
</tr>
</tbody>
</table>
### HAVE YOU RECENTLY:

<table>
<thead>
<tr>
<th>GHQEnjoy</th>
<th>Q37 been able to enjoy your normal day-to-day activities?</th>
</tr>
</thead>
<tbody>
<tr>
<td>More so than usual</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GHQFace</th>
<th>Q38 been able to face up to your problems?</th>
</tr>
</thead>
<tbody>
<tr>
<td>More so than usual</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GHQUmph</th>
<th>Q39 been feeling unhappy and depressed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GHQConf</th>
<th>Q40 been losing confidence in yourself?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GHQWorth</th>
<th>Q41 been thinking of yourself as a worthless person?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GHQHappy</th>
<th>Q42 been feeling reasonably happy, all things considered?</th>
</tr>
</thead>
<tbody>
<tr>
<td>More so than usual</td>
<td></td>
</tr>
</tbody>
</table>

---

General Health Questionnaire (GHQ – 12)
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Published by GL Assessment Limited
The Chiswick Centre, 414 Chiswick High Road, London W4
This edition published 1992.
GL Assessment is part of the Granada Learning Group
Q43 Below are some statements about feelings and thoughts. Please circle the number that best describes your experience of each over the last 2 weeks.

(ALL NEW)

<table>
<thead>
<tr>
<th>Statement</th>
<th>None of the time</th>
<th>Rarely of the time</th>
<th>Some of the time</th>
<th>Often of the time</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>OptimF I’ve been feeling optimistic about the future</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Useful I’ve been feeling useful</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Relax I’ve been feeling relaxed</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>IntPeop I’ve been feeling interested in other people</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Energy I’ve had energy to spare</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Dealprb I’ve been dealing with problems well</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>ThkClr I’ve been thinking clearly</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Goodme I’ve been feeling good about myself</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>ClsePeop I’ve been feeling close to other people</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Confidet I’ve been feeling confident</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Makemind I’ve been able to make up my own mind about things</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Loved I’ve been feeling loved</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>IntThgs I’ve been interested in new things</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Cheer I’ve been feeling cheerful</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2006, all rights reserved.

Paidwk (new) Q44 Are you currently in paid employment?

Tick ONE box

Yes [ ] Go to Q45

No [ ] Go to Q49
**Copejob (new)**

**Q45** How much do you agree or disagree with the statement that ‘I feel able to cope with the demands of my job’?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tick ONE box</strong></td>
<td></td>
</tr>
<tr>
<td>Strongly agree</td>
<td>1</td>
</tr>
<tr>
<td>Agree</td>
<td>2</td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td>3</td>
</tr>
<tr>
<td>Disagree</td>
<td>4</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>5</td>
</tr>
</tbody>
</table>

**Choicewk (new)**

**Q46** Do you have a choice in deciding HOW you go about your work?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tick ONE box</strong></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>1</td>
</tr>
<tr>
<td>Occasionally</td>
<td>2</td>
</tr>
<tr>
<td>Some of the time</td>
<td>3</td>
</tr>
<tr>
<td>Much of the time</td>
<td>4</td>
</tr>
<tr>
<td>Most of the time</td>
<td>5</td>
</tr>
<tr>
<td>All of the time</td>
<td>6</td>
</tr>
</tbody>
</table>

**Supptwk (new)**

**Q47** Do you get help and support from your line manager?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tick ONE box</strong></td>
<td></td>
</tr>
<tr>
<td>Often</td>
<td>1</td>
</tr>
<tr>
<td>Sometimes</td>
<td>2</td>
</tr>
<tr>
<td>Seldom</td>
<td>3</td>
</tr>
<tr>
<td>Never/ almost never</td>
<td>4</td>
</tr>
<tr>
<td>Does not apply/ have no manager</td>
<td>5</td>
</tr>
</tbody>
</table>
Losejob (new)

Q48 How likely is it that you will lose your job and become unemployed within the next twelve months?

Please estimate the probability of such a change on a scale from 0 to 100.
- 0 means that such a change will definitely not take place.
- 100 means that such a change definitely will take place.

Circle one box

0 10 20 30 40 50 60 70 80 90 100

Spare 347-350

Q49 The next section includes questions that you may find sensitive. We hope that you will answer these because, combined with responses from all others in the survey, they will help us build up a picture of experiences across the whole population. If you do not wish to answer any question, please leave it blank.
Q50 This is a list of possible contraception methods. Which, if any, do you (and a partner) usually use **at present**?

- The contraceptive pill 06
- Male condom 10
- Female condom 11
- Emergency contraception (morning after pill) 12
- Another method of protection WRITE IN 29
- No method 01
- No sexual relations with a woman currently 02

Go to Q51.
**MFPS01 – 15 (new)**

**Q51** In the past year have you sought advice on contraception, or obtained supplies, from any of these sources?

- A doctor or nurse at your GP’s surgery
- Sexual health clinic (GUM clinic)
- NHS family planning clinic/contraceptive clinic/reproductive health clinic
- NHS ante-natal clinic/midwife
- Private non-NHS doctor or clinic
- Youth advisory clinic (e.g. Brook clinic)
- Pharmacy / chemist
- Internet website
- Supplies from school/college/university services
- Over the counter at a petrol station/supermarket/other shop
- Vending machine
- Mail order
- Hospital accident and emergency (A&E) department
- Any other place
  
  WRITE IN

**Go to Q52**

**MTstCh (new)**

**Q52** Have you ever had a test for Chlamydia?

Tick ONE box

- Yes
- No

**Go to Q53**

**Go to Q56**
Q53  When did you have your last test for Chlamydia?

1. Less than 3 months
2. At least 3 months, less than 6 months
3. At least 6 months, less than 1 year
4. At least 1 year, less than 2 years
5. At least 2 years, less than 5 years
6. 5 years or more

Go to Q54

Q54  Where were you (last) tested for Chlamydia?

02. General practice (GP) surgery
03. Sexual health clinic / GUM clinic
04. NHS Family planning clinic/contraceptive clinic/reproductive health clinic
05. NHS ante-natal clinic/midwife
06. Private non-NHS doctor or clinic
07. Youth advisory clinic (e.g. Brook clinic)
08. Self-collected test from pharmacy / chemist
09. Self-collected test from internet
11. Self-collected test from somewhere else
14. Termination of pregnancy (abortion) clinic
15. Hospital accident and emergency (A&E) department
17. Somewhere else

WRITE IN

Go to Q55
**MCTWy01 – 08 (new)**

**Q55** Why were you (last) tested for Chlamydia?

Tick ALL that apply

1. I had symptoms
2. My partner had symptoms
3. I was notified because a partner was diagnosed with Chlamydia
4. I wanted a general sexual health check-up
5. Check-up after previous positive test
6. I had no symptoms but I was worried about the risk of Chlamydia
7. I was offered a routine test
8. **Other**
   **WRITE IN**

*Go to Q56*
EVERYONE PLEASE ANSWER

M DIAG01-12 (a) MDiarec (b) (new)

Q56 (a) Have you ever been told by a doctor or other healthcare professional, that you had any of the following?

(b) If you have had more than one of these, which were you told about most recently?

<table>
<thead>
<tr>
<th>(a) Ever</th>
<th>(b) Most recent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia</td>
<td>01</td>
</tr>
<tr>
<td>Gonorrhoea</td>
<td>02</td>
</tr>
<tr>
<td>Genital warts (venereal warts)</td>
<td>03</td>
</tr>
<tr>
<td>Syphilis</td>
<td>04</td>
</tr>
<tr>
<td>Trichomonas vaginalis (Trich, TV)</td>
<td>05</td>
</tr>
<tr>
<td>Herpes (genital herpes)</td>
<td>06</td>
</tr>
<tr>
<td>Pubic lice / crabs</td>
<td>07</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>08</td>
</tr>
<tr>
<td>NSU (Non Specific Urethritis), NGU (Non Gonococcal Urethritis)</td>
<td>12</td>
</tr>
<tr>
<td>Epididymitis</td>
<td>13</td>
</tr>
<tr>
<td>An infection transmitted by sex – can’t remember which</td>
<td>14</td>
</tr>
<tr>
<td>None of these</td>
<td>15</td>
</tr>
</tbody>
</table>

IF YOU HAD NONE OF THESE PLEASE GO TO QUESTION 59,
OTHERS PLEASE GO TO THE NEXT QUESTION
**MWnSti (new)**

**Q57** When were you last told by a doctor or health professional that you had an infection transmitted by sex?

Tick ONE box

- Less than 1 year ago [1]
- Between 1 year and 2 years ago [2]
- Between 2 years and 3 years ago [3]
- Between 3 years and 4 years ago [4]
- Between 4 years and 5 years ago [5]
- More than 5 years ago [6]

**MWnSti (new)**

**Q58** Where were you last treated for an infection transmitted by sex?

Tick ONE box

- A doctor or nurse at your GP’s surgery [02]
- Sexual health clinic (GUM clinic) [03]
- NHS Family planning clinic/contraceptive clinic/reproductive health clinic [04]
- NHS ante-natal clinic/midwife [05]
- Private non-NHS doctor or clinic [06]
- Youth advisory clinic (e.g. Brook clinic) [07]
- Pharmacy / chemist [08]
- Internet site offering treatment [09]
- Termination of pregnancy (abortion) clinic [14]
- Hospital accident and emergency (A&E) department [15]
- Somewhere else WRITE IN [17]
EVERYONE PLEASE ANSWER

**M1stInt (new)**

Q59 How old were you when you **first** had sexual intercourse with a woman?

Write in

Go to 60

This hasn't happened

Go to Q64

**MHetLife (new)**

Q60 Altogether, in your life so far, with how many women have you had sexual intercourse?

Write in

**MCert (new)**

Q61 Are you certain of that number or have you had to estimate it?

Tick ONE box

Certain

1

Estimate

2

**MHet1Yr (new)**

Q62 Altogether, in the **last year**, with how many women have you had sexual intercourse?

Write in

**MCon4wk (new)**

Q63 Was a condom (sheath) used on any occasions of having vaginal or anal sex with a woman in the **last 4 weeks**?

Tick ONE box

Yes, used on every occasion

1

Yes, used on some occasions

2

Go to Q64

No, not used in the last 4 weeks

3

Not had vaginal or anal sex in last 4 weeks

4

**MEvSam (New)**

Q64 Have you ever had sex with a man? That is, oral or anal sex or any other forms of genital contact.

Tick ONE box

Yes

1

Go to Q65

No

2

Go to Q68
**MSamLif (new)**

**Q65** Altogether, in your life so far, with how many men have you had sex?

Write in

**MCert2 (new)**

**Q66** Are you certain of that number or have you had to estimate it?

Tick ONE box

- Certain
- Estimate

**MSam5yr (new)**

**Q67** Altogether, in the last five years, with how many men have you had sex?

Write in

**Q68** IF YOU HAVE NEVER HAD SEX WITH A WOMAN, PLEASE GO TO THE END OF THE BOOKLET, OTHERS PLEASE GO TO QUESTION 69

**MEvrPd (new)**

**Q69** Have you ever paid money for sex with a woman?

Tick ONE box

- Yes → Go to Q70
- No → Go to end

**MLstPay (new)**

**Q70** When was the last time you paid for sex with a woman?

Tick ONE box

- In the last 7 days
- More than 7 days, up to 4 weeks ago
- More than 4 weeks, up to 1 year ago
- More than 1 year, up to 5 years ago
- Longer than 5 years ago

Thank you for answering these questions.

Please give the booklet back to the interviewer in the envelope provided.
Health Survey for England 2010

Booklet for 13-15 year olds

In Confidence

- Here are some questions for you to answer on your own.
- We are interested in your honest answers.
- We will not tell your answers to anyone you know.
- Look at the instructions on the next page and read what to do.
- Ask the interviewer for help if you do not understand a question or are not sure what to do.

Thank you for taking part in this survey
How to answer these questions

• Please read each question carefully

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

  Yes  

  No

• Sometimes you have to write a number in the box, for example

  I was 10 years old

write in

• Next to some of the boxes are arrows and instructions
  They show or tell you which question to answer next.
  If there are no special instructions, just answer the next question.

  No

  Go to question 4

  Yes

  I was 10 years old

write in
Happy (New)
Q1 Taking all things together, on a scale of 0 to 10, how happy would you say you are? Here 0 means you are very unhappy and 10 means you are very happy. 

Write in

Cigarette Smoking

ASmokCig
Q2 Have you ever tried smoking a cigarette, even if it was only a puff or two?

Tick one box

Yes
No

Go to next question

ASmokReg
Q3 Now read all the following sentences very carefully and tick the box next to the one which best describes you.

Tick one box

Go to question 7

ACigAge
Q4 How old were you when you tried smoking a cigarette, even if it was only a puff or two?

I was years old

write in

ACigweek
Q5 Did you smoke any cigarettes last week?

Tick one box

Go to question 7

Yes
No
**ACigNum**

**Q6** How many cigarettes did you smoke last week?

I smoked [ ] cigarettes

Go to next question

Spare 178-184

**Anrsmo2 (new)**

**EVERYONE PLEASE ANSWER**

**Q7** Do you find that you are often near people who are smoking in any of these places?

Please tick all the places where you are often near people who are smoking

- At home
- In other people's homes
- In other places (please write these other places on the line below)

---

No, none of these

Go to question 9

**Asmkbthr**

**Q8** Does this bother you?

Tick one box

- Yes
- No

Go to next question

Spare 206-214
Drinking

Adrprop
Q9 Have you ever had a proper alcoholic drink – a whole drink, not just a sip? **Please don’t count drinks labelled low alcohol.**

Tick one box

Yes 1 Go to question 11
No 2 Go to next question

Adrprops
Q10 Have you ever drunk alcopops (such as Bacardi Breezer, Smirnoff Ice, WKD, Hooch etc)?

Tick one box

Yes 1 Go to next question
No 2 Go to question 20 on page 8

Adrinkag
Q11 How old were you the first time you had a proper alcoholic drink or an alcopop?

I was   years old Go to next question

Adrinkof
Q12 How often do you usually have an alcoholic drink or alcopop?

Tick one box

Almost every day 1
About twice a week 2
About once a week 3
About once a fortnight 4
About once a month 5
Only a few times a year 6
I never drink alcohol now 7
Adrlast

Q13  When did you last have an alcoholic drink or alcopop?

Tick one box

- Today 1
- Yesterday 2  Go to next question
- Some other time during the last week 3
- 1 week, but less than 2 weeks ago 4
- 2 weeks, but less than 4 weeks ago 5
- 1 month, but less than 6 months ago 6
- 6 months ago or more 7  Go to question 20 on page 8

Aberzw

Q14  Which, if any, of the drinks shown below, have you drunk in the last 7 days?

Please (✔) either yes or no for each kind of drink.

For each kind of drink, write in the box how much you drank in the last 7 days.

Beer, lager cider or shandy
(exclude bottles or cans of shandy)

Have you drunk this in the last 7 days?

Tick one box

- No 2  Go to question 15
- Yes 1

How much did you drink in the last 7 days?

Write in:

- Pints (if half a pint, write in ½)
- Large cans or bottles
- Small cans or bottles
Q15 Spirits or liqueurs, such as gin, vodka, whisky, rum, brandy or cocktails

Have you drunk this in the last 7 days?

Tick one box

No 2 Go to question 16
Yes 1

How much did you drink in the last 7 days?

Write in:

Glasses (count doubles as two glasses)

Q16 Sherry or martini (including port, vermouth, cinzano, dubonnet)

Have you drunk this in the last 7 days?

Tick one box

No 2 Go to question 17
Yes 1

How much did you drink in the last 7 days?

Write in:

Glasses (count doubles as two glasses)

Q17 Wine (including babycham and champagne)

Have you drunk this in the last 7 days?

Tick one box

No 2 Go to question 18
Yes 1

How much did you drink in the last 7 days?

Write in:

Glasses

Spare 239-245
Apopsw
Q18 Alcopop (such as Bacardi Breezer, Smirnoff Ice, WKD, Hooch, etc.)

Have you drunk this in the last 7 days?

Tick one box

No 2 → Go to question 19
Yes 1

How much did you drink in the last 7 days?
Write in:

Apopsqlg

Large cans or bottles

Apopsqsm

AND/OR Small cans or bottles

Q19 Other kinds of alcoholic drink?

Have you drunk this in the last 7 days?

Tick one box

No 2 → Go to question 20
Yes 1 → Complete details below

Write in name of drink

How much did you drink in the last 7 days?
Write in:

Spare 285-287
Your weight

Everyone please answer

Saywgt

Q20  Given your age and height, would you say that you are...

Tick one box

About the right weight 1

too heavy 2

or too light? 3

Not sure 8

Go to next question

Saydiet

Q21  At the present time are you trying to lose weight, trying to gain weight, or are you not trying to change your weight?

Tick one box

Trying to lose weight 1

Trying to gain weight 2

Not trying to change weight 3
General health over the last few weeks

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

**HAVE YOU RECENTLY:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>GHQConc</td>
<td>Q22 been able to concentrate on whatever you’re doing?</td>
<td>Better than usual, Same as usual, Less than usual, Much less than usual</td>
</tr>
<tr>
<td>GHQSleep</td>
<td>Q23 lost much sleep over worry?</td>
<td>Not at all, No more than usual, Rather more than usual, Much more than usual</td>
</tr>
<tr>
<td>GHQUse</td>
<td>Q24 felt you were playing a useful part in things?</td>
<td>More so than usual, Same as usual, Less useful than usual, Much less useful</td>
</tr>
<tr>
<td>GHQDecis</td>
<td>Q25 felt capable of making decisions about things?</td>
<td>More so than usual, Same as usual, Less so than usual, Much less capable</td>
</tr>
<tr>
<td>GHQStrai</td>
<td>Q26 felt constantly under strain?</td>
<td>Not at all, No more than usual, Rather more than usual, Much more than usual</td>
</tr>
<tr>
<td>GHQOver</td>
<td>Q27 felt you couldn’t overcome your difficulties?</td>
<td>Not at all, No more than usual, Rather more than usual, Much more than usual</td>
</tr>
</tbody>
</table>
## HAVE YOU RECENTLY:

### GHQEnjoy
**Q28** been able to enjoy your normal day-to-day activities?

<table>
<thead>
<tr>
<th>More so than usual</th>
<th>Same as usual</th>
<th>Less so than usual</th>
<th>Much less than usual</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### GHQFace
**Q29** been able to face up to your problems?

<table>
<thead>
<tr>
<th>More so than usual</th>
<th>Same as usual</th>
<th>Less able than usual</th>
<th>Much able</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### GHQU unhap
**Q30** been feeling unhappy and depressed?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>No more than usual</th>
<th>Rather more than usual</th>
<th>Much more than usual</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### GHQConfi
**Q31** been losing confidence in yourself?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>No more than usual</th>
<th>Rather more than usual</th>
<th>Much more than usual</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### GHQWorth
**Q32** been thinking of yourself as a worthless person?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>No more than usual</th>
<th>Rather more than usual</th>
<th>Much more than usual</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### GHQHappy
**Q33** been feeling reasonably happy, all things considered?

<table>
<thead>
<tr>
<th>More so than usual</th>
<th>About same as usual</th>
<th>Less so than usual</th>
<th>Much less than usual</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

General Health Questionnaire (GHQ-12)
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Published by GL Assessment Limited
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This edition published 1992.
GL Assessment is part of the Granada Learning Group

Thank you for answering these questions.
Please give the booklet back to the interviewer.
Health Survey for England 2010

Booklet for 8-12 year olds

In Confidence

- Here are some questions for you to answer on your own.
- We are interested in your honest answers.
- We will not tell your answers to anyone you know.
- Look at the instructions on the next page and read what to do.
- Ask the interviewer for help if you do not understand a question or are not sure what to do.

Thank you for taking part in this survey
How to answer these questions

- Please read each question carefully

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

  Yes

  No

- Sometimes you have to write a number in the box, for example

  I was **10** years old

  **write in**

- Next to some of the boxes are arrows and instructions. They show or tell you which question to answer next. If there are no special instructions, just answer the next question.

  No

  **Go to question 4**

  Yes

  I was **10** years old

  **write in**
Happy (new)

1. Taking all things together, on a scale of 0 to 10, how happy would you say you are? Here 0 means you are very unhappy and 10 means you are very happy.

Write in

Cigarette Smoking

CSmokCig

2. Have you ever tried smoking a cigarette, even if it was only a puff or two?

Tick one box

No

Yes

Go to question 3

CSmokAge

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

I was years old

Write in

CSmokReg

3. Now read all the following sentences very carefully and tick the box next to the one which best describes you.

I have never smoked

I have only smoked once or twice

I used to smoke sometimes, but I never smoke a cigarette now

I sometimes smoke, but I don’t smoke every week

I smoke between one and six cigarettes a week

I smoke more than six cigarettes a week

Go to next question
**CCigWeek**

4. Did you smoke any cigarettes last week?

- No - Go to question 5
- Yes - How many cigarettes did you smoke last week?

**CCigNum**

182 183

**Ansrmo**

EVERYONE PLEASE ANSWER

5. Do you find that you are often near people who are smoking in any of these places?

Please tick all the places where you are often near people who are smoking

- At home - Go to next question
- In other people’s homes - Go to next question
- In other places - Go to question 7 on page 4

(Please write these other places on the line below)

- No, none of these

**Asmkbthhr**

6. Does this bother you?

- Yes - Go to next question
- No - Go to next question
Drinking

Adrprop
7. Have you ever had a proper alcoholic drink – a whole drink, not just a sip? **Please don't count drinks labelled low alcohol.**

Tick one box

<table>
<thead>
<tr>
<th>Yes</th>
<th>1</th>
<th>Go to question 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>2</td>
<td>Go to next question</td>
</tr>
</tbody>
</table>

Adrprops
8. Have you ever drunk alcopops (such as Bacardi Breezer, Smirnoff Ice, WKD etc)?

Tick one box

<table>
<thead>
<tr>
<th>Yes</th>
<th>1</th>
<th>Go to next question</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>2</td>
<td>Go to question 12 on page 6</td>
</tr>
</tbody>
</table>

Adrinkag
9. How old were you the first time you had a proper alcoholic drink or alcopop?

I was [write in] years old

Adrinkof
10. How often do you usually have an alcoholic drink or alcopop?

Tick one box

- Almost every day [1]
- About twice a week [2]
- About once a week [3]
- About once a fortnight [4]
- About once a month [5]
- Only a few times a year [6]
- I never drink alcohol now [7]
Adrlast
11. When did you last have an alcoholic drink or alcopop?

Tick one box

Today

Yesterday

Some other time during the last week

1 week, but less than 2 weeks ago

2 weeks, but less than 4 weeks ago

1 month, but less than 6 months ago

6 months ago or more

Go to next question

Spare 221-287
Your weight

Everyone please answer
Saywgt
12. Given your age and height, would you say that you are...

Tick one box

About the right weight

2

too heavy

3

or too light?

Not sure

Go to next question

Saydiet
13. At the present time are you trying to lose weight, trying to gain weight, or are you not trying to change your weight?

Tick one box

Trying to lose weight

Trying to gain weight

Not trying to change weight

Go to next question
Cycling

Everyone please answer

CBicycle

14. Do you have a bicycle?

Tick one box

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>

   → Go to next question

CHelma

15. Do you wear a bicycle helmet when you ride a bike?

Tick one box

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I always wear a helmet when I ride a bike</td>
<td>1</td>
</tr>
<tr>
<td>I sometimes wear a helmet when I ride a bike</td>
<td>2</td>
</tr>
<tr>
<td>I never wear a helmet when I ride a bike</td>
<td>3</td>
</tr>
<tr>
<td>I never ride a bike</td>
<td>4</td>
</tr>
</tbody>
</table>

   → Go to next question

CHelmb1-7

16. What do you think about bicycle helmets?

Please tick all the boxes that you agree with

Tick one box

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Wearing a helmet makes me feel safer when I ride a bike</td>
<td>1</td>
</tr>
<tr>
<td>I sometimes forget to put my helmet on</td>
<td>2</td>
</tr>
<tr>
<td>Bicycle helmets cost too much money</td>
<td>3</td>
</tr>
<tr>
<td>Helmets look good</td>
<td>4</td>
</tr>
<tr>
<td>It is difficult to get helmets to fit</td>
<td>5</td>
</tr>
<tr>
<td>Helmets can protect you if you have an accident</td>
<td>6</td>
</tr>
<tr>
<td>Wearing a helmet makes me feel like a proper cyclist</td>
<td>7</td>
</tr>
</tbody>
</table>

Thank you for answering these questions.

Please give the booklet back to the interviewer.
Health Survey for England 2010

Booklet for parents of 4-15 year olds

In Confidence

How to fill in this questionnaire

The questions in this booklet are answered by putting a tick in the box below the answer that applies to you.

Example:

Do you feel that you lead a ...

Tick one box

Very healthy life
Fairly healthy life
Not very healthy life
An unhealthy life
**Strengths and Difficulties Questionnaire**

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

For each item, please 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 LINE)

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>Sdqfeel</strong></td>
<td>Considerate of other people’s feelings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. <strong>Sdqhyper</strong></td>
<td>Restless, overactive, cannot stay still</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. <strong>Sdqaches</strong></td>
<td>Often complains of headaches, stomach-aches or sickness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. <strong>Sdqshare</strong></td>
<td>Shares readily with other children (treats, toys, pencils etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. <strong>Sdqtempr</strong></td>
<td>Often has temper tantrums or hot tempers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. <strong>Sdqalone</strong></td>
<td>Rather solitary, tends to play alone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. <strong>Sdqobeys</strong></td>
<td>Generally obedient, usually does what adults request</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. <strong>Sdqworry</strong></td>
<td>Many worries, often seems worried</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. <strong>Sdhelp</strong></td>
<td>Helpful if someone is hurt, upset or feeling ill</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. <strong>Sdqfidgt</strong></td>
<td>Constantly fidgeting or squirming</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. <strong>Sdpal</strong></td>
<td>Has at least one good friend</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. <strong>Sqfight</strong></td>
<td>Often fights with other children or bullies them</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. <strong>Sdsad</strong></td>
<td>Often unhappy, down-hearted or tearful</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. <strong>Sdqliked</strong></td>
<td>Generally liked by other children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. <strong>Sdqdaze</strong></td>
<td>Easily distracted, concentration wanders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. <strong>Sdqcling</strong></td>
<td>Nervous or clingy in new situations, easily loses confidence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. <strong>Sdqkind</strong></td>
<td>Kind to younger children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. <strong>Sdlies</strong></td>
<td>Often lies or cheats</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. <strong>Sdqbull</strong></td>
<td>Picked on or bullied by other children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. <strong>Sdvols</strong></td>
<td>Often volunteers to help others (parents, teachers, other children)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
TICK ONE BOX ON EACH LINE

21. Sdqthink Thinks things out before acting
   Not True  Somewhat true  Certainly true
   [ ] [ ] [ ] 71

22. Sdqsteal Steals from home, school or elsewhere
   [ ] [ ] [ ] 72

23. Sdqadult Gets on better with adults than with other children
   [ ] [ ] [ ] 73

24. Sdqfears Many fears, easily scared
   [ ] [ ] [ ] 74

25. Sdqtend Sees tasks through to the end, good attention span
   [ ] [ ] [ ] 75

Sdqdiff (new)
26. Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?
   [ ] No 76
   [ ] Yes – minor difficulties 1
   [ ] Yes – definite difficulties 7
   [ ] Yes – severe difficulties 3

If you have answered “Yes”, please answer the following questions about these difficulties:

SdqLdif (new)
27. How long have these difficulties been present?
   Less than a month  1-5 months  6-12 months  Over a year
   [ ] [ ] [ ] 77

SdqDDis (new)
28. Do the difficulties upset or distress your child?
   Not at all  Only a little  Quite a lot  A great deal
   [ ] [ ] [ ] 78
29. Do the difficulties interfere with your child’s everyday life in the following areas?

<table>
<thead>
<tr>
<th>Section</th>
<th>Not at all</th>
<th>Only a little</th>
<th>Quite a lot</th>
<th>A great deal</th>
</tr>
</thead>
<tbody>
<tr>
<td>SdqDhom (new)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>HOME LIFE</td>
<td>79</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SdqDfrnd (new)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>FRIENDSHIPS</td>
<td>80</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SdqDCiss (new)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>CLASSROOM</td>
<td>81</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEARNING</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SdqDLeis (new)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>LEISURE</td>
<td>82</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACTIVITIES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SDqDBurd (new)

30. Do the difficulties put a burden on you or the family as a whole?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Only a little</th>
<th>Quite a lot</th>
<th>A great deal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

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Thank you for answering these questions. Please give the booklet back to the interviewer.
Household grid

PERSON to OC are usually transmitted directly from the interview data to the nurse CAPI program. There is also a facility for nurses to key this information directly from the Nurse Record Form, for example if the nurse visit follows too quickly from the interview to allow the automatic transmission to take place.

**Person**

Person number of person who was interviewed  
Range 01..12

**Name**

Name of person who was interviewed

**Sex**

Sex of person who was interviewed  
1 Male  
2 Female

**Age**

Age of person who was interviewed  
Range 0..120

**OC**

Interview outcome of person who was interviewed  
1 Agreed Nurse Visit  
2 Refused Nurse Visit  
3 No outcome yet

IF AGE <= 15 THEN

P1

Person number of child’s Parent 1.  
Range: 1..12

NatPs1

Parent type of Parent 1.  
1 Parent  
2 Legal parental responsibility

P2

Person number of child’s Parent 2  
(code 97=no Parent 2 in household)  
Range: 01..97

IF P2 IN [1..12] THEN

NatPs2

Parent type of Parent 2.  
1 Parent  
2 Legal parental responsibility

ENDIF

ENDIF

**AdrField**

PLEASE ENTER THE FIRST TEN CHARACTERS OF THE FIRST LINE OF THE ADDRESS TAKEN FROM N.R.F. ADDRESS LABEL.  
MAKE SURE TO TYPE IT EXACTLY AS IT IS PRINTED.:  
Text: Maximum 10 characters
**HHDate**
NURSE: ENTER THE DATE OF THE ORIGINAL HOUSEHOLD INTERVIEW FROM Q2 ON THE NRF (OR INTERIM APPOINTMENT RECORD).

**OpenDisp**
HERE ARE THE PEOPLE AT THIS HOUSEHOLD WHO HAVE BEEN SEEN BY THE INTERVIEWER (N/Y UNDER Nurse means 'Not yet interviewed', N/E means 'not eligible for interview'.)
No, Name, Sex, Age, Nurse
PRESS 1 AND <Enter> TO SEE WHICH NURSE SCHEDULE TO SELECT FOR EACH PERSON.

**SchDisp**
TO INTERVIEW EACH PERSON, PRESS <Ctrl+Enter> AND SELECT THE CORRESPONDING NURSE SCHEDULE AS LISTED BELOW.
No, Name, Sex, Age, Nurse, Nurse Schedule Type
PRESS <Ctrl+Enter> TO SELECT A NURSE SCHEDULE FOR THE PERSON YOU WANT TO INTERVIEW, OR TO EXIT.
Introduction

**IF OC = 1 THEN**

**Info**

You are in the Nurse Schedule for:

- Person Number:
- Name:
- Age:
- Sex:

Can you interview this person?

1. Yes, I will do the interview now
2. No, I will not be able to do this interview

**ELSEIF OC=2 THEN**

**RefInfo**

NURSE: *(Name of respondent)* IS RECORDERD AS HAVING REFUSED A NURSE VISIT. HAS *(he/she)* CHANGED *(his/her)* MIND?

NURSE: THERE IS NO INFORMATION YET FROM THE INTERVIEWER WHETHER *(Name of respondent)* HAS AGREED TO A NURSE VISIT. IF YOU ARE SURE THAT *(he/she)* HAS COMPLETED AN INTERVIEW AND HAS AGREED TO SEE YOU, CODE 1 FOR “Yes” HERE. ELSE CODE 2 FOR “No”

1. Yes, *(now/this person)* agrees nurse visit
2. No, *(still refuses/this person will not have a)* nurse visit

ENDIF

ALL WITH A NURSE VISIT *(Info = Yes OR RefInfo = Yes, agrees nurse visit)*

**NurDate**

NURSE: ENTER THE DATE OF THIS INTERVIEW.

**NDoBD**

Can I just check your date of birth?

NURSE: ENTER DAY, MONTH AND YEAR OF *(NAME OF RESPONDENT’S)* DATE OF BIRTH SEPERATELY

ENTER THE DAY HERE.

**NDoBM**

NURSE: ENTER THE CODE FOR THE MONTH OF NATALIE’S DATE OF BIRTH.

**NDoBY**

ENTER THE YEAR OF NATALIE’S DATE OF BIRTH.

**ConfAge**

*Derived: Age of respondent based on Nurse entered date of birth and date at time of household interview.*

*Range: 0..120*

**DispAge**

CHECK WITH RESPONDENT: So your age is *(computed age)*?
IF Age of Respondent is 0 to 15 years THEN
   CParInt
   NURSE: A child can be interviewed only with the permission of, and in the presence of, their parent or person who has (permanent) legal parental responsibility, (‘parent’). No measurements should be carried out without the agreement of both the parent and the child. Press <1> and <Enter> to continue.

   CParNo
   NURSE CHECK: WHICH PARENT (OR “PARENT”) IS GIVING PERMISSION FOR MEASUREMENTS TO BE TAKEN AND ANSWERING QUESTIONS FOR THIS CHILD?
   1 (Name of Parent 1)
   2 (Name of Parent 2)
ENDIF

IF (Age of respondent is 16 to 49 years) AND (Sex = Female) THEN
   PregNTJ
   Can I check, are you pregnant at the moment?
   1 Yes
   2 No
ENDIF
Prescribed medicines, drug coding and folic acid

ALL WITH A NURSE VISIT

MedCNJD

Are you taking or using any medicines, pills, syrups, ointments, puffers or injections prescribed for you by a doctor or nurse?

NURSE: If Statins have been prescribed by a doctor please code them here. If they have been bought without a prescription code at the Statins question.

IF MedCNJD = Yes THEN

MedIntro

Could I take down the names of the medicines, including pills, syrups, ointments, puffers or injections, prescribed for you by a doctor or nurse?

NURSE: Including the contraceptive pill.

1 Continue

Collect details of up to 22 prescribed medicines

FOR i:= 1 TO 22 DO

IF (i = 1) OR (MedBIC[i-1] = Yes) THEN

MedBI[i]

NURSE: Enter name of drug no. (1, 2, 3, etc.). Ask if you can see the containers for all prescribed medicines currently being taken. If aspirin, record dosage as well as name.

Text: Maximum 30 characters

MedBIA[i]

Have you taken/used (name of medicine) in the last 7 days?

1 Yes
2 No

MedBIC[i]

NURSE CHECK: Any more drugs to enter?

1 Yes
2 No

ENDIF
ENDDO
ENDDO

TBMed

Are you currently taking any medications for the treatment of tuberculosis?

1 Yes
2 No

IF age>=16 AND MedCNJD = No OR MedBic = 2 THEN

Statins
Are you taking statins (drugs to lower cholesterol) bought over the counter from a pharmacist, without prescription from a doctor?

**NURSE:** HERE ARE SOME EXAMPLES OF COMMON STATINS, WHICH MAY BE BOUGHT OVER THE COUNTER:
- Atorvastatin (Lipitor)
- Fluvastatin (Lescol, Lescol XL)
- Pravastatin (Lipostat)
- Rosuvastatin (Crestor) and Simvastatin (Zocor)

1. Yes
2. No

**IF Statins = Yes THEN**

**StatinA**
- Have you taken/used statins in the last 7 days?
  1. Yes
  2. No

**ENDIF**

**ENDIF**

**Melaton**

Are you currently taking any melatonin supplements such as tablets, capsules, creams or liquid drops? These may be prescribed such as Circadin or be bought over the counter.

1. Yes
2. No

**IF MedCNJD = Yes THEN**

**Drug coding block**

**Dintro**

**NURSE:** PLEASE COMPLETE DRUG CODING FOR Person (person no.) (person name).

PRESS 1 AND <Enter> TO CONTINUE.

1. Continue

**Repeat for up to 22 drugs coded**

**FOR j:= 1 TO (Number of drugs recorded) DO**

**DrC1**

**NURSE:** ENTER CODE FOR (name of drug) ENTER 999999 IF UNABLE TO CODE

Text: Maximum 6 characters

**IF (Age of Respondent is over 15 years) AND (Drug code begins 02) THEN**

**YTake1**

Do you take (name of drug) because of a heart problem, high blood pressure or for some other reason?

1. Heart problem
2. High blood pressure
3. Other reason
IF YTake1 = Other THEN
    TakeOth1
    NURSE: GIVE FULL DETAILS OF REASON(S) FOR TAKING (name of drug):
        Text: Maximum 255 characters
ENDIF
ENDIF
ENDDO
ENDIF

IF Sex=Female and Age=18-49 THEN
    Folic
    At present, are you taking any folic acid supplements such as Solgar folic acid, Pregnacare tablets, Sanatogen Pronatal, or Healthy Start, to supplement your diet or improve your health?
        1   Yes
        2   No

    IF PreNTJ = Yes AND Folic = Yes
        FolPreg
        Did you start taking folic acid supplements before becoming pregnant?
            1   Yes
            2   No

        IF FolPreg = Yes
            FolPreg12
            Have you been taking folic acid supplements for the first 12 weeks of your pregnancy?
                1   Yes
                2   No
            ENDIF
        ENDIF

    IF PreNTJ = No AND Folic = Yes
        FolPregHR
        People can take folic acid for various health reasons. Are you taking folic acid supplements because you hope to become pregnant?
            1   Yes
            2   No
        ENDIF
ENDIF
Nicotine replacement therapy

ASK IF RESPONDENT AGED 16 AND OVER

Smoke
Can I ask, do you smoke cigarettes, cigars or a pipe at all these days?
CODE ALL THAT APPLY.
IF RESPONDENT USED TO SMOKE BUT DOES NOT ANY MORE, CODE 'NO'.
   1 Yes, cigarettes
   2 Yes, cigars
   3 Yes, pipe
   4 No

IF (Smoke = Yes, cigarettes) OR (Smoke = Yes, cigars) OR (Smoke = Yes, pipe) THEN
   LastSmok
   How long is it since you last smoked a (cigarette, (and/or a) cigar, (and/or a) pipe)?
   1 Within the last 30 minutes
   2 Within the last 31-60 minutes
   3 Over an hour ago, but within the last 2 hours
   4 Over two hours ago, but within the last 24 hours
   5 More than 24 hours ago
ENDIF

UseNic
We are also interested in whether people use any of the nicotine replacement products that are now available, such as nicotine chewing gum, patches or inhalers. Have you used any of these types of products in the last seven days?
NURSE: PLEASE NOTE THIS DOES NOT INCLUDE THE NEW MEDICATION PRESCRIBED TO AID SMOKING CESSATION.
   1 Yes
   2 No

IF UseNic=Yes THEN
   UseGum
   First, in the last seven days have you used any nicotine chewing gum?
   1 Yes
   2 No

   IF UseGum=Yes THEN
   GumMG
   What strength is the nicotine chewing gum you are using - is it 2mg or 4mg?
   CODE ONE ONLY. IF BOTH - WHICH MOST RECENTLY? IF CAN'T SAY - ASK TO SEE PACKET
   1 2mg
   2 4mg
   3 Can't say (and no packet available)
ENDIF

UsePat
In the last seven days have you used nicotine patches that you stick on your skin?
   1 Yes
   2 No
IF UsePat=Yes THEN

NicPats
Can you tell me which brand and strength of nicotine patches you use?
CODE ONE ONLY. DO NOT PROMPT.
IF MORE THAN ONE TYPE - WHICH MOST RECENTLY? IF NOT SURE - ASK TO SEE PACKET

1   Nicorette: 5mg
2   Nicorette: 10mg
3   Nicorette: 15mg
4   Nicotinell TTS: 10 (7mg)
5   Nicotinell TTS: 20 (14mg)
6   Nicotinell TTS: 30 (21mg)
7   Niquitin: 7mg
8   Niquitin: 14mg
9   Niquitin: 21mg
95 Other (SPECIFY AT NEXT QUESTION)
96 Can't say (and no packet available)

IF NicPats=Other THEN

OthNic
STATE NAME AND STRENGTH OF NICOTINE PATCHES
Text: Maximum 140 characters

ENDIF
ENDIF

UseNas
In the last seven days, have you used nicotine nasal spray or a nicotine inhaler?
    1   Yes
    2   No

ENDIF
Blood pressure

IF Age of Respondent 0 to 4 years THEN
  NoBP
  NO BLOOD PRESSURE READING TO BE DONE. ENTER '1' TO CONTINUE.
  1  Continue
ENDIF

IF (PregNTJ = Yes) OR (UPreg = Pregnant) THEN
  PregMes
  RESPONDENT IS PREGNANT. NO MEASUREMENTS TO BE DONE.
  1  Continue
ENDIF

ALL AGED 5+ (EXCEPT PREGNANT WOMEN)
  BPMod
  NURSE: NOW FOLLOWS THE BLOOD PRESSURE MODULE.

PRESS <1> AND <ENTER> TO CONTINUE.

IF Age of Respondent is over 15 years THEN
  BPIntro
  (As I mentioned earlier) We would like to measure your blood pressure. The analysis of blood pressure readings will tell us a lot about the health of the population.
  1  Continue
ELSE (Respondent aged 5-15)
  BPBlurb
  READ OUT TO PARENT/PARENTS: (As I mentioned earlier) we would like to measure (name of child's) blood pressure. If you wish, I will write the results on (his/her) Measurement Record Card. I will not, however, be able to tell you what the results mean. This has to be calculated using (his/her) age, sex and height. Also blood pressure can vary from day to day and throughout the day, so one high reading would not necessarily mean that your child has a high blood pressure. However if you would like us to, we will send your results to your GP who is better placed to interpret them. In the unlikely event that your child should be found to have a high blood pressure for (his/her) age and height, we shall advise (his/her) GP (with your permission) that (name of child's) blood pressure should be measured again.
  1  Continue
ENDIF

BPConst
  NURSE: Does the respondent agree to blood pressure measurement?
  1  Yes, agrees
  2  No, refuses
  3  Unable to measure BP for reason other than refusal

IF BPConst = Yes, agrees THEN
  IF Age of Respondent is 13 years or over THEN
    ConSubX
    May I just check, have you eaten, smoked, drunk alcohol or done any vigorous exercise in the past 30 minutes?
CODE ALL THAT APPLY.
1   Eaten
2   Smoked
3   Drunk alcohol
4   Done vigorous exercise
5   (None of these)

IF BPConst = Yes, agrees THEN
   IF Age of Respondent is 13 years or over THEN
      ConSubX
      May I just check, have you eaten, smoked, drunk alcohol or done any vigorous exercise in the past 60 minutes?
      CODE ALL THAT APPLY.
      1   Eaten
      2   Smoked
      3   Drunk alcohol
      4   Done vigorous exercise
      5   (None of these)
     ENDIF
   ELSEIF (Age of Respondent is 5 to 12 years AND BPConst = Yes, agrees) THEN
      ConSubX2
      May I just check, has (name of child) eaten, or done any vigorous exercise, in the past 30 minutes?
      CODE ALL THAT APPLY.
      1   Eaten
      2   Done vigorous exercise
      3   Neither
     ENDIF
   ELSEIF (Age of Respondent is 5 to 12 years AND BPConst = Yes, agrees) THEN
      ConSubX2
      May I just check, has (name of child) eaten, or done any vigorous exercise, in the past 60 minutes?
      CODE ALL THAT APPLY.
      1   Eaten
      2   Done vigorous exercise
      3   Neither
     ENDIF

OMRONNo
NURSE: RECORD BLOOD PRESSURE EQUIPMENT SERIAL NUMBER:
       Range: 001..999

CufSize
SELECT CUFF AND ATTACH TO THE RESPONDENT'S RIGHT ARM.
ASK RESPONDENT TO SIT STILL FOR FIVE MINUTES.

READ OUT: ‘I am going to leave you to sit quietly now for 5 minutes. During that time you must not read and your legs must remain uncrossed. After the 5 minutes I will carry out 3 recordings with a minute between them. While I am doing these recordings I will not speak to you, and you must not speak to me. Once I have completed the recordings I will tell you what they are’.
RECORD CUFF SIZE CHOSEN.
   1  Child (15-22 cm)
   2  Adult (22-32 cm)
   3  Large adult (32-42 cm)

AirTemp
RECORD THE AMBIENT AIR TEMPERATURE IN CENTIGRADES TO ONE DECIMAL PLACE.
   Range: 00.0..40.0

BPReady
NURSE: ONCE RESPONDENT HAS SAT STILL FOR 5 MINUTES YOU ARE READY TO TAKE THE MEASUREMENTS.
ENSURE THE READY TO MEASURE SYMBOL IS LIT BEFORE PRESSING THE START BUTTON TO THE START MEASUREMENTS.
   1  Continue

Map to Dias repeated for up to 3 blood pressure measurements.

FOR I:= 1 TO 3 DO
   Map[i]
   TAKE THREE MEASUREMENTS FROM RIGHT ARM. ENTER (FIRST/SECOND/THIRD) MAP READING (mmHg).
   IF READING NOT OBTAINED, ENTER 999.
   IF YOU ARE NOT GOING TO GET ANY BP READINGS AT ALL ENTER “996”.
      Range: 001..999
   Pulse[i]
   ENTER (FIRST/SECOND/THIRD) PULSE READING (bpm).
   IF READING NOT OBTAINED, ENTER 999.
      Range: 001..999
   Sys[i]
   ENTER (FIRST/SECOND/THIRD) SYSTOLIC READING (mmHg).
   IF READING NOT OBTAINED, ENTER 999.
      Range: 001..999
   Dias[i]
   ENTER (FIRST/SECOND/THIRD) DIASTOLIC READING (mmHg).
   IF READING NOT OBTAINED, ENTER 999.
      Range: 001..999
ENDDO

IF NO FULL MEASUREMENT OBTAINED THEN:
   YNoBP
   ENTER REASON FOR NOT RECORDING ANY FULL BP READINGS
      1  Blood pressure measurement attempted but not obtained
      2  Blood pressure measurement not attempted
      3  Blood pressure measurement refused
ENDIF

IF BLOOD PRESSURE MEASUREMENT REFUSED OR NOT ATTEMPTED, OR FEWER THAN THREE FULL READINGS OBTAINED THEN:
**NAttBP**

RECORD WHY (ONLY TWO READINGS OBTAINED/ONLY ONE READING OBTAINED/READING NOT OBTAINED/READING NOT ATTEMPTED/READING REFUSED/UNABLE TO TAKE READING). CODE ALL THAT APPLY.

- 0 Problems with PC
- 1 Respondent upset/anxious/nervous
- 2 Error reading
- 3 (IF AGED UNDER 16: Too shy)
- 4 (IF AGED UNDER 16: Child would not sit still long enough)
- 5 Problems with cuff fitting/painful
- 6 Problems with equipment (not error reading)
- 95 Other reason(s) (SPECIFY AT NEXT QUESTION)

**IF NattBP = Other THEN**

**OthNBP**

ENTER FULL DETAILS OF OTHER REASON(S) FOR NOT OBTAINING/ATTEMPTING THREE BP READINGS:

- Text: Maximum 140 characters

**ENDIF**

**ENDIF**

**IF ONE, TWO OR THREE FULL BLOOD PRESSURE READINGS OBTAINED THEN**

**DifBPC**

RECORD ANY PROBLEMS TAKING READINGS. CODE ALL THAT APPLY.

- 1 No problems taking blood pressure
- 2 Reading taken on left arm because right arm not suitable
- 3 Respondent was upset/anxious/nervous
- 4 Problems with cuff fitting/painful
- 5 Problems with equipment (not error reading)
- 6 Error reading
- 95 Other problems (SPECIFY AT NEXT QUESTION)

**IF DifBPC=Other THEN**

**OthDifBP**

NURSE: RECORD FULL DETAILS OF OTHER PROBLEM(S) TAKING READINGS.

- Text: Maximum 140 characters

**ENDIF**

**ENDIF**

**IF ONE, TWO OR THREE FULL BLOOD PRESSURE READINGS OBTAINED THEN**

**GPRegB**

Are you registered with a GP?

- 1 Yes
- 2 No

**IF GPRegB = Yes THEN**

**GPSend**

May we send your blood pressure readings to your GP?

- 1 Yes
- 2 No

**IF GPSend = No THEN**
GPRefC
NURSE: SPECIFY REASON(S) FOR REFUSAL TO ALLOW BP READINGS TO BE SENT TO
GP. CODE ALL THAT APPLY.
   1   Hardly/Never sees GP
   2   GP knows respondent's BP level
   3   Does not want to bother GP
   95 Other (SPECIFY AT NEXT QUESTION)

   IF GPRefM = Other THEN
   OthRefC
   NURSE: GIVE FULL DETAILS OF REASON(S) FOR REFUSAL
   Text: Maximum 140 characters
   ENDIF
   ENDIF
   ENDIF
   ENDIF
   ENDIF

   IF (GPRegB <> Yes) OR (GPSend = No) THEN
   Code02
   CIRCLE CONSENT CODE 02 ON FRONT OF CONSENT BOOKLET.
      1   Continue
   ELSEIF GPSend = Yes THEN
   ConsFrm1
   NURSE:
   A) ASK THE RESPONDENT TO READ AND COMPLETE THE ‘BLOOD PRESSURE TO
   GP’ SECTION OF THE CONSENT BOOKLET.
   B) CHECK GP NAME, ADDRESS AND PHONE NO. ARE RECORDED ON CONSENT
   FORM.
   C) CHECK NAME BY WHICH GP KNOWS RESPONDENT.
   D) CIRCLE CONSENT CODE 01 ON FRONT OF CONSENT BOOKLET.
      1   Continue
   ENDIF
   ENDIF

   BPOffer
   NURSE: OFFER BLOOD PRESSURE RESULTS TO RESPONDENT.
   Systolic  Diastolic  Pulse
   i)  (First Systolic reading)  (First Diastolic reading)  (First Pulse reading)
   ii) (Second Systolic reading)(Second Diastolic reading)  (Second Pulse reading)
   iii) (Third Systolic reading)  (Third Diastolic reading)  (Third Pulse reading)

   ENTER ON THEIR MEASUREMENT RECORD CARD (COMPLETE NEW RECORD
   CARD IF REQUIRED).
   ADVICE TO RESPONDENTS ON BLOOD PRESSURE READING

   IF Systolic reading >179 OR Diastolic reading >114 THEN
   TICK THE CONSIDERABLY RAISED BOX AND READ OUT TO RESPONDENT: Your
   blood pressure is high today. Blood pressure can vary from day to day and throughout the
day so that one high reading does not necessarily mean that you suffer from high blood
pressure. You are strongly advised to visit your GP within 5 days to have a further blood
pressure reading to see whether this is a once-off finding or not.
   NURSE: IF RESPONDENT IS ELDERLY, ADVISE HIM/HER TO CONTACT GP WITHIN
   NEXT 7-10 DAYS.
IF Systolic reading 160-179 OR Diastolic reading 100-114 (Men aged 16-49 OR Women aged 16+) OR IF Systolic reading 170-179 OR Diastolic reading 105-114 (Men aged 50+)
THEN
TICK THE MODERATELY RAISED BOX AND READ OUT TO RESPONDENT: Your blood pressure is a bit high today. Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure. You are advised to visit your GP within 2 weeks to have a further blood pressure reading to see whether this is a once-off finding or not.

IF Systolic reading 140-159 OR Diastolic reading 85-99 (Men aged 16-49 OR Women aged 16+) OR IF Systolic reading 160-169 OR Diastolic reading 96-104 (Men aged 50+)
THEN
TICK THE MILDLY RAISED BOX AND READ OUT TO RESPONDENT: Your blood pressure is a bit high today. Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure. You are advised to visit your GP within 2 months to have a further blood pressure reading to see whether this is a once-off finding or not.

IF Systolic reading <140 AND Diastolic reading <85 (Men aged 16-49 OR Women aged 16+) OR IF Systolic reading <160 AND Diastolic reading <95 (Men aged 50+)
THEN
TICK THE NORMAL BOX AND READ OUT TO RESPONDENT: Your blood pressure is normal.
ENDIF
ENDIF
ENDIF
ENDIF
The Health Survey for England 2010 - Nurse Schedule

Waist and Hip circumference

ASK ALL Respondents aged 11+ AND PregNTJ=No THEN

WHMod
NURSE: NOW FOLLOWS THE WAIST AND HIP CIRCUMFERENCE MEASUREMENT.

1  Continue

WHIntro
I would now like to measure your waist and hips. The waist relative to hip measurement is very useful for assessing the distribution of weight over the body.

1  Respondent agrees to have waist/hip ratio measured
2  Respondent refuses to have waist/hip ratio measured
3  Unable to measure waist/hip ratio for reason other than refusal

IF WHIntro=Agree THEN
Repeat for up to three waist-hip measurements. Third measurement taken only if difference between first two measurements is greater than 3cm.

FOR Loop:= 1 TO 3 DO

IF (Loop IN [1..2]) OR ((Loop = 3) AND (Measure[1].Waist <> 999.9) AND (Measure[2].Waist <> 999.9) AND (ABS(Measure[1].Waist - Measure[2].Waist) > 3)) THEN

Waist
NURSE: MEASURE THE WAIST AND HIP CIRCUMFERENCES TO THE NEAREST MM.
ENTER (FIRST/SECOND/THIRD) WAIST MEASUREMENT IN CENTIMETRES (Remember to include the decimal point).
IF MEASUREMENT NOT OBTAINED, ENTER '999.9'.

   Range: 45.0..1000.0

ENDIF

IF (Loop IN [1..2]) OR ((Loop = 3) AND (Measure[1].Hip <> 999.9) AND (Measure[2].Hip <> 999.9) AND (ABS(Measure[1].Hip - Measure[2].Hip) > 3)) THEN

Hip
NURSE: MEASURE THE WAIST AND HIP CIRCUMFERENCES TO THE NEAREST MM.
ENTER (FIRST/SECOND/THIRD) MEASUREMENT OF HIP CIRCUMFERENCE IN CENTIMETRES (Remember to include the decimal point).
IF MEASUREMENT NOT OBTAINED, ENTER '999.9'.

   Range: 75.0..1000.0

ENDIF
ENDDO

IF (Waist1 = 999.9) OR (Waist2 = 999.9) OR (Hip1 = 999.9) OR (Hip2 = 999.9) THEN

YNoWH
ENTER REASON FOR NOT GETTING BOTH MEASUREMENTS

1  Both measurements refused
2  Attempted but not obtained
3  Measurement not attempted

ENDIF
ENDDIF
IF NO OR ONE MEASUREMENT OBTAINED ((WHIntro=Refuse OR Unable) OR only one waist/hip measurement obtained) THEN

WHPNABM

GIVE REASON(S) (FOR REFUSAL/WHY UNABLE/ FOR NOT OBTAINING MEASUREMENT/FOR NOT ATTEMPTING/WHY ONLY ONE MEASUREMENT OBTAINED). CODE ALL THAT APPLY.

1  Respondent is in a wheelchair
2  Respondent is confined to bed
3  Respondent is too stooped
4  Respondent did not understand the procedure
5  Respondent is embarrassed / sensitive about their size
6  No time/ busy/ already spent enough time on this survey
95 Other (SPECIFY AT NEXT QUESTION)

IF WHPNABM = Other THEN

OthWH

GIVE FULL DETAILS OF 'OTHER' REASON(S) FOR NOT GETTING FULL WAIST/HIP MEASUREMENT:

Text: Maximum 140 characters

ENDIF

ENDIF

IF AT LEAST ONE WAIST MEASUREMENT OBTAINED (IF (Waist1 <> 999.9 AND Waist1 <> EMPTY) OR (Waist2 <> 999.9 AND Waist2 <> EMPTY)) THEN

WJRel

RECORD ANY PROBLEMS WITH WAIST MEASUREMENT:

1  No problems experienced, reliable waist measurement
2  Problems experienced - waist measurement likely to be reliable
3  Problems experienced - waist measurement likely to be slightly unreliable
4  Problems experienced - waist measurement likely to be unreliable

IF WJRel = Problems experienced THEN

ProbWJ

RECORD WHETHER PROBLEMS EXPERIENCED ARE LIKELY TO INCREASE OR DECREASE THE WAIST MEASUREMENT.

1  Increases measurement (e.g. bulky clothing)
2  Decreases measurement (e.g. very tight clothing)
3  Measurement not affected

ENDIF

ENDIF

IF AT LEAST ONE HIP MEASUREMENT OBTAINED (IF (Hip1 <> 999.9 AND Hip1 <> EMPTY) OR (Hip2 <> 999.9 AND Hip2 <> EMPTY)) THEN

HJRel

RECORD ANY PROBLEMS WITH HIP MEASUREMENT (include here restrictions from type of clothing worn such as saris or religious/cultural items worn on the body):

1  No problems experienced, reliable hip measurement
2  Problems experienced - hip measurement likely to be reliable
3  Problems experienced - hip measurement likely to be slightly unreliable
4  Problems experienced - hip measurement likely to be unreliable
IF HJRel = Problems experienced THEN
ProbHJ
RECORD WHETHER PROBLEMS EXPERIENCED ARE LIKELY TO INCREASE OR
DECREASE THE HIP MEASUREMENT.
   1 Increases measurement (e.g. bulky clothing)
   2 Decreases measurement (e.g. very tight clothing)
   3 Measurement not affected
ENDIF
ENDIF

IF ONE OR TWO WAIST/HIP MEASUREMENTS OBTAINED THEN
WHRes
NURSE: OFFER TO WRITE RESULTS OF WAIST AND HIP MEASUREMENTS, WHERE
APPLICABLE, ONTO RESPONDENT'S MEASUREMENT RECORD CARD.
   Waist: (Waist measurements 1 and 2)
   Hip: (Hip measurements 1 and 2)
Press <1> and <Enter> to continue.
ENDIF
ENDIF
Saliva sample

IF Respondent aged 4 and over THEN

SalInt1
NURSE: NOW FOLLOWS THE SALIVA SAMPLE.
1 Continue

SalIntr1
NURSE: ASK RESPONDENT FOR A SALIVA SAMPLE.
READ OUT: I would like to take a sample of saliva (spit). This simply involves (keeping a absorbent swab in your mouth for a few minutes (aged 16+) / using a straw to dribble saliva into a tube (aged 4-15)). The sample will be analysed for cotinine, which is related to the intake of tobacco smoke and is of particular interest to see if non-smokers may have raised levels as a result of 'passive' smoking.
1 Respondent agrees to give saliva sample
2 Respondent refuses to give saliva sample
3 Unable to obtain saliva sample for reason other than refusal

IF SalIntr1=Agree AND Age=16+ THEN

SalWrit
NURSE: Ask the respondent to read and complete the 'Saliva sample' section of the consent booklet.
Circle code 03 on front of the Consent Booklet.
Turn to the lab dispatch note and at smoking status circle (1/2)
Press <1> and <Enter> to continue
ENDIF

IF SalIntr1=Agree AND Age=4-15 THEN

SalWritC
NURSE: Ask the parent to read and complete the 'Saliva sample' section of the consent booklet. Show respondent the saliva sample information on the child information sheet and consent booklet.
Circle code 03 on front of the Consent Booklet.
Press <1> and <Enter> to continue.
ENDIF

IF SalIntr1=Refuse

SalCode
NURSE: Circle code 04 on front of the Consent Booklet
Press <1> and <Enter> to continue.
ENDIF

IF SalIntr1=Agree

SalInst
NURSE: Ask respondent to keep the (absorbent swab in the mouth for a few minutes / dribble through straw into the tube).
Write the serial number and date of birth on the blue label using a biro.
Serial number:
Date of birth:
Press <1> and <Enter> to continue.
ENDIF
SalObt1
NURSE CHECK:
   1  Saliva sample obtained
   2  Saliva sample refused
   3  Saliva sample not attempted
   4  Attempted but not obtained

IF SalObt1=obtained
   SalHow
   NURSE: Code the method used to obtain the saliva sample.
   1  Dribbled into tube
   2  Absorbent swab
ENDIF

IF (SalObt1= Not attempted or Attempted, not obtained) OR (SalIntr1=Unable)
   SalNObt
   NURSE: Record why saliva sample not obtained.
   CODE ALL THAT APPLY.
      1  Respondent not able to produce any saliva
      95 Other (specify at next question)

   IF SalNObt = Other THEN
      OthNObt
      NURSE: Give full details of reason(s) why saliva sample not obtained.
      Text: Maximum 140 characters
   ENDIF
ENDIF
ENDIF
Lung Function Module

IF Respondent aged 7 and over THEN

LungMod
NURSE: Now follows the Lung Function module
Press <1> and <Enter> to continue.

LungInt
The next part of my visit is a lung function test. This will involve you breathing out as hard and as fast as (he/she) can for as long as (he/she) can into a tube. Before I explain more about the test, I need to ask you a couple of questions to make sure it is safe for (him/her) to do.
Press <1> and <Enter> to continue.

LungSurg
Can I check, have you had abdominal or chest surgery in the past 3 months?
1   Yes
2   No

LungEye
Do you have detached retina or (have/has) (he/she) had eye or ear surgery in the past 3 months?
1   Yes
2   No

IF LungEye=2 AND age>15 THEN
LungHrt
Have you had a heart attack in the past 3 months?
1   Yes
2   No

LungHosp IF HaSurg = No
Have you been admitted to hospital with a heart complaint in the past month?
1   Yes
2   No

LungEx
Derived: Excluded from lung function test?
: YesNo

IF LungSurg=1 OR LungEye=1 OR LungHrt=1 OR LungHosp=1 OR TBMed=1 OR PulsAv>120THEN
NoLungT
NURSE: This respondent is not eligible for a lung function test. Circle code 06 on the front of the Consent Booklet. Explain to the respondent that it will not be safe for them to do the lung function test.
Press <1> and <Enter> to continue.
ENDIF

[If not excluded]
LungTest
A lung function test tells you how well your lungs are working. It measures how fast you can push air out of your lungs as well as how much air your lungs can breathe out. How the results are interpreted depends on your age, sex, height and ethnicity. For this reason I will not be able to interpret the results for you, however should you agree, the results can be sent to your GP who is in the best place to tell you what they mean.

To do the test you will need to blow out into a tube as hard and as fast as (he/she) can for as long as (he/she) can. To get an accurate test (he/she) will need to do this at least 3 times but no more than 8 times.

Would you be willing to have your lung function measured?
1   Yes, agrees
2   No, refuses
3   Yes but unable to take lung function measurement for reason other than refusal

IF LungTest = 3 THEN
NoAttLF
NURSE: Record why unable to take reading.
CODE ALL THAT APPLY.
   0   Problems with PC
   1   Respondent is breathless
   2   Respondent is unwell
   3   Respondent upset/anxious/nervous
   4   Nurse concern over respondent safety
   5   Equipment / software problems
   95 Other reason (PLEASE SPECIFY)

IF NoAttLF=95 THEN
NoAttO
NURSE Give other reason why the respondent did not attempt / refused lung function test
ENDIF
ENDIF

IF LungTest=1 AND Smoke=1-3 THEN
LungSmok
Can I just check, have you smoked in the last 24 hours? This may have been a cigarette, cigar or pipe.
1   Yes
2   No

IF LungSmok=Yes THEN
LungSmHr
How many hours ago did you last smoke?
   NURSE: Code the number of hours. If less than one hour, code 0.
   : 0..24
   ENDIF
ENDIF
ENDIF

IF LungTest=1 THEN
**LungInhl**
(Can I just check) Have you used an inhaler, puffer or any medication for \( \text{his/her} \) breathing in the last 24 hours?

1  Yes
2  No

**IF LungInhl=Yes THEN**

**LungInHr**
How many hours ago did you last use it?

NURSE: Code the number of hours. If less than one hour, code 0.

: 0..24

**ENDIF**

**LungExpl**
NURSE: Explain the manoeuvre to the respondent.
Point out the following:
- They need to put a nose clip on.
- They need to breath in as deeply as they can.
- They need to put the spirette in their mouth.
- They need to form a seal around the mouthpiece with their lips.
- They need to make sure their tongue is not blocking the spirette.
- Straightaway they need to blast the air out as hard as they can.
- They need to keep breathing out for as long as possible and that you will encourage them to do this.
- When they have finished breathing out to then remove the spirette from their mouth.
- To be accepted the blow needs to be at least 3 seconds long but ideally at least 6 seconds long.
- They will do a minimum of 3 blows and a maximum of 8 blows.
- After each blow, the laptop will tell you if the blow was accepted and if another blow is required.
- They can stop at any time.

NURSE: If respondent wears dentures they should leave them in as a tighter seal will be achieved. If the dentures are loose, the respondent can remove them.

Press <1> and <Enter> to continue.

**LungDemo**
NURSE: Demonstrate the blow to the respondent using a spirette that is not attached to the spirometer and a nose clip.

ASK: Do you have any questions?

NURSE: **Connect the spirometer to the laptop.**

**Insert a spirette into the spirometer, ensuring that the plastic bag stays on the mouthpiece of the spirette.**

Press <1> and <Enter> to continue.

**LungPrac**
NURSE: Give the spirometer to the respondent and ask them to remove the plastic bag from the mouthpiece. Ask the respondent to put the mouthpiece in their mouth and the nose clip on and to breathe normally through the tube. Explain that this is so they can get comfortable with the spirette in their mouth and that they should not do a practice blow. Once they are
comfortable with the equipment, ask the respondent to hand the spirometer back as you will now start the spirometer program and will need to set the baseline.

PRESS <1> AND <Enter> TO LAUNCH THE SPIROMETRY SOFTWARE

AFTER NURSE HAS EXITED THE NDD SOFTWARE BRING FORWARD THE SESSION QUALITY FROM THE SOFTWARE INTO CAPI

HTFVC
Highest technically satisfactory value for FVC.
: 0.00..9.96

PRFVC
Predicted value for FVC.
: 0.00..9.96

PCFVC
FVC as percentage of predicted FVC.
: 0..100

HTFEV
Highest technically satisfactory value for FEV.
: 0.00..9.95

PRFEV
Predicted value for FEV.
: 0.00..9.95

PCFEV
FEV as percentage of predicted FEV.
: 0..100

HTPEF
Highest technically satisfactory value for PEF.
: 0..995

PRPEF
Predicted value for PEF.
: 0..995

PCPEF
PEF as percentage of predicted PEF.
: 0..100

Quality
Derived: Outcome from lung function software (A - F).
Testing: Enter quality level letter.

IF Quality= C OR D OR F THEN

QualCDF
Nurse: Code the reason for the session quality for this respondent.
CODE ALL THAT APPLY.
0 Problems with PC
1. Respondent did not understand manoeuvre
2. Respondent stopped due to discomfort
3. Respondent did not wish to continue for reason other than discomfort
4. Nurse concern over respondent safety
5. Caused coughing / breathlessness in respondent
6. Maximum number of blows reached
7. Equipment / software problems
95. Other (PLEASE SPECIFY)

IF (Other IN QualCDF) THEN

QualOth
NURSE: Please give other reason.
ENDIF
ENDIF

IF Quality= A or B THEN

QualAB
NURSE: Are there any comments which need to be noted about this respondent's lung function test.
1. Yes
2. No

IF QualAB = Yes THEN

QualABOt
NURSE: Please note comment about this respondent's spirometry test.
ENDIF
ENDIF

NullLF
NURSE: Record why you were unable to take any readings.
CODE ALL THAT APPLY.
0. Problems with PC
1. Respondent did not understand manoeuvre
2. Respondent stopped due to discomfort
3. Respondent did not wish to continue for reason other than discomfort
4. Nurse concern over respondent safety
5. Caused coughing / breathlessness in respondent
6. Equipment / software problems
95. Other (PLEASE SPECIFY)

NullLFOt
NURSE: Please specify other reason.

GPRegChk
NURSE: Please check if the respondent is registered with a GP.
Reg "Respondent registered with GP",
NotReg "Respondent not registered with GP"

IF GPRegChk = Reg THEN

LungGP
May we send the results of your lung function test to your GP?
1  Yes
2  No

IF LungGP = No THEN
  NoLungGP
  Why do you not want your lung function test results sent to your GP?
  CODE ALL THAT APPLY.
  1  Hardly/never sees GP
  2  Does not want to bother GP
  95 Other (PLEASE SPECIFY)

IF NoLungGP = OTHER THEN
  LungGPOt
  NURSE: Please give other reason.
ENDIF

IF LungGP = Yes THEN
  LungSign
  NURSE: Ask the respondent to read and complete the Lung Function section in the Consent Booklet.
  - Check the name by which the GP knows the respondent.
  - Check GP name, address and phone number are recorded on the front of the consent booklet.
  - Circle consent code 05 on the front of the Consent Booklet.
  Press <1> and <Enter> to continue.
ENDIF

IF (LungTest IN [No,YesUn]) OR (GPRegChk = NotReg)
  OR (LungEx = Yes) OR (LungGP = No) THEN Code04
NURSE: Circle code 06 on the front of the Consent Booklet.
Press <1> and <Enter> to continue.
ENDIF
Urine Sample
ASK IF Age of Respondent 16+

UriDisp
NURSE: Now follows the Urine Sample.
1 Continue

UriIntro
NURSE READ OUT: I would like to take a sample of your urine. This simply involves you collecting a small amount of urine (mid-flow) in this container. The sample will be analysed for sodium (salt), so we can measure the amount of salt in people’s diets. High dietary salt levels are related to high blood pressure, so this is important information for assessing the health of the population. Would you be willing to provide a urine sample?
1 Respondent agrees to give urine sample
2 Respondent refuses to give urine sample
3 Unable to obtain urine sample for reason other than refusal

IF UriIntro = Agree THEN
    UriWrit
    NURSE: Ask the respondent to read and initial the ‘Urine sample’ section of the consent booklet. Circle code 15 on front of the consent booklet.
    Turn to lab dispatch note and at point 6 (MELATONIN ANALYSIS), circle code (1/2)
    Press <1> and <Enter> to continue.

ELSEIF UriIntro = Refuse THEN
    UriCode
    NURSE: Circle code 16 on front of the consent booklet.
    Turn to lab dispatch note and at Melatonin analysis circle code 2 (No).
    Press <1> and <Enter> to continue.
ENDIF

IF UriIntro = Agree THEN
    UriSamp
    NURSE: ASK RESPONDENT TO TAKE CONTAINER AND PROVIDE A URINE SAMPLE.
    WRITE THE SERIAL NUMBER AND DATE OF BIRTH ON A BLUE LABEL AND ATTACH TO URINE SAMPLE TUBE OVER PRE-EXISTING LABEL.
1 Continue

    UriObt1
    NURSE CHECK:
    1 Urine sample obtained
    2 Urine sample refused
    3 Urine sample not attempted
    4 Attempted not obtained
ENDIF

IF (UriObt1 = Refused, Not Attempted, Attempted not Obtained) OR (UriIntro=Unable) THEN
    UriNObt
    NURSE: RECORD WHY URINE SAMPLE NOT OBTAINED CODE ALL THAT APPLY.
3. Respondent not able to produce any urine
   95. Other (SPECIFY AT NEXT QUESTION)

IF (UriNObt = Other) THEN
   OthNObt
NURSE: GIVE FULL DETAILS OF REASON(S) WHY URINE SAMPLE NOT OBTAINED.
   Text: Maximum of 140 characters.
ENDIF
ENDIF
Blood sample

ASK ALL aged 16+ (EXCEPT PREGNANT WOMEN)

**BIntro**

NURSE: NOW FOLLOWS THE BLOOD SAMPLE MODULE.
PRESS <1> AND <ENTER> TO CONTINUE.

1 Continue

**ClotB**

The next part of my visit is a blood sample. Before I can take blood, I need to ask you a couple of questions and I will then explain what is involved.

May I just check, do you have a clotting or bleeding disorder or are you currently on anti-coagulant drugs such as Warfarin?
(NURSE: ASPIRIN THERAPY IS NOT A CONTRAINDICATION FOR BLOOD SAMPLE)

1 Yes
2 No

IF ClotB = No THEN

**Fit**

May I just check, have you had a fit (including epileptic fit, convulsion) in the last five years?

1 Yes
2 No

ENDIF

IF Fit = No THEN

**BSWill**

EXPLAIN PURPOSE AND PROCEDURE FOR TAKING BLOOD.

Would you be willing to have a blood sample taken?

1 Yes
2 No
3 Respondent unable to give blood sample for reason other than refusal (PLEASE SPECIFY)

IF BSWill = No THEN

**RefBSC**

RECORD WHY BLOOD SAMPLE REFUSED. CODE ALL THAT APPLY.

1 Previous difficulties with venepuncture
2 Dislike/fear of needles
3 Respondent recently had blood test/health check
4 Refused because of current illness
5 Worried about HIV or AIDS
95 Other (SPECIFY AT NEXT QUESTION)

IF RefBS = Other THEN

**OthRefBS**

GIVE FULL DETAILS OF OTHER REASON(S) FOR REFUSING BLOOD SAMPLE.

Text: Maximum 135 characters

ENDIF

ELSEIF BSWill = Yes THEN

**BSConsC**
EXPLAIN NEED FOR WRITTEN CONSENT: Before I can take any blood, I have to obtain written consent from you.
PRESS <1> AND <ENTER> TO CONTINUE.
   1   Continue
       ENDIF
       ENDIF

IF BSWill = Yes THEN
   BSCons
   NURSE: Ask the respondent to read and complete point number one in the 'Blood sample' section of the consent booklet.
   Circle consent code 07 on the front of the Consent Booklet.
   Press <1> and <Enter> to continue.

   GPSam
   NURSE CHECK:
      1   Respondent registered with GP
      2   Respondent not registered with GP

   IF GPRegB = Yes OR GPSam = GP THEN
      SendSam
      May we send the results of your blood sample analysis to your GP?
      1   Yes
      2   No

      IF SendSam = Yes THEN
         BSSign
         NURSE: Ask the respondent to read and complete point number two in the 'Blood sample' section of the consent booklet.
         Check name by which GP knows respondent.
         Check GP name, address and phone no. are recorded on front of the Consent Booklet.
         Circle consent code 09 on front of the Consent Booklet.
         Press <1> and <Enter> to continue.

      ELSEIF SendSam = No THEN
         SenSaC
         Why do you not want your blood sample results sent to your GP?
         1   Hardly/never sees GP
         2   GP recently took blood sample
         3   Does not want to bother GP
         95 Other (SPECIFY AT NEXT QUESTION)

         IF SenSaC = Other THEN
            OthSam
            GIVE FULL DETAILS OF REASON(S) FOR NOT WANTING RESULTS SENT TO GP.
            Text: Maximum 140 characters
               ENDIF
               ENDIF

      ENDIF

   ENDIF

   IF (GPSam = No GP OR SendSam = No) THEN
      Code08
CIRCLE CONSENT CODE 10 ON FRONT OF CONSENT BOOKLET. PRESS <1> AND <ENTER> TO CONTINUE.

ENDIF

ConStorB
ASK RESPONDENT: May we have your consent to store any remaining blood for future analysis?
1 Storage consent given
2 Consent refused

IF ConStorB = Yes THEN

Code09
NURSE: Ask the respondent to read and complete point number three in the 'Blood sample' section of the consent booklet.
Circle consent code 11 on front of the Consent Booklet.
Press <1> and <Enter> to continue.

ELSEIF ConStorB = No THEN

Code10
CIRCLE CONSENT CODE 12 ON FRONT OF THE CONSENT BOOKLET.
PRESS <1> AND <ENTER> TO CONTINUE.

ENDIF

TakeSam
CHECK YOU HAVE ALL APPLICABLE SIGNATURES. TAKE BLOOD SAMPLES:
FILL (1 Plain (red) tube, 1 EDTA (purple) tube).
WRITE THE SERIAL NUMBER AND DATE OF BIRTH ONTO THE BLUE LABEL USING A BIRO. ONE LABEL PER TUBE.

Serial number: (displays serial number)
Date of birth: (displays date of birth)

CHECK THE DATE OF BIRTH AGAIN WITH THE RESPONDENT. STICK THE BLUE LABEL OVER THE LABEL WHICH IS ALREADY ON THE TUBE.
TURN TO THE LABORATORY DISPATCH NOTE AND AT ETHNICITY CODE CIRCLE (1/2)
PRESS <1> AND <ENTER> TO CONTINUE.

SampF1
CODE IF PLAIN RED TUBE WAS FILLED (INCLUDE PARTIALLY FILLED TUBE):
1 Yes
2 No

SampF2
CODE IF EDTA PURPLE TUBE FILLED (INCLUDE PARTIALLY FILLED TUBE):
1 Yes
2 No

IF SampF1 = Yes OR SampF2 = Yes THEN
SampTak:= Yes
ELSEIF
SampTak:= No
ENDIF
**SampTak**

*Computed: Blood sample outcome.*

1. Blood sample obtained
2. No blood sample obtained

**IF SampTak = Yes THEN**

**SampArm**

NURSE: RECORD FROM WHICH ARM THE BLOOD WAS TAKEN:

1. Right
2. Left
3. Both

**SamDifC**

RECORD ANY PROBLEMS IN TAKING BLOOD SAMPLE. CODE ALL THAT APPLY.

1. No problem
2. Incomplete sample
3. Collapsing/poor veins
4. Second attempt necessary
5. Some blood obtained, but respondent felt faint/fainted
6. Unable to use tourniquet
95. Other (SPECIFY AT NEXT QUESTION)

**IF SamDif = Other THEN**

**OthBDif**

GIVE FULL DETAILS OF OTHER PROBLEM(S) IN TAKING BLOOD SAMPLE.

Text: Maximum 140 characters

ENDIF

**SnDrSam**

Would you like to be sent the results of your blood sample analysis?

1. Yes
2. No

**IF SnDrSam = Yes THEN**

**Code11**

CIRCLE CONSENT CODE 13 ON FRONT OF CONSENT BOOKLET.
PRESS <1> AND <ENTER> TO CONTINUE.

**ELSEIF SnDrSam = No THEN**

**Code12**

CIRCLE CONSENT CODE 14 ON FRONT OF CONSENT BOOKLET.
PRESS <1> AND <ENTER> TO CONTINUE.

ENDIF

**ELSEIF SampTak = No THEN**

**NoBSC**

CODE REASON(S) NO BLOOD OBTAINED. CODE ALL THAT APPLY.

1. No suitable or no palpable vein/collapsed veins
2. Respondent was too anxious/nervous
3. Respondent felt faint/fainted
4. Other (SPECIFY AT NEXT QUESTION)
IF NoBSM = Other THEN
OthNoBSM
GIVE FULL DETAILS OF REASON(S) NO BLOOD OBTAINED.
Text: Maximum 140 characters
ENDIF

Code12
CROSS OUT CONSENT CODES 07, 09, 11, AND 13 IF ALREADY CIRCLED ON FRONT OF CONSENT BOOKLET. REPLACE WITH CONSENT CODES 08, 10, 12, AND 14 ON FRONT OF CONSENT BOOKLET. TURN TO LABORATORY DESPATCH NOTE AND ENSURE THAT AT ETHNICITY CODE 2 IS CIRCLED. PRESS <1> AND <ENTER> TO CONTINUE.
ENDIF
ENDIF
ENDIF

Venepuncture checklist

VpSys
NURSE: Which system did you use to take blood?
1   Vacutainer needle
2   Butterfly needle

VpHand
NURSE: Was the respondent left handed or right handed?
1   Left handed
2   Right handed

VpArm
NURSE: Which arm did you use to take blood?
1   Right arm
2   Left arm
3   Both

VpSkin
NURSE: Code the skin condition of the arm used.
1   Skin intact
2   Skin not intact

VpAlco
NURSE: Did you use an alcohol wipe?
1   Yes
2   No

VpSam
NURSE: Code the number of attempts made to take blood.
1   Sample taken on first attempt
2   Sample taken on second attempt
3   Both attempts failed
4   First attempt failed, did not make second attempt
**VpPress**
NURSE: Code who applied pressure to the puncture site.
CODE ALL THAT APPLY
1   Nurse
2   Respondent
3   Partner or spouse

**VpSens**
NURSE: Was the respondent sensitive to the tape or plaster?
1   Sensitive to tape/plaster
2   Not sensitive to tape/plaster
3   (Did not check)

**VpProb**
NURSE: Was there any abnormality noted after 5 minutes?
(Please remember to recheck the site after completion of the blood sample module)
CODE ALL THAT APPLY
1   Sensory deficit
2   Haematoma
3   Swelling
95 Other (DESCRIBE AT NEXT QUESTION)
96 None

IF VpProb = Other THEN
  **VpOther**
  NURSE: RECORD THE DETAILS OF THE OTHER ABNORMALITY FULLY.
    Text: Maximum 140 characters
  ENDIF

IF VpProb = Sensory deficit, Haematoma, Swelling or Other THEN
  **VpDetail**
  NURSE: You have coded that an abnormality was noted after 5 minutes.
  Please record the action you took when you noticed this abnormality on the office
dispatch note. There is a space provided on the inside front cover of the adult consent
booklet for you to write up these details fully.

PRESS <1> AND <ENTER> TO CONTINUE.
  ENDIF

**VpCheck**
NURSE: Did you recheck the puncture site after completion of the blood sample module?
1   Yes, site was re-checked
2   No, site was not re-checked
HSE 2010

INTERVIEWER
SHOWCARDS

&

Coding Frame
<table>
<thead>
<tr>
<th>Name of Fruit</th>
<th>Size of Fruit</th>
<th>Name of Fruit</th>
<th>Size of Fruit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apple (all types)</td>
<td>Medium</td>
<td>Medlar</td>
<td>Medium</td>
</tr>
<tr>
<td>Apricot</td>
<td>Small</td>
<td>Melon (all types)</td>
<td>Very large</td>
</tr>
<tr>
<td>Avocado</td>
<td>Large</td>
<td>Mineola</td>
<td>Large</td>
</tr>
<tr>
<td>Banana</td>
<td>Medium</td>
<td>Nectarine</td>
<td>Medium</td>
</tr>
<tr>
<td>Banana, apple</td>
<td>Small</td>
<td>Olive</td>
<td>Very small</td>
</tr>
<tr>
<td>Banana, nino</td>
<td>Small</td>
<td>Orange</td>
<td>Medium</td>
</tr>
<tr>
<td>Berry (other)</td>
<td>Very small</td>
<td>Passion fruit</td>
<td>Small</td>
</tr>
<tr>
<td>Bilberry</td>
<td>Very small</td>
<td>Papaya / Paw Paw</td>
<td>Large</td>
</tr>
<tr>
<td>Blackcurrant</td>
<td>Very small</td>
<td>Peach</td>
<td>Medium</td>
</tr>
<tr>
<td>Blackberry</td>
<td>Very small</td>
<td>Pear</td>
<td>Medium</td>
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<td>Blueberry</td>
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</tr>
<tr>
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<td>Medium</td>
<td>Pitaya</td>
<td>Medium</td>
</tr>
<tr>
<td>Cape gooseberry</td>
<td>Very small</td>
<td>Pineapple</td>
<td>Very large</td>
</tr>
<tr>
<td>Carambola / Star fruit</td>
<td>Medium</td>
<td>Physalis</td>
<td>Very small</td>
</tr>
<tr>
<td>Cherry</td>
<td>Very small</td>
<td>Plantain</td>
<td>Medium</td>
</tr>
<tr>
<td>Cherry tomatoes</td>
<td>Very small</td>
<td>Plum</td>
<td>Small</td>
</tr>
<tr>
<td>Chinese gooseberry</td>
<td>Small</td>
<td>Pomegranate</td>
<td>Medium</td>
</tr>
<tr>
<td>Chinese lantern</td>
<td>Very small</td>
<td>Pomelo/Pummelo</td>
<td>Large</td>
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<tr>
<td>Chirimoya / Cherimoya</td>
<td>Medium</td>
<td>Prickly pear</td>
<td>Medium</td>
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<td>Medium</td>
<td>Rambutans</td>
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<tr>
<td>Custard Apple</td>
<td>Medium</td>
<td>Raspberry</td>
<td>Very small</td>
</tr>
<tr>
<td>Damson</td>
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<td>Redcurrents</td>
<td>Very small</td>
</tr>
<tr>
<td>Date (fresh)</td>
<td>Small</td>
<td>Satsuma</td>
<td>Medium</td>
</tr>
<tr>
<td>Dragon fruit</td>
<td>Large</td>
<td>Shaddock</td>
<td>Large</td>
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<tr>
<td>Elderberry</td>
<td>Very small</td>
<td>Sharon fruit</td>
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</tr>
<tr>
<td>Figs (fresh)</td>
<td>Small</td>
<td>Starfruit</td>
<td>Medium</td>
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<td>Gooseberry</td>
<td>Very small</td>
<td>Strawberry</td>
<td>Very small</td>
</tr>
<tr>
<td>Granadilla / Passion</td>
<td>Small</td>
<td>Stonefruit</td>
<td>Very small</td>
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<td>Grapes (all types)</td>
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<td>Tamarillo / Tree</td>
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<td>Large</td>
<td>Tangerine</td>
<td>Medium</td>
</tr>
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<td>Greengage</td>
<td>Small</td>
<td>Tomato</td>
<td>Small</td>
</tr>
<tr>
<td>Grenadillo</td>
<td>Very small</td>
<td>Tomato, cherry</td>
<td>Very small</td>
</tr>
<tr>
<td>Guava</td>
<td>Medium</td>
<td>Tomato, beef</td>
<td>Large</td>
</tr>
<tr>
<td>Horned melon /</td>
<td>Large</td>
<td>Tree tomato/Tamarillo</td>
<td>Small</td>
</tr>
<tr>
<td>Kiwano</td>
<td></td>
<td>Ugli fruit</td>
<td>Large</td>
</tr>
<tr>
<td>Kiwi</td>
<td>Small</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kubo</td>
<td>Very small</td>
<td></td>
<td></td>
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<tr>
<td>Kumquat</td>
<td>Very small</td>
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<td>Lime</td>
<td>Medium</td>
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<tr>
<td>Loquat</td>
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<td>Lychee</td>
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<td></td>
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</tr>
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<td>Mandarin orange</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Mango</td>
<td>Large</td>
<td></td>
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## Height Conversion Chart

1 inch = 2.54 cm

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<th>Centimetres</th>
<th>Feet</th>
<th>Inches</th>
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<td>6</td>
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<td>48</td>
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1 kg = 2.2 lbs
### Long standing illnesses

Below is a list of some of the conditions people may mention at the long standing illness question *Illsm*. This is to help you with the spelling. It should **not** be used as a prompt for respondents.

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<td>Huntington's chorea</td>
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<td>Hyperthyroidism (overactive thyroid)</td>
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<td>Hypothyroidism (underactive thyroid)</td>
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FRANKFORT PLANE - ADULTS
MEASURING CHILDREN’S HEIGHT

Cup the child’s head in your hands, placing the heels of your palms either side of the chin, with your thumbs just in front of the ears, and your fingers going round towards the back of the neck.

PROTOCOL

- SHOES OFF
- CHILDREN — SOCKS OFF
- FEET TO THE BACK
- BACK STRAIGHT
- HANDS BY THE SIDE
- FRANKFORT PLANE
- LOOK AT A FIXED POINT
- CHILDREN — STRETCH & BREATHE IN
- ADULTS — BREATHE IN
- LOWER HEADPLATE
- BREATHE OUT
- STEP OFF
- READ MEASUREMENT
For a respondent who is blind or cannot read:

Add at the bottom of the consent form

For the respondent:
“This form has been read to me and I confirm that I understand the information and give consent.”
Respondent’s signature
(write in their name if they cannot sign)

For yourself:
“I confirm that I read this consent form word for word to [insert name] who understood the information and gave informed consent.”
Interviewer signature and date

If someone else is available as a witness:
“I confirm that the interviewer read out the form and explained it to [insert name], and that [name] understood and agreed.”
Witness signature and date
HSE 2010
SHOWCARDS &
Coding Frame
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<td>Adopted son / daughter</td>
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<td>Foster son / daughter</td>
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<td>Half-brother / Half-sister (i.e. one natural parent the same)</td>
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CARD A2

1  Own natural child
2  Other (e.g. adopted, foster, child of partner, etc)
1 Own it outright
2 Buying it with the help of a mortgage or loan
3 Pay part rent and part mortgage (shared ownership)
4 Rent it
5 Live here rent-free (include rent-free in relative’s/friend’s property; excluding squatting)
6 Squatting
CARD A4

1. Gas fired boiler for central heating or hot water
2. Oil fired boiler for central heating or hot water
3. Coal or coke boiler or stove
4. Wood burning stove
5. Gas or calor gas fire in fireplace with flue or chimney
6. Other gas or calor gas fire
7. Open coal fire
8. Gas hob or cooking rings
9. Gas oven
10. Paraffin heater
1. Earnings from employment or self-employment
2. State retirement pension
3. Pension from former employer
4. Personal pensions
5. Child Benefit
6. Job-Seekers Allowance
7. Pension credit
8. Income Support
9. Working Tax Credit
10. Child Tax Credit
11. Housing Benefit
12. Other State Benefits
13. Interest from savings and investments (e.g. stocks and shares)
14. Other kinds of regular allowance from outside your household (e.g. maintenance, student grants, rent)
15. No source of income
## GROSS INCOME FROM ALL SOURCES

*(before any deductions for tax, national insurance, etc.)*

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<tr>
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<tr>
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<td>59</td>
<td>£9,200 less than £10,000</td>
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</tr>
<tr>
<td>£2,300 less than £2,500</td>
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<td>£2,500 less than £2,700</td>
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<td>£2,700 less than £2,900</td>
<td>56</td>
<td>£11,700 less than £12,500</td>
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</tr>
<tr>
<td>£2,900 or more</td>
<td>63</td>
<td>£12,500 or more</td>
<td>63</td>
</tr>
</tbody>
</table>
CARD A7

1. Going to school or college full-time (including on vacation)
2. In paid employment or self-employment (or away temporarily)
3. On a Government scheme for employment training
4. Doing unpaid work for a business that you own, or that a relative owns
5. Waiting to take up paid work already obtained
6. Looking for paid work or a Government training scheme
7. Intending to look for work but prevented by temporary sickness or injury
8. Permanently unable to work because of long-term sickness or disability
9. Retired from paid work
10. Looking after the home or family
11. Doing something else (PLEASE SAY WHAT)
CARD B1

1. Being given help to find information about your condition

2. Being given help to find information about the choices you have for care from health professionals

3. Attending a training course on your condition, such as the Expert Patients Programme, Challenging Arthritis, DAFNE for diabetes, etc.

4. Joining a support network or attending a group for people with a long-term condition

5. Having equipment fitted into your home

6. Other (PLEASE SAY WHAT)

7. None of these
1. Read and used information about your condition

2. Read and used information about the choices you have for care from health professionals

3. Attended a training course on your condition such as the Expert Patients Programme, Challenging Arthritis, DAFNE for diabetes, etc.

4. Joined a support network or attended a group for people with a long-term condition

5. Had equipment fitted into your home

6. Other (PLEASE SAY WHAT)

7. None of these
CARD C1

1. No natural teeth and wear dentures
2. Both natural teeth and denture(s)
3. Only natural teeth
4. Neither natural teeth nor dentures
1 Difficulty eating food
2 Difficulty speaking clearly
3 Problems with smiling, laughing and showing teeth without embarrassment
4 Problems enjoying the company of other people such as family, friends or neighbours
5 None of these
CARD D1

1  Blood pressure monitored by GP/other doctor/nurse

2  Advice or treatment to lose weight

3  Blood tests

4  Change diet

5  Stop smoking

6  Reduce stress

7  Other (PLEASE SAY WHAT)
1 Special Diet

2 Eye Screening/Regular Eye Tests

3 Regular Check-up with GP/Hospital/Clinic

4 Other (please say what)
CARD F1

1  Special Diet/Dietary Advice

2  Regular Check-up with GP

3  Regular Check-up with Hospital Clinic

4  Regular Dialysis

5  Other (please say what)
1. Would never doze
2. Slight chance of dozing
3. Moderate chance of dozing
4. High chance of dozing
CARD G2

1. Yes, have had symptoms of asthma in the last 12 months

2. No symptoms in the last 12 months, asthma controlled by medication

3. No symptoms in the last 12 months, no medication taken for asthma
1 COPD
2 Chronic Bronchitis
3 Emphysema
Breathing got worse

Started to cough up phlegm

Phlegm increased in volume

Colour of phlegm changed

Other change
1  Increased use of inhalers
2  Taking antibiotics
3  Taking steroid tablets
4  Other treatment
5  No treatment
CARD G6

1 Steroid tablets

2 Theophylline tablets (e.g. Nuelin, Slo-Phyllin, Uniphylline, Phylocontin)

3 Antibiotics

4 Tablets, capsules or other liquid medicine to help bring up phlegm - Carbocisteine, Erdotin, Visclair

5 Other tablets or granules (e.g. montelukast /Singulair), zafirlukast/ Accolate

6 Inhalers

7 Oxygen

8 Other treatment or medication

9 None
CARD G7

1. Airomir
2. Asmasal
3. Atimos
4. Bricanyl
5. Foradil
6. Formoterol
7. Modulite
8. Oxis
9. Salamol
10. Salbulin
11. Salbutamol
12. Serevent
13. Ventolin

InhList, InhDay, InhWeek
<table>
<thead>
<tr>
<th></th>
<th>Name</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Aerobec</td>
</tr>
<tr>
<td>2</td>
<td>Alvesco</td>
</tr>
<tr>
<td>3</td>
<td>Asmabec (Clickhaler)</td>
</tr>
<tr>
<td>4</td>
<td>Asmanex</td>
</tr>
<tr>
<td>5</td>
<td>Beclazone</td>
</tr>
<tr>
<td>6</td>
<td>Beclometasone</td>
</tr>
<tr>
<td>7</td>
<td>Becodisks</td>
</tr>
<tr>
<td>8</td>
<td>Budesonide</td>
</tr>
<tr>
<td>9</td>
<td>Clenil Modulite</td>
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<tr>
<td>10</td>
<td>Fixotide</td>
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<td>11</td>
<td>Novolizer</td>
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<tr>
<td>12</td>
<td>Pulmicort</td>
</tr>
<tr>
<td>13</td>
<td>Qvar</td>
</tr>
</tbody>
</table>
CARD G9

1. Fostair
2. Seretide
3. Symbicort
CARD G10

1  Atrovent
2  Combivent
3  Duovent
4  Ipratropium
5  Respontin
6  Spiriva
CARD G11

1  Intal
2  Tilade
CARD G12

1 Very easy

2 Quite easy

3 Quite difficult

4 Very difficult
1. The teachers or the nurse had to assist
2. Parents had to be called to the school
3. An ambulance had to be called
4. None of these
CARD G14

1  Not limited at all

2  Very slightly limited

3  Slightly limited

4  Moderately limited

5  Very limited

6  Extremely limited

7  Totally limited/can’t do these activities

LimStren, LimMod, LimDaily, LimSocial
1. Based on my own judgement

2. Based on using the Symptom Checker from the National Pandemic Flu Service (on the internet)

3. Based on a phone call to GP/hospital/NHS direct/National Pandemic Flu Service

4. Based on a face to face consultation with a doctor/nurse

5. Based on results of a nose or throat swab or blood test
Card G16

1  Over the counter cold or flu medicines or pain killers, bought at a shop or chemist

2  Antivirals e.g. tamiflu, relenza

3  Antibiotics

4  Other treatment

5  No treatment
1 Before the vaccine

2 Immediately after the vaccine – within 2 days

3 After the vaccine – from 3 days to 2 weeks

4 More than 2 weeks after the vaccine
CARD H1

Teaspoon  Dessertspoon  Tablespoon
1 Advice from a GP or health professional
2 Advert for a nicotine replacement product
3 Government TV, radio or press advert
4 Hearing about a new stop smoking treatment
5 Financial reasons (could not afford it)
6 Because of the smoking ban in all enclosed public places, including pubs and restaurants
7 I knew someone else who was stopping
8 Seeing a health warning on a cigarette packet
9 Family or friends wanted me to stop
10 Being contacted by local NHS Stop Smoking Services
11 Health problems I had at the time
12 Worried about future health problems
13 Pregnancy
14 Worried about the effect on my children
15 Worried about the effect on other family members
16 My own motivation
17 Something else
18 Cannot remember
CARD I2

1. At my home (indoors or outside e.g. garden or on doorstep)
2. Outside (other than at home)
3. Inside other people’s homes
4. Whilst travelling by car
5. Inside other places
1 Outside, for example in the garden or on the doorstep
2 Own room or bedroom
3 Living room
4 Kitchen
5 Toilet
6 Bathroom
7 Study
8 Dining room
9 Everywhere
10 Somewhere else in the home
CARD I4

1. In the street, or out and about
2. Outside at work
3. Outside other people’s homes
4. Outside pubs or bars
5. Outside restaurants, cafes or canteens
6. Outside shops
7. Outside other places
1  Babies aged under 2
2  Children aged 2-10
3  Children aged 11-15
4  Older adults aged 65 and older
5  Pregnant women
6  Adults aged 16-64 with asthma or breathing problems
7  No, none of these
CARD I6

1. Because of a health problem I have at present
2. Better for my health in general
3. To reduce the risk of getting smoking related illnesses
4. Because of the smoking ban in all enclosed public places, including pubs and restaurants
5. Family or friends want me to stop
6. Financial reasons (cannot afford it)
7. Worried about the effect on my children
8. Worried about the effect on other family members
9. Something else
1  At own home
2  At work
3  In other people’s homes
4  Outdoor smoking areas of pubs / restaurants / cafes
5  In other places
6  No, none of these
**CARD J1**

1. Almost every day
2. Five or six days a week
3. Three or four days a week
4. Once or twice a week
5. Once or twice a month
6. Once every couple of months
7. Once or twice a year
8. Not at all in the last twelve months
1 Normal strength (less than 6% alcohol) beer, lager, stout, cider, or shandy (excluding cans or bottles of shandy)

2 Strong beer, lager, stout or cider (6% alcohol or more) (e.g. Tennants Super, Special Brew, Diamond White)

3 Spirits or Liqueurs (e.g. Gin, Whisky, Brandy, Rum, Vodka, Advocaat, Cocktails)

4 Sherry or Martini (including Port, Vermouth, Cinzano and Dubonnet)

5 Wine (including Babycham and Champagne)

6 Alcoholic soft drinks or ‘alcopops’ such as Two Dogs, or a pre-mixed alcoholic drink such as Bacardi Breezer, Metz or Smirnoff Ice

7 Other alcoholic drinks

8 Low alcohol drinks only
CARD K1

1. Going to school or college full-time (including on vacation)

2. In paid employment or self-employment (or away temporarily)

3. On a Government scheme for employment training

4. Doing unpaid work for a business that you own, or that a relative owns

5. Waiting to take up paid work already obtained

6. Looking for paid work or a Government training scheme

7. Intending to look for work but prevented by temporary sickness or injury

8. Permanently unable to work because of long-term sickness or disability

9. Retired from paid work

10. Looking after the home or family

11. Doing something else (PLEASE SAY WHAT)
1. Degree or degree level qualification (including higher degree)
2. Teaching qualification
3. Nursing qualifications SRN, SCM, SEN, RGN, RM, RHV, Midwife
4. HNC/HND, BEC/TEC Higher, BTEC Higher/SCOTECH Higher
5. ONC/OND, BEC/TEC/BTEC not higher
6. City and Guilds Full Technological Certificate
7. City and Guilds Advanced/Final Level
8. City and Guilds Craft/Ordinary Level
9. A-levels/Higher School Certificate
10. AS levels
11. SLC/SCE/SUPE at Higher Grade or Certificate of Sixth Year Studies
12. O-level passes taken in 1975 or earlier
13. O-level passes taken after 1975 GRADES A-C
15. GCSE GRADES A*-C
16. GCSE GRADES D-G
17. CSE GRADE 1/SCE BANDS A-C/Standard Grade LEVEL 1-3
18. CSE GRADES 2-5/SCE Ordinary BANDS D-E
19. CSE Ungraded
20. SLC Lower
21. SUPE Lower or Ordinary
22. School Certificate or Matric
23. NVQ Level 5
24. NVQ Level 4
25. NVQ Level 3/Advanced level GNVQ
26. NVQ Level 2/Intermediate level GNVQ
27. NVQ Level 1/Foundation level GNVQ
28. Recognised Trade Apprenticeship completed
29. Clerical or Commercial Qualification (e.g. typing/ bookkeeping/ commerce)
CARD K3

**White or Mixed background:**
1. White – British
2. White – Irish
3. Any other white background
4. Mixed - White and Black Caribbean
5. Mixed - White and Black African
6. Mixed - White and Asian
7. Any other mixed background

**Asian or Asian British:**
8. Asian or Asian British – Indian
9. Asian or Asian British – Pakistani
10. Asian or Asian British – Bangladeshi
11. Any other Asian/Asian British background

**Black or Black British:**
12. Black or Black British – Caribbean
13. Black or Black British – African
14. Any other Black/Black British background

**Chinese or other ethnic group:**
15. Chinese
16. Any other (please describe)
CARD K4

1. None
2. Christian - Catholic
3. Christian - all other denominations including Church of England, Protestant and all other Christian denominations
4. Buddhist
5. Hindu
6. Jewish
7. Muslim
8. Sikh
9. Any other religion (please specify)
The Health Survey for England 2010
CONSENT BOOKLET

Please use capital letters and write in ink

House / Flat number (or name):

Postcode: ____________

Survey month: _____________________

POINT ADDRESS

HHLD CKL PERSON NO

DAY MONTH YEAR

1. Nurse number ____________ 2. Date schedule completed ____________

3. Full name (of person interviewed) _____________________________________________

Name by which GP knows person (if different) ________________________________

4. Sex

Male ____________ Female ____________

5. Date of birth: ____________ ____________ ____________

6. Full name of parent/guardian (if person under 18) ______________________________

7. GP NAME AND ADDRESS (Please complete fully)

Dr: ________________________________________________________________

Practice Name: _______________________________________________________

Address: ______________________________________________________________________________

Town: ________________________________________________________________

County: ______________________________________________________________________________

Postcode: ______________________________________________________________________________

Telephone no: __________________________________________________________________________

8. GP ADDRESS OUTCOME

GP address provided 1

GP address not found 2

No GP 3

9. SUMMARY OF CONSENTS - RING CODE FOR EACH ITEM

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Blood pressure to GP</td>
<td>01</td>
</tr>
<tr>
<td>b) Saliva sample to be collected</td>
<td>03</td>
</tr>
<tr>
<td>c) Lung function to GP</td>
<td>05</td>
</tr>
<tr>
<td>d) Sample of blood to be taken</td>
<td>07</td>
</tr>
<tr>
<td>e) Blood sample results to GP</td>
<td>09</td>
</tr>
<tr>
<td>f) Blood sample for storage</td>
<td>11</td>
</tr>
<tr>
<td>g) Blood sample results to respondent</td>
<td>13</td>
</tr>
<tr>
<td>h) Urine sample to be collected</td>
<td>15</td>
</tr>
</tbody>
</table>
THE HEALTH SURVEY FOR ENGLAND 2010

DISPATCH NOTE FOR BLOOD, SALIVA and URINE SAMPLES
(OFFICE COPY)

1. AGE GROUP:  

TICK SAMPLE TUBES OBTAINED:

16+  

Plain  EDTA  Saliva  Urine

2. BLOOD/SALIVA/URINE TAKEN:  

Day  Month  Year

3. BLOOD/SALIVA/URINE DESPATCH:  

Day  Month  Year

Venepuncture

Please complete:

1. Did you experience any problems in taking the blood sample? If yes, please record these below and state what action you took.
Serial No.: [Redacted]
Survey: Health Survey for England 2010

**BLOOD PRESSURE TO GP CONSENT**

1. I consent to the National Centre for Social Research/UCL Joint Health Surveys Unit informing my General Practitioner (GP) of my blood pressure results.

   I am aware that the results of my blood pressure measurement may be used by my GP to help monitor my health and that my GP may wish to include the results in any future report about me.

   [Signature]

   [Date]

**SALIVA SAMPLE CONSENT**

1. I consent to a qualified nurse/midwife collecting a sample of my saliva on behalf of the National Centre for Social Research/UCL Joint Health Surveys Unit.

   I have read the ‘Information for Participants’ leaflet about the second stage of the survey and understand what the sample will be tested for. The purpose and procedure have been explained to me by the nurse/midwife and I have had an opportunity to discuss this with him/her.

   [Signature]

   [Date]

**LUNG FUNCTION TO GP CONSENT**

1. I consent to the National Centre for Social Research/UCL Joint Health Surveys Unit informing my General Practitioner (GP) of my lung function test results.

   I am aware that the results of my lung function test may be used by my GP to help monitor my health and that my GP may wish to include the results in any future report about me.

   [Signature]

   [Date]
BLOOD SAMPLE CONSENT

1. I consent to a qualified nurse/midwife taking a sample of my blood on behalf of the National Centre for Social Research/UCL Joint Health Surveys Unit.

   I have read the ‘Information for Participants’ leaflet about the second stage of the survey and understand what the sample will be tested for. The nurse has explained the procedures, and I have had an opportunity to discuss these with him/her.

2. I consent to the National Centre for Social Research/UCL Joint Health Surveys Unit informing my General Practitioner (GP) of the blood sample analysis results.

3. I consent to any remaining blood being stored for future analysis. I have read the ‘Information for Participants’ leaflet about the second stage of the survey and understand the processes involved for storing the blood and how the sample may be used in the future. I also understand my right to withdraw consent for storing the blood sample.

Print name (respondent): ________________________________
Signed (respondent): ________________________________
Date: ________________________________

Print name (nurse): ________________________________
Signed (nurse): ________________________________
Date: ________________________________

You can cancel this permission at any time in the future by writing to us at the following address:
National Centre for Social Research, 35 Northampton Square, London EC1V 0AX.
Complete all sections CLEARLY and LEGIBLY and enclose with samples to lab.

1. SERIAL NUMBER: [H]

2. SEX: Male 1    Female 2

3. AGE GROUP: 16+ 1

4. DATE OF BIRTH: Day [   ]    Month [   ]    Year [   ]

5. SMOKING STATUS: Current smoker 1    Non smoker/NA 2

6. ETHNICITY: Black 1    Other/NA 2

7. MELATONIN ANALYSIS: Yes 1    No 2

8. TICK TUBES OBTAINED
   Plain [ ]    EDTA [ ]
   Saliva [ ]    Urine [ ]

9. DATE BLOODS/ SALIVA/ URINE TAKEN:
   Day [   ]    Month [   ]    Year [   ]

10. STORAGE CONSENT: Given 1    Not given/not applicable 2

11. NURSE NUMBER: [   ] [   ] [   ] [   ]

LABELLING ON SAMPLE TUBES AND THIS FORM MUST CORRESPOND
CHECK ALL DETAILS ABOVE ARE CORRECT BEFORE POSTING

LAB USE ONLY

ACTION REQUIRED

**TUBES ENCLOSED:** ✓ if rec’d

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<th>ACTION REQUIRED</th>
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</thead>
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<tr>
<td>IF ITEM 3 ABOVE = 1</td>
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<tr>
<td>Total cholesterol</td>
</tr>
<tr>
<td>HDL cholesterol</td>
</tr>
<tr>
<td>Creatinine</td>
</tr>
<tr>
<td>eGFR</td>
</tr>
<tr>
<td>Vitamin D</td>
</tr>
<tr>
<td>Store if item 10 does NOT = 2</td>
</tr>
<tr>
<td>Glycated haemoglobin</td>
</tr>
<tr>
<td>Sodium / Potassium / Creatinine</td>
</tr>
<tr>
<td>Microalbumin (Alb/Creat ratio),</td>
</tr>
<tr>
<td>Melatonin</td>
</tr>
</tbody>
</table>
The Health Survey for England 2010

CHILD CONSENT BOOKLET 4-15 years

Please use capital letters and write in ink

Survey month: _____________________

House / Flat number (or name):__________________________

Postcode: ________________________

1. Nurse number   2. Date schedule completed

3. Full name (of person interviewed) ________________________________________________________

Name by which GP knows person (if different) __________________ ____________________________

4. Sex Male 1   Female 2

5. Date of birth: ___________ ___________ ___________

6. Full name of parent/guardian) ___________________________________________________________

7. GP NAME AND ADDRESS (Please complete fully)

Dr: …………………………………………………………………

Practice Name: …………………………………………………

Address: ………………………………………………………

………………………………………………………………

Town: ……………………………………………………………

County: …………………………………………………………..

Postcode: ………………………………………………………..

Telephone no: …………………………………………………

8. GP ADDRESS OUTCOME

GP address provided 1

GP address not found 2

No GP 3

9. SUMMARY OF CONSENTS - RING CODE FOR EACH ITEM

<table>
<thead>
<tr>
<th>Item</th>
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<tr>
<td>a) Blood pressure to GP</td>
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<td>03</td>
<td>04</td>
</tr>
<tr>
<td>c) Lung function to GP</td>
<td>05</td>
<td>06</td>
</tr>
</tbody>
</table>
THE HEALTH SURVEY FOR ENGLAND 2010

DISPATCH NOTE
FOR SALIVA SAMPLE CHILD AGED 4-15
(OFFICE COPY)

1. AGE GROUP: 4-15
   TICK SAMPLE TUBES OBTAINED:
   Saliva □

2. SALIVA TAKEN:
   Day   Month   Year

3. SALIVA DISPATCHED:
   Day   Month   Year
The Health Survey for England 2010

Serial No. ____________________ Child’s name: ____________________

BLOOD PRESSURE TO GP CONSENT (Child aged 5-15)

Please initial box if consent given

1. I am the parent/guardian of the child named on this booklet and I consent to the National Centre for Social Research/UCL Joint Health Surveys Unit informing his/her General Practitioner (GP) of his/her blood pressure results.

2. I am aware that the results of his/her blood pressure measurement may be used by his/her GP to help monitor his/her health and that his/her GP may wish to include the results in any future report about him/her.

SALIVA CONSENT (Child aged 4-15)

Please initial box if consent given

1. I am the parent/guardian of the child named on this booklet and I consent to a qualified nurse/midwife collecting a sample of his/her saliva on behalf of the National Centre for Social Research/UCL.

2. I have read the ‘Information for Participants’ leaflet about the second stage of the survey and understand what the sample will be tested for. The purpose and procedure have been explained to me by the nurse/midwife and I have had an opportunity to discuss this with him/her.

LUNG FUNCTION TO GP CONSENT (Child aged 7-15)

Please initial box if consent given

1. I am the parent/guardian of the child named on this booklet and I consent to the National Centre for Social Research/UCL Joint Health Surveys Unit informing his/her General Practitioner (GP) of his/her lung function results.

2. I am aware that the results of his/her lung function measurement may be used by his/her GP to help monitor his/her health and that his/her GP may wish to include the results in any future report about him/her.

Child gave assent for:
(Please initial box) Blood pressure to GP Saliva sample Lung function to GP

Parent/Guardian Name ____________________ Date ____________________ Parent/Guardian Signature ____________________

Nurse Name ____________________ Date ____________________ Nurse Signature ____________________

You can cancel this permission at any time in the future by writing to us at the following address:
National Centre for Social Research, 35 Northampton Square, London EC1V 0AX.
### Dispatch Note for Saliva Sample Child Aged 4-15

**Laboratory Copy**

Complete all sections **CLEARLY and LEGIBLY** and enclose with samples to lab.

1. **Serial Number:**
   - Male / Female
   - Day
   - Month
   - Year

2. **Sex:**
   - 1: Male
   - 2: Female

3. **Date of Birth:**
   - Day
   - Month
   - Year

4. **Age Group:** 4-15
   - 2

5. **Saliva Taken:**
   - Day
   - Month
   - Year

6. **Storage Consent:** Not applicable

7. **Nurse Number:**
   - 

---

**Labelling on Sample Tubes and This Form Must Correspond**

Check all details above are correct before posting.

**Lab Use Only:**

<table>
<thead>
<tr>
<th>TUBES ENCLOSED:</th>
<th>ACTION REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saliva</td>
<td>This sample is not for storage</td>
</tr>
</tbody>
</table>

**REC'D**

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Page 4 of 4
Thank you for the information that you have provided about your health.

With your permission, we would like to find out more about your health and treatment from NHS records.

The Hospital Episode Statistics register collects information on in-patient care delivered by NHS hospitals in England since 1989, such as the length of stay, reason for visit, type of illness, type of operation, maternity care and waiting time.

We would like to ask for your consent for us to link information about your health and treatment from this database.

This information will be confidential and used for research purposes only.

Names and addresses will never be included in these results and no individual can be identified from the research.

You can cancel this permission at any time in the future by writing to us at the following address: National Centre for Social Research, 35 Northampton Square, London EC1V 0AX.

Your consent:

I authorise the NHS Information Centre to disclose to the National Centre for Social Research a link to information about my health and treatment held on the Hospital Episode Statistics database.

I understand that the information obtained will be limited to the purposes of this study and will cover dates of admission to and discharge from hospital, diagnoses received and treatments given. The link to this information can only be used by researchers who have gained ethical approval for analysing this database. This consent will remain valid until revoked by me in writing.

Respondent Name ___________________________ Date ___________________________ Respondent Signature ___________________________

Interviewer Name ___________________________ Date ___________________________ Interviewer Signature ___________________________

You can cancel this permission at any time in the future by writing to us at the following address: National Centre for Social Research, 35 Northampton Square, London EC1V 0AX.
HEALTH SURVEY FOR ENGLAND 2010

NHS Central Register and Cancer Register

(Adults 16+)

- The NHS Central Register lists all the people in the country and their National Health Service (NHS) number.
- We would like to ask for your consent for us to send your name, address and date of birth to the National Health Service Central Register. A marker will be put against your name to show that you took part in the Health Survey.
- If a person who took part in the Health Survey gets cancer, or dies, the type of cancer or cause of death will be linked with their answers to the survey. By linking this information the research is more useful as we can look at how people’s lifestyle can have an impact on their future health.
- This information will be confidential and used for research purposes only.
- By signing this form you are only giving permission for the linking of this information to routine administrative data and nothing else. We will not be able to obtain any other details from your medical records.
- You can cancel this permission at any time in the future by writing to us at the following address:

National Centre for Social Research, 35 Northampton Square, London EC1V 0AX.

Your consent:

I consent to the National Centre for Social Research /UCL Joint Health Surveys Unit passing my name, address and date of birth to the National Health Service Central Register.

I understand that information held by the NHS Central Register may be used to follow up my health status. I understand that these details will be used for research purposes only.

___________________________ _________________ __________________________________
Respondent Name Date Respondent Signature

___________________________ _________________ __________________________________
Interviewer Name Date Interviewer Signature

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National Centre for Social Research, 35 Northampton Square, London EC1V 0AX.