

Scottish Health Survey

‘13

Questionnaires and
showcards

A survey carried out on behalf of The Scottish Government Health Directorates

ScotCen Social Research

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Scottish Health Survey 2013

Questionnaire documentation

Section contains:

Notes on how to use this documentation

Survey outline

Household interview

Individual interview

Notes

1. This is an edited documentation of the computer programmes used in the SHeS household and individual interviews. Instead of being numbered each question has a variable name; these are identified here in square brackets, e.g.: [varname].
2. Not all variables that appear here will be on the final data file (those that are not are marked with a '*'). Similarly, not all derived variables that will be on the data file are mentioned here. There will be a separate documentation of derived variables when the data is released.
3. Routing instructions appear above the questions. A routing instruction should be considered to stay in force until the next routing instruction.
4. Sections of text in brackets and italics were filled in as appropriate on the interviewers' computers.
5. Individual codes marked 'EDIT ONLY' were used by the editors to reclassify 'other' answers and are not visible during the main interviews.
6. For some questions respondents could give a different answer to the main options they were presented with. Such answers are recorded verbatim and were examined during the editing process to see whether they could be 'back-coded' to one of the existing answer categories. These will not be available on the data file and have been indicated within this documentation with a '*'.
7. Some questions allowed respondents to give more than one answer (indicated within this documentation with the instruction: 'CODE ALL THAT APPLY'). In these cases each individual answer option will have its own variable name which is shown in square brackets to the right of the answer.
8. The symbol '\$' has been used to flag CAPI questions which have been used in conjunction with Self-Complete questions to combine the answers into a separate derived variable.

Scottish Health Survey 2013 – Survey outline

- A **household** interview with the household reference person (HRP) or their spouse or partner
- An **individual** interview with eligible participants. Eligibility criteria for each of the **three** sample types were as follows:
 - **Main sample** - up to ten adults and two children per household
 - **Child boost sample** - up to two children (0-15) per household
 - **Health Board boost sample** - up to ten adults per household

Questionnaire content

Household questionnaire

There was only one version of the household questionnaire across all three sample types in 2013. The household questionnaire documentation begins on page 7 of this documentation.

Individual questionnaire

The questionnaire content varied depending firstly on the sample type, and then the age of the participants being interviewed. The questionnaire documentation details exactly who was eligible to answer particular modules and questions within these modules.

- *Main sample* - there were two versions of the individual interview questionnaire for the main sample: version A and version B. The content and order of the individual interview differed depending on which version a household was selected to go through. Some topics were asked in both versions of the questionnaire, e.g. *'general health including caring'* and *'eating habits for children'* while other topics are only asked in one of the versions, e.g. *'accidents'* in version A. The table on the following page outlines which topics are asked in which version of the questionnaire.
- *Child Boost sample* – The individual questionnaire at child boost households followed the same format as a main version A individual questionnaire (see table on following page).
- *Health Board Boost sample* – Adults in the Health Board boost sample were only asked questions on those topics that appeared in *both* version A and version B of the individual interview, for example, *general health*, and *physical activity*.

Points to note:

- There are four versions of the questionnaire in the mainstage: Core Version A; Core Version B (biological module); Child Boost; and Health Board Boost.
- Children are not eligible for the biological module in Core Version B or at Health Board Boost sampled addresses.
- The below table indicates what should be in each version and the order of the interview. The associated CAPI block names are in [] after the topic.

Core Version A	Both A&B	Core Version B
	Household questionnaire [HHgrid]+[GenHHold]	
	General health including caring [GenHlth]	
	General CVD (16+) and use of services [CVD] 0+	
	Asthma core [Asthma] 0+	
Accidents 0+		
	Physical activity adults - including Qs on activity at work, time spent at screens and other sedentary activity [AdPhysic] 16+	
	Physical activity kids – inc Qs on time spent at screens and other sedentary activity [ChPhysic] 2+	
Barriers to exercise & Motivations to exercise [AdPhysic] 16+		
	Eating habits kids [Eating] 2 - 15	
	Fruit and Veg [Fruitveg] 2+	
	Smoking [Smoking] 18+ (16-17 year olds do self-comp/18-19 yr olds optional)	
	Passive Smoking [Smoking] 0+	
	Drinking [Drinking] 18+ (16-17 year olds do self-comp/18-19 yr olds optional)	
	Dental health [Dental] 16+	
Dental services (16+)		
Social capital (16+)		
Discrimination and harassment (16+)		
	Economic activity (16+)	
Stress at work (16+)		
	Education (16+)	
	Ethnicity (0+) place of birth (0+)and religion (16+) [Ethnic]	
	Family health [Parent] 16+	

	Self-completions [Selfcomp] 4+	
	Height and weight [Measure] 2+	
	Consents [Consents] 0+	
		Biological module (16+)includes: <ul style="list-style-type: none"> • Prescription drugs • Blood Pressure • Waist • Saliva • Urine • Anxiety • Depression • Self harm

Child Boost
Household questionnaire [HHgrid]+[GenHHold]
General health including caring [GenHlth]
Use of services [CVD] 0+
Asthma core [Asthma] 0+
Asthma additional [asthma] 0+
Physical activity kids – inc Qs on time spent at screens and other sedentary activity [ChPhysic] 2+
Eating habits kids [Eating] 2+
Fruit and Veg [Fruitveg] 2+
Passive Smoking [Smoking] 0+
Ethnicity [Ethnic] 0+
Self-completions [Selfcomp] 4+
Height and weight [Measure] 2+
Consents [Consents] 0+

Health Board Boost
Household questionnaire [HHgrid]+[GenHHold]
General health including caring [GenHlth]
General CVD and use of services [CVD] 16+
Asthma core [Asthma] 16
Physical activity adults - including Qs on activity at work, time spent at screens and other sedentary activity [AdPhysic] 16+
Fruit and Veg [Fruitveg] 16+
Smoking [Smoking] 16+ 18/20+ in CAPI
Passive Smoking [Smoking] 16+
Drinking [Drinking] 16+ 18/20+ in CAPI
Dental health [Dental] 16+
Ethnicity and religion [Ethnic] 0+
Family health [Parent] 16+
Self-completions [Selfcomp] 16+
Height and weight [Measure] 16+
Consents [Consents] 16+

[Point]*

SAMPLE POINT NUMBER:

Range: 1..997

[Address]*

ADDRESS NUMBER:

Range: 1..97

[Hhold]*

HOUSEHOLD NUMBER:

Range: 1..3

[AdrField]*

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

Text: Maximum 10 characters

[First]*

INTERVIEWER: For information, you are in the questionnaire for:

Year No: (2012=5, 2013=6)

Sample: (sample type indicator)

Point no: (Point number)

Address no: (Address number)

Household no: (Household number)

Strand: (Core version A or version B)

- TO COMPLETE A STARTED INDIVIDUAL SESSION, PRESS <CTRL, ENTER>.
- TO OPEN A NEW INDIVIDUAL SESSION, PRESS <CTRL, ENTER>.
- TO GO DIRECTLY TO 'ADMIN,' PRESS <CTRL, ENTER>.
- OTHERWISE PRESS 1 AND <ENTER> TO CONTINUE.

[IntDate]*

PLEASE ENTER THE DATE OF THIS INTERVIEW.

Date:

[WhoHere]*

INTERVIEWER: COLLECT THE NAMES OF THE PEOPLE IN THIS HOUSEHOLD.

1 Continue

IF First person in household OR More=Yes THEN

[Name]*

What is the name of (person number)?

[More]*

Is there anyone else in this household?

1 Yes

2 No

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

[SizeConf]*

So, can I check, altogether there are (*x*) people in your household?

- 1 Yes
- 2 No, more than (*x*)
- 3 No, less than (*x*)

HOUSEHOLD COMPOSITION GRID FOR ALL HOUSEHOLD MEMBERS (MAXIMUM 12)

[Person]

Person number in Household Grid.

Range: 0..12

[Name]*

First name from WhoHere

[Sex]

ASK: Is (*name of respondent*) male or female?

- 1 Male
- 2 Female

[DoB]*

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

Enter Day of month in numbers, Name of month in numbers, Year in numbers, Eg. 02/01/1972.

[Age]

Can I check, what was (*name of respondent's*) age last birthday?

Range: 0..120

IF Age=Dk/Ref THEN

[AgeEst]*

INTERVIEWER CODE: ASK IF NECESSARY ARE YOU (IS HE/SHE), AGED UNDER 2 YEARS, AT LEAST 2 UP TO 15 YEARS, OR 16 YEARS OR OLDER? IF NOT KNOWN, TRY TO GET BEST ESTIMATE.

- 1 Under 2 years
- 2 2 to 15 years
- 3 16-64 years
- 4 65 years or older

IF Age of Respondent is 16 or over THEN

[Marital12]

SHOWCARD A1.

Please look at this card and tell me your legal marital or same-sex civil partnership status

INTERVIEWER: CODE FIRST THAT APPLIES.

- 1 Never married and never registered a same-sex civil partnership
- 2 Married
- 3 In a registered same-sex civil partnership
- 4 Separated, but still legally married
- 5 Separated, but still legally in a same-sex civil partnership
- 6 Divorced,
- 7 Formerly in a same-sex civil partnership which is now legally dissolved,
- 8 Widowed,
- 9 Surviving partner From a same-sex civil partnership

IF more than one person aged 16+ in household AND marital status=code 1, 4, 5, 6, 7, 8 or 9 THEN

[Couple]

May I just check, (*are you/is he*) living with someone in this household as a couple?

- 1 Yes
- 2 No
- 3 SPONTANEOUS ONLY - same sex couple

IF (Age of Respondent is 16-17) THEN

[LegPar]

Can I check, do either of (*name of respondent's*) parents, or someone who has legal parental responsibility for him/her, live in this household?

- 1 Yes
- 2 No

[Par1]

Which of the people in this household are (*name of respondent's*) parents or have legal parental responsibility for (*him/her*) on a permanent basis? CODE FIRST PERSON AT THIS QUESTION. IF Not a household member/dead, CODE 97

Range: 1..12, 97

IF Par1 IN [1..12] THEN

[Par2]

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

Range: 1..14, 97

[SelCh]

INTERVIEWER: Is this child selected for an individual interview?

- 1 Yes
- 2 No

RELATIONSHIP BETWEEN HOUSEHOLD MEMBERS COLLECTED FOR ALL

IF Person > 1 THEN

[R]

SHOW CARD A2.

How is (*name of respondent's*) related to (*name*)? Just tell me the number on this card.

- 1 husband/wife
- 2 legally recognised civil partner
- 3 partner/cohabitee
- 4 natural son/daughter
- 5 adopted son/daughter
- 6 foster son/daughter
- 7 stepson/stepdaughter/child of partner
- 8 son-in-law/daughter-in-law
- 9 natural parent
- 10 adoptive parent
- 11 foster parent
- 12 step-parent/parent's partner
- 13 parent-in-law
- 14 natural brother/natural sister (i.e. Both natural parents the same)
- 15 half-brother/half-sister (i.e. One natural parent the same)
- 16 step-brother/step-sister (i.e. no natural parents the same)
- 17 adopted brother/adopted sister
- 18 foster brother/foster sister
- 19 brother-in-law/sister-in-law
- 20 grandchild
- 21 grandparent
- 22 other relative
- 23 other non-relative

END OF HOUSEHOLD COMPOSITION GRID

ASK ALL

[HHldr]

In whose name is the accommodation owned or rented? Anyone else?

CODE ALL THAT APPLY.

(Codeframe of all household members)

1-12 Person numbers of household members

97 Not a household member

[HHResp]

INTERVIEWER CODE: WHO WAS THE PERSON RESPONSIBLE FOR ANSWERING THE GRIDS IN THIS QUESTIONNAIRE?¹

(Codeframe of adult household members)

1-12 Person numbers of household members

97 Not a household member

¹ HQResp gives status of household respondent (HRP, HRP's partner, other)

IF More than one person coded at HHldr THEN

[HiHNum]

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

ENTER PERSON NUMBER – IF TWO PEOPLE HAVE THE SAME INCOME, ENTER 13
(Codeframe of joint householders)

- 1-12 Person numbers of household members
- 13 Two people have the same income

IF HiHNum=13 THEN

[JntEldA]

ENTER PERSON NUMBER OF THE *ELDEST* JOINT HOUSEHOLDER FROM THOSE WITH THE HIGHEST INCOME.

ASK OR RECORD.

(Codeframe of joint householders)

- 1-12 Person numbers of household members

IF HiHNum=Don't know or Refused

[JntEldB]

ENTER PERSON NUMBER OF THE ELDEST JOINT HOUSEHOLDER.

ASK OR RECORD.

(Codeframe of joint householders)

- 1-12 Person numbers of household members

[HRP]*

INTERVIEWER: THE HOUSEHOLD REFERENCE PERSON IS:

(Displays name of Household Reference Person)

PRESS <1> AND <Enter> TO CONTINUE.

[Eligible]*

INTERVIEWER: FOR YOUR INFORMATION THE PEOPLE IN THIS HOUSEHOLD ELIGIBLE FOR INDIVIDUAL INTERVIEW ARE:

(List of eligible respondents)

PRESS <1> AND <Enter> TO CONTINUE.

ASK ALL AGED 16+

[OwnORnt08]

SHOWCARD A3

In which of these ways do you occupy this accommodation?

PROBE FOR DETAILS

- 1 Buying with mortgage/loan
- 2 Own it outright
- 3 Pay part rent/part mortgage
- 4 Rent (including rents paid by housing benefit)
- 5 Live here rent free

IF OwnRnt08= Rent OR Free THEN

[LandLord]

Who is your landlord?

INTERVIEWER: Code first that applies.

If property is rented through an agent code in relation to the property owner NOT the agent.

- 1 **Organisations:** the local authority / council / Scottish Homes
- 2 **Organisations:** housing association, charitable trust or Local Housing Company
- 3 **Organisations:** employer (organisation) of a household member
- 4 Another organisation
- 5 **Individuals:** relative/friend (before you lived here) of a household member
- 6 **Individuals:** employer (individual) of a household member
- 7 Another individual private landlord

ASK ALL

[Car12]¹

In total, how many cars or vans are owned, or are available for private use, by members of your household? Include any company cars or vans available for private use : 0..100.

ASK ALL

[PasSm]

Does anyone smoke **inside** this (house/flat) on a most days?

INTERVIEWER: IF ASKED, RESPONDENT SHOULD INCLUDE THEMSELVES AND NON-HOUSEHOLD MEMBERS WHO SMOKE IN THE HOUSE OR FLAT, BUT EXCLUDE ANY HOUSEHOLD MEMBERS WHO ONLY SMOKE OUTSIDE THE HOUSE OR FLAT.

- 1 Yes
- 2 No

[SmokHm]²

SHOW CARD A4

Regardless of whether you smoke or not, using this card, what best describes the smoking rules in this (house/flat)? Please think about the people who live with you as well as visitors to your home?

INTERVIEWER: IF RESPONDENT DOES NOT HAVE ANY SMOKING RULES, ASK THEM TO THINK WHAT RULES THEY WOULD APPLY TO SMOKERS IN THEIR HOME:

- 1 People can smoke anywhere inside this house/flat
- 2 People can only smoke in certain areas or rooms inside this house/flat (include smoking out of the window and at an open back door)
- 3 People can only smoke in outdoor areas (e.g. gardens/balconies) of this house/flat
- 4 People cannot smoke indoors or in outdoor areas of this house/flat

IF >1 person in household

[EatTog]

How many times in the last week, that is the seven days ending (*date last Sunday*), did all or most of the people who live in this household eat a main meal together not including breakfast?

- 1 Never
- 2 One or two times
- 3 Three or four times
- 4 Five or six times

¹ Revised wording and now single question, previously [car] and [numcar].

² New in 2012

- 5 Seven times
- 6 More than often than this

INTERVIEWER: I'm now going to ask you some questions about your local area¹
ASK ALL²

[LiveArea]

First, how many years have you lived in your local area? By this I mean the area within about a 15 minute walk from your home?":

- 1 Less than 1 year
- 2 1 year but less than 2
- 3 2 years but less than 5
- 4 5 years but less than 10
- 5 10 years or more

IF lived in area 2 years or more (LiveArea >= 3)

[CrimArea]

How much would you say the crime rate in your local area has changed since two years ago? Would you say there is more, less or about the same?

INTERVIEWER: IF ANSWER IS 'MORE' ASK: Is that a lot more or a little more?

IF ANSWER IS 'LESS' ASK: Is that a lot less or a little less?

INTERVIEWER: IF ASKED: There is an interest in finding out if there is a relationship between people's experience of crime and their health and wellbeing:

- 1 A lot more
- 2 A little more
- 3 About the same
- 4 A little less
- 5 A lot less

ASK ALL

[PrevCrim]

SHOWCARD A5

How confident are you in the ability of police in your local area to prevent crime?

- 1 Very confident
- 2 Fairly confident
- 3 Not very confident
- 4 Not at all confident

[ActQuick]

SHOWCARD A5

How confident are you in the ability of police in your local area to respond quickly to appropriate calls and information from the public?

- 1 Very confident
- 2 Fairly confident
- 3 Not very confident
- 4 Not at all confident

¹ This section new in 2012. Note that PrevCrim, ActQuick, DealInc, Investig, SolvCrim and CatchCri are asked in a randomised order.

² This set of questions was asked of the HRP and the variables are 'not applicable' for the other respondents in the household in the dataset

[DealInc]

SHOWCARD A5

How confident are you in the ability of police in your local area) to deal with incidents as they occur?

- 1 Very confident
- 2 Fairly confident
- 3 Not very confident
- 4 Not at all confident

[Investig]

SHOWCARD A5

How confident are you in the ability of police in your local area to investigate incidents after they occur?

- 1 Very confident
- 2 Fairly confident
- 3 Not very confident
- 4 Not at all confident

[SolvCrim]

SHOWCARD A5

How confident are you in the ability of police in your local area to solve crimes?

- 1 Very confident
- 2 Fairly confident
- 3 Not very confident
- 4 Not at all confident

[CatchCri]

SHOWCARD A5

How confident are you in the ability of police in your local area to catch criminals?

- 1 Very confident
- 2 Fairly confident
- 3 Not very confident
- 4 Not at all confident

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

[SrcInc]¹

SHOW CARD A6.

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

PROBE: FOR ALL SOURCES. CODE ALL THAT APPLY

Earnings from employment or self-employment (incl. overtime, tips, bonuses)	[SrcInc1]
State retirement pension	[SrcInc2]
Pension from former employer	[SrcInc3]
Personal pensions	[SrcInc4]
Child Benefit	[SrcInc5]
Job-Seekers Allowance	[SrcInc6]
Income Support	[SrcInc7]
Working Tax Credit, Child Tax Credit or any other Tax Credit	[SrcInc8]
Housing Benefit	[SrcInc9]
Other state benefits	[SrcInc10]
Student grants and bursaries (but not loans)	[SrcInc11]
Interest from savings and investments (eg stocks & shares)	[SrcInc12]
Rent from property (after expenses)	[SrcInc13]
Other kinds of regular income (e.g. maintenance or grants)	[SrcInc14]
No source of income	[SrcInc15]

[JntInc]

SHOW CARD A7

This card shows incomes in weekly, monthly and annual amounts. Which of the groups on this card represents (*your/you and your husband/wife/partner's combined*) income from all these sources over the last 12 months, before any deductions for income tax, National Insurance contributions, health insurance payments, superannuation payments etc? Just tell me the number beside the row that applies to (*you/your joint incomes*).

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

Range:1..97

IF 2 Adults in household who are not spouse/partner, or 3 or more adults in household

THEN

[OthInc]

Can I check, does anyone else in the household have an income from any source?

1 Yes

2 No

IF OthInc = Yes THEN

[HHInc]

SHOW CARD A7

Thinking of the income of your household as a whole, which of the groups on this card represents the total income of the whole household before deductions for income tax, National Insurance, etc.

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

Range:1..97

¹ Additional option categories added for 2012

EMPLOYMENT DETAILS OF HOUSEHOLD REFERENCE PERSON¹

Show card A8

In the last week (that is the 7 days ending *date last Sunday*) were you doing any of the following, even if only for one hour?

INTERVIEWER: 'Temporarily away' includes away from work ill, on maternity leave, on holiday leave and temporarily laid off (as long as there is still an employment contract). It does not include those who are laid off and no longer have an employment contract.

INTERVIEWER: Code **all that apply**.

- | | | |
|---|---|------------|
| 1 | Working as an employee (or temporarily away) | [HWrkEmp] |
| 2 | On a Government sponsored training scheme (or temporarily away) | [HGvtSchm] |
| 3 | Self employed or freelance (or temporarily away) | [HSelfEmp] |
| 4 | Working unpaid for your own family's business (or temporarily away) | [HWrkFam] |
| 5 | Doing any other kind of paid work | [HOthWrk] |
| 6 | None of the above | [HNoneabv] |

IF (HRP Age 16 to 64] AND NOT (HGvtSchm) THEN [HEducCou]

Are you at present (*at school* or) enrolled on any **full-time** education course excluding leisure classes? (Include correspondence courses and open learning as well as other forms of full-time education course).

INTERVIEWER: CODE **YES** IF FULL-TIME STUDENT ON HOLIDAY AND WILL BE STUDYING FULL-TIME WHEN NEXT TERM STARTS.

IF RESPONDENT IS STUDYING PART-TIME CODE **NO** HERE.

- 1 Yes
- 2 No

IF ((HWrkFam) OR (HNoneabv)) AND NOT ((HWrkEmp) OR (HGvtSchm) OR (HSelfEmp) OR (HOthWrk)) THEN

[HWk4Look12]

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

- 1 Yes
- 2 No

IF HWk4Look12 = No THEN

[HWaitJb12]

Are you waiting to take up a job that you have already obtained?

- 1 Yes
- 2 No

IF (HWk4Look12 = Yes OR HWaitJb12 = Yes) THEN

[HWk2St12]

If a job or a place on a government scheme had been available in the week ending (*date last Sunday*), would you have been able to start within 2 weeks?

- 1 Yes
- 2 No

¹ The questions used to establish economic activity of the household reference person changed in 2012.

**IF (HNoneabv) AND (HWk4Look12 = No) AND (HWaitJb12 = No) THEN
[HYNNotWrk]**

May I just check, what was the main reason you did not look for work in the last 4 weeks?
INTERVIEWER: CODE ONE ONLY

- 1 Waiting for the results of an application for a job/being assessed by a training agent
- 2 Student
- 3 Looking after family/home
- 4 Temporarily sick or injured
- 5 Long-term sick or disabled
- 6 Believes no job available
- 7 Not yet started looking
- 8 Doesn't need employment
- 9 Retired from paid work
- 10 Any other reason

**IF (HNoneabv) AND (HWaitJb12 <> Yes) THEN
[HEverJ]**

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

- 1 Yes
- 2 No

**IF (HWaitJb12 = Yes) THEN
[HOthPaid]**

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

- 1 Yes
- 2 No

**IF (HEverJob = Yes) OR (HOthPaid = Yes) THEN
[HPayLast]¹**

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

Numeric: 1920..2001 Decimals: 0

**IF HPayLast <= 8 years ago THEN
[HPayMon]**

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

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

¹ HPayAge gives age when HRP last had paid job

- 12 December
- 13 Can't remember

**IF (HEverJ = Yes) OR (HWaitJb12 = Yes) OR (Hwrkemp AND NOT Hnoneabv) THEN
IF NOT (Hnoneabv) THEN**

[HJobTitl]*

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

INTERVIEWER: IF RESPONDENT HAS MORE THAN ONE JOB/ACTIVITY ASK THEM ABOUT THE ONE THEY SPEND THE MOST TIME DOING

Text: Maximum 60 characters

[HFtPtime]

Is/Were/Are/Will you/name (Household Reference Person) *be* working full-time or part-time?

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

- 1 Full-time
- 2 Part-time

[HWtWork]*

What kind of work *do/did/does/will you/name* (Household Reference Person) do most of the time?

Text: Maximum 50 characters

[HMatUsed]*

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

IF NONE USED, WRITE IN 'NONE'.

Text: Maximum 50 characters

[HSkilNee]*

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

Text: Maximum 120 characters

[HEmploye]

Is/Were/Are/Will you/name (Household Reference Person) *be*...READ OUT...

- 1 an employee
- 2 or, self-employed?

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

IF HEmploye = self employed THEN

[HDirctr]

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

- 1 Yes
- 2 No

IF (HEmploye = Employee) OR (HDirctr = Yes) THEN

[HEmpStat]

Are/Were/Will you/name (Household Reference Person) *be* a ...READ OUT...

- 1 manager

- 2 foreman or supervisor
- 3 or other employee?

[HNEmployee]

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

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

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

[HSNemple]

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

- 1 None
- 2 1-24
- 3 25-499
- 4 500+

IF HEmploye = Employee THEN

[HInd]*

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

Text: Maximum 100 characters

IF HEmploye = Self Employed THEN

[HSIfWtMa]*

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

Text: Maximum 100 characters

ASK ALL

[HRPOcc]

INTERVIEWER: Did (*name of HRP*) answer the occupation questions (*himself/herself*)?

If you code 2 here you will also need to ask (*name of HRP*) about (*his/her*) job details when you interview (*him/her*) in person.

- 1 Yes
- 2 No

Individual Interview

ASK ALL (0+)

[DBCheck]*

Can I just check that (your/name of child's) date of birth is: (date of birth from HHGrid)

INTERVIEWER: Code 1 if the date of birth is correct.

Code 2 if it is wrong.

Code 3 if the date of birth was not collected at the household grid.

- 1 Date of birth is correct
- 2 Date of birth is wrong
- 3 No date of birth has been collected yet

IF DBCheck = Code 2, 3 THEN

[ODoBD]*

What is (your/name of child's) date of birth?

INTERVIEWER: Enter day, month and year of (name/child's name)'s date of birth separately.

Enter the **day** here.

If (name) does not know (his/her) date of birth, enter Don't know <Ctrl K> and get an estimate.

Range: 1..31

[ODoBM]*

INTERVIEWER: Code the **month** of (name/child's name)'s date of birth.

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

[ODoBY]*

INTERVIEWER: Enter **year** of (name/child's name)'s date of birth.

Range: 1890..2100

ASK ALL

[OwnAge]*¹

¹ In the final dataset the participant's age can be found in the variable [age]

Can I just check, is *(you are/child's name is)* age *(respondent's age)*?

- 1 Yes
- 2 No

IF RESPONDENT'S AGE HAS CHANGED SINCE THE HOUSEHOLD QUESTIONNAIRE (DUE TO A BIRTHDAY)

[Birthday]*

INTERVIEWER FOR YOUR INFORMATION:

This respondent has had a birthday since you started the household questionnaire *(date of HH Questionnaire)*.

For survey reasons the age used in this individual session is based on that date, not today's date. That is, this person will be treated as being *(age at HH Questionnaire)* years old and not *(current age)* years old.

Now press <Enter> to continue.

IF 'don't know' at ODOB, THEN

[OwnAgeE]*

Can you tell me *(your/name of child)*'s age last birthday?

IF NECESSARY: What do you estimate *(your/name of child)*'s age to be?

IF 'don't know' at OwnAgeE AND AGE 0-15

[AgeCEst]*

INTERVIEWER: Estimate nearest age:

- 1 1
- 2 3
- 3 5
- 4 7
- 5 9
- 6 11
- 7 13
- 8 15

IF 'don't know' at OwnAgeE AND AGE 16+

[AgeAEst]*

INTERVIEWER: Estimate nearest age:

- 1 18. (ie between 16 - 19)
- 2 25. (ie between 20 - 29)
- 3 35. (ie between 30 - 39)
- 4 45. (ie between 40 - 49)
- 5 55. (ie between 50 - 59)
- 6 65. (ie between 60 - 69)
- 7 75. (ie between 70 - 79)
- 8 85. (ie 80+)

General Health module – (ALL)

ASK ALL (0+)

[GenHelf]

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

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

[Longll12]¹

Do you have a physical or mental condition or illness lasting, or expected to last 12 months or more?

- 1 Yes
- 2 No

(Up to six long-standing illnesses are recorded in the program).

IF Longll12=Yes OR More=Yes THEN

[IllCode]* (*variable names IllCode1 to IllCode6*)

What (*else*) is the matter with you?

INTERVIEWER: RECORD FULLY. PROBE FOR DETAIL.

- 1 Cancer (neoplasm) including lumps, masses, tumours and growths and benign (non-malignant) lumps and cysts
- 2 Diabetes
- 3 Other endocrine/metabolic
- 4 Mental illness/anxiety/depression/nerves (nes)
- 5 Mental handicap
- 6 Epilepsy/fits
- 7 Migraine/headache
- 8 Other problems of nervous system
- 9 Cataract/poor eye sight/blindness
- 10 Other eye complaints
- 11 Poor hearing/deafness
- 12 Tinnitus/noises in the ear
- 13 Meniere's disease/ear complaints causing balance problems
- 14 Other ear complaints
- 15 Stroke/cerebral haemorrhage/cerebral thrombosis
- 16 Heart attack/angina
- 17 Hypertension/high blood pressure/blood pressure (nes)
- 18 Other heart problems
- 19 Piles/haemorrhoids incl. Varicose Veins in anus
- 20 Varicose veins/phlebitis in lower extremities
- 21 Other blood vessels/embolic
- 22 Bronchitis/emphysema
- 23 Asthma
- 24 Hayfever
- 25 Other respiratory complaints
- 26 Stomach ulcer/ulcer (nes)/abdominal hernia/rupture

¹ Question wording changed in 2012.

- 27 Other digestive complaints (stomach, liver, pancreas, bile ducts, small intestine - duodenum, jejunum and ileum)
- 28 Complaints of bowel/colon (large intestine, caecum, bowel, colon, rectum)
- 29 Complaints of teeth/mouth/tongue
- 30 Kidney complaints
- 31 Urinary tract infection
- 32 Other bladder problems/incontinence
- 33 Reproductive system disorders
- 34 Arthritis/rheumatism/fibrositis
- 35 Back problems/slipped disc/spine/neck
- 36 Other problems of bones/joints/muscles
- 37 Infectious and parasitic disease
- 38 Disorders of blood and blood forming organs and immunity disorders
- 39 Skin complaints
- 40 Other complaints
- 41 Unclassifiable
- 42 Complaint no longer present
- 99 Not answered/Refusal

(LimAct12 and More repeated for each illness mentioned at IllsM)

[LimAct12](variable names LimitAc1-LimitAc6)¹

Does (*name of condition*) limit your activities in any way?

- 1 Yes, a lot
- 2 Yes, a little
- 3 Not at all

[More]* (variable names More1-More6)

(Can I check) do you have any other physical or mental health condition or illness?

- 1 Yes
- 2 No

ASK 4+

[RG15a²

Do you look after, or give any regular help or support to family members, friends, neighbours or others because of either a long-term physical, mental ill-health or disability; or problems related to old age?

INTERVIEWER: Exclude any caring that is done as part of any paid employment

- 1 Yes
- 2 No

¹ Additional answer categories added in 2012

² Revised wording and extended age range in 2012

IF RG15a = Yes THEN

RG16a

Who is it that you provide regular help or care for?

INTERVIEWER: Up to two people cared for.

Code the **first** person here.

1-12 Person numbers of household members

97 Someone outside the household

IF RG15a=1-12 or 97 THEN

[RG16b]

Who else is it that you provide regular help or care for?

INTERVIEWER: Code the **second** person here.

1-12 Person numbers of household members

97 Someone outside the household

98 No one else

IF CARING FOR SOMEONE OUTSIDE THE HOUSEHOLD (IF RG16a = 97 OR RG16b = 97)

[RG16c]

Who is it that you provide regular help or care for outside your household?

INTERVIEWER: Code all that apply

Parent/parent-in-law

[RG16c1]

Other relative

[RG16c2]

Friend/neighbour

[RG16c3]

Other person

[RG16c4]

[RG17a]¹

SHOW CARD A9

In total, how many hours each week approximately do you spend providing any regular help or support?

INTERVIEWER: Include care provided both inside and outside the household.

: If person says that continuous care is provided then code as 50 or more hours a week

1 Up to 4 hours a week

2 5 - 19 hours a week

3 20 - 34 hours a week

4 35 - 49 hours a week

5 50 or more hours a week

6 Varies (spontaneous - not on showcard)

[RG18]²

SHOW CARD A10

How long have you been providing this care for (him/her/them)?

Please code the longest period of care if caring for more than one person.

1 Less than one year

2 One year but less than 5 years

3 5 years but less than 10 years

4 10 years but less than 20 years

5 20 years or more

¹ Different wording and categories in 2012

² New question in 2012

ASK ALL 16+ who are carers (IF RG1512=Yes THEN)

[RG19]¹

SHOW CARD A11

Has your employment been affected by the help or support you give the (person/people) that you currently care for in any of these ways? Please read out the numbers that apply from the card.

INTERVIEWER: CODE ALL THAT APPLY

INTERVIEWER: The question relates to the impact of caring on present employment. If unsure of how to code a particular answer code as 'other' and write in details"

Been unable to take up employment	[RG191]
Worked fewer hours	[RG192]
Reduced responsibility at work	[RG193]
Flexible employment agreed	[RG194]
Changed to work at home	[RG195]
Reduced opportunities for promotion	[RG196]
Took new job	[RG197]
Left employment altogether	[RG198]
Took early retirement	[RG199]
Other (SPECIFY)	[RG1910]
Employment not affected/never had a job	[RG1911]

[RG190]*

INTERVIEWER: WRITE IN OTHER ANSWER

[RG20]²

SHOW CARD A12

What kind of support, if any, do you personally receive as a carer to help with the care that you provide?

INTERVIEWER: CODE ALL THAT APPLY

Short breaks or respite e.g. day time breaks, overnight breaks or emergency respite	[RG201]
Advice and information	[RG202]
Practical support (e.g. transport, equipment/adaptations)	[RG203]
Counselling or emotional support	[RG204]
Training and learning	[RG205]
Advocacy services	[RG206]
Personal assistant/ support worker/ community nurse/ home help	[RG207]
Help from family, friends or neighbours	[RG208]
Carer's allowance	[RG209]
Other (SPECIFY)	[RG2010]
Receive no help or support	[RG2011]

ASK ALL aged 4-15 who are carers (IF RG1512=Yes THEN)

[RG20b]³

SHOW CARD A13

What kind of support, if any, do you personally receive as a carer to help with the care that you provide?

INTERVIEWER: CODE ALL THAT APPLY

Short breaks or respite e.g. day time breaks, overnight breaks or emergency respite	[RG20b1]
Advice and information	[RG20b2]
Practical things, e.g. putting hand rails in the bathroom, transport to a day centre	[RG20b3]

1 new question in 2012

2 new question in 2012

3 new question in 2012

Talking to someone for support, e.g. family member, friend, counsellor	[RG20b4]
Having a befriender or a peer mentor	[RG20b5]
Advocacy services	[RG20b6]
Personal assistant/ support worker/ community nurse/ home help	[RG20b7]
Help from family, friends or neighbours	[RG20b8]
Help from teachers at school, e.g. talking or extra help with homework	[RG20b9]
Social activities and support, e.g. young carers' groups or day trips	[RG20b10]
Other (SPECIFY)	[RG20b11]
Receive no help or support	[RG20b12]

IF (Other IN RG20) OR (Other in RG20b)

[RG20O]*

INTERVIEWER: WRITE IN OTHER ANSWER

ASK ALL 16+

LifeSat

SHOWCARD A14

All things considered, how satisfied are you with your life as a whole nowadays?

- 0 0 – Extremely dissatisfied
- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7
- 8 8
- 9 9
- 10 10 – Extremely satisfied

Cardiovascular Disease and Use of Services – All Versions

ASK ALL AGED 16+

[EverBp]

Do you now have, or have you ever had...READ OUT ...high blood pressure (sometimes called hypertension)?

- 1 Yes
- 2 No

[Everangi]

Have you ever had angina?

- 1 Yes
- 2 No

[Everhart]

Have you ever had a heart attack (including myocardial infarction or coronary thrombosis)?

- 1 Yes
- 2 No

[Evermur]

And do you now have, or have you ever had...READ OUT ...a heart murmur?

- 1 Yes
- 2 No

[Everireg]

...abnormal heart rhythm?

- 1 Yes
- 2 No

[Everoht]

...any other heart trouble?

- 1 Yes
- 2 No

IF Everoht = Yes THEN

[CVDOth]*

What is that condition? INTERVIEWER: RECORD FULLY. PROBE FOR DETAIL.

Text: Maximum 50 characters

ASK ALL AGED 16+

[Everstro]

Have you ever had a stroke?

- 1 Yes
- 2 No

[Everdi]

Do you now have, or have you ever had diabetes?

- 1 Yes
- 2 No

[COPD]

Have you ever had COPD, chronic bronchitis or emphysema?

INTERVIEWER: If asked, COPD stands for Chronic Obstructive Pulmonary Disease

- 1 Yes
- 2 No

IF Everangi = Yes THEN

[DocAngi]

You said that you had angina. Were you told by a doctor that you had angina?

- 1 Yes
- 2 No

IF DocAngi = Yes THEN

[RecAngi]

Have you had angina during the past 12 months?

- 1 Yes
- 2 No

IF Everhart= Yes THEN

[Docheart]

Were you told by a doctor that you had a heart attack (including myocardial infarction or coronary thrombosis)?

- 1 Yes
- 2 No

IF Docheart = Yes THEN

[RecHeart]

Have you had a heart attack (including myocardial infarction and coronary thrombosis) during the past 12 months?

- 1 Yes
- 2 No

IF Everireg = Yes THEN

[Doclreg]

Were you told by a doctor that you had abnormal heart rhythm?

- 1 Yes
- 2 No

IF Doclreg = Yes THEN

[Reclreg]

Have you had abnormal heart rhythm during the past 12 months?

- 1 Yes
- 2 No

IF EverOht= Yes THEN

[DocOht]

Were you told by a doctor that you had (*name of 'other heart condition'*)?

- 1 Yes
- 2 No

IF DocOht = Yes THEN

[RecOht]

Have you had (*name of 'other heart condition'*) during the past 12 months?

- 1 Yes
- 2 No

IF Everstro = Yes THEN

[Docstro]

Were you told by a doctor that you had a stroke?

- 1 Yes
- 2 No

IF DocStro = Yes THEN

[RecStro]

Have you had a stroke during the past 12 months?

- 1 Yes
- 2 No

ASK ALL 16+ WITH A HEART CONDITION OR WHO HAS HAD A STROKE (IF Everangi / Everhart / Everlreg/ Everoht / EverStro= Yes) THEN

[MedHeart]

Are you currently taking any medicines, tablets or pills because of your (*heart condition or stroke*)?

- 1 Yes
- 2 No

IF Everbp = Yes THEN

[DocNurBp]

You mentioned that you have had high blood pressure. Were you told **by a doctor or nurse** that you had high blood pressure?

- 1 Yes
- 2 No

IF (DocNurBp= Yes) AND (Sex = Female) THEN

[PregBP]

Can I just check, were you pregnant when you were told that you had high blood pressure?

- 1 Yes
- 2 No

IF PregBP = Yes THEN

[NoPregBp]

Have you ever had high blood pressure apart from when you were pregnant?

- 1 Yes
- 2 No

ASK ALL 16+ WITH DOCTOR-DIAGNOSED HIGH BLOOD PRESSURE [EXCEPT WHEN PREGNANT] (IF docnurbp = Yes AND nopregbb <> No)

[medcinbp]

Are you currently taking any medicines, tablets or pills for high blood pressure?

- 1 Yes
- 2 No

IF medcinbp = No, Don't know or refused THEN

[stillbp]

ASK OR RECORD: Do you still have high blood pressure?

- 1 Yes
- 2 No

[pastabpp]

Have you **ever** taken medicines, tablets, or pills for high blood pressure in the past?

- 1 Yes
- 2 No

IF Adchdc = Yes THEN

[fintabc]*

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

- 1 **Doctor advised me to stop due to:** improvement [fintabc1]
- 2 lack of improvement [fintabc2]
- 3 other problem [fintabc3]
- 4 **Respondent decided to stop:** because felt better [fintabc4]
- 5 ... for other reason [fintabc5]
- 6 **Other reason** [fintabc6]

ASK ALL 16+ WITH DIABETES (IF Everdi = Yes THEN)

[DocInfo1]

Were you told by a doctor that you had diabetes?

- 1 Yes
- 2 No

IF (DocInfo1= Yes) AND (Sex = Female) THEN

[PregDi]

Can I just check, were you pregnant when you were told that you had diabetes?

- 1 Yes
- 2 No

IF PregDi= Yes THEN

[NoPregDi]

Have you ever had diabetes apart from when you were pregnant?

- 1 Yes
- 2 No

**ASK ALL 16+ WITH DOCTOR-DIAGNOSED DIABETES [EXCEPT WHEN PREGNANT]
(IF DocInfo1= Yes AND NoPregDi<-> No)**

[AgeInfo1]

(Apart from when you were pregnant, approximately/Approximately) how old were you when you were first told by a doctor that you had diabetes? ENTER AGE IN YEARS

Range: 0..110

[Insulin]

Do you currently inject insulin for diabetes?

- 1 Yes
- 2 No

[MedcinDi]

Are you currently taking any medicines, tablets or pills (*other than insulin injections*) for diabetes?

- 1 Yes
- 2 No

ASK ALL 16+ WITH A HEART MURMUR (IF Evermur = Yes)

[Murdoc]

You mentioned that you have had a heart murmur. Were you told by a **doctor** that you had a heart murmur?

- 1 Yes
- 2 No

IF (Murdoc = Yes) AND (Sex = Female) THEN

[PregMur]

Can I just check, were you pregnant when you were told that you had a heart murmur?

- 1 Yes
- 2 No

IF PregMur = Yes THEN

[PregMur1]

Have you ever had a heart murmur **apart** from when you were pregnant?

- 1 Yes
- 2 No

**ASK ALL 16+ WITH DOCTOR-DIAGNOSED HEART MURMUR [EXCEPT WHEN PREGNANT]
(IF MurDoc= Yes AND PregMur1 <> No)**

[Murrec]

Have you had a heart murmur during the past twelve months?

- 1 Yes
- 2 No

[Murpill]

Are you currently taking any medicines, tablets or pills because of your heart murmur?

- 1 Yes
- 2 No

ASK ALL 16+ WITH COPD (IF COPD= Yes)

[COPDDoctr]

You mentioned that you had COPD, chronic bronchitis or emphysema. Did a doctor tell you that you had this?

INTERVIEWER: If asked, COPD stands for Chronic Obstructive Pulmonary Disease.

- 1 Yes
- 2 No

IF COPDDoctr = Yes

[COPDSpir]

Did your doctor do a spirometry test (a test measuring how much air you could blow into a machine)?

- 1 Yes
- 2 No

IF COPD=YES

[COPDTrt]

Are you currently receiving any treatment or advice because of your COPD, chronic bronchitis or emphysema? Please include regular check-ups.

- 1 Yes
- 2 No

IF COPDTrt = Yes

[COPDOth]

SHOWCARD B2

What treatment or advice are you currently receiving because of your COPD, chronic bronchitis or emphysema?

CODE ALL THAT APPLY.

- | | | |
|---|--|------------|
| 1 | Regular check-up with GP / hospital / clinic | [COPDOth1] |
| 2 | Taking medication (tablets / inhalers) | [COPDOth2] |
| 3 | Advice or treatment to stop smoking | [COPDOth3] |
| 4 | Using oxygen | [COPDOth4] |
| 5 | Immunisations against flu / pneumococcus | [COPDOth5] |
| 6 | Exercise or physical activity | [COPDOth6] |
| 7 | Advice or treatment to lose weight | [COPDOth7] |
| 8 | Other | [COPDOth8] |

IF COPDOth = Other (COPDOth8)

[COPDOthO] *

INTERVIEWER: Please enter other treatment or advice.

ASK ALL 16+ WITH A CVD CONDITION, DIABETES OR HIGH BLOOD PRESSURE (IF Yes at any of: EverBpto EverDi)

[DocTalk]

During the 2 weeks ending yesterday, apart from any visit to a hospital, have you talked to a doctor on your own behalf, either in person or by telephone?

EXCLUDE CONSULTATIONS MADE ON BEHALF OF OTHERS

- 1 Yes
- 2 No

IF DocTalk = Yes THEN

[DocNum]

How many times have you talked to a doctor in these 2 weeks?

Range: 0..14

[Consul]

(Were any of these consultations/Was this consultation) about your (heart condition, high blood pressure, diabetes or stroke)...READ OUT...

CODE ALL THAT APPLY

- | | | |
|---|---------------------------------|-----------|
| 1 | No | [Consul1] |
| 2 | Yes, about: high blood pressure | [Consul2] |
| 3 | Angina | [Consul3] |
| 4 | Heart attack | [Consul4] |
| 5 | Heart murmur | [Consul5] |
| 6 | Abnormal heart rhythm | [Consul6] |
| 7 | Other heart trouble | [Consul7] |
| 8 | Stroke | [Consul8] |
| 9 | Diabetes | [Consul9] |

IF DocTalk = No or refused

[LastDoc]

Apart from any visit to a hospital, when was the last time you talked to a doctor on your own behalf?

PROMPT

- 1 Less than two weeks ago
- 2 2 weeks ago but less than a month ago
- 3 1 month ago but less than 3 months ago
- 4 3 months ago but less than 6 months ago
- 5 6 months ago but less than a year ago
- 6 A year or more ago
- 7 Never consulted a doctor

If LastDoc=2 weeks ... A year ago or more (2-6)

[ConCon]

(Were any of these consultations/Was that consultation) about your (heart condition or stroke)?

CODE ALL THAT APPLY

- | | | |
|---|---------------------------------|-----------|
| 1 | No | [ConCon1] |
| 2 | Yes, about: high blood pressure | [ConCon2] |
| 3 | Angina | [ConCon3] |
| 4 | Heart attack | [ConCon4] |
| 5 | Heart murmur | [ConCon5] |
| 6 | Abnormal heart rhythm | [ConCon6] |
| 7 | Other heart trouble | [ConCon7] |
| 8 | Stroke | [ConCon8] |
| 9 | Diabetes | [ConCon9] |

ASK ALL 16+ WITH A CVD CONDITION, DIABETES OR HIGH BLOOD PRESSURE (IF Yes at any of: EverBp to EverDi)

[OutPat]

During the last 12 months, that is since (*date a year ago*), did you attend hospital as an out-patient, day-patient or casualty?

- 1 Yes
- 2 No

IF OutPat = Yes THEN

[WhyOutP]

Was this because of your (*heart condition, high blood pressure, diabetes or stroke*)?

- 1 Yes
- 2 No

ASK ALL 16+ WITH A CVD CONDITION, DIABETES OR HIGH BLOOD PRESSURE (IF Yes at any of: EverBp to EverDi)

[InPat]

During the last 12 months, that is since (*date a year ago*), have you been in hospital as an in-patient, overnight or longer?

- 1 Yes
- 2 No

IF InPat = Yes

[WhyInp]

Was this because of your (*heart condition, high blood pressure, diabetes or stroke*)?

- 1 Yes
- 2 No

ASK ALL 16+ WHO DO NOT HAVE A CVD CONDITION, DIABETES OR HIGH BLOOD PRESSURE (IF No at ALL of: EverBp to EverDi) AND ALL CHILDREN¹

[DocTalkN]

During the 2 weeks ending yesterday, apart from any visit to a hospital, have you talked to a doctor on your own behalf, either in person or by telephone?

- 1 Yes
- 2 No

IF DocTalkN = Yes THEN

[DocNumN]

How many times have you talked to a doctor in these 2 weeks?

Range: 0..14

¹ Respondents with COPD but no other CVD condition, diabetes or high blood pressure are also asked these questions.

IF DocTalkN = No

[LastDocN]

Apart from any visit to a hospital, when was the last time you talked to a doctor on your own behalf?

PROMPT

- 1 Less than two weeks ago
- 2 2 weeks ago but less than a month ago
- 3 1 month ago but less than 3 months ago
- 4 3 months ago but less than 6 months ago
- 5 6 months ago but less than a year ago
- 6 A year or more ago
- 7 Never consulted a doctor

ASK ALL 16+ WHO DO NOT HAVE A CVD CONDITION, DIABETES OR HIGH BLOOD PRESSURE (IF No at ALL of: EverBp-EverDi) AND ALL CHILDREN¹

[OutPatN]

During the last 12 months, that is since (*date a year ago*), did you attend hospital as an out-patient, day-patient or casualty?

- 1 Yes
- 2 No

[InPatN]

During the last 12 months, that is since (*date a year ago*) have you been in hospital as an in-patient, overnight or longer?

- 1 Yes
- 2 No

ASK ALL 16+

[HNotAsk]

Can I check, do you have any other health problems that I have not asked you about?

- 1 Yes
- 2 No

IF HNotAsk=Yes THEN

[HNoTWhat] *

What are these health problems?

DO NOT PROBE

Text: 100 characters

Asthma Module

ASK ALL AGED 0+

[EverW]

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

Have you ever had wheezing or whistling in the chest at any time, either now or in the past?

- 1 Yes
- 2 No

ALL 0+ WHO HAVE EVER WHEEZED (IF EverW = Yes)

[TweWz]

Have you ever had wheezing or whistling in the chest in the last 12 months?

- 1 Yes
- 2 No

ASK ALL 0+

[ConDr]

Did a doctor ever tell you that you had asthma?

PLEASE EXCLUDE ADVICE FROM HOMEOPATHS, ETC.

- 1 Yes
- 2 No

Accidents – Version A only

ASK ALL AGED 0+

[PreAcc]*

Now I would like to ask you about accidents that may have happened to you recently.
By accidents I mean accidental events which resulted in injury or physical harm to you personally

[DrAcc]

In the last 12 months have you had any kind of accident which caused you to see a doctor, nurse or other health professional, or to take time off work (or school)?

- 1 Yes
- 2 No

ASK ALL AGED 0+ WHO HAD AN ACCIDENT IN PAST YEAR (IF DrAcc=Yes)

[NDrAcc]

How many accidents have you had in the last 12 months where you saw a doctor or went to hospital?

Range 1..10

[DrWyr]

SHOW CARD D1

Now can we talk about the (most recent) accident. Where did the accident happen?

CODE ONE ONLY.

- 1 On a pavement or a pedestrian area
- 2 On a road
- 3 In a home or garden (either your own or someone else's)
- 4 In a place used for sports, play or recreation (including sports facility at a school or college)
- 5 In some other part of a school or college
- 6 In an office, factory, shop, pub, restaurant or other public building
- 7 Other (SPECIFY AT NEXT QUESTION)
- 8 Outdoor place of recreation or work not otherwise specified

IF DrWyr=Other

[WyrOth]*

PLEASE SPECIFY

Text: maximum 50 characters

ASK ALL AGED 0+ WHO HAD AN ACCIDENT IN PAST YEAR (IF DrAcc=Yes)

[AxCause]*

What caused this accident? CODE ALL THAT APPLY

- 1 Hit by a falling object [Axcause1]
- 2 Fall, slip or trip [Axcause2]
- 3 Road traffic accident [Axcause3]
- 4 Sports or recreational accident [Axcause4]
- 5 Caused by tool, implement or piece of electrical or mechanical equipment [Axcause5]
- 6 Burn/scald [Axcause6]
- 7 Animal/insect bite or sting [Axcause7]
- 8 Caused by another person (e.g. attacked) [Axcause8]
- 9 Other (SPECIFY AT NEXT QUESTION) [Axcause9]
- 10 Lifting [Axcaus10]

IF AxCause=Other

[CauseOth]*

PLEASE SPECIFY...

Text: maximum 50 characters

ASK ALL AGED 13-74 WHO HAD AN ACCIDENT IN PAST YEAR (IF DrAcc=Yes)

[DrJob]

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

- 1 Yes
- 2 No

IF DrJob=Yes

[DrWrk]

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

- 1 Yes
- 2 No

IF DrWrk =Yes THEN

[InOut]

Did the accident happen outdoors or indoors?

- 1 Outdoors
- 2 Indoors

ASK IF: AGED 16+ AND IN PAID WORK AT TIME OF ACCIDENT, OR IF AGED 4-15 YEARS

[TimeOff]

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

- 1 Yes
- 2 No

ASK ALL AGED 0+ WHO HAD AN ACCIDENT IN PAST YEAR (IF DrAcc=Yes)

[DrInj]*

SHOW CARD D2

(Can I check,) which of the types of injury described on this card did you suffer?

PROBE: What else?

CODE ALL THAT APPLY

- 1 Broken bones [DrInj01]
- 2 Dislocated joints [DrInj02]
- 3 Losing consciousness [DrInj03]
- 4 Straining or twisting a part of the body [DrInj04]
- 5 Cutting, piercing or grazing a part of the body [DrInj05]
- 6 Bruising, pinching or crushing a part of the body [DrInj06]
- 7 Swelling or tenderness in some part of the body [DrInj07]
- 8 Getting something stuck in the eye, throat, ear or other part of the body [DrInj08]
- 9 Burning or scalding [DrInj09]
- 10 Poisoning [DrInj10]
- 11 Other injury to internal parts of the body [DrInj11]
- 12 Animal or insect bite or sting [DrInj12]
- 13 Other. PLEASE SPECIFY [DrInj13]

IF DrInj13=Other THEN

[InjOth]*

PLEASE SPECIFY....

Text: maximum 50 characters

ASK ALL AGED 0+ WHO HAD AN ACCIDENT IN PAST YEAR (IF DrAcc=Yes)

[DrAid]*

SHOW CARD D3

(Can I check,) from which of the people on this card did you get help or advice about the injury you suffered? PROBE: Who else?

CODE ALL THAT APPLY.

- | | | |
|----|--|-----------|
| 1 | Hospital | [Draid01] |
| 2 | GP/Family Doctor | [Draid02] |
| 3 | Nurse at GP surgery | [Draid03] |
| 4 | Nurse at place of work, school or college | [Draid04] |
| 5 | Doctor at place of work, school or college | [Draid05] |
| 6 | Other doctor or nurse | [Draid06] |
| 7 | Ambulance staff | [Draid07] |
| 8 | Volunteer first aider | [Draid08] |
| 9 | Chemist or pharmacist | [Draid09] |
| 10 | Family, friends, colleagues, passers-by | [Draid10] |
| 11 | Looked after self | [Draid11] |
| 12 | Other person/s | [Draid12] |

[Prevent]*

Thinking back to the way the accident happened, do you think anything could have been done to prevent it?

CODE ALL THAT APPLY

- | | | |
|---|---------------------|------------|
| 1 | Yes - by respondent | [Prevent1] |
| 2 | Yes - by others | [Prevent2] |
| 3 | No | [Prevent3] |

Adult physical activity module (16+)

ASK ALL AGED 16+

[Work]

I'd like to ask you about some of the things you have done in the past four weeks that involve physical activity, this could be at work (*school*)college or in your free time. (Can I just check) were you in paid employment or self-employed in the past four weeks?

- 1 Yes
- 2 No

IF Work = Yes THEN

[Active]

Thinking about your job in general would you say that you are ...READ OUT..

- 1 ...very physically active,
- 2 ...fairly physically active,
- 3 ...not very physically active,
- 4 ...or, not at all physically active in your job?

[MainSit]

When you are at work are you mainly sitting down, standing up or walking about?

- 1 Sitting down
- 2 Standing up,
- 3 Walking about,
- 4 Equal time spent doing 2 or more of these

On an average work day in the last four weeks, how much time did you usually spend sitting down?¹

INTERVIEWER: IF RESPONDENT WAS ON HOLIDAY OR UNABLE TO WORK ON ANY DAYS IN THE LAST FOUR WEEKS, ASK THEM TO REPORT THE AVERAGE NUMBER OF HOURS ON THOSE DAYS THEY WORKED.

[WrkAct3H]

RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION

[WrkAct3M]

ENTER NUMBER OF MINUTES. IF AN EXACT HOUR, ENTER 0 FOR MINUTES (0..59)

ASK ALL AGED 16+

[Housewrk]

I'd like you to think about the physical activities you have done in the last few weeks (*when you were not doing your paid job.*) Have you done any housework in the past four weeks, that is from (*date four weeks ago*) up to yesterday?

- 1 Yes
- 2 No

¹ New question for 2012

IF Housewrk = Yes THEN

[HWrkList]

SHOW CARD E1

Have you done any housework listed on this card?

- 1 Yes
- 2 No

[HevyHWrk]

SHOW CARD E2

Some kinds of housework are heavier than others. This card gives some examples of heavy housework. It does not include everything, these are just examples. Was any of the housework you did in the last four weeks this kind of heavy housework?

- 1 Yes
- 2 No

IF HevyHWrk = Yes THEN

[HeavyDay]

During the past four weeks on how many **days** have you done this kind of **heavy** housework?

Range: 1..28

[HrsHHW]

On the days you did heavy housework, how long did you usually spend?

RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION; Range: 0..12

[MinHHW]

RECORD MINUTES SPENT ON HEAVY HOUSEWORK.

Range: 0..59

ASK ALL AGED 16+

[Garden]

Have you done any gardening, DIY or building work in the past four weeks, that is since *(date four weeks ago)*?

- 1 Yes
- 2 No

IF Garden = Yes THEN

[GardList]

SHOW CARD E3

Have you done any gardening, DIY or building work listed on this card?

- 1 Yes
- 2 No

[ManWork]

SHOW CARD E4

Have you done any gardening, DIY or building work from this other card, or any similar heavy manual work?

- 1 Yes
- 2 No

IF ManWork = Yes THEN

[ManDays]

During the past 4 weeks on how many **days** have you done this kind of **heavy** manual gardening or DIY?

Range: 1..28

[HrsDIY]

On the days you did heavy manual gardening or DIY, how long did you usually spend?

RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.

Range: 0..12

[MinDIY]

RECORD MINUTES SPENT ON GARDENING OR DIY.

Range: 0..59

ASK ALL AGED 16+

[Wik5Int]

I'd like you to think about **all** the **walking** you have done in the past 4 weeks either locally or away from here. Please include any country walks, walking to and from work and any other walks that you have done. In the past four weeks, that is since (*date four weeks ago*), have you done a **continuous** walk that lasted **at least** 5 minutes?

- 1 Yes
- 2 No
- 3 Can't walk at all

IF Wik5Int = Yes THEN

[Wik10M]

In the past four weeks, have you done a **continuous** walk that lasted **at least** 10 minutes? (That is since (*date four weeks ago*))

- 1 Yes
- 2 No

IF Wik10M = Yes THEN

[DayWik10]

During the past four weeks, on how **many days** did you do a **continuous** walk of at least 10 minutes? (That is since (*date four weeks ago*))

IF THEY WALKED EVERYDAY ENTER 28

Range: 1..28

[Day1Wk10]

On that day (any of those days) did you do **more than one continuous** walk lasting at least 10 minutes?

- 1 Yes, more than one walk of 10+ mins (on at least one day)
- 2 No, only one walk of 10+ mins a day

IF (DayWik10 in 2..28) AND (Day1Wk10 = Yes) THEN

[Day2Wk10]

On how many days in the last four weeks did you do **more than one** walk that lasted at least 10 minutes?

Range: 1..28

IF Wik10M = Yes THEN

[HrsWik10]

How long did you usually spend walking each time you did a **continuous** walk for 10 minutes or more?

INTERVIEWER: IF VERY DIFFERENT LENGTHS, PROBE FOR MOST REGULAR.

RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR.

RECORD MINUTES AT NEXT QUESTION.

Range: 0..12

[MinWik10]

INTERVIEWER: RECORD HERE MINUTES SPENT WALKING.

Range: 0..59

IF Wik5Int = Yes THEN

[WalkPace]

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

- 1 ...a slow pace,
- 2 ...a steady average pace,
- 3 ...a fairly brisk pace,
- 4 ...or, a fast pace - at least 4 mph?
- 5 (none of these)

IF (Wik15M = Yes) AND (Age >= 65) THEN

[WalkEff]¹

During the past four weeks, was the effort of walking for 10 minutes or more usually enough to make you breathe faster, feel warmer, or sweat?

- 1 Yes
- 2 No

ASK ALL AGED 16+

[ActPhy]

SHOW CARD E5

Can you tell me if you have done any activities on this card during the last 4 weeks, that is since (date four weeks ago)? Include teaching, coaching, training and practice sessions.

- 1 Yes
- 2 No

¹ New question for 2012

IF ActPhy = Yes THEN

[WhtAct]

Which have you done in the last four weeks? PROBE: Any others?

CODE ALL THAT APPLY.

- | | | |
|----|---|------------|
| 1 | Swimming | [WhtAct01] |
| 2 | Cycling | [WhtAct02] |
| 3 | Workout at a gym/Exercise bike/ Weight training | [WhtAct03] |
| 4 | Aerobics/Keep fit/Gymnastics/ Dance for fitness | [WhtAct04] |
| 5 | Any other type of dancing | [WhtAct05] |
| 6 | Running/ Jogging | [WhtAct06] |
| 7 | Football/ Rugby | [WhtAct07] |
| 8 | Badminton/ Tennis | [WhtAct08] |
| 9 | Squash | [WhtAct09] |
| 10 | Exercises (e.g. press-ups, sit ups) | [WhtAct10] |

[WhtAcB]¹

SHOW CARD E6

And have you done any of the activities on this card in the last four weeks? Please just tell me the numbers

- | | |
|---|------------|
| 0 - No - none of these | [WhtAcB0] |
| 1 – Bowls | [WhtAcB01] |
| 2 - Fishing/angling | [WhtAcB02] |
| 3 – Golf | [WhtAcB03] |
| 4 - Hillwalking/rambling | [WhtAcB04] |
| 5 - Snooker/billiards/pool | [WhtAcB05] |
| 6 - Aqua-robics/aquafit/exercise class in water | [WhtAcB06] |
| 7 - Yoga/pilates | [WhtAcB07] |
| 8 – Athletics | [WhtAcB08] |
| 9 – Basketball | [WhtAcB09] |
| 10 - Canoeing/Kayaking | [WhtAcB10] |
| 11 – Climbing | [WhtAcB11] |
| 12 – Cricket | [WhtAcB12] |
| 13 – Curling | [WhtAcB13] |
| 14 – Hockey | [WhtAcB14] |
| 15 - Horse riding | [WhtAcB15] |
| 16 - Ice skating | [WhtAcB16] |
| 17 - Martial arts including Tai Chi | [WhtAcB17] |
| 18 – Netball | [WhtAcB18] |
| 19 - Powerboating/jet skiing | [WhtAcB19] |
| 20 – Rowing | [WhtAcB20] |
| 21 - Sailing/windsurfing | [WhtAcB21] |
| 22 – Shinty | [WhtAcB22] |
| 23 - Skateboarding/inline skating | [WhtAcB23] |
| 24 - Skiing/snowboarding | [WhtAcB24] |
| 25 – Subaqua | [WhtAcB25] |
| 26 - Surfing/body boarding | [WhtAcB26] |
| 27 - Table tennis | [WhtAcB27] |
| 28 - Tenpin bowling | [WhtAcB28] |
| 29 – Volleyball | [WhtAcB29] |
| 30 – Waterskiing | [WhtAcB30] |

¹ New list of sports for 2012

ASK ALL AGED 16+
REPEAT FOR UP TO 6 ADDITIONAL SPORTS, WHEN ANSWER YES AT EACH SUCCESSIVE
'OTHER ACTIVITY'

[OactQ]* (Variable names: OActQ11-OActQ16)

Have you done any other sport or exercise not listed on the card?

- 1 Yes
- 2 No

IF OActQ = Yes THEN
WHTACT11 – WHT16¹

For each activity, a set of questions about number of days/hours/minute and effort was asked:

[swimocc to wskiocc]

Can you tell me on how many separate days did you do (*name of activity*) for at least 10 minutes at a time during the past four weeks, that is since (*date four weeks ago*)?

IF ONLY DONE FOR LESS THAN 10 MINUTES ENTER 0.

Range: 0..28

[swimhrs to wskihrs]

How much time did you usually spend doing (*name of activity*) on each day? (Only count times you did it for at least 10 minutes).

RECORD HOURS SPENT BELOW.

ENTER 0 IF LESS THAN 1 HOUR.

RECORD MINUTES AT NEXT QUESTION.

Range: 0..12

[swimmin to wskimmin]

INTERVIEWER: RECORD MINUTES HERE.

Range: 0..59

[swimeff to wskieff]

During the past four weeks, was the effort of (*name of activity*) usually enough to make you out of breath or sweaty?

- 1 Yes
- 2 No

For certain activities an additional question was asked to identify whether the activity could be classed as muscle strengthening.

IF WhtAct, WhtAcB or OactQ = cycling, workout at a gym, aerobics, any other type of dancing, running/jogging, football/rugby, badminton/tennis, squash, exercises, ten pin bowling, yoga/pilates, aquarobics/aquafit, martial arts/Tai Chi, basketball, netball, lawn bowls, golf, hill walking/rambling, cricket, hockey, curling, ice skating, shinty, surf/body boarding, volleyball THEN

[cyclemus to vollmus]²

During the past four weeks, was the effort of (*name of activity*) usually enough to make your muscles feel some tension, shake or feel warm?

- 1 Yes
- 2 No

¹ Up to 6 other activities can be recorded. These are then assigned a code in the office.

² New question for 2012

IF WhAct = Exercises (e.g. press-ups, sit-ups) AND (Age>=65) THEN

[ExMov]¹

Did these exercises involve you standing up and moving about?

- 1 Yes
- 2 No

VERSION A ONLY

[REASSPRT]²

SHOW CARD E7

I would like to ask you some more detail about the last time you did (activity/activities). What were your reasons for doing it/them?

CODE ALL THAT APPLY

- | | |
|--|-------------|
| To keep fit (not just to lose weight) | [REASSPR1] |
| To lose weight | [REASSPR2] |
| To take children | [REASSPR3] |
| To meet with friends | [REASSPR4] |
| To train/ take part in a competition | [REASSPR5] |
| To improve my performance | [REASSPR6] |
| Just enjoy it | [REASSPR7] |
| To help with my injury or disability | [REASSPR8] |
| Part of my voluntary work | [REASSPR9] |
| To walk the dog | [REASSPR10] |
| For health reasons / to improve health | [REASSPR11] |
| Other (RECORD AT NEXT QUESTION) | [REASSPR12] |

[REASSPRTO]*

INTERVIEWER: WRITE IN OTHER ANSWER GIVEN

[MREASSPRT]³

SHOWCARD E7

And which of these was your main reason?

- 1 To keep fit (not just to lose weight)
- 2 To lose weight
- 3 To take children
- 4 To meet with friends
- 5 To train/ take part in a competition
- 6 To improve my performance
- 7 Just enjoy it
- 8 To help with my injury or disability
- 9 Part of my voluntary work
- 10 To walk the dog
- 11 For health reasons / to improve health
- 12 Other (RECORD AT NEXT QUESTION)

[MREASSPRTO]*

INTERVIEWER: WRITE IN OTHER ANSWER GIVEN

¹ New question for 2012

² New question for 2012

³ New question for 2012

VERSION A ONLY

[Barsprt]¹

SHOW CARD E8

Looking at this card, are there any particular reasons why you haven't done any/more sport in the last 4 weeks?

CODE ALL THAT APPLY

It costs too much	[Barsprt1]
No one to do it with	[Barsprt2]
Never occurred to me	[Barsprt3]
Not really interested	[Barsprt4]
Fear of injury	[Barsprt5]
I wouldn't enjoy it	[Barsprt6]
Health isn't good enough	[Barsprt7]
I might feel uncomfortable or out of place	[Barsprt8]
Changing facilities are not good enough	[Barsprt9]
Not enough information on what is available	[Barsprt10]
It's difficult to find the time	[Barsprt11]
I already do enough	[Barsprt12]
Other (RECORD AT NEXT QUESTION)	[Barsprt13]
No reason	[Barsprt14]
Weather	[Barsprt15]

[BarsprtO]*

INTERVIEWER: WRITE IN OTHER ANSWER GIVEN.

[Barspmaj]²

SHOWCARD E8

And which of these was your main reason?

- 1 It costs too much
- 2 No one to do it with
- 3 Never occurred to me
- 4 Not really interested
- 5 Fear of injury
- 6 I wouldn't enjoy it
- 7 Health isn't good enough
- 8 I might feel uncomfortable or out of place
- 9 Changing facilities are not good enough
- 10 Not enough information on what is available
- 11 It's difficult to find the time
- 12 I already do enough
- 13 Other

ASK ALL AGE 16+

[TVWeek]

Thinking first of **weekdays**, that is Monday to Friday, how much time on **an average day** do you spend **sitting** watching TV or another type of screen such as a computer, games console or handheld gaming device?

Please do **not** include any time spent in front of a screen while at school, college or work.

¹ New question for 2012

² New question for 2012

INTERVIEWER: Reading a 'kindle' or reading on an ipad should not be included here. If the main activity is reading then code under sitting doing other activity such as eating, reading etc.

RECORD **HOURS** SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR OR NEVER WATCHES SCREEN. RECORD MINUTES AT NEXT QUESTION.

Range: 0..12

[MinTVWk]

RECORD MINUTES HERE.

Range: 0..59

[WkSit2H]¹

And how much time on an average **weekday** do you spend sitting down doing any other activity, such as eating a meal, reading, or listening to music or [if over 65] napping in a chair Please do not include time spent doing these activities while at work.

INTERVIEWER: OTHER EXAMPLES OF THESE ACTIVITIES INCLUDE SNACKING, STUDYING, DRAWING, DOING PUZZLES/CROSSWORDS ETC. DO NOT COUNT TIME TWICE E.G. IF THEY WATCH TV AND EAT, INCLUDE THAT HERE OR AT PREVIOUS QUESTION - NOT BOTH.

INTERVIEWER: Time spent reading using a screen (e.g. a kindle or ipad) can be included here if respondent says reading is the main activity.

RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION: 0..24

[WkSit2M]

RECORD MINUTES HERE:0..59

[TVWkEnd]²

Now thinking of the **weekend**, that is Saturday and Sunday, how much time on **an average day** do you spend **sitting** watching TV or another type of screen (such as a computer, game console, or handheld gaming device)? Again, please do **not** include any time spent in front of a screen while at school, college or work.

INTERVIEWER: Reading a 'kindle' or reading on an ipad should not be included here. If the main activity is reading then code under sitting doing other activity such as eating, reading etc.

RECORD **HOURS** SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR OR NEVER WATCHES SCREEN. RECORD MINUTES AT NEXT QUESTION.

Range: 0..12

[MinTvWe]

RECORD MINUTES HERE.

Range: :0..59

[WESit2H]

And how much time on an average **weekend day** (that is Saturday and Sunday) do you spend sitting down doing any other activity, such as eating a meal, reading, or listening to music or [if over 65] napping in a chair. Please do not include time spent doing these activities while at work.

¹ New question for 2012

² New question for 2012

INTERVIEWER: OTHER EXAMPLES OF THESE ACTIVITIES INCLUDE SNACKING, STUDYING, DRAWING, DOING PUZZLES/CROSSWORDS ETC. DO NOT COUNT TIME TWICE E.G. IF THEY WATCH TV AND EAT, INCLUDE THAT HERE OR AT PREVIOUS QUESTION - NOT BOTH.

INTERVIEWER: Time spent reading using a screen (e.g. a kindle or ipad) can be included here if respondent says reading is the main activity.

RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.: 0..24

[WESit2M]

RECORD MINUTES HERE. 0..59

Child physical activity module (2-15)

ASK IF RESPONDENT IS 4 or 5 YEARS OLD

[ChSch]

Can I just check, is (*name of child*) at school in Primary 1 yet?

- 1 Yes
- 2 No

ASK ALL AGED 2-15

[Wik5Ch]

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

- 1 Yes
- 2 No

IF Wik5Ch = Yes THEN

[DwikChb]

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

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

[DayWIKT]

SHOW CARD F1

On each **day** that (*you/name of child*) did a walk like this for at least 5 minutes, how long did (*you/he/she*) spend walking altogether? Please give an answer from this card

INTERVIEWER NOTE: COUNT TOTAL TIME SPENT WALKING. SO TWO WALKS OF 10 MINUTES EACH = 20 MINUTES WALKING

- (1 *Less than five minutes*)
- 2 5 minutes, less than 15 minutes
- 3 15 minutes, less than 30 minutes
- 4 30 minutes, less than 1 hour
- 5 1 hour, less than 1½ hours
- 6 1½ hours, less than 2 hours
- 7 2 hours, less than 2½ hours
- 8 2½ hours, less than 3 hours
- 9 3 hours, less than 3½ hours
- 10 3½ hours, less than 4 hours
- 11 4 hours or more (please specify how long)

(The answer options used at DayWIKT, on show card F1, are used repeatedly in the child physical activity module. Further mentions of show card F1 will not, therefore, list out the options in full).

IF DayWkT = 4 hours or more THEN

[WkHrs]

How long did (*you/name of child*) spend walking on each day?

RECORD HOURS SPENT BELOW. RECORD MINUTES AT NEXT QUESTION

Range: 4..12

[WkMin]

RECORD HERE MINUTES SPENT WALKING.

Range: 0..59

ASK ALL AGED 13-15

[ChPace]

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

- 1 ... a slow pace,
- 2 ... a steady average pace,
- 3 ... a fairly brisk pace,
- 4 ... or, a fast pace – at least 4 mph?
- 5 (None of these)

ASK ALL AGED 8-15

[HWkCh]

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

- 1 Yes
- 2 No

IF HWkCh = Yes THEN

[DHWkCh]

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

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

[THWk] (*See question [DayWkT] for full listing of answer options on card F1*)

SHOW CARD F1 AGAIN

On each day that (*you/name of child*) did any housework or gardening of this type for at least 15 minutes a time, how long did (*you/he/she*) spend?

Please give an answer from this card.

IF THWk = 4 hours or more THEN

[HWkHrs]

How long did (*you/name of child*) spend doing housework or gardening on each day?

RECORD HOURS SPEND BELOW. RECORD MINUTES AT NEXT QUESTION. Range:

4..12

[HwkMin]

RECORD HERE MINUTES SPENT DOING HOUSEWORK/GARDENING. Range: 0..59

ASK ALL AGED 2-15

[Sport]*

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

[Spt1ch]

SHOW CARD F2

In the last week, that is last *(day 7 days ago)* up to yesterday, have/has *(you/name of child)* done any sports or exercise activities *(not counting things done as part of school lessons)*? This card shows some of the things *(you/he/she)* might have done; please also include any other sports or exercise activities like these.

INTERVIEWER: DO NOT COUNT ANYTHING DONE TODAY.

- 1 Yes
- 2 No

ASK ALL AGED 2-15 WHO DID SOME SPORT IN THE PAST 7 DAYS (IF SportDo = Yes)

[WESpDo]

Did *(you/he/she)* do any of these sports or exercise activities at the weekend, that is last Saturday and Sunday *(yesterday and last Sunday)*?

- 1 Yes
- 2 No

IF WESpDo = Yes THEN

[DWeSpCh]

Was that on Saturday or Sunday or on both days?

- 1 Saturday only
- 2 Sunday only
- 3 Both Saturday and Sunday

[LweSp] *(See question [DayWkT] for full listing of answer options on card F1)*

SHOW CARD F1

On *(Saturday/Sunday/Saturday and Sunday)* when *(you/name of child)* did these sports or exercise activities, how long did *(you/he/she)* spend *(on each day)*? Please give an answer from this card.

INTERVIEWER: IF IT VARIED, TAKE AVERAGE

IF WeSpor = 4 hours or more THEN

[WeSpH]

How long did *(you/name of child)* spend doing these sports or exercise activities?

RECORD HOURS SPENT BELOW. RECORD MINUTES AT NEXT QUESTION.

Range: 4..12

[WeSpM]

RECORD HERE MINUTES SPEND DOING SPORTS OR EXERCISE ACTIVITIES.

Range: 0..59

ASK ALL AGED 2-15 WHO DID SOME SPORT IN THE PAST 7 DAYS (IF SportDo = Yes)

[DaySpCh]

Still thinking about last week. On how many of the **weekdays** did *(you/name of child)* do any of these sports or exercise activities? *(Please remember not to count things done as part of school lessons)*

- 0 None in last week
- 1 1 day
- 2 2 days
- 3 3 days
- 4 4 days
- 5 5 days

IF DaySpCh = 1 day to 5 days THEN

[LWkSp] *(See question [DayWkT] for full listing of answer options on card F1)*

SHOW CARD F1AGAIN

On each weekday that *(you/he/she)* did these sports or exercise activities, how long did *(you/he/she)* spend? Please give an answer from this card.

IF LWkSp = 4 hours or more THEN

[WkSpH]

How long did you spend doing these sports or exercise activities on each weekday?

RECORD HOURS SPENT BELOW. RECORD MINUTES AT NEXT QUESTION

Range: 4..12

[WkSpM]

RECORD HERE MINUTES SPENT DOING SPORTS OR EXERCISE ACTIVITIES

Range: 0..59

ASK ALL AGE 2-15

[WeActCh]

SHOW CARD F3

Now I would like to know about when *(you/name of child)* do/does active things, like the things on this card or other activities like these. Did *(you/he/she)* do any active things like these at the weekend, that is last Saturday and Sunday *(yesterday and last Sunday)*?

INTERVIEWER NOTE: DO NOT INCLUDE ANY ACTIVITIES ALREADY COVERED UNDER SPORTS AND EXERCISE ACTIVITIES

- 1 Yes
- 2 No

IF WeActCh = Yes THEN

[DWEActCh]

Was that on Saturday or Sunday or on both days?

- 1 Saturday only
- 2 Sunday only
- 3 Both Saturday and Sunday

[LWeAct] (See question [DayWkT] for full listing of answer options on card F1)

SHOW CARD F1 AGAIN

On (Saturday/Sunday/Saturday and Sunday) when (you/name of child) did active things like these, how long did (you/he/she) spend (on each day)? Please give an answer from this card.

INTERVIEWER: IF IT VARIED, TAKE AVERAGE

IF LWeAct = 4 hours or more THEN

[WeActH]

How long did (you/name of child) spend doing active things like these?

RECORD HOURS SPENT BELOW. RECORD MINUTES AT NEXT QUESTION.

Range: 4..12

[WeActM]

RECORD HERE MINUTES SPENT DOING ACTIVE THINGS LIKE THESE

Range: 0..59

ASK ALL AGE 2-15

[WkActCh]

SHOW CARD F3 AGAIN

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

INTERVIEWER NOTE: DO NOT INCLUDE ANY ACTIVITIES ALREADY COVERED UNDER SPORTS AND EXERCISE ACTIVITIES

- 0 None in last week
- 1 1 day
- 2 2 days
- 3 3 days
- 4 4 days
- 5 5 days

IF WkActCh = 1 day to 5 days THEN

[LWkAct] (See question [DayWkT] for full listing of answer options on card F1)

SHOW CARD F1 AGAIN

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

IF LWkAct = 4 hours or more THEN

[WkActH]

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

RECORD HOURS SPENT BELOW. RECORD MINUTES AT NEXT QUESTION

Range: 4..12

[WkActM]

RECORD HERE MINUTES SPENT DOING ACTIVE THINGS LIKE THESE.

Range: 0..59

ASK ALL AGE 2-15

[DaysTot]

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

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

SCHOOL BASED PHYSICAL ACTIVITY

ASK IF AGED 6-15 OR IF AGED 4 OR 5 AND IS AT SCHOOL

[SchAct]

I would now like to ask about any activities such as walking, sports, exercise or other active things that (*you/child's name*) have/has done in the last week whilst in a lesson at school.

Did (*you/child's name*) do any activities (walking, sports, exercise or other active things) in any lessons whilst at school last week?

- 1 Yes
- 2 No

IF SchAct=Yes THEN

[SchDays]

On how many days in the last week did (*you/child's name*) do any activities (walking, sports, exercise or other active things) in lessons at school?

- 1 1 day
- 2 2 days
- 3 3 days
- 4 4 days
- 5 5 days
- 6 6 days
- 7 7 days

[SchTime]

SHOW CARD F1 AGAIN

On each day that (*you/child's name*) did something active (walking, sports, exercise or other active things) in lessons at school, how long did (*you/he/she*) spend doing it?

Please give an answer from this card.

- 1 Less than 5 minutes
- 2 5 minutes, less than 15 minutes
- 3 15 minutes, less than 30 minutes
- 4 30 minutes, less than 1 hour
- 5 1 hour, less than 1 ½ hours
- 6 1 ½ hours, less than 2 hours
- 7 2 hours, less than 2 ½ hours
- 8 2 ½ hours, less than 3 hours
- 9 3 hours, less than 3 ½ hours
- 10 3 ½ hours, less than 4 hours
- 11 4 hours or more (please say how long)

IF SchTime = 4 hours or more THEN

[SchTmH]

How long did (*you/child's name*) spend doing active things in lessons at school on each day?

INTERVIEWER: RECORD HOURS SPENT BELOW

RECORD MINUTES AT THE NEXT QUESTION

Range: 4..12

[SchTmM]

INTERVIEWER: RECORD MINUTES SPENT DOING ACTIVE THINGS IN LESSONS AT SCHOOL

Range: 0..59

ASK ALL 2-15

[Usual]

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

IF YES PROBE: Would (*you/child's name*) usually do **more** physical activity or **less**?

- 1 NO - same as usual
- 2 YES DIFFERENT - usually do MORE
- 3 YES DIFFERENT - usually do LESS

ASK ALL AGED 2-15

[TVWeek2]

Thinking first of weekdays, that is Monday to Friday, how much time on **an average day** do/does (*you/child's name*) spend **sitting** watching TV or another type of screen such as a computer, games console, or handheld gaming device?

Please do **not** include any time spent in front of a screen while at nursery or school.

INTERVIEWER: Reading a 'kindle' or reading an ipad should not be included here. If the main activity is reading then code under sitting doing other activity such as eating, reading etc.

RECORD **HOURS** SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR OR NEVER WATCHES SCREEN. RECORD MINUTES AT NEXT QUESTION.

Range: 0..12

[MinTVWk2]

RECORD MINUTES HERE.

Range: 0..59

[WkSit2H2]¹

And how much time on an **average weekday** do you/does (*you/child's name*) spend sitting down doing any other activity, such as eating a meal, reading, or listening to music? Please do not include time spent doing these activities while at nursery or school.

INTERVIEWER: OTHER EXAMPLES OF THESE ACTIVITIES INCLUDE SNACKING, STUDYING, DRAWING, DOING PUZZLES/CROSSWORDS ETC. DO NOT COUNT TIME TWICE E.G. IF THEY WATCH TV AND EAT, INCLUDE THAT HERE OR AT PREVIOUS QUESTION - NOT BOTH.

INTERVIEWER: Time spent reading using a screen (e.g. a kindle or ipad) can be included here if the respondent says reading is the main activity.

RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION:0..24

[WkSit2M2]

RECORD MINUTES HERE.:0..59

[TVWkEnd2]

Now thinking of the **weekend**, that is Saturday and Sunday, how much time on an **average day** do/does (*you/child's name*) spend **sitting** watching TV or another type of screen (such as a computer, games console or handheld gaming device)?

Again, please do **not** include any time spent in front of a screen while at nursery or school.

INTERVIEWER: Reading a 'kindle' or reading an ipad should not be included here. If the main activity is reading then code under sitting doing other activity such as eating, reading etc.

RECORD **HOURS** SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR OR NEVER WATCHES SCREEN. RECORD MINUTES AT NEXT QUESTION.

Range: 0..12

[MinTvWe2]

RECORD MINUTES HERE.

Range::0..59

[WESit2H2]²

And how much time on an average **weekend day** (that is Saturday and Sunday) do you/does (*you/child's name*) spend sitting down doing any other activity, such as eating a meal, reading, or

¹ New question for 2012

² New question for 2012

listening to music? Please do not include time spent doing these activities while at nursery or school.

INTERVIEWER: OTHER EXAMPLES OF THESE ACTIVITIES INCLUDE SNACKING, STUDYING, DRAWING, DOING PUZZLES/CROSSWORDS ETC. DO NOT COUNT TIME TWICE E.G. IF THEY WATCH TV AND EAT, INCLUDE THAT HERE OR AT PREVIOUS QUESTION - NOT BOTH.

INTERVIEWER: Time spent reading using a screen (e.g. a kindle or ipad) can be included here if the respondent says reading is the main activity.

RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.": 0..24

[WESit2M2]

RECORD MINUTES HERE. 0..59

Eating habits module (2-15)

ASK ALL AGED 2-15 (VERSION A AND VERSION B)

[UsBred08]¹

What kind of bread do you usually eat? Is it ... READ OUT...

CODE ONE ONLY

INTERVIEWER: Soda Bread, Chollah = CODE 1;

Wheatgerm, Wheatmeal, Granary, Rye, German, Highbran = CODE 2

- 1 white
- 2 brown, granary, wheatmeal,
- 3 wholemeal
- 4 SPONTANEOUS: (Wholemeal/white mixture e.g. 'Best of Both')
- 5 SPONTANEOUS: (Does not have usual type)
- 6 (Does not eat any type of bread)
- 7 (Other type of bread that does not fit above codes)

If UsBred08 =Other type of bread

[BreadOth]*

INTERVIEWER: PLEASE SPECIFY...

Text: Maximum [90] characters

ASK ALL WHO EAT BREAD (AT UsBread08)

[BrSlice]

SHOW CARD G1

Now looking at this card, how many **slices of bread**, or how many **rolls**, do you usually eat on any **one day**?

INTERVIEWER: If varies, ask for an average

- 1 6 a day or more
- 2 4-5 a day
- 3 2-3 a day
- 4 One a day
- 5 Less than one per day

ASK ALL AGED 2-15 AND AGED 16+ VERSION A ONLY

[Milk08]¹

What kind of milk do you usually use for drinks, in tea or coffee and on cereals?

Is it ... READ OUT...

CODE ONE ONLY

- 1 ...whole milk,
- 2 semi-skimmed,
- 3 skimmed,
- 4 or, some other kind of milk? (TRY TO USE CODES BELOW)
- 5 (Soya/Rice/Oat-based milk)
- 6 (Goat's milk)
- 7 (Infant formula milk)
- 8 (Does not have usual type)
- 9 (Does not drink milk)

¹ The question wording and answer categories changed in 2008.

[Cereal08]¹

Which type of breakfast cereal, including porridge, do you normally eat?

CODE ONE ONLY FROM CODING LIST 1

- 1 High fibre & high sugar
- 2 High fibre & low or no sugar
- 3 Low fibre & high sugar
- 4 Low fibre & low or no sugar
- 5 Other cereal **not** on coding list
- 6 SPONTANEOUS: (Does not have usual type)
- 7 (Does not eat breakfast cereal)

IF Cereal08 = Other THEN

[CerOth]*

PLEASE SPECIFY

IF Cereal08=1 to 6 OR DON'T KNOW

[Cereals]

SHOW CARD G2

How often do you eat **breakfast cereals, including porridge?**

DO NOT COUNT BREAKFAST CEREAL BARS

- 1 6 or more times a day
- 2 4 or 5 times a day
- 3 2 to 3 times a day
- 4 Once a day
- 5 5 or 6 times a week
- 6 2 to 4 times a week
- 7 Once a week
- 8 1 to 3 times per month
- 9 Less often or never

(The answer options used at Cereals, on show card G2, are used repeatedly in the eating habits module. Further mentions of show card G2 will not, therefore, list out the options in full).

ASK ALL AGED 2-15 AND AGED 16+ VERSION A ONLY

[Chips]

SHOW CARD G2

How often do you eat **chips?**

- 1 6 or more times a day
- 2 4 or 5 times a day
- 3 2 to 3 times a day
- 4 Once a day
- 5 5 or 6 times a week
- 6 2 to 4 times a week
- 7 Once a week
- 8 1 to 3 times per month
- 9 Less often or never

¹ The question wording and answer categories changed in 2008.

[Potatoes]

SHOW CARD G2

Other than chips, how often do you eat **potatoes, pasta or rice**?

[Meat03]

SHOW CARD G2

How often do you eat **meat such as beef, lamb, pork etc**, not including poultry?

[MeatProd]

SHOW CARD G2

How often do you eat **meat products** such as sausages, meat pies, bridies, corned beef, or burgers?

INTERVIEWER: INCLUDE LORNE, SLICED, AND LINKS SAUSAGES

[TFish]

SHOWCARD G2

How often do you eat **canned tuna fish**? Please don't count fresh or frozen tuna.

[WFish03]

SHOW CARD G2

How often do you eat **white fish** such as cod, haddock, whiting, sole or plaice, including fresh or frozen fish?

[FshOil03]

SHOW CARD G2

How often do you eat **other types of fish** such as herring, mackerel, salmon or kippers, including fresh, frozen or canned fish?

INTERVIEWER: If asked, include fresh or frozen tuna here.

[Cheese]

SHOWCARD G2

How often do you eat **cheese** not including cottage cheese and other reduced fat cheeses?

[Confec]

SHOW CARD G2

How often do you eat **sweets or chocolates**?

- 1 6 or more times a day
- 2 4 or 5 times a day
- 3 2 to 3 times a day
- 4 Once a day
- 5 5 or 6 times a week
- 6 2 to 4 times a week
- 7 Once a week
- 8 1 to 3 times per month
- 9 Less often or never

[IceCream]

SHOW CARD G2

How often do you eat **ice cream**?

[Crisps]

SHOW CARD G2

How often do you eat **crisps or other savoury snacks**?

[SoftDr]

SHOW CARD G2

How often do you drink **soft drinks**, **not** including diet or low-calorie drinks?

INTERVIEWER: Include cans, bottles, mixers. Include flavoured water and diluting drinks as long as they are **not** diet or low-calorie. Do **not** include fresh fruit juice.

[DietDr]

SHOW CARD G2

How often do you drink diet or low-calorie **soft drinks**?

INTERVIEWER: Include cans, bottles, mixers. Include diet or low-cal flavoured water or diluting drinks here. Do **not** include fresh fruit juice or plain water

IF (Age>=15) THEN

[MilkDr]

SHOW CARD G2

How often do you drink milk, **not** including milk used for tea, coffee and cereals, or in milkshakes or other flavoured milks?

INTERVIEWER: include soya / goat's milk.

ASK ALL AGED 2-15 AND AGED 16+ VERSION A ONLY

[CakesEtc]

SHOWCARD G2

How often do you eat **cakes, scones, sweet pies or pastries**?

[Biscuits]

SHOWCARD G2

How often do you eat **biscuits**?

- 1 6 or more times a day
- 2 4 or 5 times a day
- 3 2 to 3 times a day
- 4 Once a day
- 5 5 or 6 times a week
- 6 2 to 4 times a week
- 7 Once a week
- 8 1 to 3 times per month
- 9 Less often or never

ASK ALL WHO EAT BISCUITS AT LEAST ONCE A DAY (IF [Biscuits] in [1..4])

[Biscuit]

SHOW CARD G1 AGAIN

How many **biscuits** do you usually eat on any one day?

INTERVIEWER: If varies, ask for an average

- 1 6 a day or more
- 2 4-5 a day
- 3 2-3 a day
- 4 One a day
- 5 Less than one per day

ASK ALL WHO EAT CAKES / SCONES / PIES ETC AT LEAST ONCE A DAY

[CakeScon]

SHOW CARD G1 AGAIN

How many **cakes, scones, sweet pies or pastries** do you usually eat on any one day?

INTERVIEWER: If varies, ask for an average

- 1 6 a day or more
- 2 4-5 a day
- 3 2-3 a day
- 4 One a day
- 5 Less than one per day

Fruit and vegetable module ALL VERSIONS (2+)

ASK ALL AGED 2+

[VFInt]*

I'd like to ask you a few questions about some of the things you ate and drank yesterday. By yesterday I mean 24 hours from midnight to midnight. First I'd like to ask you some questions about the amount of fruit and vegetables you have eaten.

1 Continue

[VegSal]

Did you eat any salad yesterday? Don't count potato, pasta or rice salad or salad in a sandwich.

INTERVIEWER: Salads made mainly from beans can **either** be included here **or** at the next question.

1 Yes

2 No

IF VegSal = Yes THEN

[VegSalQ]

How many cereal bowlsful of salad did you eat yesterday?

IF ASKED: 'Think about an average-sized cereal bowl'.

Range: 0.5 ..50.0

ASK ALL AGED 2+

[VegPul]

Did you eat any pulses yesterday? By pulses I mean lentils and all kinds of peas and beans, including chickpeas and baked beans. Don't count pulses in foods like Chilli con carne.

1 Yes

2 No

IF VegPul = Yes THEN

[VegPulQ]

SHOW CARD G3

How many tablespoons of pulses did you eat yesterday?

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

FOR INFO: An average sized can of baked beans = 10 tablespoons.

Range: 0.5.. 50.0

ASK ALL AGED 2+

[VegVeg]

Not counting potatoes, did you eat any vegetables yesterday?

Include fresh, raw, tinned and frozen vegetables.

1 Yes

2 No

IF VegVeg = Yes THEN

[VegVegQ]

SHOW CARD G3

How many tablespoons of vegetables did you eat yesterday?

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

Range: 0.5...50.0

ASK ALL AGED 2+

[VegDish]

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

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

- 1 Yes
- 2 No

IF VegDish = Yes THEN

[VegDishQ]

SHOW CARD G3

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

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

Range: 0.5 - 50.0

ASK ALL AGED 2+

[VegUsual]

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

...READ OUT...

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

FrtDrk09

Did you drink any pure fruit juice yesterday? Don't count diluting juice, squashes, cordials or fruit-drinks.

INTERVIEWER: Include pure fruit juice from concentrate.

- 1 Yes
- 2 No

IF FrtDrk09 = Yes THEN

[FrtDrnkQ]

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

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

Range: 0.5.-.50.0

ASK ALL AGED 2+

[Frt]

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

- 1 Yes
- 2 No

**FrtC TO FrtMor REPEATED FOR EACH FRUIT CODED AT FrtC OR MENTIONED AT FrtOth
IF Frt = Yes (OR FrtMor = Yes)**

[FrtC]* (*Variable names: FrtC01-FrtC08*)

What kind of fresh fruit did you eat yesterday?

INTERVIEWER: Use the **Fresh Fruit Size list** in the coding booklet to code the size of this fruit (common examples listed below, **if in doubt** use the coding booklet).

IF MORE THAN ONE KIND OF FRUIT MENTIONED, CODE ONE HERE ONLY

- 1 Very large fruit (e.g. melon (all types), pineapple)
- 2 Large fruit (e.g. grapefruit, mango)
- 3 Medium-sized fruit (e.g. apply, banana, orange, peach)
- 4 Small fruit (e.g. kiwi, plum, apricot)
- 5 Very small fruit (e.g. strawberry, grapes (all types))
- 6 Not on coding list

IF (FrtC = Very large fruit ... Very small fruit)

[FrtQ] (*Variable names: FrtQ01-FrtQ08*)

IF FrtC= 'Very large fruit': How many average slices of this fruit did you eat yesterday?

IF FrtC= 'Large / Medium / Small fruit': How much of this fruit did you eat yesterday?

IF FrtC= 'Very small fruit': How many average handfuls of this fruit did you eat yesterday?

Range: 0.5-.50.0

IF (FrtC = Not on coding list)

[FrtOth] (*Variable names: FrtOth01-FrtOth15*)*

What was the name of this fruit?

Text: Maximum 50 characters

[FrtNotQ] (*Variable names: FrtNot01-FrtNot15*)*

How much of this fruit did you eat?

Text: Maximum 50 characters

REPEAT FOR UP TO 15 ADDITIONAL FRUITS

[FrtMor] (*Variable names: FrtMor01-FrtMor15*)

Did you eat any other fresh fruit yesterday?

- 1 Yes
- 2 No

ASK ALL AGED 2+

[FrtDry]

Did you eat any dried fruit yesterday? Don't count dried fruit in cereal, cakes, etc.

- 1 Yes
- 2 No

IF FrtDry = Yes THEN

[FrtDryQ] SHOW CARD WITH SPOON PICTURES)

SHOW CARD G3

How many tablespoons of dried fruit did you eat yesterday?

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

Range: 0.5-.50.0

ASK ALL AGED 2+

[FrtFroz]

Did you eat any frozen or tinned fruit yesterday?

- 1 Yes
- 2 No

IF FrtFroz = Yes THEN

[FrtFrozQ] SHOW CARD WITH SPOON PICTURES)

SHOW CARD G3

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

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

Range: 0.5-.50.0

ASK ALL AGED 2+

[FrtDish]

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

- 1 Yes
- 2 No

IF FrtDish = Yes THEN

[FrtDishQ]

SHOW CARD G3

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

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

Range: 0.5-.50.0

ASK ALL AGED 2+

[FrtUsual]

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

...READ OUT...

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

Vitamin supplements

ASK ALL

[VitTake]

At present, are you taking any vitamins, fish oils, iron supplements, calcium, other minerals or anything else to supplement your diet or improve your health, other than those prescribed by your doctor?

INTERVIEWER: ONLY INCLUDE SUPPLEMENTS WHICH ARE TAKEN OVER A LONG PERIOD OF TIME. DO NOT INCLUDE ANYTHING TAKEN ON A MORE TEMPORARY BASIS. E.G. TO CURE A COLD.

- 1 Yes
- 2 No

IF AGE 16-49 AND SEX= female THEN

[PregNTJ]

Can I check, are you pregnant at the moment?

- 1 Yes
- 2 No

[Folic]

At present, are you taking any folic acid supplements such as Solgar folic acid, Pregnacare tablets,

Sanatogen Pronatal, or Healthy Start, to supplement your diet or improve your health?

- 1 Yes
- 2 No

IF PreNTJ = Yes AND Folic = Yes THEN

[FolPreg]

Did you start taking folic acid supplements before becoming pregnant?

- 1 Yes
- 2 No

IF FolPreg = Yes THEN

[FolPrg12]

Have you been taking folic acid supplements for the first 12 weeks of your pregnancy?

- 1 Yes
- 2 No

IF PreNTJ = No AND Folic = Yes THEN

[FolHelp]

People can take folic acid for various health reasons.

Are you taking folic acid supplements because you hope to become pregnant?

- 1 Yes
- 2 No

Smoking module

IF Age of Respondent is 18 or 19 years THEN

[BookChk]

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

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

ASK ALL AGED 20+ (OR AGED 18-19 IF BEING ASKED IN MAIN INTERVIEW)

[SmokEv]^{\$}

May I just check, have you ever smoked a cigarette, a cigar or a pipe?
CODE ALL THAT APPLY.

- | | | |
|---|----------------|------------|
| 1 | Yes: cigarette | [SmokEv08] |
| 2 | Yes: cigars | [SmokEv09] |
| 3 | Yes: pipe | [SmokEv10] |
| 4 | No | [SmokEv11] |

[SmokEver]^{\$}

CAPI DV: Have you ever smoked a cigarette, a cigar or a pipe?

- 1 Yes
- 2 No

IF ANY SmokEv08 to Smokev10 = yes THEN SmokEver = Yes; IF SmokEv08 = 4 THEN SmokEver = No

IF SmokEver = Yes THEN

[SmokeNow]^{\$}

Do you smoke cigarettes at all nowadays?

- 1 Yes
- 2 No

IF SmokeNow = Yes THEN

[DlySmoke]^{\$}

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

IF RESPONDENT CAN ONLY GIVE RANGE, TAKE THE MID-POINT.

IF LESS THAN ONE A DAY, ENTER 0

IF SMOKES ROLL-UPS AND CANNOT GIVE CIGARETTE NO., CODE 97.

Range: 0..97

^{\$} 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '\$' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.

IF DlySmoke = 97 THEN

[DlyEst][§]

How much tobacco do you usually smoke on weekdays?

CODE HERE WHETHER THE AMOUNT IS TO BE CODED IN GRAMS OR OUNCES.

ENTER THE AMOUNT AT THE NEXT QUESTION:

- 1 Grams
- 2 Ounces

IF DlyEst = Grams THEN

[DlyG][§]

ENTER AMOUNT IN GRAMS

Range: 0..100

IF DlyEst = Ounces OR Don't know THEN

[DlyOz]

ENTER AMOUNT IN OUNCES

Range: 0.00..100.00

IF SmokeNow = Yes THEN

[WkndSmok][§]

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

IF RESPONDENT CAN ONLY GIVE RANGE, TAKE THE MID-POINT.

IF LESS THAN ONE A DAY, ENTER 0

IF SMOKES ROLL-UPS AND CANNOT GIVE CIGARETTE NO., CODE 97.

Range : 0..97

IF WkndSmok = 97 THEN

[WkndEst][§]

How much tobacco do you usually smoke on weekends?

CODE HERE WHETHER THE AMOUNT IS TO BE CODED IN GRAMS OR OUNCES.

ENTER THE AMOUNT AT THE NEXT QUESTION

- 1 Grams
- 2 Ounces

IF WkndEst = Grams THEN

[WkndG][§]

ENTER AMOUNT IN GRAMS

Range: 0..100

IF WkndEst = Ounces THEN

[WkndOz][§]

ENTER AMOUNT IN OUNCES

Range: 0.00..100.00

[§] 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '\$' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.

IF SmokeEv08=Yes AND SmokeNow= No THEN

[SmokeReg][§]

Did you smoke cigarettes regularly, that is at least one cigarette a day, or did you smoke them only occasionally?

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

IF SmokeReg = Smoked cigarettes regularly THEN

[NumSmok][§]

About how many cigarettes did you smoke in a day?

IF RESPONDENT CAN ONLY GIVE RANGE, TAKE THE MID-POINT.

IF LESS THAN ONE A DAY, ENTER 0

IF SMOKES ROLL-UPS, AND CANNOT GIVE CIGARETTE NO., CODE 97

Range: 0..97

IF NumSmok = 97 THEN

[NumEst][§]

About how much tobacco did you smoke a day?

CODE HERE WHETHER THE AMOUNT IS TO BE CODED IN GRAMS OR OUNCES.

ENTER THE AMOUNT AT THE NEXT QUESTION

- 1 Grams
- 2 Ounces

IF NumEst= Grams THEN

[NumG][§]

ENTER AMOUNT IN GRAMS

Range: 0..100

IF NumEst = Ounces THEN

[NumOz][§]

ENTER AMOUNT IN OUNCES

Range: 0.00..100.00

IF SmokeReg = Smoked cigarettes regularly THEN

[SmokYrs]

And for approximately how many years did you smoke regularly?

INTERVIEWER: IF LESS THAN ONE YEAR, CODE 0.

Range: 0..64

IF SmokeReg = Smoked cigarettes regularly OR Smoked them only occasionally THEN

[EndSmoke]

How long ago did you stop smoking cigarettes (regularly/occasionally)?

INTERVIEWER: ENTER NO. OF YEARS. IF LESS THAN ONE YEAR AGO, CODE 0.

Range: 0..64

[§] 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '\$' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.

IF EndSmoke = 0 THEN

[LongEnd]

How many months ago was that?

- 1 Less than six months ago
- 2 Six months, but less than one year

IF (SmokeNow = Yes) OR (SmokeReg = Smoked cigarettes regularly) THEN

[StartSmk][§]

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

INTERVIEWER: IF 'Never smoked regularly', CODE 97.

Range: 0..97

IF (SmokeNow = Yes) OR (SmokeReg = Smoked cigarettes regularly OR Smoked them only occasionally) THEN

[DrSmoke]

Has a medical person (e.g. doctor/nurse) ever advised you to stop smoking altogether because of your health?

- 1 Yes
- 2 No

IF DrSmoke= Yes THEN

[DrSmoke1]

How long ago was that?

- 1 Within the last twelve months
- 2 Over twelve months ago

ASK ALL 20+ (OR AGED 18-19 IF BEING ASKED IN MAIN INTERVIEW) WHO CURRENTLY SMOKE (IF SmokeNow = Yes)

[SmokStop]

Can I check, how many times, **if any**, have you tried to give up smoking?

- 1 Never tried to stop smoking
- 2 Once or twice
- 3 Three times or more

[StopWant]

Would you like to give up smoking?

- 1 Yes
- 2 No

ASK ALL 20+ (OR AGED 18-19 IF BEING ASKED IN MAIN INTERVIEW) WHO HAVE GIVEN UP SMOKING

IF (SmokStop= once or twice OR three times or more) THEN

[StopLong]¹

SHOW CARD H1

[§] 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '\$' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.

¹ New question for 2012

And what is the longest period of time you have ever managed to stop smoking?

- 1 Less than a week
- 2 At least a week but less than a month
- 3 1 – 3 months
- 4 4 – 6 months
- 5 Over 6 months

Questions about nicotine replacement products (NRT) are being asked in the core interview (previously asked in the nurse interview prior 2008-2011)

IF (SmokStop >1 OR (EndSmoke >= 0) THEN

[UseNRT...]¹

SHOW CARD H2

We are also interested in whether people use any nicotine replacement or other products. Have you used any of the following products as part of your most recent attempt to stop smoking?

First, in the last three months, that is since (month), have you used any of the following nicotine replacement products?

INTERVIEWER: ELECTRONIC CIGARETTES SHOULD NOT BE INCLUDED AS A NICOTINE REPLACEMENT PRODUCT

CODE ALL THAT APPLY

- | | | |
|---|---|------------|
| 1 | Yes, nicotine gum | [UseNRT1a] |
| 2 | Yes, nicotine patches that you stick on your skin | [UseNRT2a] |
| 3 | Yes, nasal spray/nicotine inhaler | [UseNRT3a] |
| 4 | Yes, lozenge/microtab | [UseNRT4a] |
| 5 | Yes, Champix/Varenicline | [UseNRT5a] |
| 6 | Yes, Zyban/Bupropion | [UseNRT6a] |
| 7 | Yes, other | [UseNRT7a] |
| 8 | No | [UseNRT8a] |

[NRTOth]*

What other products did you use?

IF NOT 'NO' in USENRT

[NRTSupp...]

Was this accompanied by smoking cessation support?

INTERVIEWER: IF YES: From Whom?

- | | | |
|---|---|-------------|
| 1 | Yes, pharmacy | [NRTSupp1] |
| 2 | Yes, GP practice nurse | [NRTSupp2] |
| 3 | Yes, GP | [NRTSupp3a] |
| 4 | Yes, specialist smoking cessation advisor | [NRTSupp4a] |
| 5 | Yes, other | [NRTSupp5] |
| 6 | No | [NRTSupp6] |

[SuppOth]*

What other type of support did you receive?

¹ Additional categories added for 2012

[NRTpresc]¹

Did you buy these products yourself or did you get them on prescription?

- 1 Bought them myself
- 2 Got them on prescription
- 3 Mixture of both

ASK ALL – age range extended to all (0+) in 2012

[Passive...]^{\$}-

SHOW CARD H1²

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

PROBE: Where else?

CODE ALL THAT APPLY

- | | | |
|---|--|-------------|
| 1 | At own home | [Passive1] |
| 2 | At work | [Passive2] |
| 3 | In other people's homes | [Passive3] |
| 4 | In cars, vans etc | [Passive4a] |
| 5 | Outside of buildings (e.g. pubs, shops, hospitals) | [Passive5a] |
| 6 | In other public places | [Passive6a] |
| 7 | No, none of these | [Passive7a] |

IF EXPOSED TO SMOKE IN ANY PLACES (IF Passive7=0 OR Don't know AND Age>=13)

[Bother]^{\$}

Does this bother you at all?

- 1 Yes
- 2 No

¹ New question for 2012

² Additional categories added for 2012

^{\$} 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '\$' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.

Drinking module (All Versions)

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

[Drink]^{\$}

I am now going to ask you a few questions about what you drink – that is if you drink. Do you ever drink alcohol nowadays, including drinks you brew or make at home?

- 1 Yes
- 2 No

IF Drink = No THEN

[DrinkAny]^{\$}

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

- 1 Very occasionally
- 2 Never

ASK ALL 18/20+ WHO NEVER DRINK ALCOHOL (IF DrinkAny = Never)

[AlwaysTT]^{\$}

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

- 1 Always a non-drinker
- 2 Used to drink but stopped

ASK ALL 18/20+ WHO DRINK ALCOHOL (IF (Drink = Yes) OR (DrinkAny = Very occasionally))

[Intro]*

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

[Nbeer]^{\$}

SHOW CARD J1

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

INTERVIEWER: IF RESPONDENT DOES NOT KNOW WHETHER BEER ETC DRUNK IS STRONG OR NORMAL, INCLUDE HERE AS NORMAL.

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

^{\$} 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '\$' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.

(The answer options used at Nbeer, on show card J1, are used repeatedly in the drinking module. Further mentions of show card J1 will not, therefore, list out the options in full).

IF (Nbeer =Almost every day...Once or twice a year) THEN

[NbeerM...][§]

How much NORMAL STRENGTH BEER, LAGER, STOUT, CIDER or SHANDY (excluding cans and bottles of shandy) have you usually drunk on any one day?

INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

- | | | |
|---|------------|------------------------|
| 1 | Half pints | [NbeerM1] |
| 2 | Small cans | [NbeerM2] |
| 3 | Large cans | [NbeerM3] |
| 4 | Bottles | [NbeerM4] ¹ |

IF NbeerM = Half pints (IF NbeerM1=1)THEN

[NbeerQ1][§]

ASK OR CODE: How many half pints of NORMAL STRENGTH BEER, LAGER, STOUT, CIDER OR SHANDY (excluding cans and bottles of shandy) have you usually drunk on any one day?

Range: 1..97

IF NbeerM = Small cans (IF NbeerM2=1) THEN

[NbeerQ2][§]

ASK OR CODE: How many small cans of NORMAL STRENGTH BEER, LAGER, STOUT or CIDER have you usually drunk on any one day?

Range: 1..97

IF NbeerM = Large cans (IF NbeerM3=1) THEN

[NbeerQ3][§]

ASK OR CODE: How many large cans of NORMAL STRENGTH BEER, LAGER, STOUT or CIDER have you usually drunk on any one day?

Range: 1..97

IF NbeerM = Bottles (IF NbeerM4=1) THEN

[nberqbt][§]

ASK OR CODE: How many bottles of NORMAL STRENGTH BEER, LAGER, STOUT or CIDER have you usually drunk on any one day?

Range: 1..97

[Nbottle]*

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

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

PROBE: What make have you drunk most frequently or most recently?

Text: Maximum 21 characters

[§] 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '§' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.

¹ No equivalent in self-completion questionnaire

[NcodeEq]

EDIT ONLY:

PLEASE LOOK UP AND ENTER PINT EQUIVALENT OF A BOTTLE OF (*Name of Bottle*)

VALID ENTRIES ARE 0.00, 0.32, 0.35, 0.44, 0.48, 0.50, 0.58, 0.77, 0.88, 0.97 AND 1.00.

ENTER 9.99 IF CANNOT CODE

ASK ALL 18/20+ WHO DRINK ALCOHOL (IF (Drink = Yes) OR (DrinkAny = Very occasionally))

[Sbeer][§]

SHOW CARD J1 (*See question [Nbeer] for full listing of answer options on card J1*)

Now I'd like to ask you about **strong** beer or cider which has 6% or more alcohol (e.g.

Tennent's Super, Special Brew,). How often have you had a drink of **strong** BEER, LAGER, STOUT or CIDER during the last 12 months? (STRONG=6% and over Alcohol by volume)

INTERVIEWER: IF RESPONDENT DOES NOT KNOW WHETHER BEER ETC DRUNK IS STRONG OR NORMAL, INCLUDE AS NORMAL STRENGTH AT Nbeer ABOVE.

IF (Sbeer =Almost every day...Once or twice a year) THEN

[SbeerM...][§]

How much STRONG BEER, LAGER, STOUT or CIDER have you usually drunk on any one day? INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

- | | | |
|---|------------|------------------------|
| 1 | Half pints | [SbeerM1] |
| 2 | Small cans | [SbeerM2] |
| 3 | Large cans | [SbeerM3] |
| 4 | Bottles | [SbeerM4] ¹ |

IF SbeerM = Half pints THEN

[SbeerQ1][§]

ASK OR CODE: How many half pints of STRONG BEER, LAGER, STOUT or CIDER have you usually drunk on any one day?

Range: 1..97

IF SbeerM = Small cans THEN

[SbeerQ2][§]

ASK OR CODE: How many small cans of STRONG BEER, LAGER, STOUT or CIDER have you usually drunk on any one day?

Range: 1..97

IF SbeerM = Large cans THEN

[SbeerQ3][§]

ASK OR CODE: How many large cans of STRONG BEER, LAGER, STOUT or CIDER have you usually drunk on any one day?

Range: 1..97

IF SbeerM = Bottles THEN

[sberqbt][§]

ASK OR CODE: How many bottles of STRONG BEER, LAGER, STOUT or CIDER have you usually drunk on any one day?

Range: 1..97

¹ No equivalent in self-completion questionnaire

[Sbottle]*

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

INTERVIEWER: IF RESPONDENT DOES KNOW MAKE, OR RESPONDENT DRINKS DIFFERENT MAKES OF STRONG BEER, LAGER, STOUT OR CIDER.

PROBE: What make have you drunk most frequently or most recently?

Text: Maximum 21 characters

[ScodeEq][§]

EDIT ONLY:

PLEASE LOOK UP AND ENTER PINT EQUIVALENT OF A BOTTLE OF (*Name of Bottle*)

VALID ENTRIES ARE 0.00, 0.32, 0.35, 0.44, 0.48, 0.50, 0.58, 0.77, 0.88, 0.97 AND 1.00.

ENTER 9.99 IF CANNOT CODE

ASK ALL 18/20+ WHO DRINK ALCOHOL (IF (Drink = Yes) OR (DrinkAny = Very occasionally))

[Spirits][§]

SHOW CARD J1 (*See question [Nbeer] for full listing of answer options on card J1*)

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?

IF (Spirits =Almost every day...Once or twice a year) THEN

[SpiritsQ][§]

How much spirits or liqueurs (such as gin, whisky, brandy, rum, vodka, advocaat or cocktails) have you usually drunk on any one day?

CODE THE NUMBER OF **SINGLES** – COUNT DOUBLES AS TWO SINGLES.

Range: 1..97

ASK ALL 18/20+ WHO DRINK ALCOHOL (IF (Drink = Yes) OR (DrinkAny = Very occasionally))

[Sherry]^{§ 1}

SHOW CARD J1 (*See question [Nbeer] for full listing of answer options on card J1*)

How often have you had a drink of sherry or martini including port, vermouth, Cinzano, Dubonnet or Buckfast during the last 12 months?

IF (Sherry =Almost every day...Once or twice a year) THEN

[SherryQ]^{§ 1}

How much sherry or martini, including port, vermouth, Cinzano, Dubonnet or Buckfast have you usually drunk on any one day?

CODE THE NUMBER OF GLASSES

Range: 1..97

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¹ Buckfast was added to this question in 2008

ASK ALL 18/20+ WHO DRINK ALCOHOL (IF (Drink = Yes) OR (DrinkAny = Very occasionally))

[Wine][§]

SHOW CARD J1 (See question [Nbeer] for full listing of answer options on card J1)

How often have you had a drink of wine, including Babycham and champagne, during the last 12 months?

IF (Wine=Almost every day...Once or twice a year) THEN

[WineQ]^{§ 1}

How much wine, including Babycham and champagne, have you usually drunk on any one day?

INTERVIEWER: Code the measure the respondent used.

Please note that respondent may give answer in bottles and glasses.

Code **small** bottles (eg. 250ml, 175ml) as glasses, not bottles.

Please code the relevant option.

- 1 Bottle or parts of bottle
- 2 Glasses
- 3 Both bottles or parts of bottle, and glasses

[§] 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '\$' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.

¹ Question wording was revised in 2008.

IF WineQ = Bottle or parts of bottle OR Both bottles and glasses

WQBt^s

INTERVIEWER: Code the number of 125ml glasses usually drunk **from the bottle** by the respondent.

E.g. If they usually drank half a bottle, code 3 glasses.

Press <F9> for more information.

Interviewer information screen:

1 750ml bottle = 6 glasses.
½ 750ml bottle = 3 glasses.
1/3 750ml bottle = 2 glasses.
¼ 750ml bottle = 1.5 glasses.

1 litre = 8 glasses.
½ litre = 4 glasses.
1/3 litre = 2.5 glasses.
¼ litre = 2 glasses.

If respondent has answered in bottles or litres, convert to glasses using the information provided on the screen.

For example, if a respondent said they usually share a bottle with one other person and they share it equally, code 3 glasses.

Small bottles (e.g. 250ml, 175ml) should **not** be coded here – record them as glasses.

Press <Esc> to close.

Range: 1.0..97.9

IF WineQ = Glasses OR Both bottles and glasses

WQGI[§]

INTERVIEWER: Code the number of glasses (**drunk as glasses**).

Range: 1.0..97.9

WQGiz[§]

Do you usually drink from a large, standard, or small glass?

INTERVIEWER: If respondent drinks from two or three different size glasses, please code all that apply.

Please note that if respondent usually drinks in a pub or wine bar and had a small glass, this would usually be 175ml.

- | | | |
|---|------------------------|----------|
| 1 | Large glass (250ml) | [WQGiz1] |
| 2 | Standard glass (175ml) | [WQGiz2] |
| 3 | Small glass (125ml) | [WQGiz3] |

IF WQGiz1 = mentioned THEN

Q250Giz[§]

How many large glasses (250ml) have you usually drunk?

Range: 1.0..97.9

IF WQGiz2 = mentioned THEN

Q175Giz[§]

How many standard glasses (175ml) have you usually drunk?

Range: 1.0..97.9

IF WQGiz3 = mentioned THEN

Q125Giz[§]

How many small glasses (125ml) have you usually drunk?

Range: 1.0..97.9

ASK ALL 18/20+ WHO DRINK ALCOHOL (IF (Drink = Yes) OR (DrinkAny = Very occasionally))

[Pops03][§]

SHOW CARD J1 (*See question [Nbeer] for full listing of answer options on card J1*)

How often have you had a drink of alcoholic soft drink ('alcopop'), or a pre-mixed alcoholic drink such as WKD, Smirnoff Ice, Bacardi Breezer etc, in the last 12 months?

IF (Pops03=Almost every day...Once or twice a year) THEN

[PopsM03]^{§ 1}

How much alcoholic soft drink ('alcopop') or pre-mixed alcoholic drink have you usually drunk on any one day?

INTERVIEWER CODE THE MEASURE(S) THAT YOU ARE GOING TO USE.

- | | | |
|---|--------------------------|------------|
| 1 | Small cans | [PopsM031] |
| 2 | Standard Bottles (275ml) | [PopsM032] |
| 3 | Large Bottles (700ml) | [PopsM033] |

[§] 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '\$' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.

¹ Prior to 2008 the alcopops measures were small cans or bottles. In 2008 the measures were changed to small cans, standard bottles (275ml) or large bottles (700ml).

IF PopsM03 = Small cans THEN

[PopsQ031][§]

ASK OR CODE: How many small cans of alcoholic soft drink ('alcopop') or pre-mixed alcoholic drink have you usually drunk on any one day?

Range: 1..97

IF PopsM03 = Standard Bottles THEN

[PopsQ032][§]

ASK OR CODE: How many standard bottles of alcoholic soft drink ('alcopop') or pre-mixed alcoholic drink have you usually drunk on any one day?

Range: 1..97

IF PopsM03 = Large Bottles THEN

[PopsQ033][§]

ASK OR CODE: How many large bottles of alcoholic soft drink ('alcopop') or pre-mixed alcoholic drink have you usually drunk on any one day?

Range: 1..97

ASK ALL 18/20+ WHO DRINK ALCOHOL (IF (Drink = Yes) OR (DrinkAny = Very occasionally))

[AlcotA]*

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

- 1 Yes
- 2 No

IF AlcotA = Yes THEN

[OthDrnkA]*

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

CODE FIRST MENTIONED ONLY.

Text: Maximum 30 characters

[FreqA]*

SHOW CARD J1 (*See question [Nbeer] for full listing of answer options on card J1*)

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

IF FreqA IN [Almost every day...Once or twice a year] THEN

[OthQMA]*

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

INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

- 1 Half pints
- 2 Singles
- 3 Glasses
- 4 Bottles
- 5 Other

IF OthQMA = Other THEN

[OthQOA]*

WHAT OTHER MEASURE? Text: Maximum 12 characters

[§] 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '\$' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.

[OthQA]*

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

Range: 0..97

Note: All drinks recorded under OthDrnkA backcoded into Nbeer-Pops03

[AlcotB]*

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

- 1 Yes
- 2 No

IF AlcotB = Yes THEN

[OthDrnkB]*

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

CODE FIRST MENTIONED ONLY.

Text: Maximum 30 characters

[FreqB]*

SHOW CARD J1 (**See question [Nbeer] for full listing of answer options on card J1**)

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

IF FreqB IN [Almost every day...Once or twice a year] THEN

[OthQMB]*

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

INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

- 1 Half pints
- 2 Singles
- 3 Glasses
- 4 Bottles
- 5 Other

IF OthQMB = Other THEN

[OthQOB]*

WHAT OTHER MEASURE?

Text: Maximum 12 characters

[OthQB]*

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

Range: 0..97

Note: All drinks recorded under OthDrnkB backcoded into Nbeer- Pops03

[AlcotC]*

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

- 1 Yes
- 2 No

IF AlcotC = Yes THEN

[OthDrnkC]*

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

CODE FIRST MENTIONED ONLY.

Text: Maximum 30 characters

[FreqC]*

SHOW CARD J1 (**See question [Nbeer] for full listing of answer options on card J1**)

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

IF FreqC IN [Almost every day...Once or twice a year] THEN

[OthQMC]*

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

INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

- 1 Half pints
- 2 Singles
- 3 Glasses
- 4 Bottles
- 5 Other

IF OthQMC = Other THEN

[OthQOC]*

WHAT OTHER MEASURE?

Text: Maximum 12 characters

[OthQC]*

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

Range: 0..97

Note: All drinks recorded under OthDrnkC backcoded into Nbeer- Pops03

ASK ALL 18/20+ WHO DRINK ALCOHOL (IF (Drink = Yes) OR (DrinkAny = Very occasionally))

[DrinkOft][§]

SHOW CARD J1 (**See question [Nbeer] for full listing of answer options on card J1**)

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

**ASK ALL 18/20+ WHO DRANK ALCOHOL IN THE PAST YEAR
(IF Drink = Yes AND DrinkOft <> Not at all in the last 12 months)**

[DrinkL7][§]

You have told me what you have drunk over the last 12 months, but we know that what people drink can vary a lot from week to week, so I'd like to ask you a few questions about last week. Did you have an alcoholic drink in the seven days ending yesterday?

- 1 Yes
- 2 No

[§] 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '\$' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.

IF DrinkL7=Yes THEN

[DrnkDay][§]

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

Range: 1..7

IF DrnkDay = 2 to7 days THEN

[DrnkSame][§]

Did you drink more on one of the days (*some days than others*), or did you drink about the same on both (*each of those*) days?

- 1 Drank more on one/some day(s) than other(s)
- 2 Same each day

IF DrinkL7=Yes THEN

[WhichDay][§]

Which day (*last week*) did you (*last have an alcoholic drink/ have the **most** to drink*)?

- 1 Sunday
- 2 Monday
- 3 Tuesday
- 4 Wednesday
- 5 Thursday
- 6 Friday
- 7 Saturday

[DrnkTy]^{§ 1}

SHOW CARD J2

Thinking about last (*answer to WhichDay*), what types of drink did you have that day?

CODE ALL THAT APPLY.

- | | | |
|---|---|------------|
| 1 | Normal strength beer/lager/cider/shandy | [DrnkTy01] |
| 2 | Strong beer/lager/cider | [DrnkTy02] |
| 3 | Spirits or liqueurs | [DrnkTy03] |
| 4 | Sherry, martini or buckfast | [DrnkTy04] |
| 5 | Wine | [DrnkTy05] |
| 6 | Alcopops/Pre-mixed alcoholic drinks | [DrnkTy06] |
| 7 | Other alcoholic drinks | [DrnkTy07] |
| 8 | Low alcohol drinks | [DrnkTy08] |

IF DrnkTy=Normal strength beer/lager/cider/shandy (IF DrnkTy01 mentioned) THEN

[NBrL7][§]

Still thinking about last (*answer to WhichDay*), how much NORMAL STRENGTH BEER, LAGER, STOUT, CIDER or SHANDY (excluding cans and bottles of shandy) did you drink that day?

INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

- | | | |
|---|------------|----------|
| 1 | Half pints | [NBrL71] |
| 2 | Small cans | [NBrL72] |
| 3 | Large cans | [NBrL73] |
| 4 | Bottles | [NBrL74] |

[§] 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '\$' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.

¹ Buckfast added to DrnkTy04 in 2008

IF NBrL7=Half pints (IF NBrL71 mentioned) THEN

[NBrL7Q1][§]

ASK OR CODE: How many half pints of NORMAL STRENGTH BEER, LAGER, STOUT, CIDER or SHANDY (excluding cans and bottles of shandy) did you drink that day?

Range: 1..97

IF NBrL7=Small cans (IF NBrL72 mentioned) THEN

[NBrL7Q2][§]

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

Range: 1..97

IF NBrL7=Large cans (IF NBrL73 mentioned) THEN

[NBrL7Q3][§]

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

Range: 1..97

IF NBrL7=Bottles (IF NBrL74 mentioned) THEN

[nberqbt7]^{§ 1}

ASK OR CODE: How many bottles of NORMAL STRENGTH BEER, LAGER, STOUT or CIDER did you drink that day?

Range: 1..97

[Nbotl7]*

ASK OR CODE: What make of NORMAL STRENGTH BEER, LAGER, STOUT or CIDER did you drink from bottles on that day?

INTERVIEWER: IF RESPONDENT DRANK DIFFERENT MAKES CODE WHICH THEY DRANK MOST.

Text: Maximum 21 characters

[L7NcodEq][§]

EDIT ONLY:

PLEASE LOOK UP AND ENTER PINT EQUIVALENT OF A BOTTLE OF (*Name of Bottle*)

VALID ENTRIES ARE 0.00, 0.32, 0.35, 0.44, 0.48, 0.50, 0.58, 0.77, 0.88, 0.97 AND 1.00.

ENTER 9.99 IF CANNOT CODE

IF DrnkTy=Strong beer/lager/cider (IF DrnkTy02 mentioned) THEN

[SBrL7][§]

Still thinking about last (*answer to WhichDay*), how much STRONG BEER, LAGER, STOUT or CIDER did you drink that day?

INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

- | | | |
|---|------------|----------|
| 1 | Half pints | [SBrL71] |
| 2 | Small cans | [SBrL72] |
| 3 | Large cans | [SBrL73] |
| 4 | Bottles | [SBrL74] |

[§] 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '\$' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.

¹ No equivalent in self-completion questionnaire

IF SBrL7=Half pints (IF SBrL71 mentioned) THEN

[SBrL7Q1][§]

ASK OR CODE: How many half pints of STRONG BEER, LAGER, STOUT or CIDER did you drink on that day?

Range: 1..97

IF SBrL7=Small cans (IF SBrL72 mentioned) THEN

[SBrL7Q2][§]

ASK OR CODE: How many small cans of STRONG BEER, LAGER, STOUT or CIDER did you drink on that day?

Range: 1..97

IF SBrL7=Large cans (IF SBrL73 mentioned) THEN

[SBrL7Q3][§]

ASK OR CODE: How many large cans of STRONG BEER, LAGER, STOUT or CIDER did you drink on that day?

Range: 1..97

IF SBrL7=Bottles (IF SBrL74 mentioned) THEN

[sberqbt7]^{§ 1}

ASK OR CODE: How many bottles of STRONG BEER, LAGER, STOUT or CIDER did you drink on that day?

Range: 1..97

[Sbotl7]*

ASK OR CODE: What make of STRONG BEER, LAGER, STOUT or CIDER did you drink from bottles on that day?

INTERVIEWER: IF RESPONDENT DRANK DIFFERENT MAKES CODE WHICH THEY DRANK MOST.

Text: Maximum 21 characters

[L7ScodEq][§]

PLEASE LOOK UP AND ENTER PINT EQUIVALENT OF A BOTTLE OF (*Name of Bottle*)

VALID ENTRIES ARE 0.00, 0.32, 0.35, 0.44, 0.48, 0.50, 0.58, 0.77, 0.88, 0.97 AND 1.00.

ENTER 9.99 IF CANNOT CODE

IF DrnkTy=Spirits (IF DrnkTy03 mentioned) THEN

[SpirL7][§]

Still thinking about last (*answer to WhichDay*), how much spirits or liqueurs (such as gin, whisky, brandy, rum, vodka, advocaat or cocktails) did you drink on that day?

CODE THE NUMBER OF SINGLES – COUNT DOUBLES AS TWO SINGLES.

Range: 1..97

[§] 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '\$' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.

¹ No equivalent in self-completion questionnaire

IF DrnkTy=Sherry (IF DrnkTy04 mentioned) THEN

[ShryL7]^{§ 1}

Still thinking about last (*answer to WhichDay*), how much sherry or martini, including port, vermouth, Cinzano, Dubonnet or Buckfast did you drink on that day?

CODE THE NUMBER OF GLASSES.

Range: 1..97

IF DrnkTy=Wine (IF DrnkTy05 mentioned) THEN

[WineL7][§]

Still thinking about last (*name of day*) how much wine, including Babycham and champagne, did you drink on that day?

INTERVIEWER: Code the measure the respondent used.

Please note that respondent may give answer in bottles and glasses.

Code **small** bottles (eg. 250ml, 175ml) as glasses, not bottles.

Please code the relevant option.

- 1 Bottle or parts of bottle
- 2 Glasses
- 3 Both bottles or parts of bottle, and glasses

IF WineL7 = Bottle or parts of bottle OR Both bottles and glasses

[WL7Bt]

INTERVIEWER: Code the number of 125ml glasses drunk **from the bottle** by the respondent.

E.g. If they drank half a bottle, code 3 glasses.

Press <F9> for more information.

Range: 1.0..97.9

Interviewer information screen:

1 750ml bottle = 6 glasses.
½ 750ml bottle = 3 glasses.
⅓ 750ml bottle = 2 glasses.
¼ 750ml bottle = 1.5 glasses.
1 litre = 8 glasses.
½ litre = 4 glasses.
⅓ litre = 2.5 glasses.
¼ litre = 2 glasses.

If respondent has answered in bottles or litres, convert to glasses using the information provided on the screen.

For example, if a respondent said they usually share a bottle with one other person and they share it equally, code 3 glasses.

Small bottles (e.g. 250ml, 175ml) should **not** be coded here – record them as glasses.
Press <Esc> to close.

[§] 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '\$' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.

¹ Buckfast added in 2008

IF WineL7 = Glasses OR Both bottles and glasses

[WL7GI][§]

INTERVIEWER: Code the number of glasses (**drunk as glasses**).

Range: 1.0..97.9

[WL7Giz][§]

Were you drinking from a large, standard, or small glass?

INTERVIEWER SHOW WINE GLASS CARDS

INTERVIEWER: If respondent drank from two or three different size glasses, please code all that apply.

Please note that if respondent was drinking in a pub or wine bar and had a small glass, this would usually be 175ml.

- | | | |
|---|------------------------|-----------|
| 1 | Large glass (250ml) | [WL7Giz1] |
| 2 | Standard glass (175ml) | [WL7Giz2] |
| 3 | Small glass (125ml) | [WL7Giz3] |

IF WL7Giz1=mentioned THEN

[ml250Giz][§]

How many large glasses (250ml) did you drink?

Range: 1.0..97.9

IF WL7Giz2=mentioned THEN

[ml175Giz][§]

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

Range: 1.0..97.9

IF WL7Giz3=mentioned THEN

[ml125Giz][§]

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

Range: 1.0..97.9

IF DrnkTy=Alcoholic lemonades/colas (IF DrnkTy06 mentioned) THEN

[PopsL7]^{§ 1}

Still thinking about last (*answer to Which Day*), how much ALCOPOPS or PRE-MIXED ALCOHOLIC DRINK such as WKD, Smirnoff Ice, Bacardi Breezer etc. did you drink on that day?

INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

- | | | |
|---|--------------------------|-----------|
| 1 | Small cans | [PopsL71] |
| 2 | Standard bottles (275ml) | [PopsL72] |
| 2 | Large bottles (700ml) | [PopsL73] |

IF PopsL7=Small cans (IF PopsL71 mentioned) THEN

[PopsL7Q1][§]

ASK OR CODE: How many small cans of ALCOPOP or PRE-MIXED ALCOHOLIC DRINK did you drink on that day?

Range: 1..97

[§] 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '\$' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.

¹ Prior to 2008 the alcopops measures were small cans or bottles. In 2008 the measures were changed to small cans, standard bottles (275ml) or large bottles (700ml).

IF PopsL703=Standard Bottles (IF PopsL72 mentioned) THEN

[PopsL7Q2][§]

ASK OR CODE: How many standard bottles of ALCOPOP or PRE-MIXED ALCOHOLIC DRINK did you drink on that day?

Range: 1..97

IF PopsL703=Large Bottles (IF PopsL73 mentioned) THEN

[PopsL7Q3][§]

ASK OR CODE: How many large bottles of ALCOPOP or PRE-MIXED ALCOHOLIC DRINK did you drink on that day?

Range: 1..97

IF DrnkType=Other (IF DrnkTy07 mentioned) THEN

[OthL7TA]*

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

CODE FIRST MENTIONED ONLY

Text: Maximum 30 characters

[OthL7QA]*

How much (*name of 'other' alcoholic drink*) did you drink on that day?

WRITE IN HOW MUCH. REMEMBER TO SPECIFY HALF PINTS/ SINGLES/GLASSES/ BOTTLES.

Text: Maximum 30 characters

[OthL7B]*

Did you drink any other type of alcoholic drink on that day?

1 Yes

2 No

IF OthL7B=Yes THEN

[OthL7TB]*

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

CODE FIRST MENTIONED ONLY.

Text: Maximum 30 characters

[OthL7QB]*

How much (*name of 'other' alcoholic drink*) did you drink on that day?

WRITE IN HOW MUCH. REMEMBER TO SPECIFY HALF PINTS/ SINGLES/GLASSES/ BOTTLES.

Text: Maximum 30 characters

[OthL7C]*

Did you drink any other type of alcoholic drink on that day?

1 Yes

2 No

[§] 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '\$' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.

IF OthL7C=Yes THEN

[OthL7TC]*

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

CODE FIRST MENTIONED ONLY.

Text: Maximum 30 characters

[OthL7QC]*

How much (*name of 'other' alcoholic drink*) did you drink on that day?

WRITE IN HOW MUCH. REMEMBER TO SPECIFY HALF PINTS/ SINGLES/GLASSES/ BOTTLES.

Text: Maximum 30 characters

Note: All drinks recorded under OthL7A- OthL7C backcoded into NBrL7- PopsL703

[DrWher1]^{\$ 1}

SHOW CARD J3

In which of these places on this card would you say you drink the **most** alcohol?

CODE ONE ONLY.

- 1 In a pub or bar
- 2 In a restaurant
- 3 In a club or disco
- 4 At a party with friends
- 5 At my home
- 6 At someone else's home
- 7 Out on the street, in a park or other outdoor area
- 8 Somewhere else (WRITE IN)

IF DrWher1=Somewhere else

[DrWher1E]*

In which place do you drink the **most** alcohol?

ENTER PLACE

¹ In 2008 the question was revised to only allow for the place where most alcohol was drunk, with a follow-up question for the next place. For 2012 onward the follow up question was dropped.

ASK ALL 18/20+ WHO DRINK ALCOHOL (IF (Drink = Yes) OR (DrinkAny = Very occasionally))

[DrWith1]^{§ 1}

SHOW CARD J4

Who are you usually with when you drink the **most** alcohol?

CODE ONE ONLY.

- 1 My husband or wife/boyfriend or girlfriend/partner
- 2 Male friends
- 3 Female friends
- 4 Male and female friends together
- 5 Work colleagues
- 6 Members of my family / relatives
- 7 Someone else (WRITE IN)
- 8 On my own

IF DrWith1=Someone else

[DrWith1E]*

Who are you usually with when you drink the **most** alcohol?

ENTER NAME

¹ Prior to 2008 participants were asked who they usually drink with when they drink alcohol. In 2008 the wording was revised and participants were asked who they are usually with when they drink the most alcohol and a follow up question asking who next. For 2012 onward the follow up question was dropped.

Dental Health¹ (16+)

ASK ALL AGED 16+

[NatTeeth]

SHOW CARD K1

Adults can have up to 32 natural teeth but over time people lose some of them. How many natural teeth, including crowns have you got?

- 1 No natural teeth
- 2 Fewer than 10 natural teeth
- 3 Between 10 and 19 natural teeth
- 4 20 or more natural teeth

IF NatTeeth = 'Fewer than 10' ... '20 or more' or DK/REF THEN

[TthApp]

SHOW CARD K2

How happy or unhappy are you with the appearance of your teeth at present?

- 1 Very happy
- 2 Fairly happy
- 3 Fairly unhappy
- 4 Very unhappy

[TthPain]

Have you had any toothache or pain in your mouth within the last month, or are you having any at present?

- 1 Yes
- 2 No

[TthProb]

SHOW CARD K3

Do you have any problems or difficulties biting or chewing food?

IF ASKED: include problems with biting or chewing food because of sensitive teeth.

- 1 Yes, often
- 2 Yes, occasionally
- 3 No, never

[GumBld]

SHOW CARD K3 AGAIN

Do your gums bleed when you eat, brush your teeth or floss?

- 1 Yes, often
- 2 Yes, occasionally
- 3 No, never

[DenTreat]

If you went to the dentist tomorrow, do you think you would need treatment?

- 1 Yes
- 2 No

¹ The questions in this module were introduced to SHeS in 2008.

Dental services Module Version A Only

ASK ALL AGED 16+ in Version A

[Denture]

Have you ever had any kind of denture? (False teeth which you can take out)

- 1 Yes
- 2 No

IF DENTURE=Yes THEN

[DenType]*

SHOW CARD K4

What kind of denture do you have? Please include any denture that you have but do not wear. Do not include any old dentures you have that have since been replaced.

CODE ALL THAT APPLY

- | | | |
|---|-----------------------|------------|
| 1 | Full upper denture | [Dentype1] |
| 2 | Full lower denture | [Dentype2] |
| 3 | Partial upper denture | [Dentype3] |
| 4 | Partial lower denture | [Dentype4] |

ASK FOR EACH DENTURE RECORDED AT DenType

[DenWear]*

Do you wear your (*insert type*) denture? (Yes/No)

- | | | |
|---|-----------------------------|------------|
| 1 | Wears full upper denture | [DenWear1] |
| 2 | Wears full lower denture | [DenWear2] |
| 3 | Wears partial upper denture | [DenWear3] |
| 4 | Wears Partial lower denture | [DenWear4] |

ASK ALL AGED 16+ in Strand A (SG ROTATING MODULE)

[DentVst]

SHOW CARD K5

About how long ago was your last visit to the dentist?

- 1 Less than a year ago
- 2 More than 1 year, up to 2 years ago
- 3 More than 2 years, up to 5 years ago
- 4 More than 5 years ago
- 5 Never been to the dentist

IF DentVst = (1 'Less than a year ago' ... 4 'More than 5 years ago') THEN

[DentNHS]

Did you get your treatment on the NHS or was it private?

IF ASKED FOR CLARIFICATION: Dentists can be both private and NHS. For instance - you might see your dentist privately while your children are treated on the NHS for free by the same dentist. Most people are required to pay something towards treatment on the NHS but there are some exceptions. Expectant or nursing mothers or those receiving family tax credit, income support or incapacity benefit are entitled to free dental care on the NHS. If you have received your treatment on the NHS, you need to sign a form called a GP17 form. Some people who pay privately are treated under a dental insurance plan (e.g. Denplan)."

- 1 NHS
- 2 Private
- 3 Both
- 4 Don't know

ASK ALL AGED 16+ in Strand A (SG ROTATING MODULE)

[DentFeel]

SHOWCARD K6

Which of the options on this card best describe how you feel about visiting the dentist?

- 1 I don't feel nervous at all
- 2 I feel a bit nervous
- 3 I feel very nervous

IF DentVst NOT = "Never been to the dentist"

[DentProb]*

SHOW CARD K7

When visiting the dentist, do any of the following apply to you?

CODE ALL THAT APPLY

- | | | |
|---|--|------------|
| 1 | Difficulty in getting time off work | [DentPro1] |
| 2 | Difficulty in getting an appointment that suits me | [DentPro2] |
| 3 | Dental treatment too expensive | [DentPro3] |
| 4 | Long way to go to the dentist | [DentPro4] |
| 5 | I have not found a dentist I like | [DentPro5] |
| 6 | I cannot get dental treatment under the NHS | [DentPro6] |
| 7 | I have difficulty in getting access, e.g. steps, wheelchair access | [DentPro7] |
| 8 | Other | [DentPro8] |
| 9 | (None of these) | [DentPro9] |

IF DentProb = 8 'Other reason'

[DentProbO]*

INTERVIEWER: Enter other answer

ASK ALL AGED 16+ in Strand A (SG ROTATING MODULE)

[DentHlth]*

SHOW CARD K8

Which of the following do you do **daily** to improve your dental and oral health?

CODE ALL THAT APPLY.

INTERVIEWER: If respondent is unsure whether the toothpaste they use is fluoride or not, assume that it is and code 1.

- | | | |
|---|---|------------|
| 1 | Brush my teeth with fluoride toothpaste | [DentHlt1] |
| 2 | Use dental floss | [DentHlt2] |
| 3 | Use a mouth rinse | [DentHlt3] |
| 4 | Restrict my intake of sugary foods and drinks | [DentHlt4] |
| 5 | Clean my dentures (including soaking with a sterilising tablet) | [DentHlt5] |
| 6 | Leave my dentures out at night | [DentHlt6] |
| 7 | None of these | [DentHlt7] |

Social capital module Version A Only

ASK ALL AGED 16+

Now I'd like you some questions about social issues.

[PTrust]

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

- 1 Most people can be trusted
- 2 Can't be too careful in dealing with people
- 3 (SPONTANEOUS: It depends on people/circumstances)

[NTrust]

Now I'd like to ask you a question about your immediate neighbourhood, by which I mean your street or block. Would you say that ...READ OUT...

- 1 ...most of the people in your neighbourhood can be trusted
- 2 some can be trusted
- 3 a few can be trusted
- 4 or, that no-one can be trusted?
- 5 (SPONTANEOUS: Just moved here)

[Involve]

SHOW CARD L1

How involved do you feel in the local community?

- 1 A great deal
- 2 A fair amount
- 3 Not very much
- 4 Not at all

[Particip]

SHOW CARD L2

To what extent do you agree or disagree with the following statement: I can influence decisions affecting my local area?

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 6 (SPONTANEOUS - Don't have an opinion)
- 7 (SPONTANEOUS - Don't know)

[Contact]

SHOW CARD L3

Not counting the people you live with, how often do you personally contact your relatives, friends or neighbours either in person, by phone, letter, email or through the internet?

- 1 On most days
- 2 Once or twice a week
- 3 Once or twice a month
- 4 Less often than once a month
- 5 Never

[PCrisis]

If you had a serious personal crisis, how many people, if any, do you feel you could turn to for comfort and support?

INTERVIEWER: If more than 15, code as 15.

Range: 0..15

Discrimination and harassment (Version A Only)

ASK ALL AGED 16+

The next questions are about whether you have been unfairly treated in any aspect of your life, because you belong to a particular group.

[Disc]*

SHOW CARD M1

Have you personally been **unfairly treated** or **discriminated** against in the last 12 months, that is since (*date 12 months ago*), for any of the reasons on this card?

Please just tell me the letter next to the reasons that apply.

PROBE: What else?

1	D	(Your accent)	[Disc1]
2	K	(Your ethnicity)	[Disc2]
3	W	(Your age)	[Disc3]
4	T	(Your language)	[Disc4]
5	G	(Your colour)	[Disc5]
6	L	(Your nationality)	[Disc6]
7	B	(Your mental ill-health)	[Disc7]
8	H	(Any other health problems or disability)	[Disc8]
9	A	(Your sex)	[Disc9]
10	C	(Your religious beliefs or faith)	[Disc10]
11	P	(Your sexual orientation)	[Disc11]
12	E	(Where you live)	[Disc12]
13	O	(Other reason)	[Disc13]
14	N	(I have not experienced this)	[Disc14]

[Harass]*

SHOW CARD M1 AGAIN

Have you personally experienced harassment or abuse in the last 12 months, that is since (*date 12 months ago*), for any of the reasons on this card?

Please just tell me the letter next to the reasons that apply.

PROBE: What else?

1	D	(Your accent)	[Harass1]
2	K	(Your ethnicity)	[Harass2]
3	W	(Your age)	[Harass3]
4	T	(Your language)	[Harass4]
5	G	(Your colour)	[Harass5]
6	L	(Your nationality)	[Harass6]
7	B	(Your mental ill-health)	[Harass7]
8	H	(Any other health problems or disability)	[Harass8]
9	A	(Your sex)	[Harass9]
10	C	(Your religious beliefs or faith)	[Harass10]
11	P	(Your sexual orientation)	[Harass11]
12	E	(Where you live)	[Harass12]
13	O	(Other reason)	[Harass13]
14	N	(I have not experienced this)	[Harass14]

Economic Activity module

IF RESPONDENT IS AGED 16+ AND NOT HOUSEHOLD REFERENCE PERSON or IF RESPONDENT IS HOUSEHOLD REFERENCE PERSON BUT DID NOT ANSWER OCCUPATION QUESTIONS IN HOUSEHOLD QUESTIONNAIRE¹ (IF (Age of Respondent is >=16) AND NOT (PerNum=PHRPNo AND PHRPOcc=Yes))

In the last week (that is the 7 days ending *date last Sunday*) were you doing any of the following, even if only for one hour?

INTERVIEWER: 'Temporarily away' includes away from work ill, on maternity leave, on holiday leave and temporarily laid off (as long as there is still an employment contract). It does not include those who are laid off and no longer have an employment contract.

INTERVIEWER: Code **all that apply**.

- | | | |
|---|---|------------|
| 1 | Working as an employee (or temporarily away) | [NWrkemp] |
| 2 | On a Government sponsored training scheme (or temporarily away) | [NGvtSchm] |
| 3 | Self employed or freelance (or temporarily away) | [NSelfEmp] |
| 4 | Working unpaid for your own family's business (or temporarily away) | [NWrkFam] |
| 5 | Doing any other kind of paid work | [NOthWrk] |
| 6 | None of the above | [NNoneabv] |

IF (HRP Age 16 to 64) AND NOT (NGvtSchm=1) THEN [EducCou]

Are you at presently at school or enrolled on any **full-time** education course excluding leisure classes? (Include correspondence courses and open learning as well as other forms of full-time education course).

INTERVIEWER: CODE **YES** IF FULL-TIME STUDENT ON HOLIDAY AND WILL BE STUDYING FULL-TIME WHEN NEXT TERM STARTS.

IF RESPONDENT IS STUDYING PART-TIME CODE **NO** HERE.

- 1 Yes
- 2 No

IF ((NWrkFam=1) OR (NNoneabv=1)) AND NOT ((NWrkemp=1) OR (NGvtSchm=1) OR (NSelfEmp=1) OR (NOthWrk=1)) THEN [Wk4Lk12]

Thinking of the 4 weeks ending (date last Sunday), were you looking for any paid work or Government training scheme at any time in those 4 weeks?

- 1 Yes
- 2 No

IF Wk4Lk12 = No THEN [WaitJb12]

Are you waiting to take up a job that you have already obtained?

- 1 Yes
- 2 No

¹ Economic activity questions changed in 2012

IF (Wk4Lk12 = Yes OR WaitJb12 = Yes) THEN

[Wk2Str12]

If a job or a place on a government scheme had been available in the week ending (*date last Sunday*), would you have been able to start within 2 weeks?

- 1 Yes
- 2 No

IF (NNoneabv =1) AND (Wk4Lk12 = No) AND (WaitJb12 = No) THEN

[YNotWrk]

May I just check, what was the main reason you did not look for work in the last 4 weeks?

INTERVIEWER: CODE ONE ONLY

- 1 Waiting for the results of an application for a job/being assessed by a training agent
- 2 Student
- 3 Looking after family/home
- 4 Temporarily sick or injured
- 5 Long-term sick or disabled
- 6 Believes no job available
- 7 Not yet started looking
- 8 Doesn't need employment
- 9 Retired from paid work
- 10 Any other reason

IF (NNoneabv =1) AND (WaitJb12 <> Yes) THEN

[EverJob]

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

- 1 Yes
- 2 No

IF (WaitJb12 = Yes) THEN

[OthPaid]

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

- 1 Yes
- 2 No

IF (Everjob=Yes) THEN

[PayLast]

Which year did you leave your last paid job?

WRITE IN.

Range: 1920..2010

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

[PayMon]

Which month in that year did you leave?

- 1 January
- 2 February
- 3 March
- 4 April
- 5 May
- 6 June
- 7 July
- 8 August

- 9 September
- 10 October
- 11 November
- 12 December
- 98 Can't remember

[PayAge]

Computed: Age when last had a paid job.

ASK ALL WHO HAVE EVER WORKED (EverJob=Yes), OR CURRENTLY IN PAID WORK / SELF-EMPLOYED / ON A GOVERNMENT SCHEME / WORKING UNPAID IN OWN OR RELATIVE'S BUSINESS / WAITING TO TAKE UP PAID WORK ALREADY OBTAINED (Nactiv09=3 to 6), OR WORKED IN PAST WEEK (StWork=Yes)

[JobTitle]*

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

Text: Maximum 60 characters

[FtPTime]

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

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

- 1 Full-time
- 2 Part-time

[WtWork]*

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

Text: Maximum 50 characters

[MatUsed]*

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

IF NONE USED, WRITE IN 'NONE'.

Text: Maximum 50 characters

[SkillNee]*

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

Text: Maximum 120 characters

[Employe]

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

- 1 an employee,
- 2 or, self-employed

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

IF Employe = Self-employed THEN

[Dirctr]

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

- 1 Yes
- 2 No

IF Employe=an employee OR Dirctr=Yes THEN

[EmpStat]

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

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

[NEmplee]

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

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

IF Employe = Self-employed AND Dirctr=No THEN

[SNEmplee]

Do (*did/will*) you have any employees?

- 1 None
- 2 1-24
- 3 25-499
- 4 500+

IF Employe=Employee THEN

[Ind]*

What does (*did*) your employer make or do at the place where you (*usually worked/will work*)?

Text: Maximum 100 characters

IF Employe=Self-employed THEN

[SifWtMad]*

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

Text: Maximum 100 characters

Stress at Work (Version A Only)

ASK ALL AGED 16+ AND IN WORK

[StrWork]

SHOW CARD P2

Some people tell us that their jobs are stressful. In general, how do you find your job?"

- 1 Not at all stressful
- 2 Mildly stressful
- 3 Moderately stressful
- 4 Very stressful
- 5 Extremely stressful

[WorkBal]

SHOW CARD P3

How satisfied are you with the balance between the time you spend on your paid work and the time you spend on other aspects of your life? Please take your answer from this card.

- 1 0- Extremely dissatisfied,
- 2 1,
- 3 2,
- 4 3,
- 5 4,
- 6 5,
- 7 6,
- 8 7,
- 9 8,
- 10 9,
- 11 10- Extremely satisfied

SHOW CARD P4

I'm going to read out some statements about working conditions in your main job. Each statements refers to your current job and I would like you to use this card to say how often certain circumstances or conditions apply to you.

[Demand]

SHOW CARD P4

I have unrealistic time pressures at work.

- 1 Always,
- 2 Often,
- 3 Sometimes,
- 4 Seldom,
- 5 Never

[Contrl]

SHOW CARD P4 AGAIN

I have a choice in deciding how I do my work.

- 1 Always,
- 2 Often,
- 3 Sometimes,
- 4 Seldom,
- 5 Never

[Role]

SHOW CARD P4 AGAIN

I am clear what my duties and responsibilities are at work.

- 1 Always,
- 2 Often,
- 3 Sometimes,
- 4 Seldom,
- 5 Never

[Support1]

SHOW CARD P5

Please use this card to say how much you agree or disagree with each of the following statements.

Firstly, my line manager encourages me at work."

- 1 Strongly agree,
- 2 Tend to agree,
- 3 Neutral,
- 4 Tend to disagree,
- 5 Strongly disagree
- 6 (Does not apply)

[Support2]

SHOW CARD P5 AGAIN

I get the help and support I need from colleagues at work."

- 1 Strongly agree,
- 2 Tend to agree,
- 3 Neutral,
- 4 Tend to disagree,
- 5 Strongly disagree

[RelStrain]

SHOW CARD P5 AGAIN

Relationships at work are strained.

(How much do you agree or disagree?)"

- 1 Strongly agree,
- 2 Tend to agree,
- 3 Neutral,
- 4 Tend to disagree,
- 5 Strongly disagree

[Change]

SHOW CARD P5 AGAIN

Staff are consulted about change at work.

- 1 Strongly agree,
- 2 Tend to agree,
- 3 Neutral,
- 4 Tend to disagree,
- 5 Strongly disagree

Education module

ASK ALL AGED 16+

[EducEnd]

At what age did you finish your continuous full-time education at school or college?

- 1 Not yet finished
- 2 Never went to school
- 3 14 or under
- 4 15
- 5 16
- 6 17
- 7 18
- 8 19 or over

[TopQua]^{1*}

SHOW CARD Q1

Please look at this card and tell me which, if any, of the following educational qualifications you have.

CODE ALL THAT APPLY.

None of these qualifications = Code 12

- 1 School Leaving Certificate, NQ Unit [TopQua1]
- 2 O Grade, Standard Grade, GCSE, GCE O Level, CSE, National Qualification
Access 3 Cluster, Intermediate 1 or 2, Senior Certificate or equivalent [TopQua2]
- 3 GNVQ/GSVQ Foundation or Intermediate, SVQ Level 1 or 2,
SCOTVEC/National Certificate Module, City and Guilds Craft, RSA Diploma or
equivalent [TopQua3]
- 4 Higher grade, Advanced Higher, CSYS, A level, AS Level, Advanced Senior
Certificate or equivalent [TopQua4]
- 5 GNVQ/GSVQ Advanced, SVQ Level 3, ONC, OND, SCOTVEC National Diploma,
City and Guilds Advanced Craft, RSA Advanced Diploma or equivalent [TopQua5]
- 6 HNC, HND, SVQ Level 4, RSA Higher Diploma or equivalent [TopQua6]
- 7 First Degree, Higher degree, SVQ Level 5 or equivalent [TopQua7]
- 8 Professional qualifications e.g. teaching, accountancy [TopQua8]
- 9 Other school examinations not already mentioned [TopQua9]
- 10 Other post-school but pre Higher education examinations not already mentioned
[TopQua10]
- 11 Other Higher education qualifications not already mentioned [TopQua11]
- 12 No qualifications [TopQua12]

¹ Qualification categories were revised in 2008

National Identity, ethnic background and religion module(All)

ASK ALL (0+)

[BirthPla]¹

What is your country of birth?

- 1 Scotland
- 2 England
- 3 Wales
- 4 Northern Ireland
- 5 Republic of Ireland
- 6 Elsewhere (write in)

[BirthPlaO]*

INTERVIEWER: Write in place of birth

[Ethnic12]²

SHOW CARD Q3

What is your ethnic group?

INTERVIEWER READ OUT: Choose **ONE** from A to E on the card, then tell me which of the options in that section **best describes** your ethnic group or background.

CODE ONE ONLY

- 1 A - White: Scottish
- 2 A - White: Other British
- 3 A - White: Irish
- 4 A - White: Gypsy/Traveller
- 5 A - White: Polish
- 9 A - White: Other (WRITE IN)
- 10 B - Mixed: Any mixed or multiple ethnic groups (WRITE IN)
- 11 C - Asian: Pakistani, Pakistani Scottish or Pakistani British
- 12 C - Asian: Indian, Indian Scottish or Indian British
- 13 C - Asian: Bangladeshi, Bangladeshi Scottish or Bangladeshi British
- 14 C - Asian: Chinese, Chinese Scottish or Chinese British
- 15 C - Asian: Other (WRITE IN)
- 16 D - African: African, African Scottish or African British
- 17 D - African: Other (WRITE IN)
- 17 E - Caribbean or Black: Caribbean, Caribbean Scottish or Caribbean British
- 18 E - Caribbean or Black: Black, Black Scottish or Black British
- 19 E - Caribbean or Black: Other (WRITE IN)
- 20 F - Other ethnic group: Arab, Arab Scottish or Arab British
- 21 F - Other ethnic group: other (WRITE IN)

¹ New question in 2012

² This variable was called 'EthnicI' in 2008; it was renamed in 2009 when the list of answer categories was expanded. It was renamed again in 2012 when the list of answer categories was revised.

IF Ethnic12=Other white background

[Othwhit]*

WRITE IN ETHNIC GROUP

Text: Maximum 60 characters

IF Ethnic12=Mixed background

[Othmix]*

WRITE IN ETHNIC GROUP

Text: Maximum 60 characters

IF Ethnic12=Other Asian background

[OthAsi]*

WRITE IN ETHNIC GROUP

INTERVIEWER: Write in.

Text: Maximum 60 characters

IF Ethnic12=Other African background

[OthAfr]*

WRITE IN ETHNIC GROUP

INTERVIEWER: Write in.

Text: Maximum 60 characters

IF Ethnic12=Other Caribbean or Black background

[OthBlk]

WRITE IN ETHNIC GROUP

INTERVIEWER: Write in.

Text: Maximum 60 characters

IF Ethnic12=Other

[Otheth]*

WRITE IN ETHNIC GROUP

Text: Maximum 60 characters

Note: All other ethnic group answers recorded under Othwhit- Otheth backcoded into Ethnic12

ASK ALL AGED 16+

[Religi09]¹

What religion, religious denomination or body do you belong to? INTERVIEWER: DO NOT PROMPT

- | | |
|----|----------------------------|
| 0 | None |
| 1 | Church of Scotland |
| 2 | Roman Catholic |
| 3 | Other Christian |
| 4 | Muslim |
| 5 | Buddhist |
| 6 | Sikh |
| 7 | Jewish |
| 8 | Hindu |
| 9 | Pagan |
| 10 | Another religion (SPECIFY) |
| 97 | Refused |

¹ This variable was called ReligioS in 2008; the new name reflects the reduced number of answer categories.

**IF Religi09=3 'Other Christian' THEN
[Religio2]***

How would you describe your religion?

INTERVIEWER: Write in

**IF Religi09=10 'another religion' THEN
[Religio3]***

What is the name of the religion, religious denomination or body you belong to?

INTERVIEWER: Write in

Note: All other religion answers recorded under Religio2-Religio3 backcoded into Religio9

Parental History

[PaIntro]*

There has been a lot of talk about health and people's family background.

If you wouldn't mind, I would now like to ask some more general questions about what your parents did when you were a child. If you were not living with, and had no contact with one or both of your parents at that time, please tell me about the people who did care for you. But if you did have even occasional contact with your parents, please tell me about them. Press '1' and Enter to continue.

ASK ALL AGED 16+ NOT LIVING WITH FATHER

[FathOcc]*

What was the name or title of the job your father did, when you were about 14 years old?

This would have been in the year (*year respondent was 14*).

INTERVIEWER CODE 1 IF FATHER'S JOB TITLE IS KNOWN.

- 1 FATHER'S **JOB TITLE KNOWN**
- 2 Did not know father / no contact with father at the time
- 3 Father was dead
- 4 Caring for home / not working
- 5 Don't know

IF FathOcc = Job title known THEN

[FathTitl]*

PROBE FULLY AND WRITE IN FATHER'S JOB TITLE.

Text: Maximum 60 characters

[FathSup]

CARD Q4

And which of the descriptions on this card best describes the responsibility he had for staff at that time?

CODE ONE ONLY

- 1 Self-employed, with a business with 25 or more employees
- 2 Self-employed, with a business with fewer than 25 employees
- 3 Self-employed, in a business with no employees
- 4 A manager of 25 or more staff
- 5 A manager of fewer than 25 staff
- 6 Foreman/supervisor
- 7 An employee, not manager

ASK ALL 16+ NOT LIVING WITH THEIR MOTHER

[MothOcc]

What was the name or title of the job your mother did, when you were about 14 years old?

This would have been in the year (*year respondent was 14*).

INTERVIEWER CODE 1 IF MOTHER'S JOB TITLE IS KNOWN.

1 MOTHER'S JOB TITLE KNOWN

2 Did not know mother / no contact with mother at the time

3 Mother was dead

4 Caring for home / not working

5 Don't know

IF MothOcc = Job title known THEN

[MothTitl]*

PROBE FULLY AND WRITE IN MOTHER'S JOB TITLE.

Text: Maximum 60 characters

[MothSup]

CARD Q4

And which of the descriptions on this card best describes the responsibility she had for staff at that time?

CODE ONE ONLY

1 Self-employed, with a business with 25 or more employees

2 Self-employed, with a business with fewer than 25 employees

3 Self-employed, in a business with no employees

4 A manager of 25 or more staff

5 A manager of fewer than 25 staff

6 Foreman/supervisor

7 An employee, not manager

ASK ALL AGED 16+ NOT LIVING WITH THEIR MOTHER

[LiveMaB]

(Can I just check), is your natural mother still alive?

1 Yes

2 No

IF (LiveMaB = Yes) THEN

[AgeMA]

How old is your natural mother?

Range: 1..120

IF (LiveMaB = No) THEN

[ConsMaB]

SHOW CARD Q5

Did your natural mother die from any of the conditions on the card?

CODE ONE ONLY

1 High blood pressure (sometimes called hypertension)

2 Angina

3 Heart attack (including myocardial infarction and coronary thrombosis)

4 Stroke

5 Other heart trouble (incl. heart murmur, damaged heart valves, tachycardia or rapid heart)

6 Diabetes

7 None of the above conditions

[AgeMaB]

How old was your natural mother when she died?

Range: 10..120

ASK ALL AGED 16+ NOT LIVING WITH THEIR FATHER

[LivePaB]

Is your natural father still alive?

- 1 Yes
- 2 No

IF (LivePaB=Yes) THEN

[AgePa]

How old is your natural father?

Range: 10..120

IF (LivePaB=No) THEN

[ConsPaB]

SHOW CARD Q5

Did your natural father die from any of the conditions on the card?

CODE ONE ONLY

- 1 High blood pressure (sometimes called hypertension)
- 2 Angina
- 3 Heart attack (including myocardial infarction and coronary thrombosis)
- 4 Stroke
- 5 Other heart trouble (incl. heart murmur, damaged heart valves, tachycardia or rapid heart)
- 6 Diabetes
- 7 None of the above conditions

[AgePaB]

How old was your natural father when he died?

Range: 1..120

ASK ALL 16+

We are interested in the way some health conditions seem to run in families. I am going to ask you about some conditions which may have been experienced by your own relatives, including those living and any who are deceased.

[FamDB]¹

Have any of your parents, children or your brothers or sisters, ever had Type 1 or Type 2 diabetes?

INTERVIEWER: IF ASKED, INCLUDE RELATIVES WHO HAVE DIED BUT EXCLUDE NON-BLOOD RELATIVES E.G. STEP-BROTHERS, PARENTS-IN-LAW.

IF ADOPTED: IF POSSIBLE ANSWER ABOUT BIRTH PARENTS, IF NOT ANSWER ABOUT ADOPTIVE FAMILY

- 1 Yes
- 2 No

¹ New question in 2012

[ParCVD]¹

Have either of your parents developed heart disease or had a stroke before the age of 60?

INTERVIEWER: EXCLUDE CONGENITAL HEART DISEASE (I.E. HEART CONDITIONS PEOPLE ARE BORN WITH)

- 1 Yes
- 2 No

[SibCVD]²

Have any of your brothers or sisters developed heart disease or had a stroke before the age of 60?

INTERVIEWER: EXCLUDE CONGENITAL HEART DISEASE (I.E. HEART CONDITIONS PEOPLE ARE BORN WITH)

- 1 Yes
- 2 No
- 3 Only child - no brothers/sisters

[RelCVD]³

Have any of your aunts, uncles or first cousins developed heart disease or had a stroke before the age of 60?

INTERVIEWER: EXCLUDE CONGENITAL HEART DISEASE (I.E. HEART CONDITIONS PEOPLE ARE BORN WITH)"

- 1 Yes,
- 2 No,
- 3 `Does not have any aunts, uncles or first cousins

IF RelCVD = Yes THEN

[RelNum]

How many of them?: 1..97

¹ New question in 2012

² New question in 2012

³ New question in 2012

Self-completion booklets admin

IF Age of Respondent is 13 years or over THEN

[SCIntro]*

PREPARE (*PINK/BLUE/LILAC*) SELF-COMPLETION BOOKLET BY ENTERING SERIAL NUMBERS. CHECK YOU HAVE CORRECT PERSON NUMBER.

IF Age of Respondent is 18 or over AND IF (DrinkAny = Never) OR (DrinkOfn=Once or twice a year OR Not at all in the last twelve months) (From Drinking module) THEN

[PagEx]*

INTERVIEWER NOTE: This respondent does not drink (or drinks once or twice a year or less). Cross out the Drinking Experiences questions before handing over the self-completion booklet.

IF Age of Respondent is 13 years or over THEN

[SComp2]*

I would now like you to answer some questions by completing this booklet on your own. The questions cover (*smoking, drinking and general health / general health*).

INTERVIEWER: Explain how to complete booklet.

(*If asked, show booklet to parent(s)*).

IF Age of any respondent in household = 4-12 years THEN

[ParSDQ]

INTERVIEWER: Ask parent to complete mint green booklet for parents of children 4-12.

This child's parent(s) are: (*Names of parents*)

Code person number of the parent who is completing the booklet, or enter code:

95 = Parent not present at time of interview

96 = Booklet refused

IF (ParSDQ IN [1..10]) THEN

[PrepSDQ]*

INTERVIEWER: Prepare booklet for parents of children 4-12 by entering serial numbers.

Check you have the correct person number.

Explain how to complete the booklet.

Press <1> and <Enter> to continue.

IF Age of respondent is 13 years or over THEN

[SCCheck]*

INTERVIEWER: Wait until respondent(s) have finished and then check each booklet completed.

If not, ask if questions missed in error.

If in error, ask respondent to complete.

[SComp3]

INTERVIEWER CHECK: Was the (*pink/lilac/pale blue*) booklet (*for 13-15 year olds/for young adults/for adults*) completed?

- 1 Fully completed
- 2 Partially completed
- 3 Not completed

IF SComp3=Partially completed OR Not completed THEN

[SComp6]

INTERVIEWER: Record why booklet not completed / partially completed.

CODE ALL THAT APPLY

- | | | |
|---|---|-----------|
| 1 | Eyesight problems | [SComp61] |
| 2 | Language problems | [SComp62] |
| 3 | Reading/writing/comprehension problems | [SComp63] |
| 4 | Respondent bored/fed up/tired | [SComp64] |
| 5 | Questions too sensitive/invasion of privacy | [SComp65] |
| 6 | Too long/too busy/taken long enough already | [SComp66] |
| 7 | Refused to complete booklet (no other reason given) | [SComp67] |
| 8 | Other (SPECIFY) | [SComp68] |

IF SComp6=Other THEN

[SComp60]*

PLEASE SPECIFY OTHER REASON:

Text: Maximum 60 characters

IF Age of any respondent in household = 4-12 years AND IF (ParSDQ IN [1..10]) THEN

[SDQChk]

INTERVIEWER: Was the mint green booklet for parents completed?

- | | |
|---|---------------------|
| 1 | Fully completed |
| 2 | Partially completed |
| 3 | Not completed |

IF SDQChk =Partially completed OR Not completed THEN

[SDQComp] INTERVIEWER: Record why booklet not completed / partially completed.

CODE ALL THAT APPLY

- | | | |
|---|---|------------|
| 0 | Child away from home during fieldwork period | [SDQComp0] |
| 1 | Eyesight problems | [SDQComp1] |
| 2 | Language problems | [SDQComp2] |
| 3 | Reading/writing/comprehension problems | [SDQComp3] |
| 4 | Respondent bored/fed up/tired | [SDQComp4] |
| 5 | Questions too sensitive/invasion of privacy | [SDQComp5] |
| 6 | Too long/too busy/taken long enough already | [SDQComp6] |
| 7 | Refused to complete booklet (no other reason given) | [SDQComp7] |
| 8 | Other (SPECIFY) | [SDQComp8] |

Measurements module (All Versions)

(Height 2+ & Weight 2+)

ASK ALL AGED 2+

[Intro]*

PREAMBLE: I would now like to measure height and weight. There is interest in how people's weight, given their height, is associated with their health.

INTERVIEWER: Select appropriate information leaflet and fill in:

Press <1> to continue

ASK ALL WOMEN AGED 16-49

PregNowB

May I check, are you pregnant now?

- 1 Yes
- 2 No

ASK ALL AGED 2+

[RespHts]

INTERVIEWER: Measure height and code.

Include 'disguised' refusals such as 'it will take too long', 'I have to go out' etc. as code 2: height refused.

- 1 Height measured
- 2 Height refused
- 3 Height attempted, not obtained
- 4 Height not attempted

IF RespHts = Height measured THEN

[Height]

INTERVIEWER: Enter height.

Range: 60.0..244.0

[RelHiteB]

INTERVIEWER CODE ONE ONLY

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

IF RelHiteB = Unreliable THEN

[HiNRel]

INTERVIEWER: What caused the height measurement to be unreliable?

- 1 Hairstyle or wig
- 2 Turban or other religious headgear
- 3 Respondent stooped
- 4 Child respondent refused stretching
- 5 Respondent would not stand still
- 6 Respondent wore shoes
- 7 Other, please specify
- 8 Difficulty standing

IF HiNRel = Other THEN

[OHiNRel]*

PLEASE SPECIFY WHAT CAUSED UNRELIABLE HEIGHT MEASUREMENT.

Text: Maximum 49 characters

IF RespHts = Height refused THEN

[ResNHi]

GIVE REASONS FOR REFUSAL.

- 1 Cannot see point/Height already known/Doctor has measurement
- 2 Too busy/Taken too long already/ No time
- 3 Respondent too ill/frail/tired
- 4 Considered intrusive information
- 5 Respondent too anxious/nervous/ shy/embarrassed
- 6 Refused (no other reason given)
- 7 Other

IF RespHts = Height attempted, not obtained OR Height not attempted THEN

[NoHitM]*

INTERVIEWER: Code reason for not obtaining height.

CODE ALL THAT APPLY.

- | | | |
|---|--|-----------|
| 1 | Away from home during fieldwork period (specify in a Note) | [NoHitM0] |
| 2 | Respondent is unsteady on feet | [NoHitM1] |
| 3 | Respondent cannot stand upright/too stooped | [NoHitM2] |
| 4 | Respondent is chairbound | [NoHitM3] |
| 5 | Child: subject would not stand still | [NoHitM4] |
| 6 | Ill or in pain | [NoHitM5] |
| 7 | Stadiometer faulty or not available | [NoHitM6] |
| 8 | Other – specify | [NoHitM7] |

IF (NoHitM = Other) THEN

[NoHitMO]*

PLEASE SPECIFY OTHER REASON.

Text: Maximum 60 characters

IF RespHts=Height refused, Height attempted, not obtained OR Height not attempted THEN

[EHtCh]

INTERVIEWER: Ask (*respondent*) for an estimated height. Will it be given in metres or in feet and inches?

If respondent doesn't know height use <Ctrl K>, if respondent isn't willing to give height use <Ctrl R>.

- 1 Metres
- 2 Feet and inches

IF EHtCh = Metres THEN

[EHtm]

INTERVIEWER: Please record estimated height in metres. Range: 0.01..2.44

IF EHtCh = Feet and inches THEN

[EHtFt]

INTERVIEWER: Please record estimated height. Enter feet. Range: 0..7

[EHtIn]

INTERVIEWER: Please record estimated height. Enter inches. Range: 0..11

[EMHeight] Final measured or estimated height (cm).

ASK ALL AGED 2+ UNLESS AGED 16-49 AND PREGNANT (IF PregNowB<>Yes)

[RespWts]

INTERVIEWER: Measure weight and code.

(INTERVIEWER¹: If respondent weighs more than 130kg (20 ½ stones) do not weigh. code as 'weight not attempted')

INCLUDE 'DISGUISED' REFUSALS SUCH AS 'IT WILL TAKE TOO LONG', 'I HAVE TO GO OUT' ETC. AT CODE 2: WEIGHT REFUSED.

- 0 *If Age 0-5 years: Weight obtained (child held by adult)/If Age over 5 years: DO NOT USE THIS CODE*
- 1 Weight obtained
- 2 Weight refused
- 3 Weight attempted, not obtained
- 4 Weight not attempted

IF RespWts=Weight obtained (subject on own)

[Weight]

INTERVIEWER: Record weight.
Range: 10.0..130.0

IF RespWts = Weight obtained (child held by adult) THEN

[WtAdult]

INTERVIEWER: Enter weight of adult on his/her own.
Range: 15.0..130.0

[WtChAd]

INTERVIEWER: Enter weight of adult holding child.
Range: 15.0..130.0

**[FWeight] Measured weight, either Weight or WtChAd-WtAdult
Range: 0.0..140.0**

IF RespWts=Weight obtained (subject on own) OR Weight obtained (child held by adult)

[FloorM]

INTERVIEWER: Were the scales placed on..."

- 1 ...uneven floor, [FloorM1]
- 2 carpet, [FloorM2]
- 3 or neither? [FloorM3]

[RelWaitB]

INTERVIEWER: Code one only.

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

¹ This interviewer instruction only appears if the person being weighed is aged 6 or above.

IF RespWts = Weight refused THEN

[ResNWt]

INTERVIEWER: Give reasons for refusal.

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

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

[NoWaitM]*

INTERVIEWER: Code reason for not obtaining weight.

CODE ALL THAT APPLY.

- | | | |
|---|---|------------|
| 1 | Child: away from home during fieldwork period (specify in a Note) | [NoWaitM0] |
| 2 | Respondent is unsteady on feet | [NoWaitM1] |
| 3 | Respondent cannot stand upright | [NoWaitM2] |
| 4 | Respondent is chairbound | [NoWaitM3] |
| 5 | Respondent weighs more than 130 kg | [NoWaitM4] |
| 6 | Ill or in pain | [NoWaitM5] |
| 7 | Scales not working | [NoWaitM6] |
| 8 | Parent unable to hold child | [NoWaitM7] |
| 9 | Other – specify | [NoWaitM8] |

IF NoWaitM = Other THEN

[NoWaitMO]*

PLEASE SPECIFY OTHER REASON. Text: Maximum 60 characters

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

[EWtCh]

INTERVIEWER: Ask (*respondent*) for an estimated weight. Will it be given in kilograms or in stones and pounds?

If respondent doesn't know weight use <Ctrl K>, if respondent isn't willing to give weight use <Ctrl R>.

- 1 Kilograms
- 2 Stones and pounds

IF EWtCh = Kilograms THEN

[EWtkg]

INTERVIEWER: Please record estimated weight in kilograms. Range: 1.0..210.0

IF EWtCh = Stones and pounds THEN

[EWtSt]

INTERVIEWER: Please record estimated weight. Enter stones. Range: 1..32

[EWtL]

INTERVIEWER: Please record estimated weight. Enter pounds. Range: 0..13

[EMweight] Final measured or estimated weight (kg), computed

Consents

ASK ALL AGED 16 + [NHSCanA]*¹

We would like your consent for us to send your name, address and date of birth to the Information Services Division of NHS Scotland so they can link it with your NHS health records. These records hold data on you about medical diagnoses and in-patient and out-patient visits to hospital. They are linked with other information about cancer registration, GP registration and mortality. Please read this form, it explains more about what is involved.

INTERVIEWER: Give the respondent/s the pale green consent form (Scottish health records) and allow them time to read the information.

ASK ALL AGED 13-15 [NHSCanY]*

We would like your consent for us to send your name, address and date of birth to the Information Services Division of NHS Scotland so they can link it with your NHS health records. These records hold data on you about medical diagnoses and in-patient and out-patient visits to hospital. They are linked with other information about cancer registration, GP registration and mortality. Please read this form, it explains more about what is involved.

Please read this form, it explains more about what is involved.

INTERVIEWER: Give the *child* the **lemon** consent form (Scottish Health Records) and allow them time to read the information.

ASK PARENT/GUARDIAN OF CHILD AGED 0-13 [NHSCanC]*

We would like your consent for us to send (*child's*) name, address and date of birth to the Information Services Division of NHS Scotland so they can link it with your NHS health records. These records hold data on you about medical diagnoses and in-patient and out-patient visits to hospital. They are linked with other information about cancer registration, GP registration and mortality. Please read this form, it explains more about what is involved.

Please read this form, it explains more about what is involved.

INTERVIEWER: Give the *parent/guardian* the **lemon** consent form (Scottish Health Records) and allow them time to read the information.

ASK ALL [NHSCon]

INTERVIEWER: Did *respondent* give consent (*on behalf of child's name/children's names*)?

- 1 Consent given
- 2 Consent not given

¹ Wording for consents revised in 2012

IF NHSCon = Consent given THEN

[NHSSig]

Before I can pass on (*your /name of child's*) details, I have to obtain written consent from you.

INTERVIEWER: Enter the respondent's serial number on the top of the consent form.

Ask the (*respondent/parent/guardian*) to sign and date the form. Give the (*respondent/parent/guardian*) the top copy of the form to keep, you keep the white copy. Code whether signed consents obtained.

- 1 Scottish Health records consent signed
- 2 No signed consents

ASK ALL AGED 16+

[ReInterA]*

In the future, the Scottish Government may want to commission follow-up research among particular groups of the public to improve health or health services. Please be assured that any information you provide for this purpose will be released for statistical and research purposes only and carried out by reputable research organisations and that your confidentiality will be protected in the publication of any results given. Would you be willing to have your name, contact details and relevant answers you have given during the interview passed on to the Scottish Government or other research agencies acting on behalf of, or in collaboration with, the Scottish Government for this purpose?

Please read this form, it explains more about what is involved.

INTERVIEWER: Give the respondent the **pale blue** consent form (Scottish Government follow up research) and allow them time to read the information.

ASK ALL AGED 13-15

[ReInterY]*

In the future, the Scottish Government may want to commission follow-up research among particular groups of the public to improve health or health services. Please be assured that any information you provide for this purpose will be released for statistical and research purposes only and carried out by reputable research organisations and that your confidentiality will be protected in the publication of any results given. Would you be willing to have your name, contact details and relevant answers you have given during the interview passed on to the Scottish Government or other research agencies acting on behalf of, or in collaboration with, the Scottish Government for this purpose?

Please read this form, it explains more about what is involved.

INTERVIEWER: Give the child the **pink** consent form (Scottish Government follow up research) and allow them time to read the information.

ASK PARENT/GUARDIAN OF CHILD AGED 0-13

[ReInterC]*¹

In the future, the Scottish Government may want to commission follow-up research among particular groups of the public to improve health or health services. Please be assured that any information you provide for this purpose will be released for statistical and research purposes only and carried out by reputable research organisations and that your confidentiality will be protected in the publication of any results given. Would you be willing to have (*child's name*) name, contact details and relevant answers you have given during the interview passed on to the Scottish Government or other research agencies acting on behalf of, or in collaboration with, the Scottish Government for this purpose?

Please read this form, it explains more about what is involved.

INTERVIEWER: Give the parent/guardian the **pink** consent form (Scottish Government follow up research) and allow them time to read the information.

ASK ALL

[ReIntCon]

INTERVIEWER: Did *respondent* give consent (*on behalf of child's name/children's names*)?

- 1 Consent given
- 2 Consent not given

IF ReIntCon = Consent given THEN

[ReIntSig]

Before I can pass on (*your /name of child's/children's*) details, I have to obtain written consent from you.

INTERVIEWER: Enter the respondent's serial number on the top of the consent form.

Ask (*respondent / parent / guardian*) to sign and date the form. Give the **top** copy of the form to the respondent. Code whether signed consents obtained.

- 1 Signed consents obtained
- 3 No signed consents

¹ The brackets around the text in this question only appear in main sample households where adults are also asked the preceding consent question.

Health Measurements and Samples

ALL 16+ IN SAMPLE B HOUSEHOLDS

[BimodInt]*

I am now going to ask you a few more questions and take some more measurements. Some people find these sensitive and prefer them to be carried out in private

[BioTurn]*

I need to go through the these next questions with each of you in turn so which of you would like to go first? INTERVIEWER: GET THE RESPONDENTS TO DECIDE AMONG THEMSELVES WHO IS GOING TO GO FIRST)

Prescribed Medicines and Drug Coding

ASK ALL SAMPLE B 16+

[MedCNJD]

Are you taking or using any medicines, pills, syrups, ointments, puffers or injections prescribed for you by a doctor or a nurse?

- 1 Yes
- 2 No

IF (MedCNJD = Yes) AND ([MEDCINBP=yes] OR [MedHeart=yes]) THEN

[MedIntro]*

Could I take down the names of the medicines, including pills, syrups, ointments, puffers or injections, prescribed for you by a doctor?

INTERVIEWER: Include the contraceptive pill

- 1 Continue

Questions MedBI-MedBIC repeated for up to 22 drugs

IF (MedCNJD = Yes) AND ([MEDCINBP=yes] OR [MedHeart=yes]) THEN

[MedBI] (Variable names: Medbi01 – Medbi22)

Enter name of drug number (*number*).

Ask if you can see the containers for all prescribed medicines currently being taken.

If Aspirin, record dosage as well as name.

Text: maximum 50 characters

[YTake] (Variable names: MedBIA-MedBIA22)

Do you take (name of drug) because of a heart problem, high blood pressure or for some other reason?

- 1 Heart problem [YTake011-YTake221]
- 2 High blood pressure [YTake012-YTake222]
- 3 Other reason [YTake013-YTake223]

[MedBIA] (Variable names: MedBIAB-MedBIA22B)

Have you taken or used (name of drug) in the last 7 days?

- 1 Yes
- 2 No

[MedBIC]*

INTERVIEWER CHECK: Any more drugs to enter?

- 1 Yes
- 2 No

Blood Pressure

ALL SAMPLE B Age 16+ (EXCEPT PREGNANT WOMEN)

I would now like to measure your blood pressure, which is an important indicator of cardiovascular health. Blood pressure is measured using a monitor and a cuff which I will secure around your right arm. When we are ready to begin I'll press the start button and the cuff will inflate and deflate automatically three times. You will feel some pressure on your arm when the cuff inflates.

Once I have completed the recordings I will tell you what they are

[BPCnst]

INTERVIEWER Does the respondent agree to blood pressure measurement?

- 1 Yes, agrees
- 2 No, refuses
- 3 Unable to measure BP for reason other than refusal

IF BPCnst = Yes, agrees THEN

[ConSubX]

May I just check, have you eaten, smoked, drunk alcohol or done any vigorous exercise in the past 30 minutes?

CODE ALL THAT APPLY.

- | | | |
|---|------------------------|------------|
| 1 | Eaten | [ConSubX1] |
| 2 | Smoked | [ConSubX2] |
| 3 | Drunk alcohol | [ConSubX3] |
| 4 | Done vigorous exercise | [ConSubX4] |
| 5 | (None of these) | [ConSubX5] |

[OMRONNo]

INTERVIEWER RECORD BLOOD PRESSURE EQUIPMENT SERIAL NUMBER:

Range:001..999

[CufSize]

SELECT CUFF AND ATTACH TO THE RESPONDENT'S RIGHT ARM. ASK THE RESPONDENT TO SIT STILL FOR FIVE MINUTES.

RECORD CUFF SIZE CHOSEN.

- 1 Small adult (17-25 cm)
- 2 Adult (22-32 cm)
- 3 Large adult (32-42 cm)

[BPReady]*

INTERVIEWER: ONCE RESPONDENT HAS SAT STILL FOR 5 MINUTES YOU ARE READY TO TAKE THE MEASUREMENTS.

Check that the MODE selector is set to AVG (average) and P-SET Volume (pressure setting) is set to auto

ENSURE THE [READY TO MEASURE] SYMBOL IS SHOWING BEFORE PRESSING THE [START] BUTTON TO START THE MEASUREMENTS.

Sys to BPWait repeated for up to 3 blood pressure measurements and average is also recorded

[Sys] (variable names sys1om – sys4om)

INTERVIEWER: Take three measurements from right arm.

ENTER (AVERAGE/FIRST/SECOND/THIRD) SYSTOLIC READING (mmHg).

IF READING NOT OBTAINED, ENTER 999.

IF YOU ARE NOT GOING TO GET ANY BP READINGS AT ALL, ENTER 996

Range:001..999

[Dias] (variable names dias1om – dias4om)

ENTER (AVERAGE/FIRST/SECOND/THIRD) DIASTOLIC READING (mmHg).

IF READING NOT OBTAINED, ENTER 999.

Range:001..999

[Pulse] (variable names pulse1om –pulse4om)

ENTER (AVERAGE/FIRST/SECOND/THIRD) PULSE READING (bpm).

IF READING NOT OBTAINED, ENTER 999.

Range:001..999

[MAP] (variable names map1om –map4om)

IF NO FULL MEASUREMENT OBTAINED (at least one '999' reading in all 3 sets of 3 readings) THEN

[YNoBP]

ENTER REASON FOR NOT RECORDING ANY FULL BP READINGS

- 1 Blood pressure measurement attempted but not obtained
- 2 Blood pressure measurement not attempted
- 3 Blood pressure measurement refused

ALL SAMPLE B Age 16+ (EXCEPT PREGNANT WOMEN)

[RespBPS]

Response to Blood Pressure measurements:

- 1 Three Blood pressure measurements
- 2 Two Blood pressure measurements
- 3 One Blood pressure measurements
- 4 Tried
- 5 Not tried
- 6 Refused

IF BLOOD PRESSURE MEASUREMENT REFUSED OR NOT ATTEMPTED, OR FEWER THAN THREE FULL READINGS OBTAINED (IF RespBPS in [Two ... Refused]) THEN

[NAttBPD]

RECORD WHY (ONLY TWO READINGS OBTAINED/ONLY ONE READING OBTAINED/READING NOT OBTAINED/READING NOT ATTEMPTED/READING REFUSED/UNABLE TO TAKE READING).

CODE ALL THAT APPLY.

Problems with PC	[NAttBPD0]
Respondent upset/anxious/nervous	[NAttBPD1]
Error reading	[NAttBPD2]
Problems with cuff fitting/painful	[NAttBPD3]
Problems with equipment (not error reading)	[NAttBPD4]
Other reason(s) (specify at next question)	[NAttBPD9]

IF NattBP = Other THEN

[OthNBP]*

ENTER FULL DETAILS OF OTHER REASON(S) FOR NOT OBTAINING/ATTEMPTING THREE BP READINGS:

Text: Maximum 140 characters

IF ONE, TWO OR THREE FULL BLOOD PRESSURE READINGS OBTAINED (IF RespBPS in [Three ... One]) THEN

[DifBPC]

RECORD ANY PROBLEMS TAKING READINGS. CODE ALL THAT APPLY.

No problems taking blood pressure	[DifBPC1]
Reading taken on left arm because right arm not suitable	[DifBPC2]
Respondent was upset/anxious/nervous	[DifBPC3]
Problems with cuff fitting/painful	[DifBPC4]
Problems with equipment (not error reading)	[DifBPC5]
Error reading	[DifBPC6]
Other problems (SPECIFY AT NEXT QUESTION)	[DifBPC9]

IF DifBP=Other THEN

[OthDifBP]*

RECORD FULL DETAILS OF OTHER PROBLEM(S) TAKING READINGS.

Text: Maximum 140 characters

[BPOffer]*

OFFER BLOOD PRESSURE RESULTS TO RESPONDENT

Avg)	(Average Systolic reading)	(Average Diastolic reading)	(Average Pulse reading)
i)	(First Systolic reading)	(First Diastolic reading)	(First Pulse reading)
ii)	(Second Systolic reading)	(Second Diastolic reading)	(Second Pulse reading)
iii)	(Third Systolic reading)	(Third Diastolic reading)	(Third Pulse reading)

ENTER THESE ON RESPONDENT'S MEASUREMENT RECORD CARD (COMPLETE NEW RECORD CARD IF REQUIRED).

ADVICE TO RESPONDENTS ON BLOOD PRESSURE READING:

IF Systolic reading >179 OR Diastolic reading >114 THEN:

TICK THE CONSIDERABLY RAISED BOX AND READ OUT TO RESPONDENT: Your blood pressure is high today. Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure. You are strongly advised to visit your GP within 5 days to have a further blood pressure reading to see whether this is a once-off finding or not.

IF Systolic reading 160-179 OR Diastolic reading 100-114 THEN:

TICK THE RAISED BOX AND READ OUT TO RESPONDENT: Your blood pressure is a bit high today. Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure. You are advised to visit your GP within 2-3 weeks to have a further blood pressure reading to see whether this is a once-off finding or not.

IF Systolic reading 140-159 OR Diastolic reading 85-99 THEN:

TICK THE MILDLY RAISED BOX AND READ OUT TO RESPONDENT: Your blood pressure is a bit high today. Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure. You are advised to visit your GP within 3 months to have a further blood pressure reading to see whether this is a once-off finding or not.

IF Systolic reading <140 AND Diastolic reading <85 THEN:

TICK THE NORMAL BOX AND READ OUT TO RESPONDENT: Your blood pressure is normal.

Waist Circumference

ASK ALL SAMPLE B 16+ (EXCEPT PREGNANT WOMEN)

[WHMod]*

INTERVIEWER: NOW FOLLOWS THE WAIST CIRCUMFERENCE MEASUREMENT.

ENTER '1' TO CONTINUE

- 1 Continue

[WIntro]

Now I would like to measure the circumference of your waist. The waist circumference is a measure of the distribution of body fat, provides important additional information and is a predictor of health risk. You will need to be standing for this measurement. I will ask you to identify where on your body your tummy button is, and I will then ask you to place this measuring tape around your waist, over your clothing, at the level of your tummy button.

Once the tape measure is level around your waist I will ask you to take a normal breath and then breathe out. I will then record the measurement. I will take at least two measurements.

Are you willing for me to take this measurement?

INTERVIEWER CODE:

- 1 Respondent agrees to have waist measured
- 2 Respondent refuses to have waist measured
- 3 Unable to measure waist for reason other than refusal

IF (WIntro=Agree) THEN

Repeat for up to three waist measurements.

Third measurement taken only if difference between first two measurements is greater than 3cm.

[Waist] (variable names Waist1 to Waist3)

INTERVIEWER: MEASURE THE WAIST CIRCUMFERENCES TO THE NEAREST MM.

ENTER (FIRST/SECOND/THIRD) WAIST MEASUREMENT IN CENTIMETRES (Remember to include the decimal point).

IF MEASUREMENT NOT OBTAINED, ENTER '999.9'.

Range: 45.0..1000.0

IF WIntro in [1..3] THEN

(computed from WIntro, Waist)

[RespW]

Response to waist measurements:

- 1 Both measurements obtained
- 2 One measurement obtained
- 3 Refused
- 4 Not tried

IF (Waist1 = 999.9) OR (Waist2 = 999.9) THEN

[YNoW]

ENTER REASON FOR NOT GETTING BOTH MEASUREMENTS

- 1 Both measurements refused
- 2 Attempted but not obtained
- 3 Measurement not attempted

IF NO OR ONE MEASUREMENT OBTAINED ((WHIntro=Refuse OR Unable) OR Only one waist measurement obtained) THEN

[WPNABM]

GIVE REASON(S) (FOR REFUSAL/WHY UNABLE/FOR NOT OBTAINING MEASUREMENT/FOR NOT ATTEMPTING/WHY ONLY ONE MEASUREMENT OBTAINED).CODE ALL THAT APPLY.

- | | | |
|---|---|-----------|
| 1 | Respondent is in a wheelchair | [WPNABM1] |
| 2 | Respondent is confined to bed | [WPNABM2] |
| 3 | Respondent is too stooped | [WPNABM3] |
| 4 | Respondent did not understand the procedure | [WPNABM4] |
| 5 | Respondent is embarrassed/sensitive about their size | [WPNABM5] |
| 6 | No time/busy/already spent enough time on this survey | [WPNABM6] |
| 7 | Other (SPECIFY AT NEXT QUESTION) | [WPNABM7] |

IF WHPNABM = Other THEN

[OthWH]*

GIVE FULL DETAILS OF 'OTHER' REASON(S) FOR NOT GETTING FULL WAIST MEASUREMENT:

Text: Maximum 140 characters

IF AT LEAST ONE WAIST MEASUREMENT OBTAINED (IF (Waist1 <> 999.9 AND Waist1 <> EMPTY) OR (Waist2 <> 999.9 AND Waist2 <> EMPTY)) THEN

[WJRel]

RECORD ANY PROBLEMS WITH WAIST MEASUREMENT:

- 1 No problems experienced, RELIABLE waist measurement
- 2 Problems experienced - waist measurement likely to be RELIABLE
- 3 Problems experienced - waist measurement likely to be SLIGHTLY UNRELIABLE
- 4 Problems experienced - waist measurement likely to be UNRELIABLE

IF WJRel = Problems experienced THEN

[ProbWJ]

RECORD WHETHER PROBLEMS EXPERIENCED ARE LIKELY TO INCREASE OR DECREASE THE WAIST MEASUREMENT.

- 1 Increases measurement (e.g. bulky clothing)
- 2 Decreases measurement (e.g. very tight clothing)
- 3 Measurement not affected

IF ONE OR TWO WAIST MEASUREMENTS OBTAINED THEN

[WHRes]*

OFFER TO WRITE RESULTS OF WAIST MEASUREMENTS, WHERE APPLICABLE, ONTO RESPONDENT'S MEASUREMENT RECORD CARD.

Waist: (Write in waist measurements 1 and 2)

- 1 Continue

Saliva sample

ASK ALL SAMPLE B 16+ (EXCEPT PREGNANT WOMEN)

[SalInt1]*

INTERVIEWER: NOW FOLLOWS THE SALIVA SAMPLE.

1 Continue

[Smoke]

Can I just check, do you smoke cigarettes, cigars or a pipe at all these days?

CODE ALL THAT APPLY

INTERVIEWER: If respondent used to smoke but does not any more, code 'No'.

- | | | |
|---|-----------------|----------|
| 1 | Yes, cigarettes | [Smoke1] |
| 2 | Yes, cigars | [Smoke2] |
| 3 | Yes, pipe | [Smoke3] |
| 4 | No | [Smoke4] |

IF Smoke = No THEN

[SmokeYr]

Have you smoked in the last 12 months?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

IF Smoke = Yes OR SmokeYr = yes THEN

[UseNRTB]

SHOW CARD R1

Have you used any of the following products in the last seven days?

INTERVIEWER: ELECTORINC CIGARETTES SHOULD NOT BE INCLUDED AS A NICOTINE REPLACEMENT PRODUCT

CODE ALL THAT APPLY

- | | | |
|---|---|------------|
| 1 | Yes, nicotine gum | [UseNRTB1] |
| 2 | Yes, nicotine patches that you stick on your skin | [UseNRTB2] |
| 3 | Yes, nasal spray/nicotine inhaler | [UseNRTB3] |
| 4 | Yes, lozenge/microtab | [UseNRTB4] |
| 5 | Yes, Champix/Varenicline | [UseNRTB5] |
| 6 | Yes, Zyban/Bupropion | [UseNRTB6] |
| 7 | Yes, other | [UseNRTB7] |
| 8 | No | [UseNRTB8] |

IF UseNRTB = Yes, other THEN

[NRTOthB]*

What other products did you use?

Text: Maximum 140 characters

[SalIntr1]

INTERVIEWER: ASK RESPONDENT FOR A SALIVA SAMPLE.

READ OUT: I would like to take a sample of saliva (spit). This simply involves chewing on some dental roll. The sample will be analysed for cotinine, which is related to the intake of tobacco smoke and is of particular interest to see if non-smokers may have raised levels as a result of 'passive' smoking

- 1 Respondent agrees to give saliva sample
- 2 Respondent refuses to give saliva sample
- 3 Unable to obtain saliva sample for reason other than refusal

IF SalIntr1=Agree THEN

[SalWrit]*

INTERVIEWER CHECKLIST FOR CONSENT BOOKLET:

1. Enter Serial No at top of page 1 and 3.
2. Obtain respondent signature on page 3.
3. Sign and date page 3 yourself.
4. Complete interviewer and respondent details on page 1.
5. Circle code 01 at question 7 on page 1 of the Consent Booklet.
6. Turn to lab dispatch note and at Smoking status code 1 (or 2 depending on smoking status)

- 1 Continue

[SalInst]*

ASK RESPONDENT TO CHEW ON DENTAL ROLL (DRIBBLE INTO TUBE)

WRITE THE SERIAL NUMBER AND DATE OF BIRTH ON THE BLUE LABEL USING A BLUE BIRO

SERIAL NO (Displays serial number)

PERSON NO (Displays person number)

DATE OF BIRTH (Displays date of birth)

INTERVIEWER: The saliva label goes around the outer tube (not lengthways)

- 1 Continue

[SalObt1]

INTERVIEWER CHECK

- 1 Saliva sample obtained
- 2 Saliva sample refused
- 3 Saliva sample not attempted
- 4 Attempted but not obtained

IF SalObt1 = Obtained THEN

[SalCod1]*

INTERVIEWER: PLEASE CIRCLE CODE 1 'YES' AT QUESTION 8 IN THE CONSENT BOOKLET

[SalHow]

INTERVIEWER: Code the method used to obtain the saliva sample.

- 1 Dribbled into tube
- 2 Dental Roll

IF (SalObt1= Not attempted or Attempted, not obtained) OR (SalIntr1=Unable) THEN
[SalNObt]

RECORD WHY SALIVA SAMPLE NOT OBTAINED. CODE ALL THAT APPLY.

- | | | |
|---|---|------------|
| 3 | Respondent not able to produce any saliva | [SalNObt3] |
| 4 | Other (SPECIFY AT NEXT QUESTION) | [SalNObt4] |

IF SalNObt = Other THEN

[OthNObt]*

GIVE FULL DETAILS OF REASON(S) WHY SALIVA SAMPLE NOT OBTAINED.

Text: Maximum 140 characters

[SalCode]

INTERVIEWER: Circle 02 at question 7 on page 1 of the Consent Booklet.

INTERVIEWER: Please ensure you complete all of page 1 in the Consent Booklet.

The respondent's date of birth is (displays DOB)

- 1 Continue

IF SalIntr1=Refused THEN

[SalYRef]

- | | | |
|-----|---|------------|
| 1. | Embarrassed/sensitive about providing a samples | [SalYRef1] |
| 2. | Knows they would have difficulty providing a sample | [SalYRef2] |
| 3. | No time/busy/already spent enough time on this survey | [SalYRef3] |
| 4. | Doesn't like the thought of doing it | [SalYRef4] |
| 5. | Concerns about how sample will be used/store | [SalYRef5] |
| 6. | Respondent did not understand the procedure | [SalYRef6] |
| 95. | Other (SPECIFY AT NEXT QUESTION) | [SalYRef9] |

IF SalYRef = other THEN

INTERVIEWER: WRITE IN OTHER REASON FOR REFUSAL

Text: Maximum 140 characters

[SalCode]*

INTERVIEWER: Circle code 02 at question 7 on page 1 of the Consent Booklet.

INTERVIEWER: Please ensure you complete all of page 1 in the consent booklet.

The respondent's date of birth is (displays DOB)

- 1 Continue

Urine Sample

ASK ALL SAMPLE B 16+ (EXCEPT PREGNANT WOMEN)

[UriDisp]*

INTERVIEWER: NOW FOLLOWS THE URINE SAMPLE.

[UriIntro]

READ OUT: I would like to take a sample of your urine. This simply involves you collecting a small amount of urine (mid-flow) in this container. The sample will be analysed for sodium (salt), so we can measure the amount of salt in people's diets. High dietary salt levels are related to high blood pressure, so this is important information for assessing the health of the population.

Would you be willing to provide a urine sample?

- 1 Respondent agrees to give urine sample
- 2 Respondent refuses to give urine sample
- 3 Unable to obtain urine sample for reason other than refusal

IF UriIntr1=Agree THEN

[UriWrit]*

INTERVIEWER CHECKLIST FOR CONSENT BOOKLET:

1. Enter Serial No at top of page 1 and 4
 2. Obtain respondent signature on page 4
 3. Sign and date page 4 yourself.
 4. Complete interviewer and respondent details on page 1
 5. Circle code 03 at question 7 on page 1 of the Consent Booklet
- 1 Continue

[UriSamp]*

ASK RESPONDENT TO TAKE CONTAINER AND PROVIDE URINE SAMPLE.
WRITE THE SERIAL NUMBER AND DATE OF BIRTH ON A BLOOD LABEL USING A BLUE BIRO.

SERIAL NO: (Displays serial no)

PERSON NO (Displays person no)

DATE OF BIRTH: (Displays date of birth)

INTERVIEWER: The urine label goes lengthways on the tube (not around it)

[UriObt1]

CHECK

- 1 Urine sample obtained
- 2 Urine sample refused
- 3 Urine sample not attempted
- 4 Attempted but not obtained

IF (UriObt1=Not attempted or Attempted, not obtained) OR (UriIntr1=Unable) THEN

[UriNObt]

RECORD WHY URINE SAMPLE NOT OBTAINED. CODE ALL THAT APPLY.

- | | | |
|---|--|------------|
| 1 | Respondent not able to produce any urine | [UriNObt3] |
| 2 | Other (SPECIFY AT NEXT QUESTION) | [UriNObt4] |

IF UriNObt = Other THEN

[OthNObt]*

GIVE FULL DETAILS OF REASON(S) WHY URINE SAMPLE NOT OBTAINED.

Text: Maximum 140 characters

[UriCod2]

INTERVIEWER: PLEASE CIRCLE CODE 2 'NO' AT QUESTION 9 IN THE CONSENT BOOKLET.

- 1 Continue

IF UriIntr1=Refused OR UriObt1=Refused THEN

[UriYRef]

- | | | |
|-----|--|------------|
| 1. | Embarrassed/sensitive about providing sample | [UriYRef1] |
| 2. | Went to toilet too recently to provide sample | [UriYRef2] |
| 3. | Knows they would have difficulty providing a sample for reason other than having just been to toilet | [UriYRef3] |
| 4. | No time/busy/already spent enough time on this survey | [UriYRef4] |
| 5. | Doesn't like the thought of doing it | [UriYRef5] |
| 6. | Concerns about how sample will be used/store | [UriYRef6] |
| 7. | Respondent did not understand the procedure | [UriYRef7] |
| 95. | Other (SPECIFY AT NEXT QUESTION) | [UriYRef9] |

IF UriYRef = Other THEN

[UriYRefO]*

INTERVIEWER: WRITE IN OTHER REASON FOR REFUSAL

Text: Maximum 140 characters

INTERVIEWER: PLEASE CIRCLE CODE CODE 2 'NO' AT QUESTION 9 IN THE CONSENT BOOKLET

ASK ALL SAMPLE B 16+

[CASInt]*

I now have some questions for you to answer yourself, on the computer. The questions cover topics to do with depression, anxiety and self-harm. When you have finished the computer will lock away your answers and no one else will be able to see them, including me.

Instructions about which keys to press will be shown on the computer screen. If you press the wrong key I can tell you how to change the answer. When you get to the end, please tell me and we will complete the rest of the interview with me asking you questions again.

INTERVIEWER: Only where necessary, ask respondent if they would like you to read the questions out to them.

Please code whether the self-completion is accepted or not

- 1 Self-completion accepted by respondent
- 2 Self-completion to be read out by interviewer
- 3 Self-completion refused

If CASInt=3 (refused)

[SCompNH]

INTERVIEWER: Record why the computer self-completion was not completed.

CODE ALL THAT APPLY

: SET OF

- | | | |
|---|---|------------|
| 1 | Eyesight problems | [SCompNH1] |
| 2 | Language problems | [SCompNH2] |
| 3 | Reading/writing/comprehension problems | [SCompNH3] |
| 4 | Doesn't like computers | [SCompNH4] |
| 5 | Respondent bored/fed up/tired | [SCompNH5] |
| 6 | Questions too sensitive/invasion of privacy | [SCompNH6] |
| 7 | Too long/too busy/taken long enough already | [SCompNH7] |
| 8 | Refused to complete self-completion (no other reason given) | [SCompNH8] |
| 9 | Other (SPECIFY) | [SCompNH9] |

{If CASI NOT REFUSED}

[CASInst]*

INTERVIEWER: If the respondent is happy to do the self-completion themselves - hand over the computer now. Otherwise keep interviewing.

[DashInt]*

The next questions are for you to answer yourself. They all ask you to choose an answer from those listed on the screen. Please choose your answer by pressing the number next to the answer you want to give and then press the large key with the red sticker (the enter key).

You don't have to answer every question - if you want to skip one the interviewer will tell you how to do this. Please ask the interviewer if you want any help. Now press 1 and then the key with the red sticker to continue.

[AnxInt]*

The next few questions ask about how you've been feeling lately and if you've been feeling depressed, worried or anxious.

Press 1 and then the key with the red sticker to continue.

Anxiety

[J1SC]

Have you been feeling anxious or nervous in the past month?

- 1 Yes, anxious or nervous
- 2 No

IF J1SC = No THEN

[J2SC]

In the past month, did you ever find your muscles felt tense or that you couldn't relax?

- 1 Yes
- 2 No

ALL

[J3SC]

Some people have phobias; they get nervous or uncomfortable about specific things or situations when there is no real danger. For instance they may get extremely anxious when in confined spaces, or they may have a fear of heights. Others become nervous at the sight of things like blood or spiders.

In the past month have you felt anxious, nervous or tense about any specific things when there was no real danger?

- 1 Yes
- 2 No

IF RESPONDENT HAS EXPERIENCED ANXIETY AND PHOBIA ((IF J1SC=Yes AND J3SC=Yes) OR (J2SC=Yes AND J3SC=Yes)) THEN

[J5SC]

In the past month, when you felt anxious/nervous/tense, was this always brought on by the phobia about some specific situation or thing or did you sometimes feel generally anxious/nervous/tense?

- 1 Always brought on by phobia
- 2 Sometimes generally anxious

IF J5SC = Sometimes generally anxious THEN

[J6SC]

The next questions are concerned with general anxiety/nervousness/tension only.

On how many of the past seven days have you felt generally anxious/nervous/tense?

- 1 4 days or more
- 2 1 to 3 days
- 3 None

IF RESPONDENT HAS EXPERIENCED GENERAL ANXIETY ONLY (IF (J1SC=Yes AND J3SC=No) OR (J2SC=Yes AND J3SC=No)) THEN

[J7SC]

On how many of the past seven days have you felt generally anxious/nervous/tense?

- 1 4 days or more
- 2 1 to 3 days
- 3 None

IF RESPONDENT HAS EXPERIENCED ANXIETY FOR AT LEAST 1 DAY (IF J6SC IN [1..2] OR J7SC IN [1..2]) THEN

[J8SC]

In the past week, has your anxiety/nervousness/tension been:

RUNNING PROMPT

- 1 ...very unpleasant
- 2 ...a little unpleasant
- 3 ...or not unpleasant?

[J9SC]

In the past week, when you've been anxious/nervous/tense, have you had any of the symptoms shown below?

Heart racing or pounding

Hands sweating or shaking

Feeling dizzy

Difficulty getting your breath

Butterflies in stomach

Dry mouth

Nausea or feeling as though you wanted to vomit

IF RESPONDENT HAS EXPERIENCED ANY OF THE SYMPTOMS LISTED IF J9SC=Yes) THEN

[J9A...]

Which of these symptoms did you have when you felt anxious/nervous/tense?

CODE ALL THAT APPLY

- | | | |
|---|---|----------|
| 1 | Heart racing or pounding | [J9A1SC] |
| 2 | Hands sweating or shaking | [J9A2SC] |
| 3 | Feeling dizzy | [J9A3SC] |
| 4 | Difficulty getting your breath | [J9A4SC] |
| 5 | Butterflies in stomach | [J9A5SC] |
| 6 | Dry mouth | [J9A6SC] |
| 7 | Nausea or feeling as though you wanted to vomit | [J9A7SC] |

IF RESPONDENT HAS EXPERIENCED ANXIETY FOR AT LEAST 1 DAY (IF J6SC IN [1..2] OR J7SC IN [1..2]) THEN

[J10SC]

Have you felt anxious/nervous/tense for more than 3 hours in total on any one of the past seven days?

- 1 Yes
- 2 No

[J11SC]

How long have you had these feelings of general anxiety/nervousness/tension as you described?

- 1 less than 2 weeks
- 2 2 weeks but less than 6 months
- 3 6 months but less than 1 year
- 4 1 year but less than 2 years
- 5 2 years or more

Depression

[G1SC]

Almost everyone becomes sad, miserable or depressed at times.

Have you had a spell of feeling sad, miserable or depressed in the past month?

- 1 Yes
- 2 No

[G2SC]

During the past month, have you been able to enjoy or take an interest in things as much as you usually do?

- 1 Yes
- 2 No/no enjoyment or interest

IF G1SC = Yes THEN

[G4SC]

In the past week have you had a spell of feeling sad, miserable or depressed?

- 1 Yes
- 2 No

IF G2SC= No THEN

[G5SC]

In the past week have you been able to enjoy or take an interest in things as much as usual?

- 1 Yes
- 2 No/no enjoyment or interest

IF (G4SC = Yes) OR (G5SC = No/no enjoyment or interest) THEN

[G6SC]

Since last [Sunday / Monday / Tuesday / Wednesday / Thursday / Friday / Saturday] on how many days have you felt [depressed or unable to take an interest in things / sad, miserable or depressed / unable to enjoy or take an interest in things]?

- 1 4 days or more
- 2 1 to 3 days
- 3 None

[G7SC]

Have you felt [depressed or unable to take an interest in things / sad, miserable or depressed /unable to enjoy or take an interest in things] for more than 3 hours in total (on any day in the past week)?

- 1 Yes
- 2 No

[G9SC]

In the past week when you felt sad, miserable or depressed/unable to enjoy or take an interest in things, did you ever become happier when something nice happened, or when you were in company?

- 1 Yes, at least once
- 2 No

[G10SC]

How long have you been feeling sad, miserable or depressed/unable to enjoy or take an interest in things as you have described?

- 1 less than 2 weeks
- 2 2 weeks but less than 6 months
- 3 6 months but less than 1 year
- 4 1 year but less than 2 years
- 5 2 years but less than 5 years
- 6 5 years but less than 10 years
- 7 10 years or more

Self Harm

[DSHIntro]*

There may be times in everyone's life when they become very miserable and depressed and may feel like taking drastic action because of these feelings

1 Continue

[DSH4SC]

Have you ever made an attempt to take your life, by taking an overdose of tablets or in some other way?

1 Yes

2 No

IF DSH4SC = Yes THEN

[DSH4aSC]

When was this? Please tell us about the most recent time

1 In the last week?

2 In the last year?

3 Some other time?

ALL

[DSH5SC]

Have you ever deliberately harmed yourself in any way but not with the intention of killing yourself?

1 Yes

2 No

IF DSH5SC = Yes THEN

[DSH5aSC]

When was this? Please tell us about the most recent time

1 In the last week?

2 In the last year?

3 Some other time?

DISPLAY IF DSH4aSC = 'in the last week' OR 'in the last year' THEN

[DSHExit]*

The sorts of thoughts and feelings we have talked about here are very serious and it is important that you talk to someone, for example a doctor or The Samaritains, if you find yourself thinking them.

ASK ALL

[DashLeaf]*

INTERVIEWER: PLEASE HAND OVER THE USEFUL CONTACTS LEAFLET TO RESPONDENTS BEFORE CONTINUING. IF THE RESPONDENT APPEARS UPSET OR DISTRESSED THEN YOU MIGHT NEED TO GIVE THEM SOME TIME TO COMPOSE THEMSELVES BEFORE CARRYING ON WITH THE REST OF THE INTERVIEW.

Final

[BioEnd]*

Those are all the questions I wanted to ask you.

INTERVIEWER: MAKE SURE THE RESPONDENT HAS:

- COPIES OF THEIR CONSENT FORMS
- MEASUREMENT RECORD CARD
- USEFUL CONTACTS LEAFLET

[BioEnd2]*

INTERVIEWER: Before you leave make sure you have:

1. Office copies of consent forms
2. Signed copies of voucher receipt forms
3. Labeled the samples
4. Completed the dispatch note
5. Included dispatch note in envelope with samples

INTERVIEWER: PRESS <Ctrl Enter> RETURN TO THE INDIVIDUAL SESSION TO COLLECT PHONE NUMBER BEFORE FINISHING OR TO OPEN ANOTHER BIOMODULE SESSION FOR THE NEXT RESPONDENT.

[EndReach]*

INTERVIEWER: End of questionnaire reached.

Press <1> and <Enter> to continue.

- 1 Continue

[Thank]*

INTERVIEWER: Thank respondent for his/her co-operation.

Then press <1> and <Enter> to finish.

- 1 Continue

P7172

Yr	Samp Type	Point	Address	HHL D	CKL	Person no
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

1 - 11

12 - 13 Blank

First name:

Spare	Card	Batch
	3 1 1	
	14 - 16	17 - 21

Survey month:

Scottish Health Survey 2013

Booklet for Young Adults

In Confidence

How to fill in this questionnaire

- A. Most of the questions on the following pages can be answered by simply ticking the box below or alongside the answer that applies to you. You do not have to answer every question.

Example:

Tick **one** box

	Very healthy life	Fairly healthy life	Not very healthy life	An unhealthy life
Do you feel that you lead a ...	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

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

Example:

Write in no.

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

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

Example:

Tick **ONE** box

Yes	<input checked="" type="checkbox"/> 1	→ Go to Q4
No	<input type="checkbox"/> 2	→ Go to Q5

SMOKING

Q1 Have you ever smoked a cigar or a pipe?

Tick **ALL** that apply **DSMKEV081-3**

Yes – cigar

1

22-23

Yes – pipe

2

Go to Q2 ↓

No

3

Q2 Have you ever smoked a cigarette?

Tick **ONE** box **DSMOKCIG** 24

Yes

1

Go to Q3 ↓

No

2

Go to Q7 on page 2 →

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

DCIGAGE 25-26

Write in how old you were then

Go to Q4 ↓

Q4 Do you smoke cigarettes nowadays?

Tick **ONE** box **DSMOKNOW** 27

Yes

1

Go to Q6a ↓

No

2

Go to Q5 ↓

Q5 Did you smoke cigarettes regularly or occasionally?

Tick **ONE** box **DSMOKREG** 28

Regularly, that is at least one cigarette a day

1

Occasionally

2

Go to Q7 on page 2 →

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

3

CURRENT SMOKERS

Q6a About how many cigarettes a day do you usually smoke on weekdays?

DDLYSMOK 29-30

Write in number smoked a day

Go to Q6b ↓

Q6b And about how many cigarettes a day do you usually smoke at weekends?

DWKNDSMO 31-32

Write in number smoked a day

Go to Q7 on page 2 →

EVERYONE PLEASE ANSWER

Q7 Are you regularly exposed to other people's tobacco smoke in any of these places?

NOSMOKE1-7a

33-38

Please tick all boxes which apply

Tick **ALL** that apply

At home	<input type="checkbox"/>	1	Go to Q8 ↓
At work	<input type="checkbox"/>	2	
In other people's homes	<input type="checkbox"/>	3	
In cars, vans etc	<input type="checkbox"/>	4	
Outside of buildings (e.g. pubs, shops, hospitals)	<input type="checkbox"/>	5	
In other public places	<input type="checkbox"/>	6	
No, none of these	<input type="checkbox"/>	7	Go to Q9 on page 3 →

Q8 Does this bother you at all?

Tick **ONE** box *BOTHSMO*

39

Yes	<input type="checkbox"/>	1
No	<input type="checkbox"/>	2

NOW GO TO THE QUESTIONS ON THE NEXT PAGE →

DRINKING

Q9 Do you ever drink alcohol nowadays, including drinks you brew or make at home?

DDRINK

40

Tick ONE box

- Yes ₁ Go to Q12 ↓
- No ₂ Go to Q10 ↓

Q10 Just to check, does that mean you never have an alcoholic drink nowadays, or do you have an alcoholic drink very occasionally, perhaps for medicinal purposes or on special occasions like Christmas and New Year?

DDRINKAN

41

Tick ONE box

- Very occasionally ₁ Go to Q12 ↓
- Never ₂ Go to Q11 ↓

Q11 Have you always been a non-drinker or did you stop drinking for some reason?

DALWAYTT

42

Tick ONE box

- Always a non-drinker ₁
- Used to drink but stopped ₂
- Go to Q37 on page 15 →

Q12 How old were you the first time you ever had a proper alcoholic drink – a whole drink, not just a sip?

DDRKAG08

43-44

Write in how old you were then

Go to the next page →

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

EXAMPLE

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

Tick ONE box

Almost every day	Five or six days a week	Three or four days a week	Once or twice a week	Once or twice a month	Once every couple of months	Once or twice in the last 12 months	Never in the last 12 months
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

Go to QB

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

2	Half-pints
AND/OR	<input style="width: 100px; height: 20px;" type="text"/> Large cans or bottles
AND/OR	<input style="width: 100px; height: 20px; text-align: center;" type="text"/> 1 Small cans or bottles

NOW PLEASE ANSWER Q13-Q20

Q13 **Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol) - exclude bottles/cans of shandy.**

45

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

DNBEER

Tick ONE box

Almost every day	Five or six days a week	Three or four days a week	Once or twice a week	Once or twice a month	Once every couple of months	Once or twice in the last 12 months	Never in the last 12 months
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

Go to Q14 on page 5 →

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

DNBEERQ0	Half-pints	46-47
AND/OR	<input style="width: 100px; height: 20px;" type="text"/> DNBEERQ2	48-49
AND/OR	<input style="width: 100px; height: 20px; text-align: center;" type="text"/> DNBEERQ3	50-51

Q14 Strong beer, lager, stout, cider (6% alcohol or more, such as Tennant's Super, Special Brew)

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

DSBEER

Tick **ONE** box

Almost every day	Five or six days a week	Three or four days a week	Once or twice a week	Once or twice a month	Once every couple of months	Once or twice in the last 12 months	Never in the last 12 months
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

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

Go to Q15 ↓

- DSBEERQ0** Half-pints 53-54
- AND/OR **DSBEERQ2** Large cans or bottles 55-56
- AND/OR **DSBEERQ3** Small cans or bottles 57-58

Q15 Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails

DSPIRITS

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

Tick **ONE** box

Almost every day	Five or six days a week	Three or four days a week	Once or twice a week	Once or twice a month	Once every couple of months	Once or twice in the last 12 months	Never in the last 12 months
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

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

Go to Q16 on page 6 →

- DSPIRITQ** Glasses (count doubles as 2 singles) 60-61

Q16 Sherry or martini (including port, vermouth, cinzano, dubonnet) or Buckfast

DSHERY08

62

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

Tick **ONE** box

Almost every day	Five or six days a week	Three or four days a week	Once or twice a week	Once or twice a month	Once every couple of months	Once or twice in the last 12 months	Never in the last 12 months
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

Go to Q17 ↓

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

Glasses (count doubles as 2 singles) 63-64

Q17 Wine (including babycham and champagne)

DWINE08

65

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

Tick **ONE** box

Almost every day	Five or six days a week	Three or four days a week	Once or twice a week	Once or twice a month	Once every couple of months	Once or twice in the last 12 months	Never in the last 12 months
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

Go to Q18 on page 7 →

How much did you usually drink on any one day? WRITE IN NUMBER You can write in parts of a bottle, e.g. half a bottle

If you drink small bottles (e.g. 250ml or 175ml) enter the number of glasses you drank from the bottle

Large Glasses (250ml)

66-67

Standard Glasses (175ml)

68-69

Small Glasses (125ml)

70-71

Bottles (750ml)

72-73

Q18 Alcoholic soft drinks or 'alcopops' (such as WKD, Smirnoff Ice, Bacardi Breezer etc)

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

Tick **ONE** box

Almost every day	Five or six days a week	Three or four days a week	Once or twice a week	Once or twice a month	Once every couple of months	Once or twice in the last 12 months	Never in the last 12 months
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

Go to Q19 ↓

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

<input type="text"/>	<i>DPOP08Q0</i>	Small cans	75-76
<input type="text"/>	<i>DPOP08Q2</i>	Standard bottles (275ml)	77-78
<input type="text"/>	<i>DPOP08Q3</i>	Large bottles (700ml)	79-80

Q19 Have you had any other kinds of alcoholic drink in the last 12 months?

Tick **ONE** box 81

No	<input type="checkbox"/> 1	Go to Q21 on page 9 →
Yes	<input type="checkbox"/> 2	

WRITE IN NAME OF DRINK

<input type="text"/>	<i>DALTYPA*</i>	82-
----------------------	-----------------	-----

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

Tick **ONE** box

Almost every day	Five or six days a week	Three or four days a week	Once or twice a week	Once or twice a month	Once every couple of months	Once or twice in the last 12 months	84
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	

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

<input type="text"/>	<i>DGLASSA*</i>	Glasses (count doubles as 2 singles)	85-86	
AND/OR	<input type="text"/>	<i>DPINTSA*</i>	Half-pints	87-88
AND/OR	<input type="text"/>	<i>DLARGEA*</i>	Large cans or bottles	89-90
AND/OR	<input type="text"/>	<i>DSMALLA*</i>	Small cans or bottles	91-92

¹ * not in dataset

Q20 Have you had any other kinds of alcoholic drink in the last 12 months?

*DALCOTB**

93

Tick **ONE** box

No

1

Go to Q21 on page 9 →

Yes

2

WRITE IN NAME OF DRINK

*DALTYPB**

94-95

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

*DALFREQB**

Tick **ONE** box

Almost every day

Five or six days a week

Three or four days a week

Once or twice a week

Once or twice a month

Once every couple of months

Once or twice in the last 12 months

1

2

3

4

5

6

7

96

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

*DGLASSB**

Glasses (count doubles as 2 singles)

97-98

AND/OR

*DPINTSB**

Half-pints

99-100

AND/OR

*DLARGE**

Large cans or bottles

101-102

AND/OR

*DSMALL**

Small cans or bottles

103-104

Go to Q21 on page 9 →

Q21 Thinking now about all kinds of drinks, how often have you had an alcoholic drink of any kind during the last 12 months?

DDRINKOF

105

Tick ONE box

- Almost every day 1
 - Five or six days a week 2
 - Three or four days a week 3
 - Once or twice a week 4
 - Once or twice a month 5
 - Once every couple of months 6
 - Once or twice a year 7
 - Not all in the last 12 months 8
- Go to Q22 ↓

Q22 Did you have an alcoholic drink in the seven days ending yesterday?

DDRINKL7

106

Tick ONE box

- Yes 1 — Go to Q23 ↓
- No 2 — Go to Q25a on page 11 →

Q23 On how many days out of the last seven did you have an alcoholic drink?

DDRINKDAY

107

Tick ONE box

- One 1
- Two 2
- Three 3
- Four 4 — Go to Q24 on page 10 →
- Five 5
- Six 6
- Seven 7

Q24 Please think about the day in the last week on which you drank the most. (If you drank the same amount on more than one day, please answer about the most recent of those days.)

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

TICK <u>ALL</u> DRINKS DRUNK ON THAT DAY		WRITE IN HOW MUCH DRUNK ON THAT DAY			
		Glasses (count doubles as 2 singles)	Half-pints	Large cans or bottles	Small cans or bottles
Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol)-exclude bottles/cans of shandy.	108-123 <input type="checkbox"/> ⁰¹ DDKTY P1	124-125 <input type="checkbox"/> DNBL7Q0	126-127 <input type="checkbox"/> DNBL7Q2	128-129 <input type="checkbox"/> DNBL7Q3	
	Strong beer, lager, stout or cider (6% alcohol or more, such as Tennent's Super, Special Brew)	130-131 <input type="checkbox"/> DSBL7Q0	132-133 <input type="checkbox"/> DSBL7Q2	134-135 <input type="checkbox"/> DSBL7Q3	
Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails	136-137 <input type="checkbox"/> ⁰³ DDKTY P3	136-137 <input type="checkbox"/> DSPIRL7Q			
Sherry or martini (including port, vermouth, cinzano, dubonnet) or Buckfast	138-139 <input type="checkbox"/> ⁰⁴ DDKTY P4	138-139 <input type="checkbox"/> DSR08L7 Q			
Wine (including babycham and champagne) You can write in parts of a bottle, e.g. half a bottle If you drank <u>small</u> bottles (e.g. 250ml or 175ml) enter the number of glasses drunk from the bottle	<input type="checkbox"/> ⁰⁵ DDKTY P5	Large glasses (250ml) <input type="checkbox"/> DW08L7Q 0 140-141	Standard glasses (175ml) <input type="checkbox"/> DW08L7Q 2 142-143	Small glasses (125ml) <input type="checkbox"/> DW08L7Q 3 144-145	Bottles (750ml) <input type="checkbox"/> DW08L7Q 4 146-147
Alcoholic soft drinks or 'alcopops' (such as WKD, Smirnoff Ice, Bacardi Breezer)	<input type="checkbox"/> ⁰⁶ DDKTY P6		Small cans <input type="checkbox"/> DP08L7Q0 148-149	Standard bottles (275ml) <input type="checkbox"/> DP08L7Q2 150-151	Large bottles (700ml) <input type="checkbox"/> DP08L7Q3 152-153
Other kinds of alcoholic drink WRITE IN NAME OF DRINK		Glasses (count doubles as 2 singles)	Half-pints	Large cans or bottles	Small cans or bottles
1. <input type="text"/>	<input type="checkbox"/> ⁰⁷ DDKTY P7	<input type="checkbox"/> DALL7Q1A * 154-155	<input type="checkbox"/> DALL7Q2A * 156-157	<input type="checkbox"/> DALL7Q3* A 158-159	<input type="checkbox"/> DALL7Q4A * 160-161
2. <input type="text"/>	<input type="checkbox"/> ⁰⁸ DDKTY P8	<input type="checkbox"/> DALL7Q1B * 162-163	<input type="checkbox"/> DALL7Q2B * 164-165	<input type="checkbox"/> DALL7Q3B * 166-167	<input type="checkbox"/> DALL7Q4B * 168-169

Go to next page →

DRINKING EXPERIENCES

PLEASE READ THIS CAREFULLY

Q25a How often do you have a drink containing alcohol?

Tick ONE box *DXOFT*

176

Never	<input type="checkbox"/>	1	Go to Q37 on pg 15 →
Monthly or less	<input type="checkbox"/>	2	
2-4 times a month	<input type="checkbox"/>	3	Go to Q25b ↓
2-3 times a week	<input type="checkbox"/>	4	
4 or more times a week	<input type="checkbox"/>	5	

Q25b How many drinks containing alcohol do you have on a typical day when you are drinking?

Tick ONE box *DXNUM*

177

1 or 2	<input type="checkbox"/>	1
3 or 4	<input type="checkbox"/>	2
5 or 6	<input type="checkbox"/>	3
7 to 9	<input type="checkbox"/>	4
10 or more	<input type="checkbox"/>	5

Q26 How often do you have six or more drinks on one occasion?

Tick ONE box *DXBINGE*

178

Never	<input type="checkbox"/>	1
Less than monthly	<input type="checkbox"/>	2
Monthly	<input type="checkbox"/>	3
Weekly	<input type="checkbox"/>	4
Daily or almost daily	<input type="checkbox"/>	5

Q27 How often during the last year have you found that you were not able to stop drinking once you had started?

DXNSTOP

179

Tick ONE box

- Never 1
- Less than monthly 2
- Monthly 3
- Weekly 4
- Daily or almost daily 5

Q28 How often during the last year have you failed to do what was normally expected of you because of drinking?

DXFAIL

180

Tick ONE box

- Never 1
- Less than monthly 2
- Monthly 3
- Weekly 4
- Daily or almost daily 5

Q29 How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

DXFIRST

181

Tick ONE box

- Never 1
- Less than monthly 2
- Monthly 3
- Weekly 4
- Daily or almost daily 5

Q30 How often during the last year have you had a feeling of guilt or remorse after drinking? **DXGUILT** 182

Tick ONE box

- Never 1
- Less than monthly 2
- Monthly 3
- Weekly 4
- Daily or almost daily 5

Q31 How often during the last year have you been unable to remember what happened the night before because of your drinking? **DXUNABLE** 183

Tick ONE box

- Never 1
- Less than monthly 2
- Monthly 3
- Weekly 4
- Daily or almost daily 5

Q32 Have you or someone else been injured because of your drinking? **DXINJURE** 184

Tick ONE box

- No 1
- Yes, but not in the last year 2
- Yes, during the last year 3

Q33 Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down? **DXCUT** 185

Tick ONE box

- No 1
- Yes, but not in the last year 2
- Yes, during the last year 3

Q34 I have been drunk at least once a week, on average, in the last three weeks **DRUNK1** 186

Tick ONE box

- Yes 1
- No 2

Q35a In which of these places would you say you drink the **most** alcohol?

DDRWR08

187

Please tick one box only

Tick ONE box

- | | | | |
|--|--------------------------|---|------------------|
| In a pub or bar | <input type="checkbox"/> | 1 | } → Go to Q36a ↓ |
| In a restaurant | <input type="checkbox"/> | 2 | |
| In a club or disco | <input type="checkbox"/> | 3 | |
| At a party with friends | <input type="checkbox"/> | 4 | |
| At my home | <input type="checkbox"/> | 5 | |
| At someone else's home | <input type="checkbox"/> | 6 | |
| Out on the street, in a park or other outdoor area | <input type="checkbox"/> | 7 | |
| Somewhere else | <input type="checkbox"/> | 8 | → Go to Q35b ↓ |

Q35b In which place do you drink the **most** alcohol? **Write in:**

188-189

DDRWR080

Q36a Who are you usually with when you drink the **most** alcohol?

DDRWT08

190

Please tick one box only

Tick ONE box

- | | | | |
|--|--------------------------|---|----------------------------|
| My boyfriend or girlfriend/partner/husband or wife | <input type="checkbox"/> | 1 | } → Go to Q37 on page 15 → |
| Male friends | <input type="checkbox"/> | 2 | |
| Female friends | <input type="checkbox"/> | 3 | |
| Male and female friends together | <input type="checkbox"/> | 4 | |
| Work colleagues | <input type="checkbox"/> | 5 | |
| Members of my family / relatives | <input type="checkbox"/> | 6 | |
| On my own | <input type="checkbox"/> | 7 | |
| Someone else | <input type="checkbox"/> | 8 | → Go to question 36b ↓ |

Q36b Who are you usually with when you drink the **most** alcohol? **Write in:**

191-192

DDRWT080

GENERAL HEALTH OVER THE LAST FEW WEEKS

EVERYONE PLEASE ANSWER

Please read this carefully:

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

HAVE YOU RECENTLY:

Tick ONE box

	Better than usual	Same as usual	Less than usual	Much less than usual
Q37 <i>GHQCONC</i> Been able to concentrate on whatever you're doing?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

193

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q38 <i>GHQSLEEP</i> Lost much sleep over worry?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

194

Tick ONE box

	More so than usual	Same as usual	Less useful than usual	Much less useful
Q39 <i>GHQUSEL</i> Felt you were playing a useful part in things?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

195

Tick ONE box

	More so than usual	Same as usual	Less so than usual	Much less capable
Q40 <i>GHQDECIS</i> Felt capable of making decisions about things?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

196

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q41 <i>GHQSTRAI</i> Felt constantly under strain?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

197

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q42 <i>GHQOVER</i> Felt you couldn't overcome your difficulties?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

198

HAVE YOU RECENTLY:

GHQENJOY

Tick ONE box

Q43 Been able to enjoy your normal day-to-day activities?

More so than usual	Same as usual	Less so than usual	Much less than usual
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

199

GHQFACE

Tick ONE box

Q44 Been able to face up to your problems?

More so than usual	Same as usual	Less able than usual	Much less able
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

200

GHQUNHAP

Tick ONE box

Q45 Been feeling unhappy and depressed?

Not at all	No more than usual	Rather more than usual	Much more than usual
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

201

GHQCONFI

Tick ONE box

Q46 Been losing confidence in yourself?

Not at all	No more than usual	Rather more than usual	Much more than usual
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

202

GHQWORTH

Tick ONE box

Q47 Been thinking of yourself as a worthless person?

Not at all	No more than usual	Rather more than usual	Much more than usual
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

203

GHQHAPPY

Tick ONE box

Q48 Been feeling reasonably happy, all things considered?

More so than usual	About same as usual	Less so than usual	Much less than usual
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

204

Please read this carefully:

Below are some statements about feelings and thoughts.

Please tick the box that best describes your experience of each over the last 2 weeks

Tick ONE box

OPTIM

	None of the time	Rarely	Some of the Time	Often	All of the time
Q49 I've been feeling optimistic about the future	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

205

Tick ONE box

USE

	None of the time	Rarely	Some of the time	Often	All of the time
Q50 I've been feeling useful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

206

Tick ONE box

RELAX

	None of the time	Rarely	Some of the time	Often	All of the time
Q51 I've been feeling relaxed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

207

Tick ONE box

INTREST

	None of the time	Rarely	Some of the time	Often	All of the time
Q52 I've been feeling interested in other people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

208

Tick ONE box

ENERGY

	None of the time	Rarely	Some of the time	Often	All of the time
Q53 I've had energy to spare	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

209

Tick ONE box

DEAL

	None of the time	Rarely	Some of the time	Often	All of the time
Q54 I've been dealing with problems well	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

210

Tick ONE box

THINK

	None of the time	Rarely	Some of the time	Often	All of the time
Q55 I've been thinking clearly	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

211

Please read this carefully:

Below are some statements about feelings and thoughts.

Please tick the box that best describes your experience of each over the last 2 weeks

Tick ONE box

GOOD

	None of the time	Rarely	Some of the time	Often	All of the time
Q56 I've been feeling good about myself	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

212

Tick ONE box

CLOSE

	None of the time	Rarely	Some of the time	Often	All of the time
Q57 I've been feeling close to other people	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

213

Tick ONE box

CONFID2

	None of the time	Rarely	Some of the time	Often	All of the time
Q58 I've been feeling confident	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

214

Tick ONE box

MIND

	None of the time	Rarely	Some of the time	Often	All of the time
Q59 I've been able to make up my own mind about things	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

215

Tick ONE box

LOVE

	None of the time	Rarely	Some of the time	Often	All of the time
Q60 I've been feeling loved	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

216

Tick ONE box

INTRST2

	None of the time	Rarely	Some of the time	Often	All of the time
Q61 I've been interested in new things	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

217

Tick ONE box

CHEER

	None of the time	Rarely	Some of the time	Often	All of the time
Q62 I've been feeling cheerful	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

218

EVERYONE PLEASE ANSWER

Q63 Have you spent any money on any of the following activities in the **last 12 months?**
Please tick **ONE** box for each activity

		Tick ONE box		
		Yes	No	
GALA	Tickets for the National Lottery Draw, including Thunderball and Euromillions and tickets bought online	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	219-220
GALB	Scratchcards (but not online or newspaper or magazine scratchcards)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	221-222
GALC	Tickets for any <u>other</u> lottery, including charity lotteries	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	223-224
GALE	The football pools	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	225-226
GALD	Bingo cards or tickets, including playing at a bingo hall (not online)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	227-228
GALF	Fruit or slot machines	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	229-230
GALG	Virtual gaming machines <u>in a bookmakers</u> to bet on virtual roulette, poker, blackjack or other games	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	231-232
GALS	Table games (roulette, cards or dice) <u>in a casino</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	233-234
GALH	Playing poker in a pub tournament/ league or at a club	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	235-236
GALJ	Online gambling like playing poker, bingo, instant win/scratchcard games, slot machine style games or casino games <u>for money</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	237-238
GALT	Online betting <u>with a bookmaker</u> on any event or sport	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	239-240
GALU	Betting exchange <i>This is where you lay or back bets against other people using a betting exchange. There is no bookmaker to determine the odds. This is sometimes called 'peer to peer' betting.</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	241-242
GALK	Betting on horse races <u>in a bookmaker's, by phone or at the track</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	243-244
GALLX	Betting on dog races <u>in a bookmaker's, by phone or at the track</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	245-246
GALM	Betting on sports events <u>in a bookmaker's, by phone or at the venue</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	247-248
GALN	Betting on other events <u>in a bookmaker's, by phone or at the venue</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	249-250
GALO	Spread-betting <i>In spread-betting you bet that the outcome of an event will be higher or lower than the bookmaker's prediction. The amount you win or lose depends on how right or wrong you are.</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	251-252
GALP	Private betting, playing cards or games for money with friends, family or colleagues	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	253-254
GALQ	Another form of gambling in the last 12 months	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	255-256

IF YOU TICKED 'YES' FOR ANY OF THE ACTIVITIES AT Q63, PLEASE GO TO Q64 OTHERWISE GO TO Q83

**IF YOU TICKED 'YES' FOR ANY OF THE ACTIVITIES AT Q63, PLEASE GO TO Q64
OTHERWISE GO TO Q83**

For the next set of questions about gambling, please indicate the extent to which each one has applied to you in the **last 12 months**.

Tick **ONE** box

	Every time I lost	Most of the time	Some of the time (less than half the time I lost)	Never
Q64 When you gamble, how often do you go back another day to win back money you lost? (D1)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄ 257

Tick **ONE** box for each question

	Very often	Fairly often	Occasionally	Never
Q65 How often have you found yourself thinking about gambling (that is reliving past gambling experiences, planning the next time you will play, or thinking of ways to get money to gamble)? (D2)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄ 258
Q66 Have you needed to gamble with more and more money to get the excitement you are looking for? (D3)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄ 259
Q67 Have you felt restless or irritable when trying to cut down gambling? (D4)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄ 260
Q68 Have you gambled to escape from problems or when you are feeling depressed, anxious or bad about yourself? (D5)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄ 261
Q69 Have you lied to family, or others, to hide the extent of your gambling? (D6)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄ 262
Q70 Have you made unsuccessful attempts to control, cut back or stop gambling? (D7)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄ 263
Q71 Have you committed a crime in order to finance gambling or to pay gambling debts? (D8)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄ 264
Q72 Have you risked or lost an important relationship, job, educational or work opportunity because of gambling? (D9)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄ 265
Q73 Have you asked others to provide money to help with a financial crisis caused by gambling? (D10)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄ 266

In the past 12 months, how often...

Tick **ONE** box

	Almost always	Most of the time	Sometimes	Never
Q74 ...have you bet more than you could really afford to lose? <i>P1</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 267
Q75 ...have you needed to gamble with larger amounts of money to get the same excitement? <i>P2</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 268
Q76 ...have you gone back another day to try to win back the money you'd lost? <i>P3</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 269
Q77 ...have you borrowed money or sold anything to get money to gamble? <i>P4</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 270
Q78 ...have you felt that you might have a problem with gambling? <i>P5</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 271
Q79 ...have you felt that gambling has caused you any health problems, including stress or anxiety? <i>P6</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 272
Q80 ...have people criticised your betting, or told you that you have a gambling problem, whether or not you thought it is true? <i>P7</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 273
Q81 ...have you felt your gambling has caused financial problems for you or your household? <i>P8</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 274
Q82 ...have you felt guilty about the way you gamble or what happens when you gamble? <i>P9</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 275

CONTRACEPTION

Q83 Are you currently sexually active?

Tick **ONE** box *SXACTIV*

276

Yes ₁ — Go to Q84 ↓

No ₂ — Go to Q88 on page 23 →

Q84 Which method of contraception are you or your partner currently using? Please include permanent methods like sterilization.

Tick **up to 3** methods *MTHCON1*
MTHCON2
MTHCON3

277-282

Tick up to 3 methods

Not using any contraception (myself or my partner) ₀₁ — Go to Q86 on page 23 →

I have been sterilized/My partner has been sterilized
(this includes male vasectomy) ₀₂

Mini pill ₀₃

Combined pill ₀₄

Pill – not sure which ₀₅

Mirena coil (hormone releasing coil) ₀₆

Coil/other device ₀₇

Condom/male sheath/Durex ₀₈

Femidom (female sheath) ₀₉

Cap/diaphragm ₁₀ — Go to Q88 on page 23 →

Foams, gels, sprays, pessaries (spermicides) ₁₁

Contraceptive sponge ₁₂

Persona ₁₃

Safe period/rhythm method (other than Persona) ₁₄

Withdrawal ₁₅

Injection ₁₆

Implant ₁₇

Emergency contraception ₁₈

Going without sex ₁₉

Another method of contraception ₂₀ — Go to Q85 ↓

Q85 What other method of contraception do you or your partner use? Write in:

283-284

*MTHCONO**

Now go to Q88 on page 23 →

ANSWER IF YOU ARE CURRENTLY SEXUALLY ACTIVE BUT YOU OR YOUR PARTNER ARE NOT USING CONTRACEPTION CURRENTLY

Q86 Here is a list of reasons why people do not use any method of contraception. Which is the **main** reason that currently applies to you or your partner?

NOCON

285-286

Tick ONE box

I am / my partner is trying to become pregnant or is already pregnant	01	
I am / my partner is unlikely to conceive because of the menopause	02	
I am / my partner is unlikely to conceive because of infertility	03	
Against my faith/beliefs	04	
I am having sex with someone of the same sex	05	Go to Q88 ↓
I don't like contraception / find methods unsatisfactory	06	
My partner doesn't like – or won't use – contraception	07	
Don't know where to obtain contraceptives / advice	08	
Find access to contraceptive services difficult	09	
Some other reason	10	Go to Q87 ↓

Q87 Please write in other reason:

287-288

NOCONO*

Now go to Q88 ↓

EVERYONE PLEASE ANSWER

Q88 And now a question about physical activity. The government advises people to spend a certain amount of time doing moderate physical activity to help them stay healthy. This includes bike riding, swimming, playing tennis or any other activity that makes them breathe slightly faster. How much time **per day** do you **think** people **your age** are advised to spend doing this?

Please write in time (You can either write your answer in minutes, hours or both).

Hours	Minutes
<p>SCQpaYAH</p> <p>290 – 291</p>	<p>SCQpaYAM</p> <p>292-293</p>

EVERYONE PLEASE ANSWER

Q89 Which of the following options best describes how you think of yourself?

Tick ONE box

SXORIEN

Heterosexual or Straight	1	289
Gay or Lesbian	2	
Bisexual	3	
Other	4	

P7172

Yr	Samp Type	Point	Address	HHLID	CKL	Child no
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>

1-11

First name:

Spare	Card	Batch
12-13 Blank	<input type="text"/> 3 <input type="text"/> 1 <input type="text"/> 3	

14-16

17-21

Survey month

Scottish Health Survey 2013

Booklet for 13-15 year olds

In Confidence

- Here are some questions for you to answer on your own.
- We are interested in your honest answers.
- We will not tell anyone what your answers are.
- You do not have to answer all the questions. If you want to miss a question, please just leave it out and move to the next one.
- Look at the instructions on the next page and read what to do.
- Ask the interviewer for help if you do not understand a question or are not sure what to do.

Thank you for taking part in this survey

How to answer these questions

- Please read each question carefully
- All of the questions can be answered by putting a tick in the box next to the answer that applies to you like this

Yes ₁

No ₂

General health over the last few weeks

22-192 Blank

Please read this carefully:

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

HAVE YOU RECENTLY:

Tick ONE box GHQCONC

	Better than usual	Same as usual	Less than usual	Much less than usual
Q1. Been able to concentrate on whatever you're doing?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 193

Tick ONE box GHQSLEEP

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q2. Lost much sleep over worry?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 194

Tick ONE box GHQUSE

	More so than usual	Same as usual	Less useful than usual	Much less useful
Q3. Felt you were playing a useful part in things?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 195

Tick ONE box GHQDECIS

	More so than usual	Same as usual	Less so than usual	Much less capable
Q4. Felt capable of making decisions about things?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 196

Tick ONE box GHQSTRAI

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q5. Felt constantly under strain?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 197

Tick ONE box GHQOVER

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q6. Felt you couldn't overcome your difficulties?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 198

HAVE YOU RECENTLY:

Tick **ONE** box

GHQENJOY

Q7. Been able to enjoy your normal day-to-day activities?

More so than usual
 1

Same as usual
 2

Less so than usual
 3

Much less than usual
 4
199

Tick **ONE** box

GHQFACE

Q8. Been able to face up to your problems?

More so than usual
 1

Same as usual
 2

Less able than usual
 3

Much less able
 4
200

Tick **ONE** box

GHQUNHAP

Q9. Been feeling unhappy and depressed?

Not at all
 1

No more than usual
 2

Rather more than usual
 3

Much more than usual
 4
201

Tick **ONE** box

GHQCONFI

Q10. Been losing confidence in yourself?

Not at all
 1

No more than usual
 2

Rather more than usual
 3

Much more than usual
 4
202

Tick **ONE** box

GHQWORTH

Q11. Been thinking of yourself as a worthless person?

Not at all
 1

No more than usual
 2

Rather more than usual
 3

Much more than usual
 4
203

Tick **ONE** box

GHQHAPPY

Q12. Been feeling reasonably happy, all things considered?

More so than usual
 1

About same as usual
 2

Less so than usual
 3

Much less than usual
 4
204

General Health Questionnaire (GHQ-12)
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Please read this carefully:

Below are some statements about feelings and thoughts.

Please tick the box that best describes your experience of each over the last 2 weeks

Q13 I've been feeling optimistic about the future

	None of the time	Rarely	Some of the Time	Often	All of the time
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 205

Tick ONE box

OPTIM

Q14 I've been feeling useful

	None of the time	Rarely	Some of the time	Often	All of the time
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 206

Tick ONE box

USE

Q15 I've been feeling relaxed

	None of the time	Rarely	Some of the time	Often	All of the time
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 207

Tick ONE box

RELAX

Q16 I've been feeling interested in other people

	None of the time	Rarely	Some of the time	Often	All of the time
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 208

Tick ONE box

INTREST

Q17 I've had energy to spare

	None of the time	Rarely	Some of the time	Often	All of the time
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 209

Tick ONE box

ENERGY

Q18 I've been dealing with problems well

	None of the time	Rarely	Some of the time	Often	All of the time
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 210

Tick ONE box

DEAL

Q19 I've been thinking clearly

	None of the time	Rarely	Some of the time	Often	All of the time
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 211

Tick ONE box

THINK

Please read this carefully:

Below are some statements about feelings and thoughts.

Please tick the box that best describes your experience of each over the last 2 weeks

Q20 I've been feeling good about myself

	None of the time	Rarely	Some of the time	Often	All of the time
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 212

Tick ONE box

GOOD

Q21 I've been feeling close to other people

	None of the time	Rarely	Some of the time	Often	All of the time
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 213

Tick ONE box

CLOSE

Q22 I've been feeling confident

	None of the time	Rarely	Some of the time	Often	All of the time
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 214

Tick ONE box

CONFID2

Q23 I've been able to make up my own mind about things

	None of the time	Rarely	Some of the time	Often	All of the time
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 215

Tick ONE box

MIND

Q24 I've been feeling loved

	None of the time	Rarely	Some of the time	Often	All of the time
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 216

Tick ONE box

LOVE

Q25 I've been interested in new things

	None of the time	Rarely	Some of the time	Often	All of the time
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 217

Tick ONE box

INTRST2

Q26 I've been feeling cheerful

	None of the time	Rarely	Some of the time	Often	All of the time
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 218

Tick ONE box

CHEER

Now go to Q27 on page 5 ↓

And now a question about physical activity.

Q27 The government advises people to spend a certain amount of time doing moderate physical activity to help them stay healthy. This includes bike riding, swimming, playing tennis or any other activity that makes them breathe slightly faster.

How much time **per day** do you **think** people **your age** are advised to spend doing this?

SCQpaTeH

SCQpaTeM

Hours

Minutes

Please write in time (you can either write your answer in minutes, hours or both).

294-295

296-297

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

P7172

Yr	Samp Type	Point	Address	HHLD	CKL	Person no
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>

1-11

First name

Spare 12-13 blank	Card	Batch
	3 1 2	
	14-16	17-21

Survey month

Scottish Health Survey 2013

Booklet for Adults

In Confidence

How to fill in this questionnaire

- A. Most of the questions on the following pages can be answered by simply ticking the box below or alongside the answer that applies to you. You do not have to answer every question.

Example:

Tick ONE box

	Very healthy life	Fairly healthy life	Not very healthy life	An unhealthy life
Do you feel that you lead a ...	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

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

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

Example:

Tick ONE box

Yes	<input checked="" type="checkbox"/> 1	→ Go to Q4
No	<input type="checkbox"/> 2	→ Go to Q5

DRINKING EXPERIENCES

PLEASE READ THIS CAREFULLY

Q1 How often do you have a drink containing alcohol?

Tick **ONE** box ***DXOFT***

176

Never	<input type="checkbox"/>	1	→ Go to Q12 on pg 4 → Go to Q2 ↓
Monthly or less	<input type="checkbox"/>	2	
2-4 times a month	<input type="checkbox"/>	3	
2-3 times a week	<input type="checkbox"/>	4	
4 or more times a week	<input type="checkbox"/>	5	

Q2 How many drinks containing alcohol do you have on a typical day when you are drinking?

Tick **ONE** box ***DXNUM***

177

1 or 2	<input type="checkbox"/>	1
3 or 4	<input type="checkbox"/>	2
5 or 6	<input type="checkbox"/>	3
7 to 9	<input type="checkbox"/>	4
10 or more	<input type="checkbox"/>	5

Q3 How often do you have six or more drinks on one occasion?

Tick **ONE** box ***DXBINGE***

178

Never	<input type="checkbox"/>	1
Less than monthly	<input type="checkbox"/>	2
Monthly	<input type="checkbox"/>	3
Weekly	<input type="checkbox"/>	4
Daily or almost daily	<input type="checkbox"/>	5

Q4 How often during the last year have you found that you were not able to stop drinking once you had started?

DXNSTOP

179

Tick ONE box

- Never 1
- Less than monthly 2
- Monthly 3
- Weekly 4
- Daily or almost daily 5

Q5 How often during the last year have you failed to do what was normally expected of you because of drinking?

DXFAIL

180

Tick ONE box

- Never 1
- Less than monthly 2
- Monthly 3
- Weekly 4
- Daily or almost daily 5

Q6 How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

DXFIRST

181

Tick ONE box

- Never 1
- Less than monthly 2
- Monthly 3
- Weekly 4
- Daily or almost daily 5

Q7 How often during the last year have you had a feeling of guilt or remorse after drinking? **DXGUILT** 182

Tick ONE box

- Never 1
- Less than monthly 2
- Monthly 3
- Weekly 4
- Daily or almost daily 5

Q8 How often during the last year have you been unable to remember what happened the night before because of your drinking? **DXUNABLE** 183

Tick ONE box

- Never 1
- Less than monthly 2
- Monthly 3
- Weekly 4
- Daily or almost daily 5

Q9 Have you or someone else been injured because of your drinking? **DXINJURE** 184

Tick ONE box

- No 1
- Yes, but not in the last year 2
- Yes, during the last year 3

Q10 Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down? **DXCUT** 185

Tick ONE box

- No 1
- Yes, but not in the last year 2
- Yes, during the last year 3

Q11 I have been drunk at least once a week, on average, in the last three weeks **DRUNK1** 186

Tick ONE box

- Yes 1
- No 2

187 – 192 Blank

GENERAL HEALTH OVER THE LAST FEW WEEKS

Please read this carefully:

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

HAVE YOU RECENTLY:

Tick ONE box

	Better than usual	Same as usual	Less than usual	Much less than usual
GHQCONC				
Q12 Been able to concentrate on whatever you're doing?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 193

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
GHQSLEEP				
Q13 Lost much sleep over worry?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 194

Tick ONE box

	More so than usual	Same as usual	Less useful than usual	Much less useful
GHQUSE				
Q14 Felt you were playing a useful part in things?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 195

Tick ONE box

	More so than usual	Same as usual	Less so than usual	Much less capable
GHQDECIS				
Q15 Felt capable of making decisions about things?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 196

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
GHQSTRAI				
Q16 Felt constantly under strain?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 197

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
GHQOVER				
Q17 Felt you couldn't overcome your difficulties?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 198

HAVE YOU RECENTLY:

GHQENJOY

Tick ONE box

Q18 Been able to enjoy your normal day-to-day activities?

More so than usual
 1

Same as usual
 2

Less so than usual
 3

Much less than usual
 4
199

GHQFACE

Tick ONE box

Q19 Been able to face up to your problems?

More so than usual
 1

Same as usual
 2

Less able than usual
 3

Much less able
 4
200

GHQUNHAP

Tick ONE box

Q20 Been feeling unhappy and depressed?

Not at all
 1

No more than usual
 2

Rather more than usual
 3

Much more than usual
 4
201

GHQCONFI

Tick ONE box

Q21 Been losing confidence in yourself?

Not at all
 1

No more than usual
 2

Rather more than usual
 3

Much more than usual
 4
202

GHQWORTH

Tick ONE box

Q22 Been thinking of yourself as a worthless person?

Not at all
 1

No more than usual
 2

Rather more than usual
 3

Much more than usual
 4
203

GHQHAPPY

Tick ONE box

Q23 Been feeling reasonably happy, all things considered?

More so than usual
 1

About same as usual
 2

Less so than usual
 3

Much less than usual
 4
204

Please read this carefully:

Below are some statements about feelings and thoughts.

Please tick the box that best describes your experience of each over the last **2 weeks**

OPTIM

Q24 I've been feeling optimistic about the future

None of the time 1 Rarely 2 Some of the Time 3 Often 4 All of the time 5
205

Tick ONE box

USE

Q25 I've been feeling useful

None of the time 1 Rarely 2 Some of the time 3 Often 4 All of the time 5
206

Tick ONE box

RELAX

Q26 I've been feeling relaxed

None of the time 1 Rarely 2 Some of the time 3 Often 4 All of the time 5
207

Tick ONE box

INTREST

Q27 I've been feeling interested in other people

None of the time 1 Rarely 2 Some of the time 3 Often 4 All of the time 5
208

Tick ONE box

ENERGY

Q28 I've had energy to spare

None of the time 1 Rarely 2 Some of the time 3 Often 4 All of the time 5
209

Tick ONE box

DEAL

Q29 I've been dealing with problems well

None of the time 1 Rarely 2 Some of the time 3 Often 4 All of the time 5
210

Tick ONE box

THINK

Q30 I've been thinking clearly

None of the time 1 Rarely 2 Some of the time 3 Often 4 All of the time 5
211

Tick ONE box

Please read this carefully:

Below are some statements about feelings and thoughts.

Please tick the box that best describes your experience of each over the last **2 weeks**

Tick ONE box

GOOD

Q31 I've been feeling good about myself

None of the time	Rarely	Some of the time	Often	All of the time
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

212

Tick ONE box

CLOSE

Q32 I've been feeling close to other people

None of the time	Rarely	Some of the time	Often	All of the time
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

213

Tick ONE box

CONFID2

Q33 I've been feeling confident

None of the time	Rarely	Some of the time	Often	All of the time
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

214

Tick ONE box

MIND

Q34 I've been able to make up my own mind about things

None of the time	Rarely	Some of the time	Often	All of the time
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

215

Tick ONE box

LOVE

Q35 I've been feeling loved

None of the time	Rarely	Some of the time	Often	All of the time
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

216

Tick ONE box

INTRST2

Q36 I've been interested in new things

None of the time	Rarely	Some of the time	Often	All of the time
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

217

Tick ONE box

CHEER

Q37 I've been feeling cheerful

None of the time	Rarely	Some of the time	Often	All of the time
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

218

EVERYONE PLEASE ANSWER

Q38 Have you spent any money on any of the following activities in the **last 12 months?**

Please tick **ONE** box for each activity

		Tick ONE box per activity		
		Yes	No	
GALA	Tickets for the National Lottery Draw, including Thunderball and Euromillions and tickets bought online	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	219-220
GALB	Scratchcards (but not online or newspaper or magazine scratchcards)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	221-222
GALC	Tickets for any <u>other</u> lottery, including charity lotteries	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	223-224
GALE	The football pools	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	225-226
GALD	Bingo cards or tickets, including playing at a bingo hall (not online)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	227-228
GALF	Fruit or slot machines	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	229-230
GALG	Virtual gaming machines <u>in a bookmakers</u> to bet on virtual roulette, poker, blackjack or other games	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	231-232
GALS	Table games (roulette, cards or dice) <u>in a casino</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	233-234
GALH	Playing poker in a pub tournament/ league or at a club	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	235-236
GALJ	Online gambling like playing poker, bingo, instant win/scratchcard games, slot machine style games or casino games <u>for money</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	237-238
GALT	Online betting <u>with a bookmaker</u> on any event or sport	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	239-240
GALU	Betting exchange <i>This is where you lay or back bets against other people using a betting exchange. There is no bookmaker to determine the odds. This is sometimes called 'peer to peer' betting.</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	241-242
GALK	Betting on horse races <u>in a bookmaker's, by phone or at the track</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	243-244
GALLX	Betting on dog races <u>in a bookmaker's, by phone or at the track</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	245-246
GALM	Betting on sports events <u>in a bookmaker's, by phone or at the venue</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	247-248
GALN	Betting on other events <u>in a bookmaker's, by phone or at the venue</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	249-250
GALO	Spread-betting <i>In spread-betting you bet that the outcome of an event will be higher or lower than the bookmaker's prediction. The amount you win or lose depends on how right or wrong you are.</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	251-252
GALP	Private betting, playing cards or games for money with friends, family or colleagues	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	253-254
GALQ	Another form of gambling in the last 12 months	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	255-256

IF YOU TICKED 'YES' FOR ANY OF THE ACTIVITIES AT Q38, PLEASE GO TO Q39 ON PAGE 9 OTHERWISE GO TO Q58 ON PAGE 11.

**IF YOU TICKED 'YES' FOR ANY OF THE ACTIVITIES AT Q38, PLEASE GO TO Q39 ON PAGE 9
OTHERWISE GO TO Q58 ON PAGE 11.**

For the next set of questions about gambling, please indicate the extent to which each one has applied to you in the last 12 months.

Tick **ONE** box

	Every time I lost	Most of the time	Some of the time (less than half the time I lost)	Never
Q39 When you gamble, how often do you go back another day to win back money you lost? (D1)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄ 257

Tick **ONE** box for each question

	Very often	Fairly often	Occasionally	Never
Q40 How often have you found yourself thinking about gambling (that is reliving past gambling experiences, planning the next time you will play, or thinking of ways to get money to gamble)? (D2)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄ 258
Q41 Have you needed to gamble with more and more money to get the excitement you are looking for? (D3)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄ 259
Q42 Have you felt restless or irritable when trying to cut down gambling? (D4)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄ 260
Q43 Have you gambled to escape from problems or when you are feeling depressed, anxious or bad about yourself? (D5)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄ 261
Q44 Have you lied to family, or others, to hide the extent of your gambling? (D6)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄ 262
Q45 Have you made unsuccessful attempts to control, cut back or stop gambling? (D7)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄ 263
Q46 Have you committed a crime in order to finance gambling or to pay gambling debts? (D8)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄ 264
Q47 Have you risked or lost an important relationship, job, educational or work opportunity because of gambling? (D9)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄ 265
Q48 Have you asked others to provide money to help with a financial crisis caused by gambling? (D10)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄ 266

In the past 12 months, how often...

Tick **ONE** box for each question

		Almost always	Most of the time	Sometimes	Never
P1					
Q49	...have you bet more than you could really afford to lose?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄ 267
P2					
Q50	...have you needed to gamble with larger amounts of money to get the same excitement?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄ 268
P3					
Q51	...have you gone back another day to try to win back the money you'd lost?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄ 269
P4					
Q52	...have you borrowed money or sold anything to get money to gamble?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄ 270
P5					
Q53	...have you felt that you might have a problem with gambling?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄ 271
P6					
Q54	...have you felt that gambling has caused you any health problems, including stress or anxiety?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄ 272
P7					
Q55	...have people criticised your betting, or told you that you have a gambling problem, whether or not you thought it is true?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄ 273
P8					
Q56	...have you felt your gambling has caused financial problems for you or your household?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄ 274
P9					
Q57	...have you felt guilty about the way you gamble or what happens when you gamble?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄ 275

CONTRACEPTION

Q58 Are you currently sexually active?

Tick **ONE** box **SXACTIVE**

276

- Yes 1 **Go to Q59 ↓**
- No 2 **Go to Q63 on page 12 →**

Q59 Which method of contraception are you or your partner currently using? Please include permanent methods like sterilization.

Tick **up to 3** methods **MTHCON1, MTHCON2, MTHCON3**

277-282

Tick up to 3 methods

- Not using any contraception (myself or my partner) 01 **Go to Q61 on page 12 →**
- I have been sterilized/My partner has been sterilized (this includes male vasectomy) 02
- Mini pill 03
- Combined pill 04
- Pill – not sure which 05
- Mirena coil (hormone releasing coil) 06
- Coil/other device 07
- Condom/male sheath/Durex 08
- Femidom (female sheath) 09
- Cap/diaphragm 10
- Foams, gels, sprays, pessaries (spermicides) 11
- Contraceptive sponge 12
- Persona 13
- Safe period/rhythm method (other than Persona) 14
- Withdrawal 15
- Injection 16
- Implant 17
- Emergency contraception 18
- Going without sex 19
- Another method of contraception 20 **Go to Q60 ↓**

Go to Q63 → on page 12

Q60 What other method of contraception do you or your partner use? Write in:

283-284

MTHCON0

ANSWER IF YOU ARE CURRENTLY SEXUALLY ACTIVE BUT YOU OR YOUR PARTNER ARE NOT USING CONTRACEPTION CURRENTLY

Q61 Here is a list of reasons why people do not use any method of contraception. Which is the **main** reason that currently applies to you or your partner?

NOCON 285-286

Tick ONE box

I am / my partner is trying to become pregnant or is already pregnant	01	Go to Q63 ↓
I am / my partner is unlikely to conceive because of the menopause	02	
I am / my partner is unlikely to conceive because of infertility	03	
Against my faith/beliefs	04	
I am having sex with someone of the same sex	05	
I don't like contraception / find methods unsatisfactory	06	
My partner doesn't like – or won't use – contraception	07	
Don't know where to obtain contraceptives / advice	08	
Find access to contraceptive services difficult	09	
Some other reason	10	

Q62 Please write in other reason: 287-288

NOCONO

Now go to Q63 ↓

EVERYONE PLEASE ANSWER

Q63 And now a question about physical activity. The government advises people to spend a certain amount of time doing moderate physical activity to help them stay healthy. This includes brisk walking, heavy gardening or any other activity that makes you breathe slightly faster than usual. How much time **per week** do you **think** people **your age** are advised to spend doing this?

Please write in time (You can either write your answers in minutes, hours or both).

Hours	Minutes
SCQpaAdH	SCQpaAdM
290-291	292-293

EVERYONE PLEASE ANSWER

Q64 Which of the following options best describes how you think of yourself?

SXORIEN

Tick ONE box

Heterosexual or Straight	1	289
Gay or Lesbian	2	
Bisexual	3	
Other	4	

P7172

Yr	Samp Type	Point	Address	HHL D	CKL	Child no
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>

1-11

First name of **child**:

Person no of parent

<input type="text"/>	<input type="text"/>
----------------------	----------------------

12-13

First name of **parent** completing booklet:

Card

Batch

3	1	4
---	---	---

14-16

17-21

Survey month

Scottish Health Survey 2013

Booklet for parents of 4-12 year olds

In Confidence

How to fill in this questionnaire

The questions in this booklet can be answered by ticking the box below the answer that applies. You do not have to answer every question.

Example:

Tick **ONE** box on each row

Very healthy life

Fairly healthy life

Not very healthy life

An unhealthy life

Do you feel that you lead a ...

Strengths and Difficulties Questionnaire

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

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

		22-297 Blank		
		Tick ONE box on each row		
		Not true	Somewhat true	Certainly true
			true	
1.	Considerate of other people's feelings <i>SDQFEEL</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃ 298
2.	Restless, overactive, cannot stay still for long <i>SDQHYPER</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃ 299
3.	Often complains of headaches, stomach-aches or sickness <i>SDQACHES</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃ 300
4.	Shares readily with other children (treats, toys, pencils etc.) <i>SDQSHARE</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃ 301
5.	Often has temper tantrums or hot tempers <i>SDQTEMPR</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃ 302
6.	Rather solitary, tends to play alone <i>SDQALONE</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃ 303
7.	Generally obedient, usually does what adults request <i>SDQOBEYS</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃ 304
8.	Many worries, often seems worried <i>SDQWORRY</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃ 305
9.	Helpful if someone is hurt, upset or feeling ill <i>SDQHELP</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃ 306
10.	Constantly fidgeting or squirming <i>SDQFIDGT</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃ 307
11.	Has at least one good friend <i>SDQPAL</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃ 308
12.	Often fights with other children or bullies them <i>SDQFIGHT</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃ 309
13.	Often unhappy, down-hearted or tearful <i>SDQSAD</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃ 310
14.	Generally liked by other children <i>SDQLIKED</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃ 311
15.	Easily distracted, concentration wanders <i>SDQDAZE</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃ 312
16.	Nervous or clingy in new situations, easily loses confidence <i>SDQCLING</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃ 313
17.	Kind to younger children <i>SDQKIND</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃ 314
18.	Often lies or cheats <i>SDQLIES</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃ 315

Tick ONE box on each row

		Not true	Somewhat true	Certainly true
19.	Picked on or bullied by other children <i>SDQBULLD</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃ 316
20.	Often volunteers to help others (parents, teachers, other children) <i>SDQVOLS</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃ 317
21.	Thinks things out before acting <i>SDQTHINK</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃ 318
22.	Steals from home, school or elsewhere <i>SDQSTEAL</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃ 319
23.	Gets on better with adults than with other children <i>SDQADULT</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃ 320
24.	Many fears, easily scared <i>SDQFEARS</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃ 321
25.	Sees tasks through to the end, good attention span <i>SDQTEND</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃ 322

And now some questions about physical activity.

Q26 The government advises that young children of pre-school age who are capable of walking without help should spend a certain amount of time being physically active. This includes light or more energetic activities such as walking or skipping, riding a bike, and running and chasing games.

How much time **per day** do you **think** under fives who are able to walk are advised to spend doing this?

Please write in time (You can either write your answer in minutes, hours or both)

Hours <i>SCQpaP1H</i>	Minutes <i>SCQpaP1M</i>	Do not have a child this age <i>SCQpa1N</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>
324-325	326-327	323

Q27 The government also advises that children and young people (aged 5 – 18) should spend a certain amount of time doing moderate physical activity to help them stay healthy. This includes bike riding, playground activities, swimming, playing tennis or any other activity that makes them breathe slightly faster than usual.

How much time **per day** do you **think** those aged 5 - 18 are advised to spend doing this?

Please write in time (You can either write your answer in minutes, hours or both)

Hours <i>SCQpaP2H</i>	Minutes <i>SCQpaP2M</i>	Do not have a child this age <i>SCQpa2N</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>
329-330	331-332	328

Thank you for answering these questions.

Please give the booklet back to the interviewer

P7172

SCOTTISH HEALTH SURVEY 2013

SHOWCARDS

CARD A1

MARITAL STATUS

- 1 Never married and never registered a same-sex civil partnership
- 2 Married
- 3 In a registered same-sex civil partnership
- 4 Separated, but still legally married
- 5 Separated, but still legally in a same-sex civil partnership
- 6 Divorced
- 7 Formerly in a same-sex civil partnership which is now legally dissolved
- 8 Widowed
- 9 Surviving partner from a same-sex civil partnership

CARD A2

RELATIONSHIP

- 1 Husband / Wife
- 2 Legally recognised civil partner
- 3 Partner / Cohabitee

- 4 Natural son / daughter
- 5 Adopted son / daughter
- 6 Foster son / daughter
- 7 Stepson / Stepdaughter / Child of partner
- 8 Son-in-law / Daughter-in-law

- 9 Natural parent
- 10 Adoptive parent
- 11 Foster parent
- 12 Step-parent / Parent's partner
- 13 Parent-in-law

- 14 Natural brother / Natural sister (ie. both natural parents the same)
- 15 Half-brother / Half-sister (ie. one natural parent the same)
- 16 Step-brother / Step-sister (ie. no natural parents the same)
- 17 Adopted brother / Adopted sister
- 18 Foster brother / Foster sister
- 19 Brother-in-law / Sister-in-law

- 20 Grandchild
- 21 Grandparent

- 22 Other relative
- 23 Other non-relative

CARD A3

- 1 Buying with mortgage / loan
- 2 Own it outright
- 3 Part rent / part mortgage
- 4 Rent (including rents paid by housing benefit)
- 5 Living here rent free

CARD A4

- 1 People can smoke anywhere inside this house/flat
- 2 People can only smoke in certain areas or rooms inside this house/flat (include smoking out of the window and at an open back door)
- 3 People can only smoke in outdoor areas (e.g. gardens/balconies of this house/flat)
- 4 People cannot smoke indoors or in outdoor areas of this house/flat

CARD A5

- 1 Very confident
- 2 Fairly confident
- 3 Not very confident
- 4 Not at all confident

CARD A6

- 1 Earnings from employment or self-employment (including overtime, tips, bonuses)
- 2 State retirement pension
- 3 Pension from former employer
- 4 Personal pensions
- 5 Child Benefit
- 6 Job-Seekers Allowance
- 7 Income Support
- 8 Working Tax Credit, Child Tax Credit or any other Tax Credit
- 9 Housing Benefit
- 10 Other state benefits
- 11 Student grants and bursaries (but not loans)
- 12 Interest from savings and investments (eg. stocks and shares)
- 13 Rent from property (after expenses)
- 14 Other kinds of regular income (eg. maintenance or grants)
- 15 No source of income

CARD A7

GROSS INCOME FROM ALL SOURCES

(before any deductions for taxes, National Insurance contributions, health insurance payments, superannuation payments etc.)

WEEKLY	or	MONTHLY	or	ANNUAL
Less than £10 1		Less than £40 1		Less than £520 1
£10 less than £30..... 2		£40 less than £130 2		£520 less than £1,600..... 2
£30 less than £50..... 3		£130 less than £220 3		£1,600 less £2,600 3
£50 less than £70..... 4		£220 less than £300 4		£2,600 less than £3,600..... 4
£70 less than £100 5		£300 less than £430 5		£3,600 less than £5,200..... 5
£100 less than £150 6		£430 less than £650 6		£5,200 less than £7,800..... 6
£150 less than £200 7		£650 less than £870 7		£7,800 less than £10,400..... 7
£200 less than £250 8		£870 less than £1,100 8		£10,400 less than £13,000..... 8
£250 less than £300 9		£1,100 less than £1,300 9		£13,000 less than £15,600..... 9
£300 less than £350 10		£1,300 less than £1,500 10		£15,600 less than £18,200..... 10
£350 less than £400 11		£1,500 less than £1,700 11		£18,200 less than £20,800..... 11
£400 less than £450 12		£1,700 less than £2,000 12		£20,800 less than £23,400..... 12
£450 less than £500 13		£2,000 less than £2,200 13		£23,400 less than £26,000..... 13
£500 less than £550 14		£2,200 less than £2,400 14		£26,000 less than £28,600..... 14
£550 less than £600 15		£2,400 less than £2,600 15		£28,600 less than £31,200..... 15
£600 less than £650 16		£2,600 less than £2,800 16		£31,200 less than £33,800..... 16
£650 less than £700 17		£2,800 less than £3,000 17		£33,800 less than £36,400..... 17
£700 less than £800 18		£3,000 less than £3,500 18		£36,400 less than £41,600..... 18
£800 less than £900 19		£3,500 less than £3,900 19		£41,600 less than £46,800..... 19
£900 less than £1,000 20		£3,900 less than £4,300 20		£46,800 less than £52,000..... 20
£1,000 less than £1,150 ... 21		£4,300 less than £5,000 21		£52,000 less than £60,000..... 21
£1,150 less than £1,350 ... 22		£5,000 less than £5,800 22		£60,000 less than £70,000..... 22
£1,350 less than £1,500 ... 23		£5,800 less than £6,500 23		£70,000 less than £78,000..... 23
£1,500 less than £1,750 ... 24		£6,500 less than £7,500 24		£78,000 less than £90,000..... 24
£1,750 less than £1,900 ... 25		£7,500 less than £8,300 25		£90,000 less than £100,000..... 25
£1,900 less than £2,100 ... 26		£8,300 less than £9,200 26		£100,000 less than £110,000..... 26
£2,100 less than £2,300 ... 27		£9,200 less than £10,000 27		£110,000 less than £120,000..... 27
£2,300 less than £2,500 ... 28		£10,000 less than £10,800 28		£120,000 less than £130,000..... 28
£2,500 less than £2,700 ... 29		£10,800 less than £11,700 29		£130,000 less than £140,000..... 29
£2,700 less than £2,900 ... 30		£11,700 less than £12,500 30		£140,000 less than £150,000..... 30
£2,900 or more..... 31		£12,500 or more..... 31		£150,000 or more 31

CARD A8

- 1 Working as an employee (or temporarily away)
- 2 On a Government sponsored training scheme (or temporarily away)
- 3 Self employed or freelance (or temporarily away)
- 4 Working unpaid for your own family's business (or temporarily away)
- 5 Doing any other kind of paid work
- 6 None of the above

CARD A9

HOURS SPENT PROVIDING CARE

- 1 Up to 4 hours a week
- 2 5 - 19 hours a week
- 3 20 - 34 hours a week
- 4 35 - 49 hours a week
- 5 50 or more hours a week

CARD A10

- 1 Less than one year
- 2 One year but less than 5 years
- 3 5 years but less than 10 years
- 4 10 years but less than 20 years
- 5 20 years or more

CARD A11

- 1 Been unable to take up employment
- 2 Worked fewer hours
- 3 Reduced responsibility at work
- 4 Flexible employment agreed
- 5 Changed to work at home
- 6 Reduced opportunities for promotion
- 7 Took new job
- 8 Left employment altogether
- 9 Took early retirement
- 10 Other (Please say what)
- 11 Employment not affected/never had a job

CARD A12

- 1 Short breaks or respite e.g. day time breaks, overnight breaks or emergency respite
- 2 Advice and information
- 3 Practical support (e.g. transport, equipment/adaptations)
- 4 Counselling or emotional support
- 5 Training and learning
- 6 Advocacy services
- 7 Personal assistant/ support worker/ community nurse/ home help
- 8 Help from family, friends or neighbours
- 9 Carer's allowance
- 10 Other (Please say what)
- 11 Receive no help or support

CARD A13

- 1 Short breaks or respite e.g. day time breaks, overnight breaks or emergency respite
- 2 Advice and information
- 3 Practical things, e.g. putting hand rails in the bathroom, transport to a day centre
- 4 Talking to someone for support, e.g. family member, friend, counsellor
- 5 Having a befriender or a peer mentor
- 6 Advocacy services
- 7 Personal assistant/ support worker/ community nurse/ home help
- 8 Help from family, friends or neighbours
- 9 Help from teachers at school, e.g. talking or extra help with homework
- 10 Social activities and support, e.g. young carers' groups or day trips
- 11 Other (Please say what)
- 12 Receive no help or support

CARD A14

**Extremely
dissatisfied**

**Extremely
satisfied**

0

1

2

3

4

5

6

7

8

9

10

CARD B2

- 1 Regular check-up with GP / hospital / clinic
- 2 Taking medication (tablets / inhalers)
- 3 Advice or treatment to stop smoking
- 4 Using oxygen
- 5 Immunisations against flu / pneumococcus
- 6 Exercise or physical activity
- 7 Advice or treatment to lose weight
- 8 Other (Please say what)

CARD D1

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

CARD D2

1. Broken bones
2. Dislocated joints
3. Losing consciousness
4. Straining or twisting a part of the body
5. Cutting, piercing or grazing a part of the body
6. Bruising, pinching or crushing a part of the body
7. Swelling or tenderness in some part of the body
8. Getting something stuck in the eye, throat, ear or other part of the body
9. Burning or scalding
10. Poisoning
11. Other injury to internal parts of the body
12. Animal or insect bite or sting
13. Other (PLEASE SAY WHAT)

CARD D3

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

CARD E1

HOUSEWORK

Done during the last 4 weeks -

Hoovering

Dusting

Ironing

General tidying

Washing floors and paint work

CARD E2

HEAVY HOUSEWORK

Done during the last 4 weeks -

Moving heavy furniture

Spring cleaning

Walking with heavy shopping
(for more than 5 minutes)

Cleaning windows

Scrubbing floors with a scrubbing brush

CARD E3

GARDENING, DIY AND BUILDING WORK

Done during the last 4 weeks -

Hoeing, weeding, pruning

Mowing with a power mower

Planting flowers/seeds

Decorating

Minor household repairs

Car washing and polishing

Car repairs and maintenance

CARD E4

HEAVY MANUAL WORK

Done during the last 4 weeks -

Digging, clearing rough ground

Building in stone/bricklaying

Mowing large areas with a hand mower

Felling trees, chopping wood

Mixing/laying concrete

Moving heavy loads

Refitting a kitchen or bathroom

CARD E5

Done during the last 4 weeks -

- 1 Swimming
- 2 Cycling
- 3 Workout at a gym / Exercise bike / Weight training
- 4 Aerobics / Keep fit / Gymnastics / Dance for fitness
- 5 Any other type of dancing
- 6 Running / Jogging
- 7 Football / Rugby
- 8 Badminton / Tennis
- 9 Squash
- 10 Exercises (e.g. press-ups, sit-ups)

Please also include teaching, coaching and training/practice sessions

CARD E6

- 1 Bows
- 2 Fishing/ angling
- 3 Golf
- 4 Hillwalking/ rambling
- 5 Snooker/ billiards/ pool
- 6 Aqua-robics/ aquafit/ exercise class in water
- 7 Yoga/pilates
- 8 Athletics
- 9 Basketball
- 10 Canoeing/ Kayaking
- 11 Climbing
- 12 Cricket
- 13 Curling
- 14 Hockey
- 15 Horse riding
- 16 Ice skating
- 17 Martial arts including Tai Chi
- 18 Netball
- 19 Powerboating/ jet skiing
- 20 Rowing
- 21 Sailing/ windsurfing
- 22 Shinty
- 23 Skateboarding/ inline skating
- 24 Skiing/ snowboarding
- 25 Subaqua
- 26 Surfing/ body boarding
- 27 Table tennis
- 28 Tenpin bowling
- 29 Volleyball
- 30 Waterskiing

0 No – none of these

CARD E7

- 1 To keep fit (not just to lose weight)
- 2 To lose weight
- 3 To take children
- 4 To meet with friends
- 5 To train / take part in a competition
- 6 To improve my performance
- 7 Just enjoy it
- 8 To help with my injury or disability
- 9 Part of my voluntary work
- 10 To walk the dog
- 11 For health reasons / to improve health
- 12 Other (Please say what)

CARD E8

- 1 It costs too much
- 2 No one to do it with
- 3 Never occurred to me
- 4 Not really interested
- 5 Fear of injury
- 6 I wouldn't enjoy it
- 7 Health isn't good enough
- 8 I might feel uncomfortable or out of place
- 9 Changing facilities are not good enough
- 10 Not enough information on what is available
- 11 It's difficult to find the time
- 12 I already do enough
- 13 Other
- 14 No reason

CARD F1

- 1 Less than 5 minutes
- 2 5 minutes, less than 15 minutes
- 3 15 minutes, less than 30 minutes
- 4 30 minutes, less than 1 hour

- 5 1 hour, less than 1 ½ hours
- 6 1 ½ hours, less than 2 hours
- 7 2 hours, less than 2 ½ hours
- 8 2 ½ hours, less than 3 hours
- 9 3 hours, less than 3 ½ hours
- 10 3 ½ hours, less than 4 hours
- 11 4 hours or more (please say how long)

CARD F2

SPORTS AND EXERCISE ACTIVITIES

INCLUDE any sports and exercise activities like:

Playing football, rugby or netball in a team,
or any other organised team games

Playing tennis, squash or badminton

*include playing in:
a practice session
a match
a club
out-of-school lesson*

Going swimming or swimming lessons

Gymnastics (include Toddler Gym, Tumble Tots etc)

Dance lessons, ballet lessons, ice skating

Horse riding

Disco dancing

Any other organised sports, team sports or exercise activities

CARD F3

Other active things like:

Ride a bike

Kick a ball around

Run about (outdoors or indoors)

Play active games

Jump around

Any other things like these

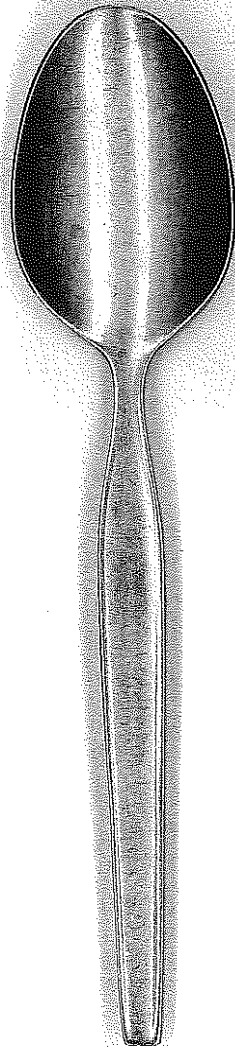
CARD G1

- 1 6 a day or more
- 2 4 or 5 a day
- 3 2 or 3 a day
- 4 One a day
- 5 Less than one a day

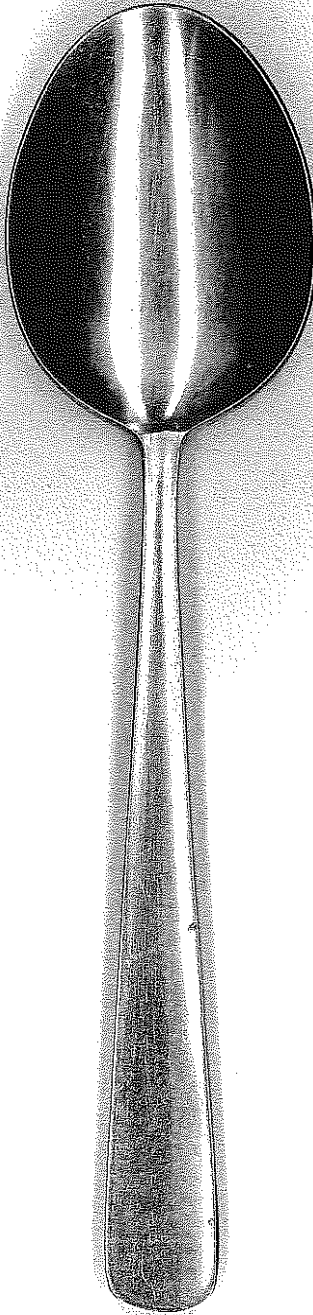
CARD G2

- 1 6 or more times a day
- 2 4 or 5 times a day
- 3 2 or 3 times a day
- 4 Once a day
- 5 5 or 6 times a week
- 6 2 to 4 times a week
- 7 Once a week
- 8 1 to 3 times a month
- 9 Less often or never

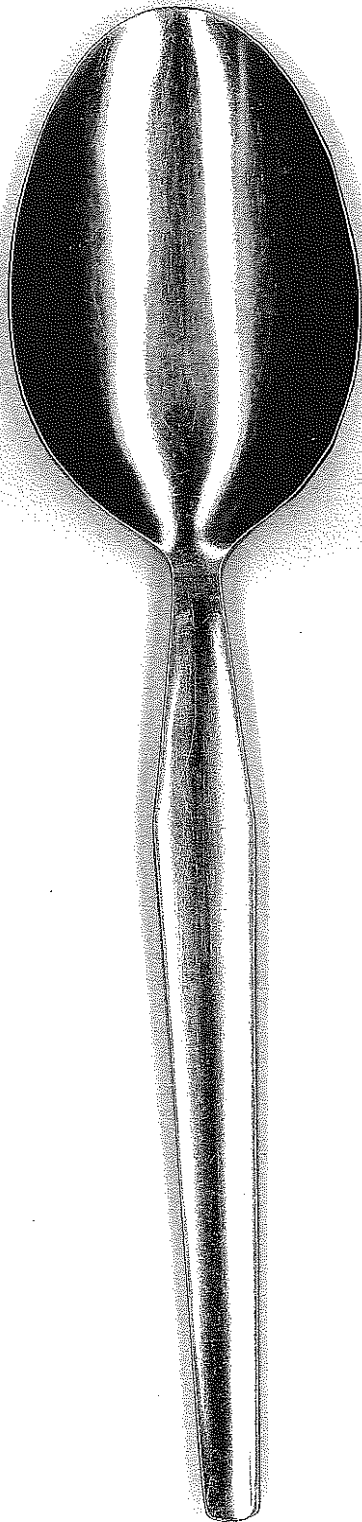
CARD G3



Teaspoon



Dessertspoon



Tablespoon

CARD H1

- 1 Less than a week
- 2 At least a week but less than a month
- 3 1 - 3 months
- 4 4 - 6 months
- 5 Over 6 months

CARD H2

- 1 Nicotine gum
- 2 Nicotine patches that you stick on your skin
- 3 Nasal spray/nicotine inhaler
- 4 Lozenge / microtab
- 5 Champix / Varenicline
- 6 Zyban / Bupropion
- 7 Other (Please say what)
- 8 No products used

CARD H3

- 1 At own home
- 2 At work
- 3 In other people's homes
- 4 In cars, vans etc
- 5 Outside of buildings (e.g. pubs, shops, hospitals)
- 6 In other public places

CARD J1

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

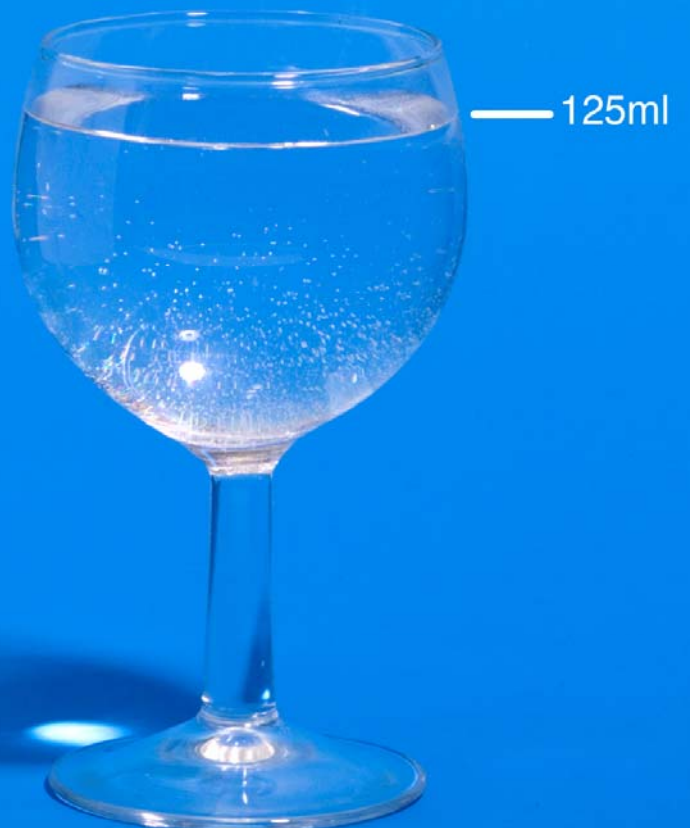


— 250 ml

250ml wine glass



175ml wine glass



125ml wine glass

CARD J2

- 1 Normal strength beer / lager / cider / shandy
- 2 Strong beer / lager / cider
- 3 Spirits or Liqueurs
- 4 Sherry, Martini or Buckfast
- 5 Wine
- 6 Alcopops / pre-mixed drinks
- 7 Other alcoholic drinks
- 8 Low alcohol drinks only

CARD J3

- 1 In a pub or bar
- 2 In a restaurant
- 3 In a club or disco
- 4 At a party with friends
- 5 At my home
- 6 At someone else's home
- 7 Out on the street, in a park or other outdoor area
- 8 Somewhere else (Please say where)

CARD J4

- 1 My husband or wife / boyfriend or girlfriend / partner
- 2 Male friends
- 3 Female friends
- 4 Male and female friends together
- 5 Work colleagues
- 6 Members of my family / relatives
- 7 Someone else (Please say who)
- 8 On my own

CARD K1

- 1 No natural teeth
- 2 Fewer than 10 natural teeth
- 3 Between 10 and 19 natural teeth
- 4 20 or more natural teeth

CARD K2

- 1 Very happy
- 2 Fairly happy
- 3 Fairly unhappy
- 4 Very unhappy

CARD K3

- 1 Yes, often
- 2 Yes, occasionally
- 3 No, never

CARD K4

- 1 Full upper denture
- 2 Full lower denture
- 3 Partial upper denture
- 4 Partial lower denture

CARD K5

- 1 Less than a year ago
- 2 More than 1 year, up to 2 years ago
- 3 More than 2 years, up to 5 years ago
- 4 More than 5 years ago
- 5 Never been to the dentist

CARD K6

- 1 I don't feel nervous at all
- 2 I feel a bit nervous
- 3 I feel very nervous

CARD K7

- 1 Difficulty in getting time off work
- 2 Difficulty in getting an appointment that suits me
- 3 Dental treatment too expensive
- 4 Long way to go to the dentist
- 5 I have not found a dentist I like
- 6 I cannot get dental treatment under the NHS
- 7 I have difficulty getting access, e.g. steps, wheelchair access
- 8 Other (Please say what)

CARD K8

- 1 Brush my teeth with a fluoride toothpaste
- 2 Use dental floss
- 3 Use a mouth rinse
- 4 Restrict my intake of sugary foods and drinks
- 5 Clean my dentures (including soaking with a sterilising tablet)
- 6 Leave my dentures out at night

CARD L1

- 1 A great deal
- 2 A fair amount
- 3 Not very much
- 4 Not at all

CARD L2

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

CARD L3

- 1 On most days
- 2 Once or twice a week
- 3 Once or twice a month
- 4 Less often than once a month
- 5 Never

CARD M1

- D Your accent
- K Your ethnicity
- W Your age
- T Your language
- G Your colour
- L Your nationality
- B Your mental ill-health
- H Any other health problems or disability
- A Your sex
- C Your religion, faith or beliefs
- P Your sexual orientation
- E Where you live
- O Other reason
- N I have not experienced this

CARD P1

- 1 Working as an employee (or temporarily away)
- 2 On a Government sponsored training scheme (or temporarily away)
- 3 Self employed or freelance (or temporarily away)
- 4 Working unpaid for your own family's business (or temporarily away)
- 5 Doing any other kind of paid work
- 6 None of the above

CARD P2

- 1 Not at all stressful
- 2 Mildly stressful
- 3 Moderately stressful
- 4 Very stressful
- 5 Extremely stressful

CARD P3

- | | |
|----|------------------------|
| 0 | Extremely dissatisfied |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | Extremely satisfied |

CARD P4

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Seldom
- 5 Never

CARD P5

- 1 Strongly agree
- 2 Tend to agree
- 3 Neutral
- 4 Tend to disagree
- 5 Strongly disagree

CARD Q1

- 1 School Leaving Certificate, National Qualification Access Unit
- 2 O Grade, Standard Grade, GCSE, GCE O Level, CSE, National Qualification Access 3 Cluster, Intermediate 1 or 2, Senior Certificate or equivalent
- 3 GNVQ/GSVQ Foundation or Intermediate, SVQ Level 1 or 2, SCOTVEC / National Certificate Module, City and Guilds Craft, RSA Diploma or equivalent
- 4 Higher Grade, Advanced Higher, CSYS, A level, AS level, Advanced Senior Certificate or equivalent
- 5 GNVQ/GSVQ Advanced, SVQ Level 3, ONC, OND, SCOTVEC National Diploma, City and Guilds Advanced Craft, RSA Advanced Diploma or equivalent
- 6 HNC, HND, SVQ Level 4, RSA Higher Diploma or equivalent
- 7 First Degree, Higher Degree, SVQ Level 5 or equivalent
- 8 Professional qualifications e.g. teaching, accountancy
- 9 Other school examinations not already mentioned
- 10 Other post-school but pre Higher education examinations not already mentioned
- 11 Other Higher education qualifications not already mentioned
- 12 No qualifications

CARD Q2

Choose **ONE** section from A to F, then choose **ONE** option which best describes your ethnic group or background.

A White

Scottish

Other British

Irish

Gypsy/Traveller

Polish

Other white ethnic group (please say what)

B Mixed or multiple ethnic group

Any mixed or multiple ethnic groups (please say what)

C Asian, Asian Scottish or Asian British

Pakistani, Pakistani Scottish or Pakistani British

Indian, Indian Scottish or Indian British

Bangladeshi, Bangladeshi Scottish or Bangladeshi British

Chinese, Chinese Scottish or Chinese British

Other (please say what)

D African

African, African Scottish or African British

Other (please say what)

E Caribbean or Black

Caribbean, Caribbean Scottish or Caribbean British

Black, Black Scottish or Black British

Other (please say what)

F Other ethnic group

Arab, Arab Scottish or Arab British

Other, (please say what)

CARD Q3

- 1 Self-employed, with a business with 25 or more employees
- 2 Self-employed, with a business with fewer than 25 employees
- 3 Self-employed, in a business with no employees
- 4 A manager of 25 or more staff
- 5 A manager of fewer than 25 staff
- 6 Foreman or supervisor
- 7 An employee, not a manager

CARD Q4

- 1 High Blood Pressure
- 2 Angina
- 3 Heart Attack
- 4 Stroke
- 5 Other Heart Trouble
- 6 Diabetes

CARD R1

- 1 Nicotine gum
- 2 Nicotine patches that you stick on your skin
- 3 Nasal spray/nicotine inhaler
- 4 Lozenge / microtab
- 5 Champix / Varenicline
- 6 Zyban / Bupropion
- 7 Other (Please say what)
- 8 No products used

SCOTTISH HEALTH SURVEY 2013

INTERVIEWER CODING BOOKLET

Contents:

Coding frame for heart conditions

Cereal coding list

Fresh fruit sizes coding list

Height conversion chart (cm/inch)

Weight conversion chart (kg/lb)

Look-up charts

Coding Frame for Heart Murmur, Abnormal Heart Rhythm and other Heart Trouble

Coding Category	Medical Term	Lay Term
Heart Murmur	Heart Bruit	Heart Murmur
	Valvular Heart Disease (most commonly called mitral and aortic)	Damaged Heart Valves
	Rheumatic Heart Disease	Rheumatic Fever (affecting the heart)
Abnormal Heart Rhythm	Palpitations (heart arrhythmias)	Palpitations
	Tachycardia	Rapid Heart
	Bradycardia (heart block)	Slow Heart
	Heart Fibrillation	Flutter
Other Heart Trouble	Congestive Cardiac Failure	
	Right Sided Heart Failure	Heart Failure Weakening Heart
	Left Sided Heart Failure	
	Congenital Heart Disease	Born with Heart Problem
	Other	Various

This is a list of conditions which might come up in the Diagnosis & Treatment section of the CVD module

CEREAL CODING LIST

Use code 5 for any cereal not listed here

Store and cereal	Code		
ALDI			
Harvest Morn Chocolate Crunch	1	Harvest Morn Choco Rice	3
Harvest Morn Fruit & Fibre	1	Harvest Morn Honey Loops	3
Harvest Morn Luxury Fruit & Nut Muesli	1	Harvest Morn Honey Wheat Puffs	3
Harvest Morn Instant Hot Oat Cereal (Golden Syrup)	1	Choc hoops	3
Harvest Morn Luxury Fruit Muesli	1	Frosted Flakes	3
Harvest Morn Maple & Pecan Crunch	1	Harvest Morn Berries and Cherries Muesli	3
Harvest Morn Original Swiss Style Muesli	1	Harvest Morn Chocco Pillows	3
Harvest Morn Strawberry Crunch	1	Harvest Morn Golden Puffs	3
Harvest Morn Sultana Bran Oat Bran Flakes with sultana and apples	1	Harvest Morn Crisp Rice	4
Luxury Fruit porridge	1	Harvest Morn Multigrain Loops	4
Harvest Morn Sultanas, Raisins, Cranberry and Apple Fruity porridge	1	Harvest Morn Corn Flakes	4
Harvest Morn Blueberry and Apple Fruity porridge	1	Harvest Morn Benefit Original	4
Harvest Morn Original Swiss Style Muesli (no added sugar)	2	Harvest Morn Benefit with Red Fruit	4
Harvest Morn Instant Hot Oat Cereal	2	Really nutty Muesli	4
Malted wheaties	2	ASDA	
New Morning Super Quick Oats	2	Asda 50% fruit oat, wheat and bran flakes	1
Oat Bran Flakes	2	Asda 55 % fruit muesli	1
Wheat Biscuits	2	Asda 55% fruit, nuts and seeds muesli	1
Scottish porridge oats	2	Asda cranberry and muesli praline pecan	1
Wheat Shreds	2	Asda extra special blackcurrant, apricot & pumpkin seed muesli	1
Bitesize wheat shreds	2	Asda Extra Special Cereal crisp muesli	1
Bran flakes	2	Asda Extra Special Muesli - luxury	1
Harvest Morn Really Exotic Muesli	2	Asda extra special oat crisp summer berries	1
New Day Honey Wheat Puffs (Lower Sugar)	3	Asda fruit and fibre	1
Honey Nut Corn Flakes	3	Asda Good for you muesli	1
Harvest Morn Choco Loops	3	Asda hawaiian Crunch	1
		Asda honey nut bran flakes	1
		Asda Organics superfood muesli	1
		Asda simply porridge syrup	1
		Asda Smart Price fruit and fibre	1

Asda sultana bran	1	Asda rice snaps	4
Asda swiss style muesli	1	Asda Smart Price Coco Rice	4
Asda whole wheat muesli	1	Asda Smart Price Cornflakes	4
Asda Raisin, Honey and almond crunch	1	Asda Smart Price Crispy Rice Cereal	4
Asda Ready oats	1	Asda Smart Price Rice & Wheat Flakes	4
Asda scottish porridge oats	1	Asda Starting right	4
Asda Simply porridge oat original	1	Asda Vitality	4
Asda simply porridge original	1	Asda Vitality - red fruit	4
Asda bran flakes	2	Asda Vitality - tropical	4
Asda cranberry wheats	2		
Asda Good For You apple and berry flakes	2	CO-OPERATIVE	
Asda Great Stuff prebiotic multigrain stars	2	Co-operative Fairtrade Muesli	1
Asda high bran	2	Co-operative Fruit & Fibre	1
Asda Malted oaties	2	Co-operative Fruit & Nut Muesli	1
Asda malted wheaties	2	Co-operative Mixed Fruit Muesli	1
Asda Mini banana wheat bisks	2	Co-operative Sultana Bran	1
Asda Organics bran flakes	2	Co-operative Swiss Muesli	1
Asda Smart Price Bran Flakes	2	Co-operative Maple and Pecan Crisp	1
Asda Smart Price Porridge Oats	2	Co-operative Crunchy Oat Cereal 500g	2
Asda Smart Price swiss style muesli	2	Co-operative Healthy Living Porridge Oats with Wheatbran	2
Asda swiss style muesli no added salt/sugar	2	Co-operative High Fibre Bran	2
Asda wheat bisks	2	Co-operative Instant Hot Oats	2
Asda wholewheat muesli with sultanas, dates and nuts - organic	2	Co-operative Malt Crunchie Cereal	2
Asda maple and pecan crisp	3	Co-operative No Added Sugar Swiss Muesli	2
Asda choco squares	3	Co-operative Porridge Oats	2
Asda choco flakes	3	Simply Value Porridge Oats	2
Asda choco hoops	3	Co-operative Strawberry Crisp	2
Asda choco snaps	3	Co-operative Bran Flakes	3
Asda extra special oat crisp autumn fruits	3	High Fibre Bran	3
Asda frosted flakes	3	Co-operative Choco Hoops	3
Asda golden balls	3	Co-operative Choco Snaps	3
Asda honey hoops	3	Co-operative Frosted Flakes	3
Asda honey nut corn flakes	3	Co-operative Golden Nut Cornflakes	3
Asda multigrain hoops	3	Co-operative Golden Puffs	3
Asda Organics vitality with chocolate, fruit and nuts	3	Co-operative Honey Hoops	3
Asda strawberry crisp	3	Co-operative Perfect Choice	3
Asda cornflakes	4	Co-operative Wholegrain Wheats	3

Co-operative Whole Wheat Biscuits	3
Co-operative Corn Flakes	4
Co-operative Crisp Rice	4
Co-operative Crunchy Rice & Wheat Flakes	4
Simply Value Conrflakes	4
Healthier Choice Rice and Wheat Flakes	4
Healthier Choice Rice and Wheat Flakes with red fruits	4

DORSET

Dorset Cereals berries & cherries	1
Dorset Cereals fruit nuts & seeds	1
Dorset Cereals Fruity Porridge apple & raisin fruity porridge	1
Dorset Cereals Fruity Porridge fruit & nut fruity porridge	1
Dorset Cereals really nutty muesli	1
Dorset Cereals Super Cranberry Muesli	1
Dorset Cereals Super Cranberry, cherry & almond	1
Dorset Cereals super high fibre	1
Dorset Cereals tasty, toasted spelt	1
Dorset Cereals tasty fruit & fibre- raisin date apple	1
Dorset Cereals tasty fruit & fibre- pineapple papaya raisin	1
Dorset Cereals Cranberry and Raspberry Fruity Porridge	2
Dorset Cereals Fantastically Fruity Muesli	2
Dorset Cereals tasty low fat flakes- apple cherry raspberry cranberry	2
Dorset Cereals organic fruit, nuts & seeds	2
Dorset Cereals <i>Simply</i> Porridge	2
Dorset Cereals simply delicious muesli	2
Dorset Date and Banana Fruity Porridge	2
Dorset Cereals Breakfast Projects no.02 apple	3

Dorset Cereals Breakfast Projects no.01 original	4
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HAMLVNS

Hamlyns 2-cottish oatmeal	2
Hamlyns 2-cottish porridge oats	2
Hamlyns 2-cottish porridge oats & bran	2

JORDANS

Jordans country crisp - real strawberries	1
Jordans country crisp – four nut <i>crunch</i>	1
Jordans country crisp – honey clusters	1
Jordans country crisp – luxury raisins	1
Jordans country crisp – real raspberries	1
Jordans country crisp & flakes	1
Jordans Crunchy oat-raisins,almonds & honey	1
Jordans Crunchy oats-special fruits & nuts	1
Jordans luxury crunchy cereal – luxury fruits & nuts	1
Jordans luxury crunchy cereal – maple & pecan	1
Jordans muesli – special fruit muesli	1
Jordans muesli – special muesli	1
Jordans Muesli fruit & nut	1
Jordans Muesli fruity fibre	1
Jordans Muesli super berry	1
Jordans Muesli- truly fruity	1
Jordans organic crunchy raisins & coconut	1
Jordans Organic fruit & fibre flakes	1
Jordans Organic Granola	1
Jordans original crunchy cereal – raisins & almonds	1
Jordans original crunchy cereal – tropical fruits	1
Jordans Superfoods Breakfast flakes	1
Jordans Superfoods Granola	1

Jordans 3 in 1 Strawberry	2
Jordans muesli – natural muesli	2
Jordans Muesli nut & seed	2
Jordans Natural wheat bran	2
Jordans Natural wheatgerm	2
Jordans organic muesli	2
Jordans organic multigrain porridge	2
Jordans organic porridge oats	2
Jordans (<i>Chunky traditional porridge</i>) porridge oats	2

KELLOGG'S

Kellogg's All Bran bran flakes	1
Kellogg's All Bran bran flakes chocolate	1
Kellogg's All Bran Crunchy Oatbakes	1
Kellogg's All Bran Honey & Oat bar	1
Kellogg's All Bran sultana bran	1
Kellogg's Bran Flakes	1
Kellogg's Bran Flakes Sultana Bran	1
Kellogg's Country Store Muesli	1
Kellogg's fruit 'n fibre	1
Kellogg's Honey Loops	1
Kellogg's Optivita Raisin Oat Crisp	1
Kellogg's Special K sustain	1
Kellogg's All Bran original	2
Kellogg's chocolate wheats	2
Kellogg's frosted wheats	2
Kellogg's Luxury Muesli	2
Kellogg's Optivita Berry Oat Crisp	2
Kellogg's Optivita Nut Oat Crisp	2
Kellogg's raisin wheats	2
Kellogg's Raisin Wheats	2
Kellogg's rice krispies multi-grain shapes	2
Kellogg's Coco pops	3
Kellogg's Coco pops coco rocks	3
Kellogg's Coco pops mega munchers	3
Kellogg's Coco Pops Moons & Stars	3

Kellogg's Corn flakes hint of honey	3
Kellogg's Crunchy nut	3
Kellogg's Crunchy Nut Bites	3
Kellogg's Crunchy nut clusters honey & nut	3
Kellogg's Crunchy nut clusters summerberries	3
Kellogg's Crunchy nut nuts about nuts'n fruit	3
Kellogg's Crunchy nut nutty	3
Kellogg's frosties	3
Kellogg's frosties reduced sugar	3
Kellogg's Just Right	3
Kellogg's kashi crunch	3
Kellogg's kashi muesli seven grains	3
Kellogg's Ricicles	3
Kellogg's Special k bliss creamy berry crunch	3
Kellogg's Special k bliss strawberry & chocolate	3
Kellogg's Special k medley	3
Kellogg's Special K Oat & Honey	3
Kellogg's Special k peach & apricot	3
Kellogg's Special k purple berries	3
Kellogg's Special k red berries	3
Kellogg's Special K Sustain Yogurt	3
Kellogg's Start	3
Kellogg's Corn flakes	4
Kellogg's Corn flakes multi-grain	4
Kellogg's rice krispies	4
Kellogg's Special k	4

LIDL

Goody Oatilicious Oh So Easy Oats (Golden Syrup)	1
Bixies Swiss Style Muesli	1
Master Crumble Crunch Oat Cereal Tropical	1
Master Crumble Crunch Oat Cereal Raisins & Almonds	1
Crownfield Fruit & Fibre	1
Crownfield Choco Puffs	1

Crownfield Golden Puffs	1
Crownfield Choco Moons	1
Crownfield Choco Hoops	1
Crownfield Sultana Bran	1
Crownfield Nut Clusters	1
Simply Sumptuous Special	
Muesli Luxury Fruit	1
Goody Oatlicious Oh So Easy	
Oats (Original)	2
Oatlicious Porridge Oats	2
Nordwaldtaler Fine	
Wholegrain Oats	2
Bixies Malt Crunchies	2
Bixies Swiss Style Muesli (No Added Sugar)	2
Bixies Whole Wheat Biscuits	2
Master Crumble Maple Pecan Crisp	2
Crownfield Bran Flakes	2
Master Crumble Strawberry Crisp	3
Crownfield Nougat Pillows	3
Crownfield Flakes Honey & Peanuts	3
Crownfield Flakes Sugar	3
Crownfield Frosted Flakes	3
Crownfield Honey Balls	3
Simply Sumptuous Special	
Muesli Luxury Fruit and Nut	3
Limessa Light Flakes Honey & Peanuts	3
Light Flakers sugar	3
Caramel Flakes	3
Apple Flakes	3
Rice snaps	3
Flakers choco	3
Choc rice	3
Honey and Choco puffs	3
Banana and Choco puffs	3
Crownfield Corn Flakes	4
Crownfield Rice Snaps	4
Special Flakes	4
Crownfield Special Flakes Chocolate	4
Special Flakes - Red fruit	4
Nut Flakers	4

MARKS & SPENCER

M&S Count On Us tropical fruit and bran multi flakes	1
M&S luxury fruit and nut & seed muesli	1
M&S triple chocolate crunch	1
M&S unsweetened fruit and bran muesli	1
Fruit & Fibre Muesli	1
M&S Organic swiss style wholegrain muesli	2
M&S wholegrain wheat bisks	2
M&S scottish porridge oats	2
Prebiotic Quick Porridge Oats	2
Quick Apple, Sultana and Cinnamon Porridge	2
M&S clementine and chocolate crunch - citrus infused oat clusters	3
M&S Count On Us berries, cherries and flakes	3
M&S Count On Us multifruit and flakes	3
M&S frosted flakes	3
M&S fruit, nuts and flakes	3
M&S honey, nuts and flakes	3
Malty Flakes with Raspberries	3
M&S deliciously nutty crunch	4
M&S apple and cinnamon crunch	4
M&S Organic multigrain jumbo oat porridge	4
M&S strawberry and almond crunch	4
Corn Flakes	4
Instant Raspberry and Cranberry Porridge	4

MORRISONS

Morrisons crispy apple bran	1
Morrisons fruit and fibre	1
Morrisons fruit and nut muesli	1
Morrisons honey nut bran flakes	1
Morrisons orange choco dots	1
Morrisons sultana bran	1
Morrisons The Best fruit and nut muesli	1

Morrison's Swiss Style Muesli	1	Morrison's Strawberry Crispy Clusters	3
Morrison's Whole Wheat Muesli	1	Morrison's Maple and Pecan Crispy Clusters	3
Morrison's Organic Fruit Crunchy	1	Morrison's Value Coco snaps	3
Morrison's Golden Syrup flavour porridge oat sachets	1	Morrison's Rice Crackles	3
Morrison's bran flakes	2	Morrison's <i>Value</i> cornflakes	4
Morrison's high fibre bran	2	Morrison's cornflakes	4
Morrison's instant hot oats - no added salt/sugar	2	Morrison's Organic cornflakes	4
Morrison's malties	2	Morrison's trim flakes - apricots and peaches	4
Morrison's Organic wheat biscuits	2	Morrison's trim flakes - original	4
Morrison's quick and easy porridge oats	2	Morrison's trim flakes – red fruit	4
Morrison's Original Porridge Oat Sachets	2	Morrison's Trim Flakes - Apple, Blackberry, Blackcurrant and Blueberry	4
Morrison's wheat biscuits	2	Morrison's Choco Curls Kid smart	4
Morrison's Organic Bran Flakes	2	Morrison's Value Rice Snaps	4
Morrison's Blueberry Wheats	2		
Morrison's Cranberry Wheats	2	NESTLÉ	
Morrison's Neat Wheat	2	Nestlé cheerios	1
Morrison's Neat Wheat bitesize	2	Nestlé clusters	1
Morrison's Value Wheat Biscuits	2	Nestlé coco shreddie	1
Morrison's Muesli no added sugar	2	Nestlé frosted shreddie	1
Morrison's Organic Fruit and Nut Muesli	2	Nestlé fruitful shredded wheat	1
Morrison's Value Muesli	2	Nestlé honey shreddie	1
Morrison's Oats	2	Nestlé oats & more honey	1
Morrison's Instant Hot Oats	2	Nestlé bitesize organic shredded wheat	2
Morrison's puffed wheat	2	Nestlé bitesize shredded wheat	2
Morrison's choco crackles	3	Nestlé honey nut shredded wheat	2
Morrison's choco dots	3	Nestlé cheerios honey nut	3
Morrison's choco flakes	3	Nestlé cookie crisp	3
Morrison's frosted flakes	3	Nestlé Curiously Cinammon (formerly Cinammon Grahams)	3
Morrison's frosted flakes - reduced sugar	3	Nestlé fitness & fruit	3
Morrison's golden puffs	3	Nestlé fitness honey & nut	3
Morrison's honey cornflakes	3	Nestlé golden nuggets	3
Morrison's honey hoops	3	Nestlé Nesquik	3
Morrison's honey nut cornflakes	3	Nestlé Oat Cheerios	3
Morrison's Honey and Nut Trim Flakes	3	Nestlé oats & more <i>raisin</i>	3
Morrison's right balance	3	Nestlé oats & more almond	3
		Nestlé fitness	4

SAINSBURY'S

Sainsbury's Basics fruit and fibre	1	Sainsbury's 12 fruit & nut muesli	2
Sainsbury's Be Good To Yourself nut, berry and seed muesli	1	Sainsbury's Be Good To Yourself oat muesli	2
Sainsbury's crunch, organic	1	Sainsbury's bran flakes	2
Sainsbury's easy oats - golden syrup	1	Sainsbury's cranberry wheats	2
Sainsbury's fruit muesli	1	Sainsbury's easy oats - original	2
Sainsbury's golden puffs	1	Sainsbury's high fibre bran	2
Sainsbury's honey nut bran flakes	1	Sainsbury's high fibre bran cornflakes	2
Sainsbury's sultana bran	1	Sainsbury's high fibre cornflakes	2
Sainsbury's swiss style muesli - wholegrain	1	Sainsbury's ready oat cereal	2
Sainsbury's Taste the Difference caramelised nut and jumbo flame raisin crunch cereal	1	Sainsbury's instant hot oat cereal	2
Sainsbury's triple chocolate crisp cereal	1	Sainsbury's malties	2
Sainsbury's tropical crunchy oat cereal	1	Sainsbury's mini wheats	2
Sainsbury's whole wheat muesli	1	Sainsbury's natural bran	2
Sainsbury's wholegrain fruit and fibre	1	Sainsbury's oat cereal, hot	2
Sainsbury's wholegrain fruit and fibre no added sugar	1	Sainsbury's puffed wheat	2
Sainsbury's wholegrain raisin wheats	1	Sainsbury's scottish porridge oats	2
Sainsbury's Be Good To Yourself muesli	1	Sainsbury's scottish porridge oats with bran	2
Sainsbury's chocolate crisp cereal	1	Sainsbury's SO Organic bran flakes	2
Sainsbury's hot oat golden syrup	1	Sainsbury's SO Organic oats	2
Sainsbury's purple berry crisp cereal	1	Sainsbury's SO Organic original easy oat sachets	2
Sainsbury's crunchy coconut, raisin and honey	1	Sainsbury's SO Organic whole wheat biscuits	2
Sainsbury's yoghurt and raspberry crisp cereal	1	Sainsbury's Taste the Difference whole rolled porridge oats	2
Sainsbury's blueberry wheats	2	Sainsbury's wholegrain bran flakes	2
Sainsbury's apricot wheats	2	Sainsbury's wholegrain apricot wheats	2
Sainsbury's Basics branflakes	2	Sainsbury's wholegrain mini wheats	2
Sainsbury's Basics breakfast wheat biscuits	2	Sainsbury's wholewheat biscuits	2
Sainsbury's Basics muesli	2	Sainsbury's wholewheat bisk cereal	2
		Sainsbury's wholegrain cranberry wheats	2
		Sainsbury's Be Good To Yourself precise	3
		Sainsbury's choco hooplas	3
		Sainsbury's choco snaps	3

Sainsbury's frosted flakes	3	Tesco Bran Flakes Value	2
Sainsbury's honey nut and cranberries	3	Tesco Cranberry Wheats	2
Sainsbury's honeynut cornflakes	3	Tesco Finest Porridge with Fruit & Nuts	2
Sainsbury's pecan and maple crisp cereal	3	Tesco Finest Scottish Porridge Oats	2
Sainsbury's balanced cereal - crispy rice and wheat	4	Tesco Healthy Living Porridge Oats with wheatbran & prebiotics	2
Sainsbury's balanced cereal with red fruits	4	Tesco hi-fibre bran	2
Sainsbury's Basics cornflakes	4	Tesco Instant Hot Oat Cereal	2
Sainsbury's Be Good To Yourself balance	4	Tesco Light Choice Wheat Biscuits	2
Sainsbury's Be Good To Yourself balance with red fruit	4	Tesco Light Choices Bran Flakes	2
Sainsbury's cornflakes	4	Tesco malt wheats	2
Sainsbury's crisp rice, basics	4	Tesco Maple & Pecan Crisp	2
Sainsbury's rice pops	4	Tesco Micro Oats	2
Sainsbury's SO Organic cornflakes	4	Tesco Organic Porridge Oats	2
Sainsbury's swiss style muesli - no added salt sugar	4	Tesco Pomegranate & Raspberry Wheats	2
		Tesco Scottish porridge oats	2
		Tesco Scottish porridge oats with wheat bran	2
		Tesco Superfood muesli	2
		Tesco Swiss Style Muesli (No Added Sugar/Salt)	2
		Tesco Value Muesli	2
		Tesco Value Porridge Oats	2
		Tesco Wheat Biscuits	2
		Tesco Wholewheat Muesli	2
		Tesco Choco Snaps	3
		Tesco Frosted Flakes	3
		Tesco Golden Honey Puffs	3
		Tesco Honey Nut Corn Flakes	3
		Tesco Multigrain Boulders	3
		Tesco value coco snaps	3
		Tesco Value Frosted Flakes	3
		Tesco Multigrain Hoops	4
		Tesco Rice Snaps	4
		Tesco Value Rice Snaps	4
		Tesco Corn Flakes	4
		Tesco organic cornflakes	4
		Tesco Specialflakes	4
		Tesco Special Flakes with Red Berries	4
		Tesco Strawberry Crisp	4
		Tesco Value Corn Flakes	4
TESCO			
Tesco Crunchy Oat Cereal with coconut, sultanas and almonds	1		
Tesco Crunchy Oat Cereal with tropical fruits	1		
Tesco Finest Fruit & Nut Granola	1		
Tesco Finest Fruit & Nut Muesli	1		
Tesco Fruit & Fibre	1		
Tesco Fruit & Nut Muesli	1		
Tesco fruit and berries muesli	1		
Tesco Light Choices Sultana Bran	1		
Tesco Malt Wheats	1		
Tesco Micro Oats (Golden Syrup)	1		
Tesco Organic Swiss Style Muesli	1		
Tesco Swiss Style Muesli	1		
Tesco Value Fruit & Fibre	1		
Tesco (Disney) Wholegrain Porridge	2		
Tesco Apricot Wheats	2		
Tesco Blueberry Wheats	2		

WEETABIX

Weetabix minis chocolate crisp	1
Weetabix minis fruit & nut crisp	1
Weetabix minis honey & nut crisp	1
Weetabix Oatibix bitesize with chocolate & raisin	1
Weetabix Oatibix porridge apple & raspberry	1
Weetabix Oatibix porridge chocolate	1
Weetabix Oatibix porridge golden honey	1
Weetabix Oatibix porridge spiced apple & sultana	1
Weetabix Ready Brek chocolate	1
Weetabix Alpen no added sugar	2
Weetabix crunchy bran	2
Weetabix disney pirates	2
Weetabix disney princess stars	2
Weetabix Oatibix bitesize	2
Weetabix Oatibix bitesize with sultana & apple	2
Weetabix Oatibix original	2
Weetabix Oatibix porridge original	2
Weetabix organic	2
Weetabix original	2
Weetabix power rangers star force	2
Weetabix Ready Brek original	2

Weetabix weetaflakes	2
Weetabix Oatibix Flakes	2
Chocolate Weetabix	2
Weetabix Alpen high fruit	3
Weetabix Oatibix Flakes with raisin, cranberry and blackcurrant	3
Weetabix Oatiflakes with raisin, cranberry & blackcurrant	3
Weetabix weetos chocolate flavour	3

OTHER BRANDS

Mornflake orchard oat crunchy sultana and apple	1
Mornflake classic oat crunchy raisin, honey and almond	1
Mornflake Hawaiian Oat Crunchy Raisin, Banana and Pineapple	1
Kallo whole earth swiss style museli, organic	2
Mornflake oatbran cereal	2
Mornflake Superfast oats	2
Mornflake Organic oats	2
Grapenuts	4
Sugar puffs	4
Country Barn Corn Flakes	4
Country Barn Special Flakes	4
Kallo wholeearth organic classic cornflake	4

EATING HABITS MODULE - FRUIT AND VEGETABLE CONSUMPTION

FRESH FRUIT SIZES

Name of Fruit	Size of Fruit	Name of Fruit	Size of Fruit
Apple (all types).....	Medium	Mango	Large
Apricot	Small	Medlar	Medium
Apple banana	Small	Melon (all types)...	Very large
Avocado.....	Large	Mineola.....	Large
Banana	Medium	Nectarine.....	Medium
Berry (other)	Very small	Nino banana.....	Small
Bilberry	Very small	Olive	Very small
Blackcurrant	Very small	Orange	Medium
Blackberry.....	Very small	Passion fruit	Very small
Blueberry	Very small	Papaya	Large
Cactus pear	Medium	Paw Paw	Large
Cape gooseberry	Very small	Peach	Medium
Carambola.....	Very small	Pear.....	Medium
Cherry.....	Very small	Persimmon	Medium
Cherry tomatoes.....	Very small	Pitaya	Large
Chinese gooseberry	Small	Pineapple	Very large
Chinese lantern	Very small	Physalis.....	Very small
Chirimoya/Cherimoya	Large	Plantain	Medium
Clementine	Medium	Plum	Small
Custard Apple.....	Large	Pomegranate.....	Medium
Damson	Very small	Pomelo	Large
Date (fresh).....	Small	Pummelo	Large
Dragon fruit.....	Large	Prickly pear	Medium
Elderberry	Very small	Rambutans.....	Very small
Figs (fresh)	Small	Raspberry.....	Very small
Gooseberry.....	Very small	Redcurrants.....	Very small
Granadilla	Very small	Satsuma	Medium
Grapes (all types)	Very small	Shaddock	Large
Grapefruit.....	Large	Sharon fruit.....	Medium
Greengage.....	Small	Starfruit.....	Very small
Grenadillo	Very small	Strawberry	Very small
Guava	Medium	Stonefruit.....	Very small
Horned melon	Large	Tamarillo	Very small
Kiwi	Small	Tangerine	Medium
Kubo	Very small	Tomato	Medium
Kumquat	Very small	Tree tomato.....	Very small
Lemon.....	Medium	Ugli fruit	Large
Lime.....	Medium	Unique fruit.....	Large
Loquat.....	Very small		
Lychee	Very small		

HEIGHT CONVERSION CHART

1 inch = 2.54 cm

Centimetres	Feet	Inches
46	1	6
48	1	7
51	1	8
53	1	9
56	1	10
58	1	11
61	2	0
64	2	1
66	2	2
69	2	3
71	2	4
74	2	5
76	2	6
79	2	7
81	2	8
84	2	9
86	2	10
89	2	11
91	3	0
94	3	1
97	3	2
99	3	3
102	3	4
104	3	5
107	3	6
109	3	7
112	3	8
114	3	9
117	3	10
119	3	11
122	4	0
124	4	1
127	4	2
130	4	3
132	4	4
135	4	5
137	4	6
140	4	7
142	4	8
145	4	9
147	4	10
150	4	11
152	5	0
155	5	1
157	5	2
160	5	3
163	5	4
165	5	5
168	5	6

Centimetres	Feet	Inches
170	5	7
173	5	8
175	5	9
178	5	10
180	5	11
183	6	0
185	6	1
188	6	2
191	6	3
193	6	4
196	6	5
198	6	6
201	6	7
203	6	8
206	6	9

WEIGHT CONVERSION CHART

1 kg= 2.2 lb

kg	st	lbs
6.4	1	0
6.8	1	1
7.3	1	2
7.7	1	3
8.2	1	4
8.6	1	5
9.1	1	6
9.5	1	7
10.0	1	8
10.5	1	9
10.9	1	10
11.4	1	11
11.8	1	12
12.3	1	13
12.7	2	0
13.2	2	1
13.6	2	2
14.1	2	3
14.5	2	4
15.0	2	5
15.5	2	6
15.9	2	7
16.4	2	8
16.8	2	9
17.3	2	10
17.7	2	11
18.2	2	12
18.6	2	13
19.1	3	0
19.5	3	1
20.0	3	2
20.5	3	3
20.9	3	4
21.4	3	5
21.8	3	6
22.3	3	7
22.7	3	8
23.2	3	9
23.6	3	10
24.1	3	11
24.5	3	12
25.0	3	13
25.5	4	0
25.9	4	1
26.4	4	2
26.8	4	3
27.3	4	4
27.7	4	5
28.2	4	6
28.6	4	7
29.1	4	8

kg	st	lbs
29.5	4	9
30.0	4	10
30.5	4	11
30.9	4	12
31.4	4	13
31.8	5	0
32.3	5	1
32.7	5	2
33.2	5	3
33.6	5	4
34.1	5	5
34.5	5	6
35.0	5	7
35.5	5	8
35.9	5	9
36.4	5	10
36.8	5	11
37.3	5	12
37.7	5	13
38.2	6	0
38.6	6	1
39.1	6	2
39.5	6	3
40.0	6	4
40.5	6	5
40.9	6	6
41.4	6	7
41.8	6	8
42.3	6	9
42.7	6	10
43.2	6	11
43.6	6	12
44.1	6	13
44.5	7	0
45.0	7	1
45.5	7	2
45.9	7	3
46.4	7	4
46.8	7	5
47.3	7	6
47.7	7	7
48.2	7	8
48.6	7	9
49.1	7	10
49.5	7	11
50.0	7	12
50.5	7	13
50.9	8	0
51.4	8	1
51.8	8	2
52.3	8	3

kg	st	lbs
52.7	8	4
53.2	8	5
53.6	8	6
54.1	8	7
54.5	8	8
55.0	8	9
55.5	8	10
55.9	8	11
56.4	8	12
56.8	8	13
57.3	9	0
57.7	9	1
58.2	9	2
58.6	9	3
59.1	9	4
59.5	9	5
60.0	9	6
60.5	9	7
60.9	9	8
61.4	9	9
61.8	9	10
62.3	9	11
62.7	9	12
63.2	9	13
63.6	10	0
64.1	10	1
64.5	10	2
65.0	10	3
65.5	10	4
65.9	10	5
66.4	10	6
66.8	10	7
67.3	10	8
67.7	10	9
68.2	10	10
68.6	10	11
69.1	10	12
69.5	10	13
70.0	11	0
70.5	11	1
70.9	11	2
71.4	11	3
71.8	11	4
72.3	11	5
72.7	11	6
73.2	11	7
73.6	11	8
74.1	11	9
74.5	11	10
75.0	11	11
75.5	11	12

kg	st	lbs
75.9	11	13
76.4	12	0
76.8	12	1
77.3	12	2
77.7	12	3
78.2	12	4
78.6	12	5
79.1	12	6
79.5	12	7
80.0	12	8
80.5	12	9
80.9	12	10
81.4	12	11
81.8	12	12
82.3	12	13
82.7	13	0
83.2	13	1
83.6	13	2
84.1	13	3
84.5	13	4
85.0	13	5
85.5	13	6
85.9	13	7
86.4	13	8
86.8	13	9
87.3	13	10
87.7	13	11
88.2	13	12
88.6	13	13
89.1	14	0
89.5	14	1
90.0	14	2
90.5	14	3
90.9	14	4
91.4	14	5
91.8	14	6
92.3	14	7
92.7	14	8
93.2	14	9
93.6	14	10
94.1	14	11
94.5	14	12
95.0	14	13
95.5	15	0
95.9	15	1
96.4	15	2
96.8	15	3
97.3	15	4
97.7	15	5
98.2	15	6
98.6	15	7
99.1	15	8
99.5	15	9
100.0	15	10

kg	st	lbs
100.5	15	11
100.9	15	12
101.4	15	13
101.8	16	0
102.3	16	1
102.7	16	2
103.2	16	3
103.6	16	4
104.1	16	5
104.5	16	6
105.0	16	7
105.5	16	8
105.9	16	9
106.4	16	10
106.8	16	11
107.3	16	12
107.7	16	13
108.2	17	0
108.6	17	1
109.1	17	2
109.5	17	3
110.0	17	4
110.5	17	5
110.9	17	6
111.4	17	7
111.8	17	8
112.3	17	9
112.7	17	10
113.2	17	11
113.6	17	12
114.1	17	13
114.5	18	0
115.0	18	1
115.5	18	2
115.9	18	3
116.4	18	4
116.8	18	5
117.3	18	6
117.7	18	7
118.2	18	8
118.6	18	9
119.1	18	10
119.5	18	11
120.0	18	12
120.5	18	13
120.9	19	0
121.4	19	1
121.8	19	2
122.3	19	3
122.7	19	4
123.2	19	5
123.6	19	6
124.1	19	7
124.5	19	8

kg	st	lbs
125.0	19	9
125.5	19	10
125.9	19	11
126.4	19	12
126.8	19	13
127.3	20	0
127.7	20	1
128.2	20	2
128.6	20	3
129.1	20	4
129.5	20	5
130.0	20	6
130.5	20	7
130.9	20	8
131.4	20	9
131.8	20	10
132.3	20	11
132.7	20	12
133.2	20	13
133.6	21	0
134.1	21	1
134.5	21	2
135.0	21	3
135.5	21	4
135.9	21	5
136.4	21	6
136.8	21	7
137.3	21	8
137.7	21	9
138.2	21	10
138.6	21	11
139.1	21	12
139.5	21	13

LOOK-UP CHARTS FOR IF OVER 12 DWELLING UNITS OR OVER 12 HOUSEHOLDS IDENTIFIED AT AN ADDRESS

NUMBER OF DU's/HH:	SELECTION NUMBER FOR 1 DU:	SELECTION NUMBERS FOR 3 HOUSEHOLDS
13	12	8, 11, 4
14	8	7, 6, 5
15	11	8, 9, 5
16	7	9, 16, 11
17	13	11, 9, 16
18	3	11, 6, 18
19	14	13, 18, 7
20	2	17, 1, 4
21	14	16, 10, 2
22	8	16, 4, 22
23	13	19, 3, 22
24	5	10, 19, 14
25	12	23, 15, 4
26	6	22, 20, 17
27	17	14, 24, 25
28	17	2, 17, 25
29	2	19, 18, 4
30	21	28, 7, 20

LOOK-UP CHART IF 30 + DWELLING UNITS IDENTIFIED AT AN ADDRESS

Number of DU's	Selection number for 1 DU	Number of DU's	Selection number for 1 DU
31	10	46	35
32	26	47	8
33	8	48	36
34	22	49	15
35	8	50	44
36	3	51	35
37	28	52	2
38	19	53	24
39	25	54	17
40	16	55	49
41	41	56	27
42	32	57	39
43	9	58	3
44	40	59	48
45	7	60	35

LOOK UP CHART FOR 13+ CHILDREN AGED 0-15

IF THERE ARE:	13	SELECT CHILDREN	-----▶	10 & 13
	14		-----▶	6 & 4
	15		-----▶	9 & 14
	16		-----▶	2 & 5
	17		-----▶	16 & 12
IF THERE ARE:	18	SELECT CHILDREN	-----▶	7 & 6
	19		-----▶	16 & 8
	20		-----▶	2 & 8
	21		-----▶	12 & 3
	22		-----▶	14 & 3
	23		-----▶	15 & 21
IF THERE ARE:	24	SELECT CHILDREN	-----▶	5 & 22
	25		-----▶	19 & 8
	26		-----▶	6 & 20
	27		-----▶	5 & 20
	28		-----▶	12 & 22
	29		-----▶	19 & 25
	30	SELECT CHILDREN	-----▶	13 & 18
	31		-----▶	29 & 1
	32		-----▶	7 & 3
	33		-----▶	2 & 21
	34		-----▶	9 & 26
	35	SELECT CHILDREN	-----▶	9 & 20