HEALTH SURVEY NORTHERN IRELAND 2010/11

QUESTIONNAIRE
<table>
<thead>
<tr>
<th>CONTENTS</th>
<th>PAGE NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic household information</td>
<td></td>
</tr>
<tr>
<td>General health</td>
<td></td>
</tr>
<tr>
<td>Specific medical conditions</td>
<td></td>
</tr>
<tr>
<td>Flu vaccinations</td>
<td></td>
</tr>
<tr>
<td>Sunbed usage</td>
<td></td>
</tr>
<tr>
<td>Physical activity</td>
<td></td>
</tr>
<tr>
<td>Home care</td>
<td></td>
</tr>
<tr>
<td>Carers</td>
<td></td>
</tr>
<tr>
<td>Dietary information</td>
<td></td>
</tr>
<tr>
<td>Perceptions of child’s weight</td>
<td></td>
</tr>
<tr>
<td>Child health</td>
<td></td>
</tr>
<tr>
<td>Stress</td>
<td></td>
</tr>
<tr>
<td>Self-completion for GHQ12, Warwick-Edinburgh, cervical smear, breast screening, EQ5D</td>
<td></td>
</tr>
<tr>
<td>Smoking</td>
<td></td>
</tr>
<tr>
<td>Drinking</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>Employment</td>
<td></td>
</tr>
<tr>
<td>Income &amp; benefits</td>
<td></td>
</tr>
<tr>
<td>Religion</td>
<td></td>
</tr>
<tr>
<td>End of individual interview</td>
<td></td>
</tr>
<tr>
<td>Physical measurements</td>
<td></td>
</tr>
</tbody>
</table>
BASIC HOUSEHOLD INFORMATION

(Collected from HOH/spouse/partner or, as a last resort, from some other responsible adult).

I am first going to ask a few questions about the people who live here and some details about your accommodation.

1. How many adults are there in your household, that is, people aged 16 or over whose main residence this is and who are catered for by the same person as yourself or share living accommodation with you?

   FIRST NAME OF EACH ADULT ENTERED IN BOX THEN:

2. Sex

3. Age

4. Marital status:
   - Married (spouse in household)
   - Married (spouse not in household)
   - Cohabiting
   - Single (never married)
   - Separated
   - Divorced

IF 16-18

5. In full-time education or not

ALL:

6. Relationship to head of household:
   - Head of household
   - Partner/spouse/cohabitee
   - Son/daughter (incl. Step-/adopted)
   - Foster child
   - Son-/daughter-in-law
   - Parent (incl. Step-/adopted)
   - Foster parent
   - Parent-in-law
   - Brother/sister
   - Foster brother/sister
   - Brother-/sister-in-law
   - Grandchild
   - Grandparent
   - Other related
   - Other not related
7. Family unit

8. Position in family unit:
   Head
   Spouse/partner
   Dependant

9. How many children are there in your household, that is, people aged under 16 whose main residence this is and who are catered for by the same person as yourself or share living accommodation with you?

   FIRST NAME OF EACH CHILD ENTERED IN BOX THEN:

10. Sex

11. Age

12. Person number of child’s parent or person in household responsible for him/her

13. Whether or not foster child

14. Relationship to head of household:
   Son/daughter (incl. Step-/adopted)
   Foster child
   Son-/daughter-in-law
   Brother/sister
   Foster brother/sister
   Brother-/sister-in-law
   Grandchild
   Other related
   Other not related

15. Family unit
ACCOMODATION SECTION INTERVIEWER CODE, Is the households accommodation...

a house or bungalow
flat or maisonette",
a room/rooms",
other

Type of house/bungalow?
Detached
Semi-detached
Terraced/end of terrace

Type of flat/Maisonette?
a purpose built block
a converted house/some other kind of building

Type of Other accommodation?
a caravan, mobile home or houseboat
or some other kind of accommodation

How long have you lived at this address?
Less than 12 months
12 months but less than 2 years
2 years but less than 3 years
3 years but less than 5 years
5 years but less than 10 years
10 years but less than 20 years
20 years or longer

If less than 12 months
How many months have you lived here? 0..12

I would like to ask you about all the rooms you have in your household's accommodation. How many rooms do you have altogether in your accommodation, that's excluding bathrooms and toilets, but including kitchens? : 0..20;

How many bedrooms do you have? :0..20;
I would like to ask you about the age at which you finished various stages of your education.

INTERVIEWER CHECK - IS RESPONDENT STILL AT SCHOOL? (i.e ELEMENTARY, SECONDARY OR GRAMMAR ONLY)
Still at school
Left school
Never went to school

How old were you when you left school?

How old were you when you left full-time continuous education?

I would like to ask you about your educational qualifications. Which qualifications do (you think) you have?
GENERAL HEALTH SECTION

1. ALL
"How is your health in general, would you say it was":
  - Very Good
  - Good
  - Fair
  - Bad
  - Very Bad

2. ALL
"Over the last 12 months would you say your health has, on the whole, been ...":
  - Good,
  - Fairly good
  - Not good

3. ALL
Compared to one year ago, how would you say your health is now?
  - much better now than 1 year ago
  - somewhat better now (than 1 year ago)
  - about the same as 1 year ago
  - somewhat worse now (than 1 year ago)
  - much worse now (than 1 year ago)

4. ALL
How satisfied are you with your life in general?
  - very satisfied
  - satisfied
  - neither satisfied nor dissatisfied
  - dissatisfied
  - very dissatisfied

5. ALL
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?

IF YES TO Q5 ASK Q6
6. "Does this illness or disability limit your activities in anyway?":
  - yes
  - no

IF YES AT Q6 THEN ASK Q7
7. Would you mind telling me what this health problem or infirmity is?
   What long-standing illness
8. **ALL**
   Now I’d like you to think about the two weeks ending yesterday. During those two weeks, did you have to cut down on any of the things you usually do (about the house or at work or in your free time) because of (LONG-STANDING ILLNESS or some other) illness or injury?

   IF YES TO Q8 ASK Q9, Q10

   9 "Would you say that you cutting down was a temporary cut down or not temporary":
      Temporarily cut down
      Not temporarily cut down

   10 How many days was this in all during these 2 weeks, including Saturdays and Sundays

   11 **ALL**
      During the last year, have you been in hospital for treatment as a day-patient, i.e. admitted to a hospital bed or day ward, but not required to remain overnight?

   12 **ALL**
      During the last year, have you been in hospital as an inpatient, overnight or longer?

   13 **ALL**
      Apart from any visit to hospital, when was the last time you talked to a doctor on your own behalf?":
      2 weeks ago but less than a month ago
      1 month ago but less than 3 months ago
      3 months ago but less than 6 months ago
      6 months ago but less than a year ago
      A year or more ago
      Never consulted a doctor

   14. **ALL**
      Do any of the things on this card apply to you?:

         A "Cannot walk 200 yards or more on own without stopping or discomfort (with walking aid if normally used)"
         B "Cannot walk up and down a flight of 12 stairs without resting"
         C "Cannot follow a TV programme at a volume others find acceptable (with hearing aid if normally worn)"
         D "Cannot see well enough to recognise a friend across a road (four yards away) (with glasses or contact lenses if normally worn)"
         E "Cannot speak without difficulty"
         F "None of these"
15. **ALL**
   And do any of the things on this card apply to you?:
   Set of
   - A "Cannot get in and out of bed on own without difficulty",
   - B "Cannot get in and out of a chair without difficulty",
   - C "Cannot bend down and pick up a shoe from the floor when standing",
   - D "Cannot dress and undress without difficulty",
   - E "Cannot wash hands and face without difficulty",
   - F "Cannot feed, include cutting up food without difficulty",
   - G "Cannot get to and use toilet on own without difficulty",
   - H "Have problem communicating with other people - that is have a problem understanding them or being understood by them",
   - I "None of these")

**Intro:** I’d like to ask you a few general questions about your own health and lifestyle.

16. **ALL**
   How much influence do you think you have on your own health, by the way you choose to live your life?
   - a great deal
   - quite a lot
   - a little
   - none at all

17. **ALL**
   Which of the following best describes the life you lead?
   - very healthy
   - fairly healthy
   - fairly unhealthy
   - very unhealthy

18. **ALL**
   Do you feel there is anything you can do to make your own life healthier?
   - yes
   - no

   **IF Q18 = NO THEN ASK Q19**

19. Which of the following statements best describes why you don’t feel there is anything you can do to make your own life healthier?
   - I already lead a healthy life
   - I don’t want to make any changes to my life
   - It’s just too difficult for me to do anything to make my life healthier
IF Q19 = ‘too difficult’…THEN ASK Q20

20. Please tell me why you feel it’s too difficult for you to do anything to make your life healthier?

IF Q18 = YES THEN ASK Q21

21. Which, if any, of the things on this card do you feel you can do to make your life healthier?
   - cut down smoking
   - stop smoking
   - cut down the amount of alcohol I drink
   - stop drinking alcohol
   - be more physically active
   - control weight
   - eat more healthily
   - reduce the amount of stress in my life
   - none of these

22. ALL
   Thinking back over the past year, that is since (date one year ago), have you tried to make any of the following changes in your lifestyle to improve your health, even if only for a short time?
   - cut down smoking
   - stop smoking
   - cut down the amount of alcohol I drink
   - stop drinking alcohol
   - be more physically active
   - control weight
   - eat more healthily
   - reduce the amount of stress in my life
   - none of these

IF Q22 = RESPONSE OTHER THAN ‘NONE OF THESE’ ASK Q23
23. And which, if any, have you managed to maintain?
   - cut down smoking
   - stop smoking
   - cut down the amount of alcohol I drink
   - stop drinking alcohol
   - be more physically active
   - control weight
   - eat more healthily
   - reduce the amount of stress in my life
Q24. ALL
Which of these changes, if any, would you like to make?
- cut down smoking
- stop smoking
- cut down the amount of alcohol I drink
- stop drinking alcohol
- be more physically active
- control weight
- eat more healthily
- reduce the amount of stress in my life
- none of these

IF Q24 = RESPONSE OTHER THAN ‘NONE OF THESE’ THEN ASK Q25

Q25. Of the changes you would like to make which are you thinking of making in the next six months?
- cut down smoking
- stop smoking
- cut down the amount of alcohol I drink
- stop drinking alcohol
- be more physically active
- control weight
- eat more healthily
- reduce the amount of stress in my life
SPECIFIC MEDICAL CONDITIONS

ALL:
1. You have told me about your general health; now I’d like to ask you about some particular conditions.
   Have you ever had your blood pressure taken?

   IF Q1 = YES THEN ASK Q2

2. When was the last time your blood pressure was measured by a doctor or nurse?":
   During the last 12 months
   At least a year but less than 3 years ago
   At least 3 years but less than 5 years ago
   5 or more years ago

   IF Q1 = NO THEN ASK Q3

3. What are the reasons that you have not had your blood pressure taken in the past?
   - have not gotten around to it
   - respondent – did not think it was necessary
   - doctor – did not think it was necessary
   - personal or family responsibilities
   - not available – at time required
   - not available – at all in the area
   - waiting time was too long
   - transportation – problems
   - language – problem
   - did not know where to go/uninformed
   - fear (e.g. painful, embarrassing, find something wrong)
   - unable to leave the house because of a health problem
   - other - specify

   IF FEMALE AGED 16-45 ASK Q4

4. We are asking slightly different questions for pregnant women
   so, may I just check, are you pregnant?

   IF Q1 = YES THEN ASK Q5

5. Have you ever been told by a doctor or a nurse that you had high blood pressure?

   IF YES AT Q1 AND FEMALE ASK Q6

6. May I just check, were you pregnant when you were told that you had high blood pressure?

   IF YES AT Q6 ASK Q7

7. Have you ever had high blood pressure apart from when you were pregnant?
If Q5 = YES or Q7 = YES ask Q8
8. Are you currently taking any medicines, tablets or pills for high blood pressure?

If Q8 = NO ask Q9, Q10
9. Do you still have high blood pressure?
10. Have you ever taken medicines, tablets or pills for high blood pressure in the past?

If YES at Q10 ask Q11
11. Why did you stop taking medicines, tablets or pills for high blood pressure?
   - Doctor advised to stop due to improvement
   - Doctor advised me to stop due to lack of improvement
   - Doctor advised me to stop due to other problem
   - Respondent decided to stop because felt better
   - Respondent decided to stop for other reason
   - Other

If OTHER at Q11:
12. What other reason(s) do you have for not taking medicines, tablets or pills for high blood pressure?

If YES at Q5 AND MALE or NO at Q6 or YES at Q7 ask Q13
13. Have you had any other treatment or advice because of your high blood pressure?

If YES at Q13 ask Q14
14. What other treatment or advice have you had?
   - Blood pressure monitored by GP/ other doctor/ nurse
   - Blood tests
   - Advice or treatment to lose weight
   - Advice about diet
   - Advice about exercise
   - Advice about smoking
   - Advice about drinking alcohol
   - Advice about stress
   - Other treatment or advice

If OTHER at 14 ask Q15
15. What other kind of treatment or advice have you had?
16. Did you do anything, recommended by a health professional, to reduce or control your blood pressure?
   - yes
   - no

17. What did you do?
   - Lost weight
   - Changed diet (e.g. reduced salt intake)
   - Exercised more
   - Stopped/reduced smoking
   - Stopped/reduced drinking alcohol
   - Stopped/ reduced stress
   - other - specify

18. Have you ever been told by a doctor that you had any of the conditions on this card?:
   - angina
   - heart attack
   - heart murmur
   - other kind of heart trouble
   - stroke
   - diabetes (during pregnancy)
   - diabetes (not during pregnancy)
   - asthma
   - COPD, e.g. chronic bronchitis/emphysema or both disorders
   - Cancer
   - Autism Spectrum Disorder
   - other
   - none of these

19. If Yes to ‘angina’…
    Have you had angina during the past 12 months?

20. If Yes to ‘heart attack’…
    Have you had a heart attack during the past 12 months?

21. If Yes to ‘heart murmur’…
    Have you had a heart murmur during the past 12 months?

22. If Yes to ‘other kind of heart trouble’…
    What kind of heart trouble was that?
    Have you had that kind of heart trouble in the past 12 months?
23 If Yes to ‘stroke’…
Have you had a stroke during the past 12 months?

24 If Yes to ‘asthma’…
Have you had an asthma attack during the past 12 months?
- yes
- no
- no, controlled by medication

25 In the past 12 months, have you taken any medication for asthma such as inhalers, nebulizers, pills, liquids or injections?
- yes
- no

26 If Yes to ‘COPD’…
I would now like to ask you a few questions in relation to your treatment of this condition:
Have you been immunised against seasonal influenza in the last 12 months?
Have you been immunised against pneumococcal pneumonia in the last 5 years?
Have you used home oxygen within the last 12 months?
Have you been in hospital for your chest condition within the last 12 months?

27 If Yes to ‘cancer’…
Have you ever been diagnosed with cancer?

28 If Female…
What type of cancer do/did you have?
- breast
- colorectal
- lung
- skin (melanoma)
- other – specify

29 If Male…
What type of cancer do/did you have?
- prostate
- colorectal
- lung
- skin (melanoma)
- other – specify

30 If Yes to ‘Autism Spectrum Disorder’…
Which disorder is this?

31 May I just check, have you ever been told by a doctor that you had diabetes apart from when you were pregnant?
IF INFORMANT HAS HAD DIABETES NOT DURING PREGNANCY OR YES AT Q31 ASK Q32

Q32. (Apart from when you were pregnant). Approximately how old were you when you were first told by a doctor that you had diabetes: 0..110

Q33. Do you currently inject insulin for diabetes? yesno

Q34. Are you currently taking any medicines, tablets or pills (other than insulin injections) for diabetes?: yesno

Q35. Are you currently receiving any (other) treatment or advice for diabetes (INCLUDE REGULAR CHECKUPS): yesno

IF YES AT Q35 ASK Q36

Q36. What (other) treatment or advice are you currently receiving for diabetes Special diet", Regular check-up with GP/hospital/clinic", Eye screening Other (Record at next question"")

IF OTHER AT Q36 ASK Q37

Q37. Please specify:

Q38. How often do you usually have your blood checked for glucose or sugar by yourself or by a family member of friend? 
   - daily
   - weekly
   - monthly
   - yearly
   - never

Q39. RECORD HERE THE NUMBER OF TIMES PER DAY, PER MONTH ETC RESPONDENT HAS BLOOD CHECKED FOR GLUCOSE OR SUGER":

Q40. In the past 12 months, has a health care professional tested you for haemoglobin “A-one-C? (An “A-one-C” haemoglobin test measures the average level of blood sugar over a 3-month period)

IF Q40 = YES THEN ASK Q41

Q41. How many times?
Q42. In the past 12 months, has a health care professional checked your feet for any sores or irritations?

   IF YES TO Q42 ASK Q43

Q43. How many times?

Q44. In the past 12 months, has a health care professional tested your urine for protein (i.e. Microalbumin)?

Q45. Have you ever had the back of your eyes photographed (retinopathy screening)?

   IF Q45 = YES THEN ASK Q46

Q46. When was the last time?
   - less than one month ago
   - 1 month to less than 1 year ago
   - 1 year to less than 2 years ago
   - 2 or more years ago

ALL
Q47 Have you been invited to get the swine flu vaccine?

ALL
Q48 Have you received the swine flu vaccine?

   IF YES TO Q47 AND NO TO Q48 ASK Q49

Q49 Why did you not get the swine flu vaccine?
   - I didn’t think it would help me
   - I was afraid it might be painful
   - I was afraid of side-effects
   - I was afraid of long-term effects on my health
   - I didn’t think it was safe
   - I was pregnant & afraid of the effects on my baby
   - I couldn’t go at a convenient time
   - I couldn’t have it at a convenient place
   - I think I already had swine flu so didn’t think I needed it
   - Have not gotten around to it
   - Other - specify

ALL
Q50 Have you been invited to get the seasonal flu vaccine in the last 12 months?

ALL
Q51 Have you received the seasonal flu vaccine in the last 12 months?
IF YES TO Q50 AND NO TO Q51 ASK Q52
Q52 Why did you not get the seasonal flu vaccine?
  - I didn’t think it would help me
  - I was afraid it might be painful
  - I was afraid of side-effects
  - I was afraid of long-term effects on my health
  - I didn’t think it was safe
  - I was pregnant & afraid of the effects on my baby
  - I couldn’t go at a convenient time
  - I couldn’t have it at a convenient place
  - I think I already had seasonal flu so didn’t think I needed it
  - Have not gotten around to it
  - Other - specify
Sunbed usage

Now a few questions about sunbeds. By sunbeds, I mean tanning machines that you either lie down on or cubicles that you stand up in to get a tan.

ALL
Q1 Which of these statements best describes how you use sunbeds nowadays?
   - I currently use sunbeds
   - I have used sunbeds in the past
   - I have never used a sunbed but may do in the future
   - I have never used a sunbed and would never want to
   - I’ve never heard of sunbeds / don’t know that they are

IF Q1 = 3 OR 4 THEN ASK Q2
Q2 Why haven’t you used a sunbed?
   - It’s expensive
   - It’s a health risk / bad for you
   - Salon staff advised against using sunbed
   - No salon / sunbed nearby
   - I’m not interested in getting a tan
   - Other reason – specify

IF Q1 = 1 OR 2 THEN ASK Q3 – Q7
Q3 When was the last time you used a sunbed?
   - within the past 2 days
   - within the past week
   - within the past month
   - within the past 6 months
   - within the last year
   - about 18 months ago
   - about 2 years ago
   - about 3 years ago
   - about 4 years ago
   - about 5 years ago
   - about 6 years ago
   - about 7 years ago
   - about 8 years ago or more

Q4 How many sunbed sessions would you have / have had in a year?
   - less than 10 sessions per year
   - 10 to 20 session per year
   - 21 to 40 session per year
   - 41 to 60 session per year
   - 60+ sessions per year

Q5 How long do you / did you usually spend on a sunbed in a typical session?
   -- minutes
Q6  How old were you when you first used a sunbed?

Q7  Where have you used a sunbed?
   - at home
   - at a friend / relative’s home
   - at gym / leisure centre with staff to help you
   - at gym / leisure centre without staff to help you
   - at tanning / beauty salon with staff to help you
   - at tanning / beauty salon without staff to help you
   - other – specify

IF Q7 = 3 OR 5 THEN ASK Q8 & Q9

Q8  When your sunbed use was supervised, did the member of staff show you how to use the sunbed?
   - yes
   - no

Q9  And did the person give you any information about the harm that sunbeds can cause?
   - yes
   - no

IF Q1 = 1 OR 2 THEN ASK Q10

Q10 Have you ever been burnt or injured using a sunbed?
HOME CARE

Now some questions on home care services. These are health care, homemake or other support services received at home. People may receive home care due to a health problem or condition that affects their daily activities. Examples include: nursing care, personal care or help with bathing, housework, meal preparation, meal delivery and respite care.

ALL
Q1 Have you received any home care services in the past 12 months, with the cost being entirely or partially covered by government?
   - yes
   - no

IF Q1 = YES THEN ASK Q2
Q2 What type of services have you received?
   - nursing care (e.g. dressing changes, preparing medications)
   - other health care services (e.g. physiotherapy, occupational or speech therapy, nutrition counseling)
   - medical equipment or supplies
   - personal care (e.g. bathing, foot care)
   - housework (e.g. cleaning, laundry)
   - meal preparation or delivery
   - shopping
   - respite care (i.e. caregiver relief)
   - other – specify

ALL
Q3 Have you received any [other] home care services in the past 12 months, with the cost not covered by government (e.g. care provided by a private agency or by a spouse or friends)?
Include only health care, homemaker or other support services (e.g. housework) that are provided because of a respondent’s health problem or condition.
   - yes
   - no

IF Q3 = YES THEN ASK Q4
Q4 Who provided these home care services?
   - nurse from a private agency
   - homemaker or other support services from a private agency
   - physiotherapist or other therapist from a private agency
   - neighbour or friend
   - family member or spouse
   - volunteer
   - other - specify
IF Q3 = YES THEN ASK Q5

Q5 What type of services have you received from this person?
- nursing care (e.g. dressing changes, preparing medications)
- other health care services (e.g. physiotherapy, occupational or speech therapy, nutrition counseling)
- medical equipment or supplies
- personal care (e.g. bathing, foot care)
- housework (e.g. cleaning, laundry)
- meal preparation or delivery
- shopping
- respite care (i.e. caregiver relief)
- other – specify

ALL
Q6 During the past 12 months, was there ever a time when you felt that you needed home care services but you didn’t receive them?
- yes
- no

IF Q6 = YES THEN ASK Q7

Q7 Thinking of the most recent time, why didn’t you get these services?
- not available – in the area
- not available – at time required (e.g. inconvenient hours)
- waiting time too long
- felt would be inadequate
- cost
- too busy
- didn’t get round to it/didn’t bother
- didn’t know where to go/call
- language problems
- personal or family responsibilities
- decided not to seek services
- doctor – did not think it was necessary
- did not qualify/not eligible for homecare
- still waiting for homecare
- other – specify

IF Q6 = YES THEN ASK Q8

Q8 Again, thinking of the most recent time, what type of home care was needed?
- nursing care (e.g. dressing changes, preparing medications)
- other health care services (e.g. physiotherapy, occupational or speech therapy, nutrition counseling)
- medical equipment or supplies
- personal care (e.g. bathing, foot care)
- housework (e.g. cleaning, laundry)
- meal preparation or delivery
- shopping
- respite care (i.e. caregiver relief)
- other – specify

IF Q7 IS RESPONSE OTHER THAN ‘DIDN’T KNOW WHERE TO GO/CALL’ ASK Q9

Q9 Where did you try to get this homecare service?
   - a government sponsored program
   - a private agency
   - a family member, friend or neighbour
   - a voluntary organisation
   - other - specify
CARERS

Ask all
I'd like to talk now about caring informally for others. Some people have extra responsibilities because they look after someone who has long-term physical or mental ill health or disability, or problems related to old age. These questions are about caring long-term and do not apply if you or another person are caring for someone on just a temporary basis, such as someone with a cold or flu.

Q1. May I check, is there anyone (either living with you or) not living with you who is sick, disabled or elderly whom you look after or give special help to, other than in a professional capacity (for example, a sick or disabled (or elderly) relative/husband/wife/child/friend/parent etc.). CODE ‘NO’ IF GIVES FINANCIAL HELP ONLY
(Yes, No)

Ask If Q1 = yes (is a carer)
- Q1b. Do you look after or help one sick, disabled or elderly person or is it more than one?

Ask Q2 for each dependant  (1… N)

Ask If Q1 = yes (is a carer)
Q2. Thinking about all of the things you do for this (the first/second) person because they have long term physical or mental ill-health or disability, or problems relating to old age, about how many hours a week do you spend looking after or helping them?

Please include any time you spend travelling so that you can do these activities:
(1 “I only give occasional help”,
2 "0 to less than 1 hrs a week",
3 "1 to less than 5 hrs a week",
4 "5 hrs or more to less than 10 hrs a week",
5 "10 hrs or more to less than 20 hrs a week",
6 "20 hrs or more to less than 35 hrs a week",
7 "35 hrs or more to less than 50 hrs a week",
8 "50 hrs or more to less than 100 hrs a week",
9 "100 or more hrs a week",
10 "Varies - under 20 hrs a week",
11 "Varies - 20 or more hours a week")

End of loop for no. of dependants

Ask If more than one dependant: Q1b. >= 2
Q2b. As some of the time you spend helping these people may overlap, could you please tell me how long you spend altogether on average each week looking after the two/all of them.

(1 “I only give occasional help”,
2 "0 to less than 1 hrs a week",
3 "1 to less than 5 hrs a week",
4 "5 hrs or more to less than 10 hrs a week",
5 "10 hrs or more to less than 20 hrs a week",
6 "20 hrs or more to less than 35 hrs a week",
7 "35 hrs or more to less than 50 hrs a week",
8 "50 hrs or more to less than 100 hrs a week",
9 "100 or more hrs a week",
10 "Varies - under 20 hrs a week",
11 "Varies - 20 or more hours a week")

CARERS NEEDS ASSESSMENT AND RESPITE CARE

Ask if Q1 = yes (is a carer) and Q2 >= 3 for one of dependants

Q3. All carers have a legal right to have their own needs assessed by their Health & Social Care Trust. These assessments assess whether a carer is eligible for any services or support to help them carry out their caring role.

Has anyone from your Health & Social Care Trust, such as a social worker or a nurse, offered you a Carer’s assessment?
(Yes, No, Don’t Know)

Ask if Q3 = yes (been offered assessment)

Q4. Carers’ assessments should focus separately on the needs of the carer as opposed to the needs of the person who is being cared for.

Have you ever had a Carer's assessment that was carried out in person by someone from a HSC Trust staff member?
(Yes, No, Don’t Know)

Ask if Q4 = yes (received a Carer’s assessment)

Q.5 If you have had a Carer’s assessment, do you have a Care Plan?
(Yes, No, Don’t Know)

Ask if Q5 = yes (has a Care Plan)

Q6. Does your Care Plan include respite i.e. an activity/service to enable you to have a break from your caring role?
(Yes, No, Don’t Know)
Ask if \( Q2 \geq 3 \) for one of dependants

- Q7. In the past year, has a HSC Trust offered respite for you, i.e. an activity/service to enable you to have a break from your caring role? (Yes, No)

Ask if \( Q7 = \) yes (been offered respite)

Q7b. … and, have you … (Running prompt)

(A Received this respite service,
B not received it yet,
C or did you chose not to accept it?
)

Ask if \( Q7b. = A \) (received respite)

- Q8. Which of the activities/services listed on this card did the person(s) you care for receive in the past year, through arrangement with a HSC Trust, so that you could have a break from your caring role?

SHOWCARD: List of respite activities/services (List all that apply for each person)

day sitting,
night sitting,
residential care home (overnight stay),
nursing home (overnight stay),
hostel,
hospital,
specialist respite-only unit,
hospice,
residential care home (for bath/ meal/ social interaction),
nursing home (for bath/ meal/ social interaction),
community rehabilitation unit,
day centre,
adult training centre,
social education centre,
voluntary organisation day/resource centre,
workshop,
support group/society,
summer play scheme,
camp,
holiday,
befriending scheme,
recreation group,
other activity/service – Please specify)

Ask if \( Q8 = \) yes, at least one activity/service listed (received respite)

Q9. About how many hours a week did the person(s) you care for receive this/these activity(s)/service(s)?

(Answer for each person)

1 “less than 3 hours”,
2 “3 to less than 5 hours”,
3 “5 to less than 10 hours”,
4 “10 to less than 24 hours”
5 “24 to less than 48 hours”
6 “48 hours to less than 1 week”

Ask if Q8 = yes, at least one activity/service listed (received respite)

Q10. About how many weeks in the past year did the person(s) you care
for receive this/these activity(s)/service(s)?
(Answer for each person)
(1 “1 to less than 4”,
2 “4 to less then 12”,
3 “12 to less than 24”,
4 “24 to less than 36”,
5 “36 to 52”)

Ask if Q7b = C (respite offered, but chose not to accept activity/service)

- Q11. Why did you choose not to accept the respite activity/service offered?

(1 “The activity/service was too far away”,
2 “The travel arrangements were too difficult”,
3 “We didn’t know enough about the activity/service”
4 “The activity/service arrangements were not flexible enough”,
5 “The activity/service was too expensive”
6 “The staff would not be able to care for the person as well as I can”
7 “We/others have had a bad experience of the activity/service”
8 “The person I cared for was not happy about it”
9 “Other reason – Please specify”)

Ask if Q7 = No (respite not offered) or Q7b = B (respite not received yet) or Q7b = 
C (chose not to accept respite offered)

Q12. Can I just check, are you currently waiting for a HSC Trust to arrange an
activity/service so that you can have your “first” break from your caring role?

Interviewer Note: If it is not their first respite service, i.e. they have
previously received respite care, please code as NO.
(Yes, No)

Ask if Q12 = Yes

Q12b. ... and, how long have you been waiting?

(1 “less than 13 weeks”,
2 “13 to less than 26 weeks”,
3 “26 to less than 52 weeks”,
4 “52 weeks or more”
5 “Don’t know”)
Q1. Thinking about the food that you eat, I would like you to tell me how often you usually eat the following foods. Firstly; Processed meat or chicken products - including meat pies, pasties, sausage rolls, burgers, sausages, chicken nuggets or breaded chicken.

Q2. Secondly, potatoes, including boiled, mashed, baked potatoes, but excluding roast potatoes, chips or potato products eg waffles, smiles etc.

Q3. Chips, roast potatoes, and potato products, eg potato waffles, smiles etc. INTERVIEWER NOTE: THESE ARE HIGHER IN FAT THAN UNFRIED POTATOES.

Q4. Biscuits, including wrapped chocolate biscuits, eg Twix, Kit-Kat, Penguin.

Q5. Confectionary, including sweets and chocolate bars, eg Mars and Snickers.

Q6. Savoury snacks, eg crisps, tortilla chips.

Q7. Cakes, buns, desserts, eg cheesecakes, apple tart.

Q8. Sugary fizzy drinks or squashes.

Q9. Fruit, including fresh, frozen, dried, tinned and pure fruit juice.

Q10. Salad or vegetables, including fresh, frozen, dried and tinned vegetables, but excluding potatoes: IF A, B OR C IN Q9.

Q11. Please look at this card, the card illustrates what is considered as a portion. DO NOT READ OUT, FOR INFO ONLY:- A portion equals one piece of medium sized fruit eg, a pear or banana or two small fruits, eg kiwis. Note:- 2 glasses of pure orange juice does not count as 2 portions).@/@R ON AVERAGE HOW MANY PORTIONS OF FRUIT DO YOU EAT EACH DAY": 1..9 IF A, B OR C IN Q9.

Q12. And on average how many portions of salad, or vegetables, including fresh, frozen, tinned or dried do you eat each day: 1..9

Q13. The Department of Health advises people to eat a certain number of portions of fruit and vegetables every day as part of a healthy diet. At least how many potions do you think people are advised to eat every day?
Q14. Have you changed your eating habits in the past 3 years to lose weight?

Q15, Q16 AND Q17 To be asked of those who have tried to control weight/eat more healthily or would like to from the ‘Changes made to improve health’ section.

Q15 You mentioned previously that you have tried/ would like to try to control your weight or eat more healthily. Which of these reasons, if any, was the main reason you decided to eat more healthily or control your weight?
- to feel better/fitter
- to lose weight
- to improve my general appearance
- to improve my overall health
- to help reduce the risk of a particular illness or disease
- to save money
- to make meals more tasty and enjoyable
- suggested by doctor/health professional
- none of these
- other – please specify

Q16 Thinking overall about the things you eat, which of these best describes the kind of food you eat nowadays?
- very healthy
- fairly healthy
- fairly unhealthy
- very unhealthy

Q17 Here are some reasons why people find it difficult to eat more healthily. Which, if any, prevent you from eating more healthily?
- family discouraging or unsupportive
- friends discouraging or unsupportive
- people at work discouraging or unsupportive
- not knowing what changes to make
- not knowing how to cook more healthy foods
- lack of choice of healthy foods in canteens and restaurants
- lack of choice of healthy foods in places where you do your main shop
- healthy foods are too expensive
- healthy foods take too long to prepare
- healthy foods too boring
- lack of will-power
- don’t like the taste/don’t enjoy healthy foods
- none of these – nothing prevents me from eating more healthily
- other – please specify
PHYSICAL ACTIVITY SECTION
Now I am going to ask you about the time you spent being physically active during the last 7 days. Please answer each question even if you do not consider yourself to be an active person. I will be asking you about activities you did at work, to get from place to place, for exercise or sport, or as part of your house or garden chores.

ALL
Q1 During the last 7 days, on how many days did you do activities which took vigorous or hard effort, for at least 10 minutes at a time, like running, aerobics, heavy gardening or anything else that caused large increases in breathing or heart rate?

IF Q1 = RESPONSE OF 1,2,3 …7 DAYS THEN ASK Q2
Q2 On each day you did vigorous activity for at least 10 minutes, how much time on average (in minutes) did you spend doing it?
INTERVIEWER - PLEASE RECORD TIME IN MINUTES

ALL
Q3 During the last 7 days, on how many days did you do activities which took moderate effort, for at least 10 minutes at a time, like cycling, vacuuming, gardening or anything else that caused some increase in breathing or heart rate?

Please do not include walking in your answer

IF Q3 = RESPONSE OF 1,2,3 …7 DAYS THEN ASK Q4
Q4 On each day you did moderate activity for at least 10 minutes, how much time on average (in minutes) did you spend doing it?
INTERVIEWER - PLEASE RECORD TIME IN MINUTES

ALL
Q5 During the last 7 days, on how many days did you walk at a brisk or fast pace, for at least 10 minutes at a time, to get from place to place, for recreation, pleasure or exercise?

IF Q5 = RESPONSE OF 1,2,3 …7 DAYS THEN ASK Q6
Q6 On each day when you walked briskly for at least 10 minutes, how much time on average (in minutes) did you spend walking?
INTERVIEWER - PLEASE RECORD TIME IN MINUTES

ALL
Q7 I would like you now to think about all of the walking you have done in last 4 weeks, either locally or away from home. Please include any country walks and any walking in the course of your work or to and from work."

(CONTINUE);

ALL
Q8 In the past 4 weeks have you done a continuous walk that lasted at least 5 minutes"
(A "Yes",
B "No",
C "Can't walk at all")
IF Q8 = YES THEN ASK Q9
Q9 In the past four weeks, have you done a continuous walk that lasted at least 15 minutes: yesno

IF Q9 = YES THEN ASK Q10
Q10 During the past four weeks, on how many days did you do a walk of at least 15 minutes:

IF Q9 = YES THEN ASK Q11
Q11 On that day (any of those days) did you do more than one walk lasting at least 15 minutes:
   (A "Yes, more than one walk of 15+ minutes (on at least one day)",
   B "No, only one walk of 15+ mins a day")

IF Q10 > 1 AND Q11 = A THEN ASK Q12
Q12 On how many days in the last four weeks did you do more than one walk that lasted at least 15 minutes:

IF Q9 = YES THEN ASK Q13
Q13 How long did you usually spend walking each time you did a walk for 15 minutes or more?
   INTERVIEWER: IF VERY DIFFERENT LENGTHS, PROBE FOR MOST REGULAR. RECORD HOURS SPENT BELOW. @/ ENTER ZERO IF LESS THAN ONE HOUR. RECORD MINUTES AT NEXT QUESTION.
Q14 Record here minutes spent walking

ALL
Q15 Which of the following best describes your usual walking pace:
   (a "A slow pace",
   b "A steady average pace",
   c "A fairly brisk pace",
   d "A fast pace - at least 4 mph",
   e "None of these")

ALL
Q16 Can you tell me if you have done any activities on this card during the last 4 weeks. Include teaching, coaching, training and practice sessions.
Q16 = YES THEN ASK Q17
Q17 Which have you done in the last four weeks?
   ( a "Swimming",
   b "Cycling",
   c "Workout at a gym/ exercise bike/ weight training",
   d "Aerobics/ keep fit/ gymnastics/ dance for fitness",
   e "Any other type of dancing",
   f "Running/ jogging",
   g "Football/ rugby",
   h "Badminton/ tennis",
   i "Squash",
   j "Exercises (e.g. press-ups, sit ups)"
)

Q18 Have you an injury/disability/medical condition which limits your physical activity?

Q19 Please specify the illness/disability/medical condition
Q20 I would now like to ask you some questions about moderate intensity physical activity. By moderate intensity physical activity I mean that the activity makes you out of breath or causes you to sweat. This includes all types of moderate intensity activity, such as sport, housework, gardening, DIY, walking. What do you think is the recommended minimum amount of moderate intensity physical activity needed for a healthy lifestyle? SINGLE CODE ONLY

<table>
<thead>
<tr>
<th></th>
<th>90 minutes per day, every day</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>60 minutes per day, every day</td>
<td>2</td>
</tr>
<tr>
<td>C</td>
<td>30 minutes per day, every day</td>
<td>3</td>
</tr>
<tr>
<td>D</td>
<td>15 minutes per day, every day</td>
<td>4</td>
</tr>
<tr>
<td>E</td>
<td>90 minutes per day, 5 days per week</td>
<td>5</td>
</tr>
<tr>
<td>F</td>
<td>60 minutes per day, 5 days per week</td>
<td>6</td>
</tr>
<tr>
<td>G</td>
<td>30 minutes per day, 5 days per week</td>
<td>7</td>
</tr>
<tr>
<td>H</td>
<td>15 minutes per day, 5 days per week</td>
<td>8</td>
</tr>
<tr>
<td>I</td>
<td>90 minutes per day, 3 days per week</td>
<td>9</td>
</tr>
<tr>
<td>J</td>
<td>60 minutes per day, 3 days per week</td>
<td>10</td>
</tr>
<tr>
<td>K</td>
<td>30 minutes per day, 3 days per week</td>
<td>11</td>
</tr>
<tr>
<td>L</td>
<td>15 minutes per day, 3 days per week</td>
<td>12</td>
</tr>
<tr>
<td>M</td>
<td>90 minutes per day, 1 day per week</td>
<td>13</td>
</tr>
<tr>
<td>N</td>
<td>60 minutes per day, 1 day per week</td>
<td>14</td>
</tr>
<tr>
<td>O</td>
<td>30 minutes per day, 1 day per week</td>
<td>15</td>
</tr>
<tr>
<td>P</td>
<td>15 minutes per day, 1 day per week</td>
<td>16</td>
</tr>
</tbody>
</table>

Q21 The government’s Chief Medical Officer recommends that a total of at least 30 minutes a day moderate intensity physical activity on five or more days a week brings about health benefits.

In a typical week do you achieve this recommended level? SINGLE CODE ONLY

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>
CHECK

Q1. IS THIS RESPONDENT RESPONSIBLE FOR ANY OF THE CHILDREN IN THE HOUSEHOLD:
   yesno ;

   IF YES TO Q1

Q2. HAS THE CHILD HEALTH QUESTIONS ALREADY BEEN ANSWERED BY PARENT/GUARDIAN?:
   Yes, Child Health questions already been answered",
   No, Child Health questions not asked yet
   Not Applicable - Child Health Questions are not to be asked of this person")

   IF NO AT Q2

   ASK FOR EVERY CHILD BETWEEN 2 AND 15 IN THE HOUSEHOLD

Q3. Now I would like to ask you about your children aged between 2 and 15. Can I just check the number of children aged between 2 and 15 you are responsible for?

Q4. THE CHILDREN IN THE HOUSEHOLD ARE:
   "Person number" :

   ALL

Q5. Given ^NCHILD's age and height, would you say that he/she was:
   Abr "About the right weight",
   Th "Too heavy",
   Tl "Too light",
   NS "Not sure";

   ALL

Q6. Over the last twelve months would you say your child’s health has on the whole been…
   - good
   - fairly good
   - not good

   ALL

Q7. How is ^NCHILD's health in general? Would you say it was ... READ OUT...:
   Vg "Very good",
   Good "Good",
   Fairgood "Fair",
   Notgood "Bad",
   Vbad "Very bad?"
Q8. Does ^NCHILD have any long standing illness, disability or infirmity? By 'long-standing' I mean anything that has troubled him/her over a period of time or is likely to affect him/her over a period of time": yesno

IF YES AT Q8 ASK Q9, Q10

Q9. Would you mind telling me what this illness or infirmity is:

Q10. Does this illness or disablity limit his/ her activities in any way: Yesno

ALL
Q11 Please look at this card, the card illustrates what is considered as a portion. DO NOT READ OUT, FOR INFO ONLY:-
A portion equals one piece of medium sized fruit eg, a pear or banana or two small fruits, eg kiwis, mandarins or plums or 2 tablespoonfulls of fruit salad or one glass of pure orange juice - Note:- 2 glasses of pure orange juice does not count as 2 portions

On average how many portions of fruit does your child eat each day? : 1..9

ALL
Q12 And on average how many portions of salad, or vegetables, including fresh, frozen, tinned or dried does your child eat each day? : 1..9
STRESS

ALL
Q1. I'd like to ask you about your life generally in the last 12 months and about anything worrying or disruptive that may have happened to you. Thinking of health issues first. Will you please look at this card and tell me if you have had any of these difficulties in the past 12 months.:

illness  "Developed or found out that you had a serious illness or disability",
exist   "An existing health condition got worse",
accident "Had a serious accident or injury",
op      "Had an operation or spent a period in hospital",
trment  "Had painful or upsetting treatment for a health condition",
family  "A member of your family or a friend had a serious health condition",
famember "A family member you were close to died",
friend  "A close friend or someone who was important to you died",
NONE    "None of these"

ALL
Q2. Have you done any paid work in the past 12 months?:

IF YES AT Q2 THEN ASK Q3

Q3. Have any of the things on this card happened to you in the past 12 months?:

changed "Changed jobs",
lost   "Lost your job",
thought "Thought that you would soon lose your job",
ilness  "Had to give up work because of illness/disability",
other  "Had any other crisis or serious disappointment in your work or career",
Retired "Retired",
none   "None of these"

IF MARRIED OR SEPARATED OR SAME SEX OR LIVING TOGETHER ASK Q4

Q4. Has your husband/wife or partner lost a job or had a crisis or serious disappointment at work in the past 12 months?:

Yes "Yes",
No "No",
NA "Not applicable"
IF MARRIED OR SEPARATED OR SAME SEX OR LIVING TOGETHER
ASK Q5

Q5. May I just check, has your husband/wife or partner retired or
had to give up work because of ill health during the past 12 months?":
    Yes "Yes",
    No "No",
    NA "Not applicable");

ALL

Q6. "Have you had any major worries about your housing in the past
12 months?":
    YESNO;

ALL

Q7. "Has any member of your household left home or a new person
moved into your household in the past 12 months?
    NOTE - INCLUDES BABIES":YESNO;

ALL

Q8. Have any of the things on this card happened to you in the past 12 months?":
    SET OF
        divorced    "Divorced or started living apart",
        disagree    "Had a serious disagreement with your spouse or
                     partner",
        betray      "Felt betrayed or disappointed by your spouse or
                     partner",
        children    "Had serious difficulty with any of your children
                     because of their health or behaviour or anything
                     else",
        fallout     "Fallen out or had a serious disagreement with a
                     friend or relative or felt betrayed by someone",
        contact     "Lost contact with close family or friends for some
                     other reason",
        none        "None of these");

ALL

Q9. Have any of the things on this card happened to you in the
past 12 months?":
    SET OF
        robbed      "Assaulted or robbed",
        finance     "Had any major financial problems",
        law         "Had any serious problems with officials or with the
                     law",
        other       "Had any other serious upsets or disappointments",
        none        "None of these");

IF OTHER AT Q9 ASK Q10

Q10. "What serious upsets or disappointments have you had?":
Q11. "Thinking about everything that has happened to you in the past 12 months, could you tell me how much worry or stress you have had over that time; would you say you have had:":
noworry "No worry or stress",
little "Just a little",
alot "Quite a lot",
gooddeal "A great deal of worry or stress");
Q1. "I'd like to ask you some more questions about your general health but it may be quicker if you fill in the answers yourself on the computer.

INTERVIEWER: SHOW RESPONDENT HOW TO ENTER ANSWERS BY USING FOLLOWING EXAMPLES. EMPHASIS SHOULD BE PLACED ON PRESSING THE SPACE BAR BETWEEN MULTIPLE ANSWERS AND THEN THE ENTER BUTTON WHEN CHOICE IS COMPLETE. IF RESPONDENT PREFERENCES NOT TO USE COMPUTER, GIVE QUESTIONS AND ANSWERS ON PAPER INCLUDED IN YOUR SURVEY MATERIAL LABELLED SELF COMPLETION FOR GHQ12 AND SOCIAL SUPPORT, AND ASK FOR NUMBER INDICATING CHosen ANSWER TO EACH QUESTION":

(CONTINUE);

Q2. "METHOD OF SELF-COMPLETION":
   computer "by computer",
   card "Questions and answer booklet",
   OrdQues "Ordinary questioning by interviewer (last resort) (STATE REASON)",
   Refs "Outright refusal to complete this section")

IF ORDQUES AT Q2 ASK Q3

Q3. "ENTER THE REASON FOR USING ORDINARY QUESTION AND ANSWER METHOD":

IF REFS AT Q2 ASK Q4

Q4. "ENTER THE REASON FOR REFUSAL":

IF NOT EMPTY AT Q4

Q5. This is the end of the self-completion section, DO NOT CONTINUE

Please return the computer to the interviewer - Thank You
Please return the computer to the interviewer - Thank You
Please return the computer to the interviewer - Thank You
Please return the computer to the interviewer - Thank You.

(CONTINUE);
Q6. "A few example questions will now be shown":
(CONTINUE);

Q7. "How often have you used a computer?":
    freq      "I use a computer very frequently",
    haveused  "I have used a computer, but don't use one very often",
    never     "I have never used a computer");

Q8. "Which of the following types of TV programme or film do you like?
PRESS 'ALL' NUMBERS THAT APPLY":
SET OF
    Comedy,
    SOAPS,
    THRI "Murder mystery/Thriller",
    Horror,
    Sci "Science Fiction",
    Nath "Nature",
    news "News",
    west "Westerns",
    NONE "None of these");

Q9. “Thats the end of the example questions, the interviewer must
now hand over the computer to the respondent, if they have not
already done so. PRESS '1' TO CONTINUE":
(CONTINUE);

IF NOT EMPTY AT Q3 OR CARD AT Q2 OR COMPUTER AT Q2

Q10. I'd like to know if you have had any medical complaints and how your
health has been in general over the past few weeks.
Remember, I want to know about PRESENT and RECENT complaints, NOT
those you had in the past. It is important that you try to answer all the
questions, PRESS '1' TO CONTINUE":
(CONTINUE);
ALL
Q11. Have you recently been able to concentrate on whatever you are doing?"
   better   "Better than usual",
   same     "Same as usual",
   less      "Less than usual",
   muchless  "Much less than usual");

ALL
Q12. Have you recently lost much sleep over worry?":
   notatall  "Not at all",
   nomore    "No more than usual",
   more      "Rather more than usual",
   muchmore  "Much more than usual");

ALL
Q13. “Have you recently felt that you are playing a useful part in things?":
   moreso    "More so than usual",
   sameas    "Same as usual",
   lessuse   "Less so than usual",
   mluseful  "Much less useful");

ALL
Q14. "Have you recently felt capable of making decisions about things?":
   morethan  "More so than usual",
   sameuse   "Same as usual",
   lessthan  "Less so than usual",
   mlcapab   "Much less capable");

ALL
Q15. "Have you recently felt under constant strain?":
   notatall  "Not at all",
   nomore    "No more than usual",
   more      "Rather more than usual",
   muchmore  "Much more than usual");

ALL
Q16. "Have you recently felt you couldn't overcome you difficulties?":
   notatall  "Not at all"
   nomore    "No more than usual",
   more      "Rather more than usual",
   muchmore  "Much more than usual");OPTION2;
Q17. "Have you recently been able to enjoy your normal day-to-day activities?":
   mothan     "More so than usual",
   samusual   "Same as usual",
   lessso     "Less so than usual",
   muusual    "Much less able";

Q18. "Have you recently been able to face up to your problems?"
   mothan     "More so than usual",
   samusual   "Same as usual",
   lessso     "Less so than usual",
   muusual    "Much less able";

Q19. "Have you recently been feeling unhappy and depressed?"
   notatall   "Not at all",
   nomore     "No more than usual",
   more       "Rather more than usual",
   muchmore   "Much more than usual")

Q20. "Have you recently been losing confidence in yourself?"
   notatall   "Not at all",
   nomore     "No more than usual",
   more       "Rather more than usual",
   muchmore   "Much more than usual")

Q21. "Have you recently been thinking of yourself as a worthless person?":
   notatall   "Not at all",
   nomore     "No more than usual",
   more       "Rather more than usual",
   muchmore   "Much more than usual")

Q22. "Have you recently been feeling reasonably happy, all things considered?"
   morehapp   "More so than usual",
   samehapp   "Same as usual",
   lesshapp   "Less so than usual",
   mihapp     "Much less happy";
Q23. "Are you taking any medicine or tablets for stress/ anxiety or depression?"
   YESNO

Q24. "Do you think you have a nervous illness?":
   YESNO
WARWICK EDINBURGH MENTAL WELL-BEING SCALE

All to answer:-

None of the time
Rarely
Some of the time
Often
All of the time

Q1  I’ve been feeling optimistic about the future
Q2  I’ve been feeling useful
Q3  I’ve been feeling relaxed
Q4  I’ve been feeling interested in other people
Q5  I’ve had energy to spare
Q6  I’ve been dealing with problems well
Q7  I’ve been thinking clearly
Q8  I’ve been feeling good about myself
Q9  I’ve been feeling close to other people
Q10 I’ve been feeling confident
Q11 I’ve been able to make up my own mind about things
Q12 I’ve been feeling loved
Q13 I’ve been interested in new things
Q14 I’ve been feeling cheerful
CERVICAL SMEAR SELF COMPLETION WOMEN AGED 20 TO 64

Q1 Have you ever had a cervical smear test

IF YES AT Q1 ASK Q2

Q2. When did you last have a cervical smear test
   A "Within the last six months",
   B "More than six months ago but within the last year",
   C "More than one year ago but within the last two years",
   D "More than two years ago but within the last five years",
   E "More than five years ago",
   F "Can't remember"

IF NO AT Q1 ASK Q3

Q3 Have you ever been invited or advised to have a cervical smear test

IF YES AT Q3 ASK Q4

Q4. "Could you please tell me why you didn't have a cervical smear test at that time":
   A "I didn't think it would help me",
   B "I was afraid it might be painful",
   C "I was too embarrassed",
   D "I may have had to be examined by a male",
   E "I couldn't go at a convenient time",
   F "I couldn't have it at a convenient place",
   G "Other reason"

IF G AT Q4 ASK Q5

Q5. What was the reason
BREAST SCREENING SELF COMPLETION WOMEN 50-69

Q1. "Have you ever undergone breast screening":
   yesno

IF YES AT 1 ASK Q2

Q2. "When did you last undergo breast screening":
   A "Within the last six months",
   B "More than six months ago but within the last year",
   C "More than one year ago but within the last two years",
   D "More than two years ago but within the last five years",
   E "More than five years ago",
   F "Cant remember"

IF NO AT Q2 ASK Q3

Q3. "Have you ever been invited or advised to undergo breast screening":
   yesno

IF YES AT Q3 ASK Q4

Q4. Could you please tell me why you didn't undergo breast screening at that time
   A "I didn't think it would help me",
   B "I was afraid it might be painful",
   C "I was too embarrassed",
   D "I may have had to be examined by a male",
   E "I couldn't go at a convenient time",
   F "I couldn't have it at a convenient place",
   G "Other reason")

IF G AT Q4

Q43. "What was the reason
EQ5D SELF COMPLETION

ASK ALL QUESTIONS OF EVERYONE

Q1. "For each of the following group of statements please indicate which one best describes your health today. Mobility":
   A "I have no problem in walking about",
   B "I have some problem in walking about",
   C "I am confined to bed?"

Q2. "Self-Care":
   A "I have no problems with self-care",
   B "I have some problems washing or dressing myself",
   C "I am unable to wash or dress myself?"

Q3. "Usual Activities":
   A "I have no problems with performing my usual activities (e.g. work, study, housework, family or leisure activities)",
   B "I have some problems with performing my usual activities",
   C "I am unable to perform my usual activities"

Q4. "Pain/ Discomfort":
   A "I have no pain or discomfort",
   B "I have moderate pain or discomfort",
   C "I have extreme pain or discomfort"

Q5. "Anxiety/ Depression":
   A "I am not anxious or depressed",
   B "I am moderately anxious or depressed",
   C "I am extremely anxious or depressed"

Q6. "Please look at the showcard given to you by the interviewer. Thinking about how good or bad your own health is today. Looking at the scale, the best health you can imagine is marked 100 and the worst is marked 0. Please type in the number between 0 and 100 that you feel best shows how good your health is today":
   0..100

Q7. "Please indicate the description that best applies to you":
   A "I am a current smoker",
   B "I am an ex-smoker",
   C "I have never smoked"

Q8. "Have you consulted your GP or other health professional in the past two weeks":
   yesno

Q9. "Have you visited a hospital for treatment or examination(s) or test(s) in the past year?"
Q10. "Are you currently receiving treatment for any of the following problems":
   SET OF
   A "Musculo-skeletal problems (such as arthritis, rheumatism)",
   B "Respiratory problems (such as asthma or emphysema)",
   C "Heart or circulatory problems (such as angina or high blood pressure)",
   D "Endocrine problems (such as diabetes or thyroid disorder)",
   E "Gastrointestinal or digestive problems (such as stomach ulcer)",
   F "Genito-urinary problems (such as kidney or bladder disorder)",
   G "Psychological health problems (such as anxiety or depression)",
   H "Cancer",
   I "Gynaecological or reproductive problems",
   J "Blood problems (such as anaemia)",
   K "Eye/nose/ear problems",
   L "Skin problems (such as eczema)",
   M "Other"

IF M AT Q10 ASK Q11

Q11. "Specify other":

Q12. "Which of the following best describes your main activity":
   (A "Employed or self-employed",
    B "Retired",
    C "Housework",
    D "Student",
    E "Seeking work",
    F "Other")

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

Please return the computer to the interviewer - Thank You.
Please return the computer to the interviewer - Thank You.
Please return the computer to the interviewer - Thank You."
Smoking

[Now some questions on attitudes to smoking]

1. CONTINUE

Q1 To what extent do you agree or disagree that inhaling other people’s tobacco smoke poses a high risk to health? Do you….

1. Agree strongly
2. Agree slightly
3. Disagree slightly
4. Or disagree strongly?
5. Don’t Know

Q2 What illness do you believe can be caused by inhaling other people’s tobacco smoke?

1. No risks or problems
2. Generally damaging or high risk to health
3. Damaged lungs/lung cancer
4. Stroke
5. Cancer (general)
6. Asthma
7. Bronchitis
8. Respiratory Problems
9. Pneumonia
10. Heart attack/Heart disease
11. Meningitis
12. Coughing or wheezing
13. Don’t Know
14. Other Specify

Other Specify
Q3  Can you please tell me to what extent do you agree or disagree with each of the following statements about smoking.

<table>
<thead>
<tr>
<th></th>
<th>Agree strongly</th>
<th>Agree</th>
<th>Disagree</th>
<th>Disagree Strongly</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>I would challenge someone smoking in a non-smoking area</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I would ask someone who smokes to smoke outside of my home</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>85% of the smoke from other people’s cigarettes is invisible</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>and odourless</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children are more at risk from passive smoking than adults</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Babies exposed to passive smoking are more at risk to cot death</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
Q4  ... and now few questions on smoking in the home. First of all have you ever
smoked a cigarette, a cigar or a pipe?

1. Yes  -> [Q5]
2. No  -> [Q16]

Q5  Do you smoke cigarettes at all nowadays?

1. Yes  -> [Q7]
2. No  -> [Q6]

Q6  Have you ever smoked cigarettes regularly?

1. Yes  -> [Q14]
2. No

Q7  About how many cigarettes a DAY do you usually smoke at weekends?

Q8  About how many cigarettes a DAY do you usually smoke on weekdays?

Q9  Do you smoke mainly.....

1. Filter-tipped cigarettes
2. Plain or untipped cigarettes
3. Hand-rolled cigarettes

Q10  Which brand of cigarettes do you usually smoke?

Q11  CODE FOR BRAND :

Q12  description from file

Q13  tar level from file

Q14  How old were you when you started to smoke cigarettes regularly?

Q15  When did you stop smoking cigarettes?

1. Less than 3 months ago
2. Between 3 months and 6 months ago
3. More than 6 months ago
4. Can't remember
If GRIDX.GRIDX.Numpers >1] {} \{Number of persons in household from household grid\}
Q16 Does anyone in your household smoke?

1. Yes – lives with smokers
2. No
ELSE {} \{question not asked\}
3. Lives alone
ENDIF

Q17 = GRIDX.GRIDX.NUMCHILD Number of Children in household 0..16 {} \{Question not asked number of children in household from household grid\}

Q18 Is smoking allowed inside your home? IF YES PLEASE PROBE FOR CERTAIN PLACES, ANYWHERE OR SPECIAL OCCASIONS

1. No, smoking is not allowed at all
2. Yes, allowed anywhere in my home
3. Yes, only allowed in certain places
4. Yes, only allowed on special occasions
5. Yes, only allowed on special occasions in certain places

\{Smokers only\}
Q19 Will the smoking ban in public places affect the rules about smoking in your home? READ OUT – SELECT ONE ONLY

1. It will make me stricter about the amount I smoke at home when I am with non-smoker.
2. It will make me stricter about the amount I smoke at home in general.
3. It will make me smoke more at home when I am with non-smokers.
4. It will make me smoke more at home in general.
5. It will not affect the rules about smoking in my home.

\{Ask All\}
Q20 And what are the rules about smoking in your family car or cars? Would you say that..

1. Smoking is never allowed in any car
2. Smoking is allowed sometimes or in some cars
3. Smoking is allowed in all cars?
4. Do not have a family car
Q21  Have you ever tried to quit smoking?

1. Yes -> Q22
2. No  -> Q29

Q22  Roughly how many times have you ever tried to quit smoking?
IF THE ANSWER IS "LOTS" "HUNDREDS OF TIMES" ETC. ASK THEM TO
ESTIMATE THE NUMBER OR RANGE OF ACTUAL QUIT ATTEMPTS. IF A
RANGE IS GIVEN (E.G. "20 TO 30") GIVE THE MID POINT OF THE RANGE,
IN THIS CASE 25)

Q23  Again, only roughly, how long ago did your most recent serious quit attempt
end.
RECORD MEASUREMENT FIRST DAYS/MONTHS/YEARS

1. Days
2. Months
3. Years

Q24  Enter Number of Days/Months/Years 1..9999

Q25  How long did you stay smoke-free on this most recent serious quit attempt..
RECORD MEASUREMENT FIRST DAYS/MONTHS/YEARS

1. Less than one day
2. Days
3. Months
4. Years

Q26  Enter Number of Days/Months/Years

Q27  Did you gradually cut down on the number of cigarettes you smoked or did
you suddenly stop?

1. Cut down gradually -> Q28
2. Suddenly stopped  -> Q29

Q28  By cutting down gradually do you mean by trying to smoke less and less or by
delaying the first cigarette of the day for longer and longer? Or both?

1. By trying to smoke less and less
2. By delaying the first cigarette of the day
3. Both
4. Don’t Know
Q29  Now I would like to ask you one or two questions about any thoughts you might have had about quitting smoking.

1.  CONTINUE

Q30  Are you planning to quit smoking..  READ OUT

1.  Within the next month?  -> [Q32]
2.  Within the next 6 months?  -> [Q32]
3.  Sometime in the future, beyond 6 months?  -> [Q32]
4.  Or are you not planning to quit  -> [Q31]

Q31  Do you want to quit smoking at all?

1.  Yes  -> [Q32]
2.  No  -> [Q33]
3.  Don’t know  -> [Q33]

Q32  How much do you want to quit smoking?

1.  A little
2.  Somewhat
3.  A lot
4.  Not sure

Q33

IF Q30 = 4
Even though you have mentioned that you are not currently planning to quit, in the past 6 months, have any (?each?) of the following things on this card led you to think about quitting, not at all, somewhat or very much?

ELSE
In the past 6 months have any (?each?) of the following things on this card led you to think about quitting, not at all, somewhat or very much?

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Somewhat</th>
<th>Very much</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.  Concern for your personal health</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>b.  Concern for the effect of your cigarette smoke on non-smokers</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>c.  That society disapproves of smoking</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>d.  The price of cigarettes</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>e.  Smoking restrictions at work</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>f.  Smoking restrictions in public places like restaurants or bars (cafes or pubs)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>g.  Advice from doctor, dentist, or other health professional to quit</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>h.  Free or lower-cost stop-smoking medication</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>i.  Warning labels on cigarette packets</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>j.  Setting an example for children</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
</tr>
</tbody>
</table>
SMOKERS AND EX-SMOKERS who quit < 6mths ago

Q34 Have you heard about medications to help people stop smoking such as Nicotine Replacement Therapies like nicotine gum, nicotine patches, sprays or pills such as Zyban.

1. Yes -> [Q35]
2. No  -> [Q36]

Q35 Have you ever used any stop-smoking medication or Nicotine replacement therapies?

1. Yes -> [Q36]
2. No  -> [Q41]

Q36 In the last 6 months have you used any stop-smoking medication such as Nicotine Replacement Therapies like nicotine gum, nicotine patches, or pills such as Zyban.

1. Yes -> [Q37]
2. No  -> [Q41]

Q37 Which product or products did you use most recently?
CODE ALL THAT APPLY – WE WANT TYPE (E.G. GUM, PATCH) NOT BRAND (E.G. NICORETTE)

1. Nicotine Water
2. Nicotine gum
3. Nicotine patch
4. Nicotine lozenges
5. Nicotine (sub-lingual) tablets
6. Nicotine inhaler
7. Nicotine nasal spray
8. Zyban (or buproprion)
9. Wellbutrin
10. Other specify

Q38 Other Specify
Q39 Where did you get your nicotine replacement therapy?
set [5] of

1. By prescription
2. Over the counter/off the shelf
3. From a friend
4. Smoking Cessation Clinic
5. Other

Q40 Please Specify :string[200];

Q41 In last 6 months (since ^6MONTHS) have you visited a doctor or health professional in relation to smoking?

1. Yes -> Q42
2. No -> Q43

Q42 Did your doctor or health professional give you advice about giving up smoking?

Q43 SHOWCARD 17 (QUIT HELP) Finally, in last 6 months (since ^6MONTHS) have you received advice or information about quitting smoking from any of the following?
CODE ALL THAT APPLY

1. Call a Telephone helpline
2. Checked the Internet,
3. Read a book or leaflets
4. Attend a Local stop-smoking services (such as clinics or specialists, sometimes called cessation clinic))
5. Speak to a doctor or nurse
6. Speak to a Pharmacist
7. None of the above

FOR EACH IN Q42 (not 7)
Q44 Did the ^QUITADV3 help you in your quit attempt?

1. Yes
2. No
3. Don’t Know

That brings us to the end of smoking section.
DRINKING:

[DRINKNOW] I'm now going to ask you a few questions about what you drink - that is if you do drink. Do you ever drink alcohol nowadays, including drinks you brew or make at home?

1. Yes -> [DRINKAMT]
2. No -> [DRINKANY]

[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 or New Year?

1. Very occasionally -> [DRINKAMT]
2. Never -> [TEETOTAL]

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

1. Always a non-drinker -> [NONDRIINK]
2. Used to drink but stopped -> [STOPDRINK]

[NONDRIINK] SHOW CARD 24
[*] What would you say is the MAIN reason you have always been a non-drinker?

1. Religious reasons | 4. Health reasons
2. Don't like it | 5. Can't afford it
3. Parent's advice/influence | 6. Other -> [DRINKEFF]

[STOPDRINK] SHOW CARD 24
[*] What would you say is the MAIN reason stopped drinking?

1. Religious reasons | 4. Health reasons
2. Don't like it | 5. Can't afford it
3. Parent's advice/influence | 6. Other -> [DRINKEFF]

Drink regularly/occasionally:

[DRINKAMT] [*] I'm going to read out a few descriptions about the amounts of alcohol people drink, and I'd like you to say which one fits you best. Would you say you:

1. hardly drink at all
2. drink a little
3. drink a moderate amount
4. drink quite a lot
5. or drink heavily?
INTRO

INTERVIEWER - READ OUT: I'd like to ask you whether you have drunk different types of alcoholic drink in the last 12 months. I do not need to know about non-alcoholic or low alcohol drinks.

1. PRESS ENTER TO CONTINUE

[NBEER]

SHOW CARD 34 (FREQUENCY DRINK)

I'd like to ask you first about NORMAL STRENGTH beer or cider which has less than 6% alcohol. How often have you had a drink of NORMAL STRENGTH BEER, LAGER, STOUT, CIDER or SHANDY (excluding cans and bottles of shandy) during the last 12 months?

1. Almost every day -> [NBEERM] | 5. once or twice a month -> [NBEERM]
2. 5 or 6 days a week -> [NBEERM] | 6. once every couple of months -> [NBEERM]
3. 3 or 4 days a week -> [NBEERM] | 7. once or twice a year -> [NBEERM]
4. once or twice a week -> [NBEERM] | 8. not at all in last 12 months -> [SBEER]

[NBEERM]

How much NORMAL STRENGTH BEER, LAGER, STOUT, CIDER or SHANDY (excluding cans and bottles of shandy) have you usually drunk on any one day during the last 12 months? INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

1. Pints
2. Small cans
3. Large cans
4. Bottles

Enter at most 4 values

[NBEERQ1..4]

ASK OR CODE: How many .. MEASURES .. of NORMAL STRENGTH BEER, LAGER, STOUT, CIDER or SHANDY have you usually drunk on any one day during the last 12 months?

IF NBEERM=BOTTLES (4)

[NBOTTLE]

ASK OR CODE: What make of NORMAL STRENGTH BEER, LAGER, STOUT or CIDER do you usually drink from bottles?

INTERVIEWER: IF RESPONDENT DOES NOT KNOW WHAT MAKE, OR RESPONDENT DRINKS DIFFERENT MAKES OF NORMAL STRENGTH BEER, LAGER, STOUT OR CIDER, PROBE:

"What make have you drunk most frequently or most recently?"

[NCODEEQ]

ENTER SPACE BAR TO SEE CODES IF BRAND NOT FOUND, CHANGE DRINK DESCRIPTION AT BOTTOM OF LOOKUP WINDOW TO 'NF' AND SELECT CODE FOR 'BRAND NOT FOUND'

[DESCRIPTP]

DESCRIPTION FROM FILE - COMPUTED

[ALCLEVN]

ALCOHOL LEVEL FROM FILE - COMPUTED
SHOW CARD 34 (FREQUENCY DRINK)

Now I'd like to ask you about STRONG BEER OR CIDER which has 6% or more alcohol eg Tennants Extra, Special Brew, Diamond White).

How often have you had a drink of strong BEER, LAGER, STOUT or CIDER during the last 12 months?

1. Almost every day     -> [SBEERM] | 5. once or twice a month       -> [SBEERM]
2. 5 or 6 days a week   -> [SBEERM] | 6. once every couple of months -> [SBEERM]
3. 3 or 4 days a week   -> [SBEERM] | 7. once or twice a year       -> [SBEERM]
4. once or twice a week -> [SBEERM] | 8. not at all in last 12 mths  -> [SPIRITS]

How much STRONG BEER, LAGER, STOUT or CIDER have you usually drunk on any one day during the last 12 months?

INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE

1. Pints
2. Small cans
3. Large cans
4. Bottles

Enter at most 4 values

ASK OR CODE: How many .. MEASURES .. of STRONG BEER, LAGER, STOUT or CIDER have you usually drunk on any one day during the last 12 months?

Enter a numeric value between 1 and 97
IF SBEERM=BOTTLES (4)

[SBOTTLE] ASK OR CODE: What make of STRONG BEER, LAGER, STOUT or CIDER do you usually drink from bottles? INTERVIEWER: IF RESPONDENT DOES NOT KNOW WHAT MAKE, OR RESPONDENT DRINKS DIFFERENT MAKES OF STRONG BEER, LAGER, STOUT or CIDER, PROBE: 'What make have you drunk most frequently or most recently?'

[SCODEEQ] ENTER SPACE BAR TO SEE CODES IF BRAND NOT FOUND, CHANGE DRINK DESCRIPTION AT BOTTOM OF LOOKUP WINDOW TO 'NF' AND SELECT CODE FOR 'BRAND NOT FOUND'

[DESCRIPS] DESCRIPTION FROM FILE - COMPUTED

[ALCLEVS] ALCOHOL LEVEL FROM FILE - COMPUTED

[SPIRITS] SHOW CARD 34 (FREQUENCY DRINK)
How often have you had a drink of SPIRITS OR LIQUEURS, such as gin, whisky, brandy, rum, vodka, advocaat or cocktails during the last 12 months?

1. Almost every day  -> [SPIRITSQ] | 5. once or twice a month  -> [SPIRITSQ]
2. 5 or 6 days a week  -> [SPIRITSQ] | 6. once every couple of mths -> [SPIRITSQ]
3. 3 or 4 days a week  -> [SPIRITSQ] | 7. once or twice a year  -> [SPIRITSQ]
4. once or twice a week -> [SPIRITSQ] | 8. not at all in last 12 mths -> [SHERRY]

[SPIRITSQ] How much SPIRITS OR LIQUEURS, such as gin, whisky, brandy, rum, vodka, advocaat or cocktails have you usually drunk on any one day during the last 12 months? CODE THE NUMBER OF SINGLES - COUNT DOUBLES AS TWO SINGLES.

Enter a numeric value between 1 and 97

[SHERRY] SHOW CARD 34 (FREQUENCY DRINK)
How often have you had a drink of SHERRY OR MARTINI including port, vermouth, Cinzano and Dubonnet, during the last 12 months?

1. Almost every day  -> [SHERRYQ] | 5. once or twice a month  -> [SHERRYQ]
2. 5 or 6 days a week  -> [SHERRYQ] | 6. once every couple of mths -> [SHERRYQ]
3. 3 or 4 days a week  -> [SHERRYQ] | 7. once or twice a year  -> [SHERRYQ]
4. once or twice a week -> [SHERRYQ] | 8. not at all in last 12 mths -> [WINE]

[SHERRYQ] How much SHERRY OR MARTINI, including port, vermouth, Cinzano and Dubonnet have you usually drunk on any one day during the last 12 months? CODE THE NUMBER OF GLASSES.

Enter a numeric value between 1 and 97
SHOW CARD 34 (FREQUENCY DRINK)
How often have you had a drink of WINE, including Babycham and champagne, during the last 12 months?

1. Almost every day     -> [WINEQ] | 5. once or twice a month      -> [WINEQ]
2. 5 or 6 days a week   -> [WINEQ] | 6. once every couple of mths -> [WINEQ]
3. 3 or 4 days a week   -> [WINEQ] | 7. once or twice a year    -> [WINEQ]
4. once or twice a week -> [WINEQ] | 8. not at all in last 12 mths -> [POPS]

How much WINE, including Babycham and champagne, have you usually drunk on any one day during the last 12 months?
CODE THE NUMBER OF GLASSES. 1 BOTTLE = 6 GLASSES, 1 LITRE = 8 GLASSES

Enter a numeric value between 1 and 97
SHOW CARD 34 (FREQUENCY DRINK)

How often have you had a drink of ALCOHOLIC LEMONADE, ALCOHOLIC COLAS OR OTHER ALCOHOLIC FRUIT- OR HERB-FLAVOURED DRINKS (eg. Bacardi breezer, Smirnoff ice, WKD etc), during the last 12 months?

1. Almost every day     -> [POPSQ] | 5. once or twice a month      -> [POPSQ]
2. 5 or 6 days a week   -> [POPSQ] | 6. once every couple of mths  -> [POPSQ]
3. 3 or 4 days a week   -> [POPSQ] | 7. once or twice a year       -> [POPSQ]
4. once or twice a week -> [POPSQ] | 8. not at all in last 12 mths -> [ALCOTA]

How much ALCOHOLIC LEMONADE, ALCOHOLIC COLAS OR OTHER ALCOHOLIC FRUIT- OR HERB-FLAVOURED DRINKS have you usually drunk on any one day during the last 12 months? CODE THE NUMBER OF BOTTLES

Enter a numeric value between 1 and 97

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

1. Yes                       -> OTHDRNKA
2. No                        -> DRINKOFT

What other type of alcoholic drink have you drunk in the last 12 months?

CODE FIRST MENTIONED ONLY.

How often have you had a drink of .... in the last 12 months?

1. Almost every day  | 5. once or twice a month
2. 5 or 6 days a week | 6. once every couple of months
3. 3 or 4 days a week  | 7. once or twice a year
4. once or twice a week  | 8. not at all in last 12 months

How much .... have you usually drunk on any one day during the last 12 months? INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

1. Pints  -> [OTHQA]
2. Singles -> [OTHQA]
3. Glasses -> [OTHQA]
4. Bottles -> [OTHQA]
5. Other   -> [OTHQOA]

WHAT OTHER MEASURE?

ASK OR CODE How many .. MEASURES .. of .... have you usually
drunk on any one day during the last 12 months?

Enter a numeric value between 0 and 97

[**ALCOTB**] Have you drunk any other types of alcoholic drink in the last 12 months?

1. Yes  -> [**OTHDRNKB**]
2. No  -> [**DRINKOFT**]

[**OTHDRNKB**] What other type of alcoholic drink have you drunk in the last 12 months?

CODE FIRST MENTIONED ONLY.
**[FREQB]** How often have you had a drink of .... in the last 12 months?

1. Almost every day       | 5. once or twice a month  
2. 5 or 6 days a week     | 6. once every couple of months 
3. 3 or 4 days a week     | 7. once or twice a year   
4. once or twice a week    | 8. not at all in last 12 months 

**[OTHQMB]** How much .... have you usually drunk on any one day during the last 12 months? INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

1. Pints       -> [OTHQB] 
2. Singles     -> [OTHQB] 
3. Glasses     -> [OTHQB] 
4. Bottles     -> [OTHQB] 
5. Other       -> [OTHQOB] 

**[OTHQOB]** WHAT OTHER MEASURE? 

**[OTHQB]** ASK OR CODE How many .. MEASURES .. of .... have you usually drunk on any one day during the last 12 months?

Enter a numeric value between 0 and 97

**[ALCOTC]** Have you drunk any other types of alcoholic drink in the last 12 months?

1. Yes        -> [OTHDRNKC] 
2. No         -> [DRINKOFT] 

**[OTHDRNKC]** What other type of alcoholic drink have you drunk in the last 12 months?

CODE FIRST MENTIONED ONLY.

**[FREQC]** How often have you had a drink of .... in the last 12 months?

1. Almost every day       | 5. once or twice a month  
2. 5 or 6 days a week     | 6. once every couple of months 
3. 3 or 4 days a week     | 7. once or twice a year   
4. once or twice a week    | 8. not at all in last 12 months 

**[OTHQMC]** How much .... have you usually drunk on any one day during the last 12 months? INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

1. Pints       -> [OTHQC] 
2. Singles     -> [OTHQC]
3. Glasses -> [OTHQC]
4. Bottles  -> [OTHQC]
5. Other   -> [OTHQOC]

[OTHQOC] WHAT OTHER MEASURE?

[OTHQC] ASK OR CODE How many .. MEASURES .. of .... have you usually drunk on any one day during the last 12 months?

Enter a numeric value between 0 and 97
SHOW CARD 34 (FREQUENCY DRINK)

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. 5 or 6 days a week
3. 3 or 4 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 last 12 months

[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

[OFFLIC] On average, how much money would you spend each week on alcohol at offsales, including drinks you buy for other people?

INTERVIEWER NOTE: OFF-SALES INCLUDES ALL SALES OF ALCOHOL WHERE IT IS NOT CONSUMED ON THE PREMISES WHERE IT WAS PURCHASED, I.E OFF-LICENCE, WINE CLUBS, INTERNET SALES, SUPERMARKETS ETC

1. None
2. Less than £10
3. Between £10 and £20
4. Between £20 and £30
5. Between £30 and £40
6. Between £40 and £50
7. More than £50

[EXPPUBS] On average, how much money would you spend each week on alcohol at pubs, restaurants, clubs etc, including drinks you buy for other people?

INTERVIEWER NOTE: THIS INCLUDES EXPENDITURE ON ALCOHOL WHICH IS CONSUMED ON LICENSED PREMISES I.E BARS, RESTAURANTS, SOCIAL OR SPORTS CLUBS

1. None
2. Less than £10
3. Between £10 and £20
4. Between £20 and £30
5. Between £30 and £40
6. Between £40 and £50
7. More than £50

[DRINKEFF] People have different views concerning the effects of drinking on health, so I’d like to ask you how you feel about this.

Do you think that drinking alcohol can damage people's health?
1. Yes – unqualified -> [UNILIM]
2. Yes, if in excess/no, not in -> [UNILIM]
   moderation/depends on amount
3. No – unqualified -> [UNILIM]
4. Other answer -> [OTHEREFF]

[OTHEREFF] What other answer would you give?

[UNILIM] You may know that the Department of Health and the medical profession recommend that people should drink no more than a certain amount each week. Do you think you usually drink more or less than the recommended amount?

1. More
2. Less
3. Recommended amount

[UNITS] The recommended weekly drinking limit is sometimes described in units of alcohol. For example a pint of beer contains 2 units, a measure of spirit 1.5 units and a glass of wine/sherry contains 1 unit
Have you heard about units of alcohol before?

1. Yes
2. No

[RECAMM(W)] SHOW CARD 36 (UNITS OF ALCOHOL) What do you think is the recommended weekly drinking limit for men(women)? You can describe the recommended weekly limit either by the number of units or by the number of pints of beer or, glasses of wine, etc. Enter the category chosen (ONE CATEGORY ONLY)

1. units -> RECAMDRM | 4. spirits (single measure) -> RECAMDRM
2. pints of beer -> RECAMDRM | 5. don't know -> DD1
3. glasses of wine/sherry -> RECAMDRM

[RECAMDRM(W)] Enter the number of .. MEASURES ..

Enter a numeric value between 1 and 100

[CONVERTM(W)] CONVERT TO UNITS - COMPUTED

What do you think is the recommended Daily drinking limit for women?
You can describe the recommended Daily limit either by the number of units or by the number of pints of beer or glasses of wine, etc.
Enter the category chosen:
(unit "units",
beer "pints of beer",
wine "glasses of wine\sherry",
spirits "spirits (single measure)"),
What do you think is the recommended Daily drinking limit for men?
You can describe the recommended Daily limit either by the number of units or by the number of pints of beer or, glasses of wine, etc.
Enter the category chosen:
(unit "units",
beer "pints of beer",
wine "glasses of wine/sherry",
spirits "spirits (single measure)",
dontk "don't know");

Enter the number of
EMPLOYMENT:

[Introwk] I am going to ask you some questions about employment now...

NOTE: THE PERSON ABOUT WHOM THE QUESTIONS ARE BEING ASKED-
HRP, a Male aged 45

1. CONTINUE

[Paidwork] Did you do any paid work in the 7 days ending Sunday
.. PREVIOUS DATESUN .., either as an employee or as self-employed?

1. Yes   -> IF ((MALE AGE<65) OR (FEMALE AGE<63)) -> [Schemes]
   ELSE [Mjobint]

2. No   -> [Anywork]

[Anywork] Did you... RUNNING PROMPT

CHECK - SICKNESS/INJURY LESS THAN 28 DAYS

1. have a job or business you were | 4. were you intending to look for
   away from, or | work, but were prevented by
2. were you waiting to take up a    | temporary sickness or injury?
   job already obtained       | 5. none of these
3. were you looking for work, or  |

IF ANYWORK=5  -> IF ((MALE AGE<65) OR (FEMALE AGE<63)) ->
[Schemes] ELSE [IATIV]
ELSE   -> IF ((MALE AGE<65) OR (FEMALE AGE<63)) -> [Schemes] ELSE
[Iloseek]

Only those under retirement age:

[Schemes] Were you on a government scheme for employment training?

1. Yes   -> [Schemesp]
2. No   -> [Mjobint]

[Schemesp] SHOW CARD 18 What scheme was it?

1. Jobskills Training Programme | 7. IFI Wider Horizons
   (includes Access, National     | 8. Bridge to Employment
   Traineeships and Modern        | 9. Walsh Visa Programme
   Apprenticeships               | 10. Enterprise Ulster
2. New Deal (including Gateway) |11. Focus for Work
4. Training for Work            |13. None of these
5. Job Brokerage
6. Graduate Management Internship |
Last week, were you... READ OUT CODE FIRST THAT APPLIES

1. with an employer, or on a project providing work experience or practical training
2. or at a college or training course -> [SCJOBINT]

Are you training full-time or part-time?

1. full-time
2. part-time

Who pays for your training?

1. employer
2. training organisation
3. other
Does your training course lead to a recognised vocational qualification?

1. Yes -> [QUALTYPE]
2. No -> [SCJOBINT]

Is the qualification?

1. NVQ Level 1 or equivalent
2. NVQ Level 2 or equivalent
3. NVQ Level 3 or equivalent
4. NVQ Level 4 or equivalent
5. other -> [SCJOBINT]

Those waiting to take up work or looking for work: IF ANYWORK = 2,3 OR 4-> ILOSEEK

Thinking of the 4 weeks ending .. PREVIOUS DATESUN .., were you looking for any kind of paid work or government training scheme at any time in those 4 weeks?

1. Yes -> [ILOREADY]
2. No -> [EVRWORK]

If a job or a place on a Government scheme had been available in the week ending .. PREVIOUS DATESUN .., would you have been able to start within 2 weeks

1. Yes
2. No

May I just check, have you ever had a paid job or done any paid work?

1. Yes IF WAITING (ANYWORK=2) -> [MJOBINT] ELSE -> [LNUMEMP]
2. No IF WAITING (ANYWORK=2) -> [MJOBINT] ELSE -> [LNUMEMP]

IF (SCHEMES= “YES” AND EMPCOLL= “EMPLOYER”) -> [SCJOBINT]

I would like to ask you now about your main job at present. In the following questions I may refer to your 'work' or your 'job', and for your purposes, I would like you to take this as the period you spend on your government scheme

1. CONTINUE

Main Job, for those working, on employment training scheme or waiting to take job:
I would like to ask you now about your most recent job/main job at present/you were away from/waiting to take up
1. CONTINUE

What is/was your occupation?
DESCRIBE FULLY

What is/was your job title? ENTER JOB TITLE

Please describe fully what you do/did
CHECK SPECIAL QUALIFICATIONS/TRAINING NEEDED TO DO THE JOB

In which industry do/did you work?
DESCRIBE FULLY - PROBE TYPE OF MANUFACTURING, PROCESSING, DISTRIBUTING, ETC. MAIN GOODS PRODUCED, MATERIALS USED, WHOLESALE OR RETAIL ETC.

Are you/Were you... READ OUT
1. An employee -> [ESESTAT]
2. Self-employed -> [EMPOTH]

Are you /Were you... READ OUT
1. Manager
2. Foreman / Supervisor
3. Employee?

How many employees work(ed) in the establishment?
1. 1 - 10 employees | 4. 50 - 249
2. 11 - 24 | 5. 250 - 499
3. 25 - 49 | 6. 500 or more

Standard Occupational Classification

Socio-Economic Group
1 Employer govt., industry
2 Manager govt., industry
3 Professional, self employed
4 Professional employee
5 Intermediate non-manual
6 Junior non-manual
7 Personal service
8 Foremen – manual
9 Skilled manual
10 Semi-skilled manual
11 Unskilled manual
12 Own account workers
13 Farmer - employer, manager
14 Farmer - own account
15 Agricultural worker
16 Armed forces
17 Inadequate definition
18 No gainful occupation
[SIC] Standard Industrial Classification

1 Agriculture, hunting and forestry
2 Fishing
3 Mining and quarrying
4 Manufacturing
5 Electricity, gas and water supply
6 Construction
7 Wholesale and retail trade etc.
8 Hotels and restaurants
9 Transport, storage and communication
10 Financial intermediation
11 Real estate, renting and business activities
12 Public administration and defence; compulsory social security
13 Education
14 Health and social work
15 Other community social and personal service activities
16 Private households with employed persons
17 Extra territorial organisations and bodies
18 Insufficient information to classify
[**EMPOTH**] Are you working/Did you work on your own or do you/did you have employees?

1. on own/with partners but no employees -> [OJOBINT]
2. with employees -> [NUMEMP]

[**NUMEMP**] How many people do you/did you employ?

1. 1 - 5 employees
2. 6 - 24 employees
3. 25 or more

[**PTIME**] In your (main) job were you working READ OUT

1. full time, or
2. part-time?

[**SHORT**] Were you on short time or laid off at all last week?

1. Yes -> [SHORTINT]
2. No -> [MAINHRS]

[**SHORTINT**] I'd like to ask you about the hours you work when you are not on short time/laid off....

1. CONTINUE

[**MAINHRS**] How many hours a week do you usually work, that is excluding meal breaks?

CHECK WITH RESPONDENT THAT THIS IS TOTAL HOURS. IF WORK PATTERN NOT BASED ON A WEEK, GIVE AVERAGE OVER A FEW MONTHS EXCLUDE MEAL BREAKS

Enter a numeric value between 0.00 and 200.00 -> [EMPTIME]

_Employed but also claiming benefits:_ IF SCHEME=none

[**BENOFFE**] Have you claimed benefit or National Insurance contributions from a benefit office in the last four months?

IF NO PROMPT TO CHECK IF THEY WERE RECEIVING BENEFIT BUT DID NOT HAVE TO GO TO THE OFFICE

1. Yes -> [UNBENAE]
2. No -> [EMPTIME]

[**UNBENAE**] So may I just check, were you claiming unemployment benefit in the week ending last Sunday(.. _PREVIOUS DATESUN_ ..)?

1. Yes -> [EMPTIME]
2. No -> [INCSUPE]
[INCSUPE]Were you signed on at a Social Security Office in the week ending last Sunday (.. PREVIOUS DATESUN ..) to claim Income Support?

1. Yes -> [EMPTIME]
2. No -> [NICREDE]

[NICREDE]... or in order to get credits for National Insurance contributions?

1. Yes 2. No -> [NUMEMEMP]
For those working or on an employment training scheme

[EMPTIME] SHOW CARD 19 (LENGTH)
How long have you been with your present employer (up to yesterday)?

1. less than 4 weeks | 8. 5 years but less than 10 years
2. 4 weeks but less than 3 months | 9. 10 years but less than 15 years
3. 3 months but less than 6 months | 10. 15 years but less than 20 years
4. 6 months but less than 12 months | 11. 20 years but less than 25 years
5. 12 months but less than 2 years | 13. 30 years but less than 35 years
6. 2 years but less than 3 years | 14. 35 years but less than 40 years
7. 3 years but less than 5 years | 15. 40 years or more

[SEEKJOB] Last week, that's the seven days ending Sunday.. PREVIOUS DATESUN.., were you looking for a different or additional paid job?

1. Yes  2. No

[OFFSICK] In the last 3 months have you had any days off work because of your own illness or injury?

1. Yes -> [DAYSSICK]
2. No -> [UNPAIDO]

[DAYSSICK] Altogether, how many whole working days were you off sick in the last 3 months?
Enter a numeric value between 1 and 90 -> [UNPAIDO]

For unemployed: IF SCHEME=none

[BENOFFU] Have you been to a Social Security Office in the last four months for the purpose of claiming benefit or National Insurance contributions?
IF NO PROMPT TO CHECK IF THEY WERE RECEIVING BENEFIT BUT DID NOT HAVE TO GO TO THE OFFICE

1. Yes -> [UNBENBU]
2. No -> [LNUMEMP]

[UNBENBU] Some people who have jobs are also entitled to claim unemployment benefit. So may I just check, were you claiming unemployment benefit in the week ending last Sunday (.. PREVIOUS DATESUN..)?

1. Yes -> [LNUMEMP]
2. No -> [INSUPU]
Were you signed on at a Social Security Office in the week ending last Sunday (.. PREVIOUS DATESUN ..) to claim Income Support as an unemployed person?

1. Yes -> [LNUMEMP]
2. No -> [NICREDU]

... or in order to get credits for National Insurance contributions?

1. Yes 2. No
[LNUMEMP] How long altogether have you been out of work, but wanting work in this current period of unemployment, that is since any time you may have spent on the YTP or any other government training scheme?

1. less than a week | 6. 12 months but less than 2 years
2. 1 week but less than 1 month | 7. 2 years but less than 3 years
3. 1 month but less than 3 months | 8. 3 years but less than 5 years
4. 3 months but less than 6 months | 9. 5 years or more
4. 6 months but less than 1 year

[CLDCARE1] (IF RESPONDENT IS RESPONSIBLE FOR ANY OF THE CHILDREN IN THE HOUSEHOLD) Would you choose to take up employment, training or education if you had access to quality, affordable child care?

1. Yes -> [UNPAIDO]
2. No -> [UNPAIDO]

For economically inactive only:

[IACTIV] Last week were you.... NOTE - PERMANENTLY UNABLE TO WORK - ONLY IF UNDER RETIREMENT AGE - RETIRED - ONLY IF OVER RETIREMENT AGE

1. going to school or college | 4. early retirement
2. permanently unable to work | 5. looking after home or family
3. retired men 65+, women 60+ | 6. doing something else (specify -> IACTSP)

[CLDCARE1] (IF RESPONDENT IS RESPONSIBLE FOR ANY OF THE CHILDREN IN THE HOUSEHOLD) Would you choose to take up employment, training or education if you had access to quality, affordable child care?

1. Yes
2. No

[BENOFFI] Have you claimed benefit or National Insurance contributions from a benefit office in the last 4 months?

1. Yes -> [UNBENBI]
2. No -> [LIKEJOB]

[UNBENBI] So may I just check, were you claiming UNEMPLOYMENT BENEFIT in the week ending last Sunday (.. PREVIOUS DATESUN ..)?

1. Yes -> [LIKEJOB]
2. No -> [INCSUPI]

[INCSUPI] Were you signed on at a Social Security Office in the week ending last Sunday (.. PREVIOUS DATESUN ..) to claim Income Support as an unemployed person?
1. Yes  -> [LIKEJOB]
2. No  -> [NICREDI]

[NICREDI] ... or in order to get credits for National Insurance contributions?
1. Yes  2. No

[LIKEJOB] Even though you were not looking for work last week, would you like to have a regular paid job at the moment, either part-time or full-time?
1. Yes  -> [LAST4WK]
2. No  -> [WHYINACT]

[LAST4WK] Thinking of the 4 weeks ending Sunday .. PREVIOUS DATESUN .., were you looking for any kind of paid work or a place on a government training scheme at any time in those 4 weeks?
1. Yes  -> [IFPLACE]
2. No  -> [WHYINACT]

[IFPLACE] If a job or a place on a government scheme had been available in the week ending Sunday .. PREVIOUS DATESUN .., would you have been able to start in the next two weeks?
1. Yes
2. No
3.

[WHYINACT] There are many reason why people can't or don't seek work, so may I just check, what was the MAIN reason you were not looking for work last week?
1. On Government training/employment scheme  |  6. Retired from paid work
2. Student  |  7. Doesn't want/need employment
3. Long-term sick or disabled  |  8. Believes no jobs available
4. temporarily sick or injured  |  9. Not yet started looking
5. Looking after family/home  |  10. Other reason -> (specify -> WHYSPEC)

[LJOBINT] May I just check, have you ever had a paid job or done any paid work?
1. Yes  -> [OCCUPE]
2. No  -> [UNPAIDO]

[OCCUPE] What was you occupation? DESCRIBE FULLY

[TITLEE] What was your job title? ENTER JOB TITLE

[FULLYE] Please describe fully what you did CHECK SPECIAL QUALIFICATIONS/TRAINING NEEDED TO DO THE JOB
In which industry did you work?

DESCRIBE FULLY - PROBE TYPE OF MANUFACTURING, PROCESSING, DISTRIBUTING, ETC. MAIN GOODS PRODUCED, MATERIALS USED, WHOLESALE OR RETAIL ETC.

Were you... READ OUT

1. An employee  -> [ESESTATE]  2. Self-employed  -> [EMPOTHE]

Were you... READ OUT

1. Manager  2. Foreman / Supervisor  3. Employee?

How many employees worked in the establishment?

1. 1 - 10 employees  | 4. 50 - 249
2. 11 - 24  | 5. 250 - 499
3. 25 - 49  | 6. 500 or more

Were you working on your own or did you have employees?

1. on own/with partners but no employees  -> [UNPAIDO]
2. with employees  -> [NUMEMPE]

How many people did you employ?

1. 1 - 5 employees
2. 6 - 24 employees
3. 25 or more

Did you do any unpaid work in the seven days ending Sunday .. PREVIOUS DATESUN .. for any business that YOU own?

1. Yes  -> [UNHOURS]
2. No  -> [UNPAIDR]

...or that a relative owns?

1. Yes  -> [UNOWNER]
2. No  -> [INTROH]

Was this for a business that is owned by....
1. spouse, partner -> [INTROH]
2. or a relative? -> [INTROH]

**[UNHOURS]** How many hours unpaid work did you do for that business in the 7 days ending last Sunday?

Enter a numeric value between 1 and 40

**[WORKTYPE]** What type of work were you doing?

DESCRIBE FULLY [UNNS-SEC] [UNSOC] [UNSEG] [UNSIC] [UNIND] CODED

**[WHEREWK]** Did you do this work mainly: RUNNING PROMPT

1. somewhere quite separate from as your home
2. in different places using home as base
3. in your own home
4. in the same grounds or building
5. some days at home and other days at somewhere quite separate from home?
INCOME & BENEFITS:

[INTROB] Introduction to Income and Benefits ... and now a few final questions on income and benefits. This is of particular interest because it allows comparisons to be made each year between the income of people in Northern Ireland and Great Britain.

1. CONTINUE

[GROSS] SHOW CARD 22 (INCOME) Which number represents the TOTAL gross annual income from ALL sources of your HOUSEHOLD?

1 Less than £520, say less than £10 per week
2 £ 520 - £ 1040, say between £ 10 and £ 20 per week
3 £ 1040 - £ 1560, say between £ 20 and £ 30 per week
4 £ 1560 - £ 2090, say between £ 30 and £ 40 per week
5 £ 2090 - £ 2610, say between £ 40 and £ 50 per week
6 £ 2610 - £ 3130, say between £ 50 and £ 60 per week
7 £ 3130 - £ 3650, say between £ 60 and £ 70 per week
8 £ 3650 - £ 4170, say between £ 70 and £ 80 per week
9 £ 4170 - £ 4690, say between £ 80 and £ 90 per week
10 £ 4690 - £ 5210, say between £ 90 and £100 per week
11 £ 5210 - £ 6260, say between £100 and £120 per week
12 £ 6260 - £ 7300, say between £120 and £140 per week
13 £ 7300 - £ 8340, say between £140 and £160 per week
14 £ 8340 - £ 9390, say between £160 and £180 per week
15 £ 9390 - £10430, say between £180 and £200 per week
16 £10430 - £11470, say between £200 and £220 per week
17 £11470 - £12510, say between £220 and £240 per week
18 £12510 - £13560, say between £240 and £260 per week
19 £13560 - £14600, say between £260 and £280 per week
20 £14600 - £15640, say between £280 and £300 per week
21 £15640 - £16690, say between £300 and £320 per week
22 £16690 - £17730, say between £320 and £340 per week
23 £17730 - £18770, say between £340 and £360 per week
24 £18770 - £19810, say between £360 and £380 per week
25 £19810 - £20860, say between £380 and £400 per week
26 £20860 - £23460, say between £400 and £450 per week
27 £23460 - £26070, say between £450 and £500 per week
28 £26070 - £28680, say between £500 and £550 per week
29 £28680 - £31200, say between £550 and £600 per week
30 £31200 - £33800, say between £600 and £650 per week
32 £33800 - £36400, say between £650 and £700 per week
33 £36400 - £39000, say between £700 and £750 per week
34 £39000 - £41600, say between £750 and £800 per week
35 £41600 - £44200, say between £800 and £850 per week
36 £44200 - £46800, say between £850 and £900 per week
37 £46800 - £49400, say between £900 and £950 per week
38 £49400 - £52000, say between £950 and £1000 per week
39 £52000 and over, say over £1000 per week
Earnings for individual:

[WORK] SHOW CARD 38 (INCOME) Which of the following numbers represents YOUR own annual gross or total EARNINGS before deduction of income tax and National Insurance contributions?

1 Less than £520, say less than £10 per week
2 £ 520 - £ 1040, say between £ 10 and £ 20 per week
3 £ 1040 - £ 1560, say between £ 20 and £ 30 per week
4 £ 1560 - £ 2090, say between £ 30 and £ 40 per week
5 £ 2090 - £ 2610, say between £ 40 and £ 50 per week
6 £ 2610 - £ 3130, say between £ 50 and £ 60 per week
7 £ 3130 - £ 3650, say between £ 60 and £ 70 per week
8 £ 3650 - £ 4170, say between £ 70 and £ 80 per week
9 £ 4170 - £ 4690, say between £ 80 and £ 90 per week
10 £ 4690 - £ 5210, say between £ 90 and £100 per week
11 £ 5210 - £ 6260, say between £100 and £120 per week
12 £ 6260 - £ 7300, say between £120 and £140 per week
13 £ 7300 - £ 8340, say between £140 and £160 per week
14 £ 8340 - £ 9390, say between £160 and £180 per week
15 £ 9390 - £ 10430, say between £180 and £200 per week
16 £ 10430 - £ 11470, say between £200 and £220 per week
17 £ 11470 - £ 12510, say between £220 and £240 per week
18 £ 12510 - £ 13560, say between £240 and £260 per week
19 £ 13650 - £ 14600, say between £260 and £280 per week
20 £ 14600 - £ 15640, say between £280 and £300 per week
21 £ 15640 - £ 16690, say between £300 and £320 per week
22 £ 16690 - £ 17730, say between £320 and £340 per week
23 £ 17730 - £ 18770, say between £340 and £360 per week
24 £ 18770 - £ 19810, say between £360 and £380 per week
25 £ 19810 - £ 20860, say between £380 and £400 per week
26 £ 20860 - £ 23460, say between £400 and £450 per week
27 £ 23460 - £ 26070, say between £450 and £500 per week
28 £ 26070 - £ 28680, say between £500 and £550 per week
29 £ 28680 - £ 31200, say between £550 and £600 per week
30 £ 31200 - £ 33800, say between £600 and £650 per week
31 £ 33800 - £ 36400, say between £650 and £700 per week
32 £ 36400 - £ 39000, say between £700 and £750 per week
33 £ 39000 - £ 41600, say between £750 and £800 per week
34 £ 41600 - £ 44200, say between £800 and £850 per week
35 £ 44200 - £ 46800, say between £850 and £900 per week
36 £ 46800 - £ 49400, say between £900 and £950 per week
37 £ 49400 - £ 52000, say between £950 and £1000 per week
38 £ 52000 and over, say over £1000 per week

[PENSION] Are you (or your employer) paying contributions to any of the following pension arrangements?

INTERVIEWER READ OUT.. RUNNING PROMPT CODE 4 for NONE\NO PENSION:
1. A personal or private pension fund, or retirement annuity
2. A company or occupational pension scheme run by my employer (including Superannuation schemes)
3. A stakeholder pension scheme fund
4. None\No pension
Are you at present receiving any State Benefits?

1. Yes -> [TYPEBEN]
2. No -> [TAXCREDS]

SHOW CARD 39 (BENEFITS) - CODE ALL THAT APPLY -

Which of the following benefits do you receive..

2. Child Benefit - Lone Parent | 10. Disability Living Allowance Rate (was One-Parent Benefit) | 11. Carer’s Allowance (was Invalid Care Pension
3. Retirement Pension or Old Age | 12. Widow’s Pension, War Widow’s Pension, Allowance
5. Income support              | 14. Severe Disablement Allowance Payment) or Widowed Parent's (Widowed
6. Job Seekers Allowance       | 15. Social Fund Bereavement Benefit (includes Income
    (INCOME BASED)              | 16. Industrial Injuries Benefit (i.e. Bereavement Benefit"
7. Job Seekers Allowance (CONTRIBUTORY) (was Unemployment | 17. None of Above
    Benefit)                    | Bereavement Benefit"
8. Incapacity Benefit (was Sickness| Industrial Death Benefit, Industrial /Invalidity Benefit prior to | Injuries Disablement Benefit or Reduced
    April 2005)                 | Earnings Allowance)
| 17. None of Above

Enter at most 16 values

Please specify current weekly amount received in ..TYPEBEN.. Benefit? PLEASE CHECK THAT THIS IS THE AMOUNT RECEIVED PER WEEK

Enter a numeric value between 0.00 and 200.00

Are you at present receiving any Tax Credits?
INTERVIEWER PLEASE NOTE: Tax Credits can be paid as a lump sum covering 6 months, a regular payment, some receive them through their pay and others by a Giro book.
If they receive tax credits they will know that they will!

1. Yes -> [TYPETAX]
2. No -> [ANY]
Which of the following tax credits do you receive.

1. Working Tax Credit (excluding any childcare tax credit)
2. Child Tax Credit (including any childcare tax credit)
3. None of above

Enter at most 2 values

Please specify current weekly amount received. Enter a numeric value between 0.00 and 200.00

Do you receive any other State Benefit (eg Contributory Invalidity Benefit, Mobility Allowance, Guardian Allowance or Child's Special Allowance, etc)?

1. Yes -> [BENEFIT1]
2. No -> [OTHER]

PLEASE DESCRIBE

THANK RESPONDENT FOR HIS/HER HELP Press 1 to continue

RELIGION:

I would like to ask you now about religion. What is your religion, even if you are not currently practising??

1. Catholic
2. Presbyterian
3. Church of Ireland
4. Methodist
5. Baptist
6. Free Presbyterian
7. Brethren
8. Protestant - not specified
9. Other Christian
10. Buddhist
11. Hindu
12. Jewish
13. Muslim
14. Sikh
15. Other Religion
16. Unwilling to answer
17. No religion
[OTHDENOM] Please describe other religion.

[RELPRACT] Do you consider that you are actively practising your religion?
  1. Yes
  2. No

[ATTEND] And how often do attend your place of worship?

  1. More than once a week | 6. At least once a year
  2. At least once a week | 7. Less often
  3. At least once a fortnight | 8. Never
  4. At least once a month | 9. Unable to attend
  5. At least once every few months
Sexual identity

SIDFtFQn  "@RSHOWCARD 24 SID^CardNo  @R/{For this person, please use  
@RSHOWCARD ^CardNo} @B@R  
@/@/@#AWhich of the options on this card best describes how you think of  
yourself?  
@/Please just read out the number next to the description.  
@/@/^LText@A"  
: INTEGER [2], DK, RF
Physical Measurements

This element of the questionnaire can be accessed at any convenient time by the interviewer through parallel fields in BLAISE. The height and weight is recorded of all individuals aged 2 or above. Detailed training was given regarding the use of the Frankfort plane for height measurements and how to measure height and weights of children.

Before I measure your height and weight I would like to ask you a couple of questions regarding how you feel about your weight.

   Firstly, Given your age and height, would you say that you are-
1.   About the right weight …..
2.   Too heavy …..
3.   Too light …..
4.   Not sure …..

How tall are you without shoes on?

How much do you weigh?

At the present time are you trying to lose weight, trying to gain weight, or are you not trying to change your weight

I would now like to measure your height and weight. There is interest in how people's weight, given their height, is associated with health and other aspects of their daily lives.

   Please enter if height is measured:

      Yes height is measured
      No refused to be measured
      Not attempted to be measured

   Please enter height of person in centimetres

   If height is refused-
   Please give reasons for refusal of being measured

   If height is not attempted
   Respondent were unsteady on their feet
   Respondent could not stand upright
   Respondent was chairbound
   Respondent is under 2 years old
   Some other reason

   If other reason given
   Please specify

   Were their any problems experienced in measuring the height of the respondent or was a reliable height measured
Yes problems
No problems, reliable measurement

If there are problems
With problems experienced, is measurement likely to be reliable, slightly reliable or unreliable
   Reliable
   Slightly reliable
   Unreliable

I would now like to measure your weight.
   Please enter if weight is measured.
   Yes weight is measured
   No refused to be measured
   Not attempted to be measured

Please enter weight of person in kilograms

If weight is refused
Please give reasons for refusal, if any given

If weight is not attempted
Why was weight measurement not attempted
   Respondent is unsteady on feet
   Respondent cannot stand upright
   Respondent is chairbound
   Respondent is under 2 years old
   Some other reason

If other reason given
Please give details of other reason.

Which of these surfaces were the scales placed on
   Uneven floor
   Carpeted surface
   Neither of the previous two

Were there any problems experienced in taking the weight of the respondent or was there a reliable weight measurement obtained
   Yes problems
   No problems, reliable measurement

If problems with weight measurement
With problems experienced, is measurement likely to be reliable, slightly reliable or unreliable
   Reliable
   Slightly reliable
   Unreliable