

The Health Survey for England 2013 - Household Questionnaire

P3327

The Health Survey for England 2013

Program Documentation

Household Questionnaire

The Health Survey for England 2013 - Household Questionnaire

Point

SAMPLE POINT NUMBER.

Range:1..997

Address

ADDRESS NUMBER.

Range: 1..97

Hhold

HOUSEHOLD NUMBER.

Range: 1..9

First

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

Point no: (Point number)

Address no: (Address number)

Household no: (Household number)

DateOK

Today's date according to the laptop is (*date*). Is this the correct start date of this interview?

1 Yes

2 No

WhoHere

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

HHSize

Derived household size.

Range: 1..12

SizeConf

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

1 Yes

2 No, more than (*x*)

3 No, less than (*x*)

HOUSEHOLD COMPOSITION GRID: INFORMATION COLLECTED FOR EACH HOUSEHOLD MEMBER (MAXIMUM 12)

Person

Person number in Household Grid

Range: 1..12

Name

First name from WhoHere

Sex

INTERVIEWER: CODE (*name of respondent's*) SEX.

1 Male

2 Female

DoB

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

Enter Date in numbers, Eg. 02/01/1972.

AgeOf

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

Range: 0..120

{IF AgeOf = NONRESPONSE}

AgeEst

INTERVIEWER CODE: ASK IF NECESSARY (*are you / is he/she*) AGED UNDER 2 YEARS, AT LEAST 2 UP TO 15 YEARS, OR 16 YEARS OR OLDER?
IF NOT KNOWN, TRY TO GET BEST ESTIMATE.

- 1 Under 2 years
- 2 2 to 15 years
- 3 16 to 64 years
- 4 65 and over

{IF Aged 16 or over}

MarStat

Are you (*is he/she*)

ASK OR RECORD. CODE FIRST THAT APPLIES.

- 1. single, that is, never married and never registered in a same-sex civil partnership,
- 2. married,
- 3. separated, but still legally married,
- 4. divorced,
- 5. widowed,
- 6. in a registered same-sex civil partnership,
- 7. separated, but still legally in a same-sex civil partnership,
- 8. formerly in a same-sex civil partnership which is now legally dissolved,
- 9. surviving partner from a same-sex civil partnership ?

{IF (more than one person aged 16+ in household) AND (MarStat = single OR married and separated OR divorced OR widowed)}

Couple

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

ASK OR RECORD

- 1 Yes
- 2 No
- 3 SPONTANEOUS ONLY - same sex couple but not in a formal registered civil partnership

{IF AgeOf = 16 – 17}

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

{IF Aged 0 – 15}

Par1

Which of the people in this household are (*name of respondent's*) parents or have legal parental responsibility for *him/her* on a permanent basis?

CODE FIRST PERSON AT THIS QUESTION. IF Not a household member/dead, CODE 97

Range:1...97

{IF Par1 = 1..12}

Par2

Which other person in this household is (*name of respondent's*) parent or have legal parental responsibility for *him/her* on a permanent basis?

CODE SECOND PERSON AT THIS QUESTION. IF no-one else in the household, CODE 97.

Range:1...97

SelCh

INTERVIEWER: Is this child selected for an individual interview?

- 1 Yes
- 2 No

Nat1Par

SHOW CARD A2

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

- 1 Own natural child
- 2 Other (eg adopted, foster, child of partner etc)

{IF (Par2 IN 1..12)}

Nat2Par

SHOW CARD A2

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

- 1 Own natural child
- 2 Other (eg adopted, foster, child of partner, etc)

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

RELATIONSHIP BETWEEN HOUSEHOLD MEMBERS COLLECTED FOR ALL

SHOW CARD A1

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

ARRAY [1..12]

- | | |
|----|-----------------------------------|
| 1 | husband/wife |
| 2 | partner/cohabitee |
| 3 | natural son/daughter |
| 4 | adopted son/daughter |
| 5 | foster child |
| 6 | stepson/daughter/child of partner |
| 7 | son/daughter-in-law |
| 8 | natural parent |
| 9 | adoptive parent |
| 10 | foster parent |
| 11 | stepparent/parent's partner |
| 12 | parent-in-law |
| 13 | natural brother/sister |
| 14 | half-brother/sister |
| 15 | step-brother/sister |
| 16 | adopted brother/sister |
| 17 | foster brother/sister |
| 18 | brother/sister-in-law |
| 19 | grandchild |
| 20 | grandparent |
| 21 | other relative |
| 22 | other non-relative |

ASK ALL

HHldr

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

CODE ALL THAT APPLY.

(Codeframe of all household members)

- | | |
|------|-------------------------------------|
| 1-12 | Person numbers of household members |
| 97 | Not a household member |

HHResp

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

(Codeframe of adult household members)

- | | |
|------|-------------------------------------|
| 1-12 | Person numbers of household members |
| 97 | Not a household member |

{IF More than one person coded at HHldr}

HiHNum

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

ENTER PERSON'S NUMBER – IF TWO PEOPLE HAVE THE SAME INCOME, ENTER 13

(Codeframe of joint householders)

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

{IF 2 people have the same income}

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 Don't know or Refused Person with highest income}

JntEldB

ENTER PERSON NUMBER OF THE ELDEST JOINT HOUSEHOLDER.

ASK OR RECORD.

(Codeframe of joint householders)

HRP

INTERVIEWER: THE HOUSEHOLD REFERENCE PERSON IS:

(Displays name of Household Reference Person)

DVHRPNum

Person number of Household Reference Person

ASK ALL

Tenure1

SHOW CARD A3

Now, I'd like to get some general information about your household. In which of these ways does your household occupy this accommodation? Please give an answer from this card.

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

{IF Pay part rent/part mortgage OR Rent it OR Live here rent free}

JobAccom

Does the accommodation go with the job of anyone in the household?

- 1 Yes
- 2 No

LandLord

Who is your landlord?

READ OUT AND CODE FIRST THAT APPLIES.

INTERVIEWER: If asked, New Town Development should be included as local authority or council.

- 1 ...the local authority/council,
- 2 a housing association or co-operative or charitable trust or registered social landlord,
- 3 employer (organisation) of a household member,
- 4 another organisation,
- 5 relative/friend (before you lived here) of a household member,
- 6 employer (individual) of a household member,
- 7 letting agency or another individual private landlord?

Furn1

Is the accommodation provided...READ OUT...

- 1 ...furnished,
- 2 partly furnished (e.g. curtains and carpets only),
- 3 or, unfurnished?

ASK ALL

Bedrooms

How many bedrooms does your household have, including bedsitting rooms and spare bedrooms? EXCLUDE BEDROOMS CONVERTED TO OTHER USES (e.g. bathroom). INCLUDE BEDROOMS TEMPORARILY USED FOR OTHER THINGS (e.g. study, playroom).

Range: 0..20

ENDIF

ASKED OF ONE PERSON AT HOUSEHOLD LEVEL

HoAdC

SHOW CARD A4

Whether you use them or not, does your home have any of the features on this card?

INTERVIEWER: PLEASE EXCLUDE STAIRLIFTS. A LATER QUESTION WILL COVER THIS.

CODE ALL THAT APPLY

1. Wide doorways or hallways
2. Ramps or street level entrances
3. Hand rails
4. Automatic or easy open doors
5. Accessible parking or drop off site
6. Lift (e.g. in a block of flats)
7. Walk in shower (level access or standard shower tray)
8. Over bath shower
9. None of these {EXCLUSIVE CODE}

{If HoAdC<>none of these (96)}

HoAdS

Were any of these features installed specially to assist people with physical impairments or health problems?

1. Yes – installed to assist people {only ask about payment at HoAi if HoAdS=yes}
2. No

ASK ALL

PasSm

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

INTERVIEWER: INCLUDE NON-HOUSEHOLD MEMBERS WHO SMOKE IN THE HOUSE OR FLAT. EXCLUDE HOUSEHOLD MEMBERS WHO ONLY SMOKE OUTSIDE THE HOUSE OR FLAT.

- 1 Yes
- 2 No

{IF PasSm = Yes}

NumSm

How many people smoke inside this (house/flat) on most days?

Range: 1..20

ASK ALL

Car

Is there a car or van **normally** available for use by you or any members of your household?

INCLUDE: ANY PROVIDED BY EMPLOYERS IF NORMALLY AVAILABLE FOR PRIVATE USE BY RESPONDENT OR MEMBERS OF HOUSEHOLD.

- 1 Yes
- 2 No

{IF Car= Yes}

NumCars

How many are available?

- 1 One
- 2 Two
- 3 Three or more

SrcInc

Please look at SHOW CARD A5. There has been a lot of talk about health and income. We would like to get some idea of your household's income. This card shows various possible sources of income.

Can you please tell me which of these you (*and your husband/wife/partner*) receive?

PROBE: FOR ALL SOURCES. CODE ALL THAT APPLY

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

AttDisab

SHOWCARD A6

Can I just check, do you or any of your household receive any of these listed on this card? Please only think about people aged 16+ in your household.

FROM APRIL 2013, PERSONAL INDEPENDENCE PAYMENTS (PIP) HAVE BEEN INTRODUCED.

IF A RESPONDENT IS RECEIVING PERSONAL INDEPENDENCE PAYMENTS, PLEASE CODE THE CORRECT TYPE BELOW AND PRESS <CTRL+M> AND TYPE 'PIP' IN THE REMARK BOX.

- 1 Attendance Allowance
- 2 Disability Living Allowance **OR** 2a Personal Independence Payments – care component
- 3 Disability Living Allowance **OR** 3a Personal Independence Payments – mobility component
- 4 None of these

{IF AttDisab = 1-3 THEN {Loop for each household member selected at AttDisab}}

AtDisWho

SHOWCARD A6

Please could you tell me who receives these allowances in your household?

List people from household grid aged 16+

{IF AttDisab = 1-3 THEN {Loop for each HH member selected}}

AtDisAmt

SHOWCARD A7

Now looking at this card, which of these rates is {^name of HH member selected at AttDisab} currently receiving? Just tell me the number beside the row that best apply.

CODE ALL THAT APPLY.

Attendance Allowance

- 1 Higher rate for attendance during day AND night - £79.15
- 2 Lower rate for day OR night - £53.00

Disability Living Allowance (DLA) - Care Component

- 3 Highest rate - £79.15
- 4 Middle rate - £53.00
- 5 Lowest rate - £21.00

Disability Living Allowance (DLA) - Mobility Component

- 6 Highest rate - £55.25
- 7 Lower rate - £21.00

HARD CHECK: IF RESPONDENT/HH MEMBER IS AGED UNDER 65 AND AtDisab= ATTENDANCE ALLOWANCE: "INTERVIEWER: Only people aged 65+ can receive attendance allowance. Please change"

HARD CHECK: IF RESPONDENT/HH MEMBER RECEIVES BOTH ATTENDANCE ALLOWANCE (1 OR 2) AND DISABILITY ALLOWANCE (3-7): "INTERVIEWER: It is not possible to receive Attendance Allowance AND Disability Allowance. Please change."

NJntInc

SHOW CARD A8

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

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

Range:band numbers as given by showcard A8, 96, 97

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

OthInc

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

- 1 Yes
- 2 No

{IF Yes THEN}

HHInc

SHOW CARD A8

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:band numbers as given by showcard A8, 96, 97

EMPLOYMENT DETAILS OF HOUSEHOLD REFERENCE PERSON COLLECTED

NHActiv

SHOW CARD A9

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

CODE **FIRST TO APPLY.**

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

{IF NHActiv = Doing something else}

NHActivO

OTHER: PLEASE SPECIFY.

Text: Maximum 60 characters

{IF Going to school or college full-time}

HStWork

Did *you/name* (Household Reference Person) do any paid work in the seven days ending (*date last Sunday*), either as an employee or self-employed?

- 1 Yes
- 2 No

{IF Intending to look for work but prevented by temporary sickness or injury, Retired from paid work, Looking after the home or family or Doing something else) OR (HstWork=No) AND (Household Reference Person aged under 65 (men)/60 (women))}

H4WkLook

Thinking now of the 4 weeks ending (*date last Sunday*), were *you/name* (Household Reference Person)

looking for any paid work or Government training scheme at any time in those four weeks?

- 1 Yes
- 2 No

{IF NHActiv=(Looking for paid work or a government training scheme) OR H4WkLook = Yes}

H2WkStrt

If a job or a place on a Government training scheme had been available in the (*four weeks*) ending (*date last Sunday*), would *you/name* (Household Reference Person) have been able to start within two weeks?

- 1 Yes
- 2 No

{IF NHActiv = (Looking for work or a government training scheme ...Doing something else) OR (HStWork = No)}

HEverJob

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

- 1 Yes
- 2 No

{IF Waiting to take up paid employment already obtained}

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

HHowLong

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

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

ENDIF

{IF Ever been in paid employment or self employed}

HPayLast

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

WRITE IN YEAR.

Numeric: 1920..2014 Decimals: 0

{IF Last paid job <= 8 years ago}

HPayMon

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

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

{IF (HEverJob = Yes) OR (NHActiv = In paid employment or self-employment .. Waiting to take up a job already obtained) OR (HstWork = Yes)}

HJobTitl

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

Text: Maximum 60 characters

HFtPtime

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

- 1 Full-time
- 2 Part-time

HWtWork

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

Text: Maximum 50 characters

HMatUsed

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

IF NONE USED, WRITE IN 'NONE'.

Text: Maximum 50 characters

HSkilNee

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

Text: Maximum 120 characters

HEmploye

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

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

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

{IF HEmploye = self employed}

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 Employee OR Director of a limited company}

HEmpStat

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

- 1 manager
- 2 foreman or supervisor
- 3 or other employee?

HNEmplee

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

- 1 1 or 2
- 2 3-9
- 3 10-24
- 4 25-499
- 5 500+

{ELSEIF (HEmploye = SelfEmp) AND (HDirctr = No)}

HSNEmple

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

- | | |
|---|---------|
| 1 | 1 or 2 |
| 2 | 3 – 9 |
| 3 | 10 - 24 |
| 4 | 3-24 |
| 5 | 25-499 |
| 6 | 500+ |

{IF Employee}

HInd

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

Text: Maximum 100 characters

Sector

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

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

{IF Self Employed}

HSIfWtMad

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

Text: Maximum 100 characters

{IF (Hemploye = 1 OR 2) OR (IF HDirctr = 1 OR 2)}

ShiftA

Do you do shift work outside the hours of 7am to 7pm in your (main) job?

INTERVIEWER: Read out...

1. ...most of the time,
2. ...occasionally,
3. or never?

{IF ShiftA = 1 OR 2}

ShifTypA

SHOWCARD A10

What type of shift pattern do you work?

INTERVIEWER: IF NECESSARY: SHOW RESPONDENT SHIFT TYPES SHOWCARD (IN INTERVIEWER SHOWCARDS) OR PRESS F9 FOR HELPSCREEN

- 1 Three-shift working
- 2 Continental shifts
- 3 Two-shift system with 'earlies' and 'lates'/double day shifts
- 4 Sometimes night and sometimes day shifts
- 5 Split shifts
- 6 Morning shifts
- 7 Evening or twilight shifts
- 8 Night shifts
- 9 Weekend shifts
- 10 Other type of shift work"

Showcard or F9 helpscreen:

The shift work categories are defined below:

Three-shift working – the day is divided into three working periods – morning, afternoon and night. This kind of shift work usually, but not always, involves one or more weeks of mornings, followed by one or more weeks of afternoons, followed by one or more weeks of nights.

Continental shifts – this is a continuous three-shift system that rotates rapidly e.g. three mornings, then two afternoons, then two nights. Usually there is a break between shift changes.

Two-shift system with earlies and lates or double day shifts – normally two shifts of eight hours each, e.g. 0600-1400 and 1400-2200. Shifts are usually alternated weekly or over longer intervals.

Split shifts – these are full shifts divided into two distinct parts with a gap of several hours in between. Used in industries where peak demands are met at different times of the day e.g. catering, passenger transport and service industries.

Morning shift – if this is full-time, most commonly 0600-1400. This code is used if the morning shift is the only shift worked or worked part time during the morning.

Evening shift – if this is full-time, most commonly 1500-2400. Also used for a part-time shift 1700-2100 or 1800-2200. Part-time evening shifts are usually called twilight shifts.

Night shift – if this is full-time, most commonly 1800-0600, and usually continuing after midnight. This code is used only for permanent night work.

Weekend shift – this code is used for work during Fridays, Saturdays, Sundays (0600-1800), when there is no other work.

Other type of shift work – this code is only used when none of the above apply.

{IF ShifTyp = Other}

OthShA

"INTERVIEWER: Please enter other type of shift work.

Text: Maximum 50 characters.

HRPOcc

INTERVIEWER: Did *name* (Household Reference Person) answer the occupation question himself?

1. Yes
2. No

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

The Health Survey for England 2013**Program Documentation****Individual Questionnaire**

CONTENTS

Page	Module
2	General health, longstanding illness
5	Self-reported height and weight
6	Personal care plans
8	Doctor-diagnosed high blood pressure
10	Doctor-diagnosed diabetes
12	Eye Care
15	Use of services
17	Social care
40	End of life care
44	Fruit and vegetable consumption
47	Smoking
58	Drinking
68	Classification information: working status/employment, qualifications, ethnic group
75	Self completion placement
78	Height and weight measurements
82	Nurse appointment
84	Data linkage consents

General Health

ASK ALL

OwnDoB

What is your date of birth?

INTERVIEWER EXPLAIN IF NECESSARY: I'm just checking your date of birth again, because it's important to be sure that I've noted it down correctly.

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

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

{IF OwnDoB = Not known/Refused}

OwnAgeE

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

Range:1..120

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

AgeAEst

INTERVIEWER: ESTIMATE NEAREST AGE

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

{ELSE IF (OwnAgeE = Not known/Refused) AND (Est. age from HH grid < 16)}

AgeCEst

INTERVIEWER: ESTIMATE NEAREST AGE:

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

ASK ALL

GenHelf

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

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

III12m

This question asks you about any health conditions, illnesses or impairments you may have. Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?

- 1 Yes
- 2 No

{IF III12m = Yes THEN RECORD UP TO SIX CONDITIONS OR ILLNESSES}

IllsTxt[i]

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

INTERVIEWER: RECORD FULLY. PROBE FOR DETAIL.

IF MORE THAN ONE MENTIONED, ENTER ONE HERE ONLY.

IF VAGUE ANSWER SUCH AS 'bad back', ASK 'can you say a little more about that?'

Open Answer: up to 100 characters

Variable names for text are IllsTxt[1]-IllsTxt[6]

More[i]

(Can I check) do you have any other physical or mental health conditions or illnesses lasting or expected to last 12 months or more?

- 1 Yes
- 2 No

{IF ILL12m = Yes}

IIIAff

SHOW CARD B1

The purpose of this question is to establish the type of impairment(s) you experience currently as a result of your health condition or illness. In answering this question, you should consider whether you are affected in any of these areas while receiving any treatment or medication or using devices to help you such as a hearing aid for example.

Do any of your conditions or illnesses affect you in any of the following areas?

Please read out the number that applies.

CODE ALL THAT APPLY

- 1 Vision (for example blindness or partial sight)
- 2 Hearing (for example deafness or partial hearing)
- 3 Mobility (for example walking short distances or climbing stairs)
- 4 Dexterity (for example lifting and carrying objects, using a keyboard)
- 5 Learning or understanding or concentrating
- 6 Memory
- 7 Mental health
- 8 Stamina or breathing or fatigue
- 9 Socially or behaviourally (for example associated with autism, attention deficit disorder or Asperger's syndrome)
- 10 Other (PLEASE SPECIFY)
- 11 None of the above (spontaneous only)
- 12 Refusal (spontaneous only)

{IF IIIAff = Other}

ILLOth

What other area(s) do any of your conditions or illnesses affect you in?

Text : Maximum 100 characters

{If ILL12m = Yes}

ReducAct

This question asks about whether your health condition or illness currently affects your ability to carry-out normal day-to-day activities, either a lot or a little or not at all. In answering this question, you should consider whether you are affected while receiving any treatment or medication for your condition or illness and/or using any devices such as a hearing aid, for example.

Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities

READ OUT...

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

{If ReducAct=1 (yes a lot) or 2 (yes a little)}

AffLng

For how long has your ability to carry out day-to-day activities been reduced... READ OUT..."

1. ...Less than six months
2. Between six months and 12 months
3. or, 12 months or more?

{IF More[1] = yes AND (ReducAct = yes a lot OR yes a little) THEN ask RedAct up to 6 times for all conditions listed in IllsTxt[1] - IllsTxt[6]}

RedAct1-10

Does your <textfill answer from IllsTxt1,2,3 etc> reduce your ability to carry out day-to-day activities...READ OUT

1. yes, a lot
2. yes, a little
3. not at all

REPEAT FOR EACH ILLNESS/CONDITION (UP TO SIX).

ASK ALL

LastFort

Now I'd like you to think about the **two weeks** ending yesterday.

During those two weeks did you have to cut down on any of the things you **usually** do about the house or at *school/work/or in your free time* because of *a condition you have just told me about or some other* illness or injury?

- 1 Yes
- 2 No

{IF Lastfort = Yes}

DaysCut

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

Range: 1..14

Self-reported height and weight

ASK ALL RESPONDENTS AGED 16+ THEN

IntroHW

Now follows some questions about your height and weight.

Press <1> Enter to Continue.

EHtCh

How tall are you without shoes? You can tell me in metres or in feet and inches.

INTERVIEWER: RECORD IN METRES OR IN FEET AND INCHES. IF RESPONDENT DOESN'T KNOW HEIGHT USE <CTRL+K>. IF RESPONDENT ISN'T WILLING TO GIVE HEIGHT USE <CTRL+R>.

- 1 Metres
- 2 Feet and inches

{IF EHtCh = Metres}

EHtM

INTERVIEWER: PLEASE RECORD HEIGHT IN METRES.

Range: 0.01..2.44

{ELSE IF EHtCh = Feet and inches}

EHtFt

INTERVIEWER: PLEASE RECORD HEIGHT. ENTER FEET.

Range: 0..7

EHtIn

INTERVIEWER: PLEASE RECORD HEIGHT. ENTER INCHES. YOU CAN ENTER HALF INCHES, IF GIVEN, WITH A .5 DECIMAL.

Range: 0..11

ENDIF

EWtCh

How much do you weigh without clothes and shoes? You can tell me in kilograms or in stones and pounds.

INTERVIEWER: RECORD 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}

EWtKg

INTERVIEWER: PLEASE RECORD WEIGHT IN KILOGRAMS.

Range: 1.0..210.0

{ELSE IF EWtCh = Stones and pounds}

EWtSt

INTERVIEWER: PLEASE RECORD WEIGHT. ENTER STONES.

Range: 1..32

EWtL

INTERVIEWER: PLEASE RECORD WEIGHT. ENTER POUNDS.

Range: 0..13

ENDIF

Personal Care Plans

{IF Age16+ AND LongIll¹ = Yes}

ConvDoc

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

Have you had a conversation like this with your doctor, nurse or health worker about your long term condition(s)?

- 1 Yes
- 2 No
- 3 Not sure

{IF ConvDoc=Yes}

LastYr

Was this in the last 12 months or longer ago?

- 1 In last 12 months
- 2 Longer ago

{IF Age16+ AND LongIll = Yes}

PlanAg

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

In the last 12 months, have you and a health professional agreed a Personal Care Plan for your overall health and social care needs?

- 1 Yes, have agreed a personal care plan in the last 12 months
- 2 Yes, agreed a personal care plan more than 12 months ago
- 3 No, do not have a personal plan

{IF PlanAg = No}

OffPlan

Have you talked about a Personal Care Plan with a health care professional, or been offered a Personal Care Plan in the last 12 months?

- 1 Yes
- 2 No

{IF OffPlan = Yes}

WhyNoPI

Why have you not agreed a Personal Care Plan after discussing it? Is that because you didn't want one or is there some other reason?

- 1 Did not want a personal care plan
- 2 Still discussing a plan, not yet agreed
- 95 Other reason - SPECIFY

{IF WhyNoPI = Other}

NoPIOth

INTERVIEWER: Specify other reason.

Text: Maximum 50 characters

¹ LongIll = Longill

{IF OffPlan = No}**LikePlan**

Would you like the opportunity to discuss a Personal Care Plan with a health professional?

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

{IF PlanAg = Yes}**CareImpr**

Has your Care Plan improved the health or social care services you receive?

IF YES: Would you say they have improved a great deal or to some extent?

- 1 Yes - improved a great deal
- 2 Yes - improved to some extent
- 3 No - not improved
- 4 Don't know / can't say

ASK ALL WHO HAVE A LONG-TERM CONDITION**OptOff**

SHOWCARD B2

There are various options for self care support that health care professionals may offer to people with long term health conditions. This card shows some of them. Have you discussed or been offered any of the things on this card in the last 12 months (even if you decided not to take them up)?

PROBE FULLY: Which others?

CODE ALL THAT APPLY.

- 1 Being given help to find information about your condition
- 2 Being given help to find information about the choices you have for care from health professionals
- 3 Attending a training course on your condition, such as the Expert Patients Programme, Challenging Arthritis, DAFNE for diabetes, etc.
- 4 Joining a support network or attending a group for people with a long-term condition
- 5 Having equipment fitted into your home
- 6 Other (PLEASE SPECIFY)
- 7 None of these

{IF (OptOff = Other)}**OpOffOt**

INTERVIEWER: Please specify.

Text: Maximum 50 characters

OptDone

SHOWCARD B3

And over the last 12 months which, if any, of the things on this card have you actually done to help manage your condition? Just read out the numbers that apply.

PROBE FULLY: Which other things (have you done to help manage your condition in the last 12 months)? CODE ALL THAT APPLY

- 1 Read and used information about your condition
- 2 Read and used information about the choices you have for care from health professionals
- 3 Attended a training course on your condition such as the Expert Patients Programme, Challenging Arthritis, DAFNE for diabetes, etc
- 4 Joined a support network or attended a group for people with a long-term condition
- 5 Had equipment fitted into your home
- 6 Other (PLEASE SPECIFY)
- 7 None of these

{IF (OptDone = Other)}**OpDonOt**

INTERVIEWER: Please specify.

Text: Maximum 50 characters

Doctor-Diagnosed Hypertension

{IF Age>=16}

EverBP

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

- 1 Yes
- 2 No

{IF EverBP = Yes}

DocBP

Were you told **by a doctor or nurse** that you had high blood pressure?

- 1 Yes
- 2 No

{IF (DocNurBP = Yes) AND (Sex = Female)}

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}

OthBP

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

- 1 Yes
- 2 No

ENDIF

ENDIF

ENDIF

{IF (DocNurBP=Yes) AND (NoPregBP <> No)}

AgeBP

How old were you when you were first told by a (doctor/nurse) that you had high blood pressure?

Interviewer: Type in age in years.

Numeric: 0..100

MedBP

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

- 1 Yes
- 2 No

{IF MedicinBP = No, Don't know or refused}

BPStill

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

- 1 Yes
- 2 No

EverMed

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

- 1 Yes
- 2 No

{IF PastAbBP = Yes}**StpMed**

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

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

{IF StopMed = Other reason}**StMeOth**

INTERVIEWER: Please specify other reason

Text: Maximum 50 characters

ENDIF

ENDIF

ENDIF

OthAdv

SHOW CARD C1

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

- 1 Yes
- 2 No

{IF OthAdv = Yes}**WhatTrt**

SHOW CARD C1

What other treatment or advice are you currently receiving because of your high blood pressure?

PROBE: What else? CODE ALL THAT APPLY

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

{IF WhatTrt = Other}**WhatTSp**

PLEASE SPECIFY...

Text: Maximum 50 characters

ENDIF

ENDIF

ENDIF

Diabetes

ASK ALL AGED 16+

EverDi

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

1. Yes
2. No

{IF EverDi=YES}

Diabetes

Were you told by a doctor that you had diabetes?

1. Yes
2. No

TypeD

Have you been told whether you have Type 1 or Type 2 diabetes?

- 1 Yes, Type 1 diabetes
- 2 Yes, Type 2 diabetes
- 3 Not been told
- 4 Not sure which type

{IF FEMALE}

DiPreg

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

1. Yes
2. No

{IF Di Preg=Yes}

DiOth

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

1. Yes
2. No

{IF EverDi=YES AND HAD DIABETES APART FROM WHEN PREGNANT}

DiAge

(Apart from when you were pregnant), approximately how old were you when you were first told by a doctor that you had diabetes?

INTERVIEWER: Type in age in years.

Insulin

Do you currently inject insulin for diabetes?

1. Yes
2. No

DiMed

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

1. Yes
2. No

OthDi

SHOW CARD D1

Are you currently receiving any other treatment or advice for diabetes?

INTERVIEWER: Include regular check-ups.

1. Special diet
2. Eye screening/ regular eye tests
3. Regular check-up with GP/ hospital/ clinic
4. Other (PLEASE SAY WHAT)

OtherDi

SHOW CARD D1

What other treatment or advice are you currently receiving for diabetes?

PROBE: What else?

CODE ALL THAT APPLY.

1. Special diet
2. Eye screening / regular eye tests
3. Regular check-up with GP/hospital/clinic
4. Other (RECORD AT NEXT QUESTION)

WhatDsp

INTERVIEWER: SPECIFY OTHER TREATMENT OR ADVICE.

{IF Eye Screening NOT MENTIONED AT OtherDi}**WhyNoET**

You did not mention regular eye tests for your diabetes. Is there any reason why you are not having your eyes tested regularly?

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

{IF WhyNoET = Other}**OthNoET**

INTERVIEWER: PLEASE SPECIFY.

Eye Care

ASK ALL 16+

IVision

Do you ever wear glasses or contact lenses?

- 1) Yes
- 2) No
- 3) INTERVIEWER CODE: Certified as partially sighted or blind

HeEye

(IF IVision=1 - ^using glasses or corrective lenses if use them) Is your eyesight ...

INTERVIEWER: Read out...

1. ...excellent,
2. ...very good,
3. ...good,
4. ...fair,
5. ...or, poor?
6. 96) SPONTANEOUS CODE: Certified as partially sighted or blind

{IF HeEye = [Fair OR poor]}

CertBlind

Are you certified as partially sighted (sight impaired) or blind (severely sight impaired)?

1. Yes, partially sighted
2. Yes, blind
3. No

{IF CertBlind = (Code 1 OR 2) OR HeEye = 96}

CertCond

Is your blindness/partial sightedness due to one of the following conditions?

CODE ALL THAT APPLY

INTERVIEWER: READ OUT ...

1. ...age related macular degeneration,
2. ... cataract,
3. ... diabetic retinopathy,
4. ... glaucoma,
5. ... stroke or other neurological condition,
6. ... other (PLEASE SPECIFY)

{IF CertCond = Other}

OthCond

INTERVIEWER: Specify other condition.

Text: Maximum 50 characters

ASK ALL

EyeOft

SHOWCARD E1

How often do you have your eyesight tested?

1. Every 6 months
2. Once a year
3. Once every two years
4. Less than every two years
5. Only when a problem with sight
6. Never

{IF EyeOf = Responses 1-5}**EyeHosp**

Do you currently attend an eye hospital or clinic for treatment?

1. Yes
2. No

LastTest

SHOWCARD E2

(Textfill: IF EyeHosp=1: Excluding current treatment at an eye hospital or clinic), which of these best describes your last eye sight test?

1. An NHS sight test at an Optician (you did not pay for),
2. A private sight test at an Optician which you paid for,
3. A private sight test at an Optician which your employer paid for
4. An NHS eye examination at home (which you did not pay for)
5. Don't know /cannot remember (SPONTANEOUS)

ENDIF

ASK ALL**Ocular**

SHOWCARD E3

Has a doctor or optician ever told you that you have any of these problems with your eyes?

INTERVIEWER: CODE ALL THAT APPLY.

1. Macular degeneration
2. Cataract
3. Diabetes related eye disease/ Diabetic retinopathy
4. Glaucoma or suspected glaucoma
5. Injury or trauma resulting in loss of vision
6. Other serious eye condition
 - a. 96). None of these

{If Ocular =Code 2}**Surgery**

Have you had any surgery for your cataracts?

1. Yes, surgery carried out
2. No, no surgery (yet)

ASK ALL**SeeClo**

SHOW CARD E4

Do you have any difficulty seeing ordinary newsprint at arm's length (*Textfill: IF IVision=1 - ^With your glasses or contact lenses if you use them*)?

1. No difficulty
2. Mild difficulty
3. Moderate difficulty
4. Severe difficulty
5. Cannot do

SeeDis

SHOW CARD E4

Do you have any difficulty clearly seeing the face of someone across a room that is from 4 metres or 12 feet away? (*Textfill: IF IVision=1 - With your glasses or contact lenses if you use them*)?

1. No difficulty
2. Mild difficulty
3. Moderate difficulty
4. Severe difficulty
5. Cannot do

{IF SeeDis >1 OR SeeClo > 1}

SeeLim

SHOW CARD E5

How often does this limit the amount or kind of activities that you can do?

1. Always
2. Often
3. Sometimes
4. Rarely
5. Never

Use of Services

ASK ALL AGED 16+

NDocTalk

The next few questions are about your GP and how often you use certain health services.

During the two 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? INTERVIEWER: Exclude consultations made on behalf of others.

- 1 Yes
- 2 No

{IF NDocTalk = Yes} THEN

NChats

How many times did you talk to a doctor in these two weeks?

Range: 1..97

GP

{IF NChats=more than 1: ^Thinking of the last time you talked to the Doctor}

Was the doctor...READ OUT...

- 1 A GP (i.e. a family doctor)
- 2 Or a specialist
- 3 Or some other kind of doctor?

DocWher

Did you talk to the doctor...READ OUT...

1. ...by telephone
2. ... at your home
3. ... in the doctor's surgery
4. ... at a health centre
5. ... or elsewhere?

ENDIF

{IF NDocTalk = No}

WhenDoc

SHOW CARD E6

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

- 1 Within the last month
- 2 One month ago but less than three months ago
- 3 Three months ago but less than six months ago
- 4 Six months ago but less than a year ago
- 5 A year or more ago
- 6 Never consulted a doctor

ENDIF

{IF NDocTalk=Yes OR WhenDoc=1-5}

NDcTk12

In the last year, approximately how many times have you talked to, or visited a GP or family doctor about your own health? Please do not include any visits to a hospital. INTERVIEWER: Exclude consultations made on behalf of others.

- 1 None
- 2 One or two
- 3 Three to five
- 4 Six to ten
- 5 More than ten

ASK ALL**PNur**

During the last two weeks ending yesterday, did you see a practice nurse at the GP surgery on your own behalf?

- 1 Yes
- 2 No

{IF PNur = Yes THEN}

NPNur

How many times did you see a practice nurse at the GP surgery in these two weeks?

Range: 1..97

ENDIF

ASK ALL**OutPat**

During the last 12 months, did you attend hospital as an out patient, day patient or casualty? SELECT ALL THAT APPLY

1. Out patient
2. Day patient
3. Casualty/ Accident and Emergency
4. None of these

{If OutPat = 1}

OutNpa

In the last 12 months, how many times have you attended hospital as an out patient?

ENTER NUMBER 1-50

{If OutPat = 2}

OutNpb

In the last 12 months, how many times have you attended hospital as a day patient?

ENTER NUMBER 1-50

{If OutPat = 3}

OutNpc

In the last 12 months, how many times have you attended hospital as an accident and emergency patient?

ENTER NUMBER 1-50

ENDIF

ASK ALL**InPat**

And during the last year, have you been in hospital as an inpatient, overnight or longer?

- 1 Yes
- 2 No

{If Inpat = 1}

InPatNo

In the last 12 months, how many times have you been in hospital as an inpatient, overnight or longer?

ENTER NUMBER 1-50

ENDIF

Social care

A1: Help needed

ASK ALL AGED 65+

Intro

The next few questions are about tasks that some people may **need help with** and about help that you may have received in the **last month**. Please think only about help you need because of long-term physical or mental ill-health, disability or problems relating to old age.

For each task, I'd like you to tell me which option applies to you.

1 Continue

TasksA

SHOW CARD F1

Thinking about **getting in and out of bed on your own**, please look at this card and tell me the option which best applies to you?

INTERVIEWER: Do not include help from special aids or equipment such as wheelchairs or stair lifts.

- 1 I can do this without help from anyone
- 2 I have difficulty doing this but manage on my own
- 3 I can only do this with help from someone
- 4 I cannot do this

Tasks [Repeat for tasks B to M]

Still looking at Showcard F1, what about...

(B) washing your face and hands/(C) having a bath or a shower, including getting in and out of the bath or shower/(D) dressing or undressing, including putting on shoes and socks/(E) using the toilet/(F) eating, including cutting up food/(G) taking the right amount medicine at the right times/(H) getting around indoors/(I) getting up and down stairs/(J) getting out of the house, for example to go to the doctors or visit a friend/(K) shopping for food including getting to the shops, choosing the items, carrying the items home and then unpacking and putting the items away/(L) doing routine housework or laundry/(M) doing paperwork or paying bills

EXPLAIN IF NECESSARY: Do not include help from special aids or equipment such as wheelchairs or stair lifts (*only for tasks B, C, D, E, H, I, J*).

INTERVIEWER: Do not include help that has always been received because of the way household responsibilities are divided (*only for tasks K, L, M*).

For following tasks include additional instruction:

(C) having a bath or a shower: INTERVIEWER: If respondent says they can do one but not the other, ask them to think about the washing facilities they have.

(G) taking the right amount of medicine at the right times. INTERVIEWER: Include prescribed medicines and medicines you can buy over the counter.

ASK IF NECESSARY: Thinking about (*insert shortened task B to M listed above in bold*), please look at this card and tell me the option which best applies to you?

- 1 I can do this without help from anyone
- 2 I have difficulty doing this but manage on my own
- 3 I can only do this with help from someone
- 4 I cannot do this

{TaskHlpA section asked if any TasksA variables are 2-4. If all TasksA=1 THEN skip}

TaskHlpA section

TIntro

I'd like to ask you about any help you have received in the last month, even if you don't usually need any help. Please think only about help you have received because of long-term physical or mental ill health, disability or problems relating to old age.

- 1 Continue

TaskHlpA [Repeat for tasks B to M]

Have you received help from anyone with *getting in out of bed on your own*, in the **last month**?
EXPLAIN IF NECESSARY: Include help even if it was for a short time or provided by husband/ wife/ another family member

- 1 Yes
- 2 No

Subsequent times TaskHlp is asked

What about (*insert shortened task B to M listed in bold*)?

EXPLAIN IF NECESSARY: Include help even if it was for a short time or provided by husband/ wife/ another family member

ASK IF NECESSARY: Have you received help from anyone with (*insert shortened task B to M listed in bold*), in the **last month**?

- 1 Yes
- 2 No

{If (TaskHlpK=Yes) OR (TaskHlpL=Yes) OR (TaskHlpM = Yes)}

CheckA

Do you receive this help with (*insert tasks K/L/M*) because of long standing physical or mental ill-health, a disability or problems relating to old age?

- 1 Yes for some or all
- 2 No, none of this help is because long standing physical or mental ill-health, disability or problems relating to old age

ENDIF

{ASK ALL AGE 65}

BladProb

Do you suffer from problems with your bladder?

SHOWCARD F2

Please tell me the number which best applies to you.

EXPLANATION ON SHOWCARD - ONLY READ OUT IF NECESSARY: This could be things like accidentally having wet pants, leaking urine, needing to go to the toilet frequently or urgently, sometimes not making it to the toilet in time, or problems using aids or appliances to manage bladder problems or incontinence. (If you can manage a catheter without assistance please select 'No, no problems').

Please include problems with your bladder caused by any medicines that you take.

1. Yes I have problems
2. I just have the occasional accident
3. No, no problems

{ASK ALL AGE 65+}**BlowProb**

Do you suffer from problems with controlling your bowels?

SHOWCARD F3

Please tell me the number which best applies to you.

EXPLANATION ON SHOWCARD - ONLY READ OUT IF NECESSARY: This could be things like accidentally having soiled pants, leakage from the bowel, needing to go to the toilet frequently or urgently, sometimes not making it to the toilet in time, or problems using aids or appliances to manage bowel or incontinence.

Please include problems with your bowel caused by any medicines that you take.

- 1 Yes I have problems
- 2 I just have the occasional accident
- 3 No, no problems

A2 – Who helps with ADL/IADLS

For HelpInf and HelpForm, tasks A to M regrouped into following categories:

1. Having a bath or shower
2. Getting in and out of bed /washing your face and hands /dressing or undressing / eating/ taking the right amount of medicine at the right times
3. Getting around indoors/ getting up and down stairs
4. Using the toilet
5. Getting out of the house /shopping for food / doing routine housework or laundry /doing paperwork or paying bills

Intro

I am now going to ask you some questions about who helps you with different things. I will show you **two** lists of people who may have helped you.

HelpInf

SHOWCARD F4

In the last month, who has helped you with *(insert list of tasks in group)*?

First, please tell me about all of the people from this list who have helped you. Please only think about help received because of long-term physical or mental ill-health, disability or problems relating to old age.

INTERVIEWER: Probe fully.

CODE ALL THAT APPLY:

- 1 Husband/Wife/Partner
- 2 Son (including step son, adopted son or son in law)
- 3 Daughter (including step daughter, adopted daughter or daughter in law)
- 4 Grandchild (including Great Grandchildren)
- 5 Brother / Sister (including step / adopted / in laws)
- 6 Niece / Nephew
- 7 Mother /father (including mother-in-law/ father-in-law)
- 8 Other family member
- 9 Friend
- 10 Neighbour
- 11 None of the above

Repeat for task groups 1-3 where help has been received for at least one task within the group.

HelpForm

SHOWCARD F5

Now, please tell me about all of the people from this list who have helped you with (*insert list of tasks in group*) in the last month?

INTERVIEWER: Probe fully.

CODE ALL THAT APPLY.

- 1 Home care worker / Home help / Personal assistant
- 2 A member of the re-ablement / intermediate care staff team
- 3 Occupational Therapist / Physiotherapist
- 4 Voluntary helper
- 5 Warden / Sheltered housing manager
- 6 Cleaner
- 7 Council's handyman
- 8 Other (please specify)
- 9 None of the above

{IF HelpForm = Other}**HelpFormo**

Who was the other person that helped you?

Text: Maximum 100 characters

SOFT CHECK {IF HelpInf AND Helpform = 'None of the above'}: The respondent has said 'none of the above' for this task at HelpInf and Helpform (i.e. that they receive no help from anybody). Please check this is correct. If they **do** receive help from a formal or informal carer please code this at HelpInf and/or Helpform. Otherwise, go back to TaskHlp and change to 'No' (i.e. they receive no help for this task).

Repeat for task groups 1-3 where help has been received for at least one task within the group.

{If HelpInf = Response 1-7}**HelpFam**

You have told me that your (*person who helped*) helped you. Can I just check, does this person live in this household?

- 1 Yes
- 2 No

{IF HelpFam = Yes}**NumFam**

Please enter person number

{IF (HelpFam = No) AND (HelpInf = Response 1-10)}**NamFam**What is your (*person who helped*) name?

Text: Maximum 20 characters

ENDIF**{IF HelpFam = Response 4 to 9}****SexFam**

INTERVIEWER CODE OR ASK SEX OF PERSON WHO HELPS

- 1 Male
- 2 Female

ENDIF**ENDIF**

MoreFam

INTERVIEWER: Code whether any more relationships at HelpInf, if so repeat HelpFam/NamFam/SexFam for each (up to three in total).

{IF HelpForm= Home care worker /home help/personal assistant}**Hhelp**

You have told me that a home care worker/home help/personal assistant helped you in the last month. Do you have just one person helping you, or do you have more than one?

- 1 One
- 2 More than one

{IF Hhelp = More than one}**Hhelpb**

Do they all help with the same kinds of things, or do you have different people helping with different things?

- 1 All help with same kind of things
- 2 Different people help with different things

{IF Hhel = Different people help with different things}**Hhelpc1**

I'd like you to think about the home care workers, home helps or personal assistants who help with different things, so that I can ask you about each of them later. Thinking of the **first** home care worker/ home help/ personal assistant, what sort of thing do they help you with?

CODE MAIN TASK

- 1 Getting up in the morning
- 2 Going to bed
- 3 Washing/ bathing/personal care
- 4 Meals/ eating
- 5 Getting out of the house/shopping
- 6 Cleaning/ laundry
- 7 Other

Hhelpc2

Thinking of the **second** home care worker/ home help/ personal assistant, what sort of thing do they help you with?

CODE MAIN TASK

- 1 Getting up in the morning
- 2 Going to bed
- 3 Washing/ bathing/personal care
- 4 Meals/ eating
- 5 Getting out of the house/shopping
- 6 Cleaning/ laundry
- 7 Other

MoreHC

Are there any more home care workers, home helps or personal assistants who help you with different kinds of things?

- 1 Yes
- 2 No

{IF MoreHC = Yes}

Hhelpc3

Thinking of the third home care worker/ home help/ personal assistant, what sort of thing do they help you with?

CODE MAIN TASK

- 1 Getting up in the morning
- 2 Going to bed
- 3 Washing/ bathing/personal care
- 4 Meals/ eating
- 5 Getting out of the house/shopping
- 6 Cleaning/ laundry
- 7 Other

A3 – Hours of care (Intensity)

FOR FORMAL PROVIDERS IDENTIFIED AT HelpForm ALLOW A PRECISE ANSWER (because likely to be linked to payment amounts which are not asked in SHORT):

{ASK FOR EVERYONE IDENTIFIED AT HelpForm}

HrsForm

Thinking about (person who helps), in the last week how many hours have they helped you in person with these kinds of tasks?

INTERVIEWER EXPLAIN IF NECESSARY: not including help over the phone or by internet

IF 2 PEOPLE HELP AT THE SAME TIME, CODE DOUBLE THE HOURS

INTERVIEWER INSTRUCTION: If Home care worker/ Personal Assistant or other care staff 'live in'/'sleep in', INCLUDE ALL HOURS THEY ARE ON DUTY

ENTER NUMBER OF HOURS. IF LESS THAN 1 HOUR ENTER 0.5.

IF RESPONDENT DOES NOT GIVE PRECISE ANSWER INTERVIEWER CODE DK

ASK FOR EVERYONE IDENTIFIED AT HelpInf and if HrsForm=DK/REF FOR HELPERS FROM HelpForm

HelpHours

SHOWCARD F6

Thinking about (*helper's role/name*), in the last week how many hours have they helped you in person with these kinds of tasks? Please only think about the hours they were helping you with these kinds of tasks and not about the time they were around in the house or there to help you if you needed it.

INTERVIEWER EXPLAIN IF NECESSARY: not help over the phone or by internet or doing occasional errands or odd jobs without the respondent

INTERVIEWER NOTE:

ROUND DOWN IF NECESSARY, e.g. IF 4.5 HOURS, CODE '1-4 hours'

IF 2 PEOPLE HELP AT THE SAME TIME, CODE DOUBLE THE HOURS

[If identified at HelpForm:

INTERVIEWER INSTRUCTION: If Home care worker/ Personal Assistant or other care staff 'live in'/'sleep in', INCLUDE ALL hours they are on duty]

- 1 No help in the last week
- 2 Less than one hour
- 3 1-4 hours
- 4 5-9 hours
- 5 10-19 hours
- 6 20-34 hours
- 7 35-49 hours
- 8 50-99 hours
- 9 100 hours or more

{IF HelpHours = don't know or refusal}

HelpHourB

Can you tell me whether in the last week your (*helper's name*) helped you in person with these tasks for:....

READ OUT....

- 1 Less than 20 hours
- 2 20-34 hours
- 3 Or for 35 hours or more?

For everyone identified at Helpform (FORMAL PROVIDERS) AND Helpinf (INFORMAL PROVIDERS)

Duration

How long have you been receiving any of the kinds of help we have been talking about? Would you say it is for less than a year, or one year or more?

INTERVIEWER EXPLAIN IF NECESSARY: Help from [insert formal/informal helpers]

1. Less than one year
2. One year or more

{IF (HelpForm = 1-8) or (Helpinf = 1-10 AND (HelpHours = 6-9 OR HelpHourB = 2-3))}

Note: There are two routes through this section of questions:

- **Route A: Formal providers arranged with involvement from local authority**
- **Route B: Home care workers where local authority not involved in arrangement and informal providers who provided 20+ hours of care in the last week**

A4 – Patterns of care {If any help received last week: HelpHours>1}

LastWk

{ASKED OF UP TO TWO PROVIDERS IDENTIFIED AT WhProv or at Helpinf/Helpform if only one provider}

SHOWCARD F7

Still thinking only about help received in person, how often did [*person who helps*] help you last week?

INTERVIEWER EXPLAIN IF NECESSARY: not help over the phone or by internet

1. Every day
2. Four to six times
3. Two or three times
4. Once

{If no help received last week: HelpHours=none)}

OfHelp

SHOWCARD F8

Still thinking only about help received in person, how often does [*person who helps*] usually help you?

INTERVIEWER EXPLAIN IF NECESSARY: not help over the phone or by internet

1. Two or more times a week
2. Once a week
3. Once a fortnight/ every two weeks
4. Once a month
5. Less than once a month

{If LastWk=1, 2 OR 3 and provider is from HelpForm – EXCLUDE OCCUPATIONAL THERAPIST, CLEANERS, HANDYMAN, OTHER CARE PROVIDER FORM HELPFORM}

TimeDay

SHOWCARD F9

On the days [*person who helps*] helped you, how many times a day did he/she help you last week?
IF VARIED FROM DAY TO DAY ASK RESPONDENT TO ANSWER FOR THE MOST COMMON PATTERN.

1. Once a day
2. Twice a day
3. Three or four times a day
4. All the time
5. Whenever I needed it?

{ASKED OF UP TO TWO PROVIDERS IDENTIFIED AT WhProv or at HelpInf/HelpForm if only one provider and only if help received in last week – HelpHours not equal none}

DayNight

SHOWCARD F10

Still thinking about help received in person, when did [*person who helps*] help you last week?
INTERVIEWER EXPLAIN IF NECESSARY: not help over the phone or by internet

1. During the day time only, until you go to bed
2. During the night time only, once you have gone to bed
3. Or both during the day time and at night after you have gone to bed

{ASKED OF UP TO TWO PROVIDERS IDENTIFIED AT WhProv or at HelpInf/HelpForm if only one provider and only if help received in last week – HelpHours not equal none}

WeekEnd

Last week, did [*person who helps*] help you....READ OUT...

1. on week days only
2. over the weekend only
3. or on weekdays and over the weekend?

A5 – Payment of care

Intro

Now I am going to ask you a few questions about paying for the care you receive.

Whodeal

Do you usually deal with paying for your care or does a family member or friend manage this for you? INTERVIEWER CODE RESPONDENT ANSWER:

1. Respondent deals with this all him/herself
2. Respondent knows about some of it but not all
3. Respondent does not deal with this at all

{IF ANY FORMAL CARERS AT HelpForm, OR INFORMAL CARERS FOR >20 HOURS}

HaveDP

SHOWCARD F11

Local authorities/council/social services offer different ways of arranging payment for people's care. This card describes some of these ways. Please look at the card and tell me whether either of these apply for the care you receive?

INTERVIEWER: Only include payments for social care. Do not include other payments for example, pension or Attendance Allowance

INTERVIEWER: IF RESPONDENT SELECTS ONLY ONE ANSWER (1 OR 2) PROBE FOR THE OTHER ONE: Does the other one also apply?

CODE ALL THAT APPLY (1 and 2 can be coded together, 3 can only be coded on its own).

- 1 Direct payments
- 2 Council manages the money
- 3 Neither of these

Directions on what is included in options 1 and 2 are provided in the showcard F11

PersB

Do you have a **Personal Budget**, sometimes known as an **Individual Budget**? This is when the local authority/council/social services decides the amount or pot of money necessary to meet your social care needs. You can choose how to spend this money which can be used for a range of services, not just social care.

INTERVIEWER EXPLAIN IF NECESSARY: The money could be paid to you as a Direct Payment or the local authority/council/social services could manage the money for you.

- 1 Yes, have Personal Budget/Individual Budget
- 2 No, do not have Personal Budget/ Individual Budget

IncAss

Has the council or local authority made an assessment of what you can afford for any of your care needs? This is sometimes called an income assessment or means testing.

INTERVIEWER EXPLAIN IF NECESSARY: This might have been when the local authority/council was organising care services or arranging a Direct Payment for your care.

- 1 Yes, had income assessment
- 2 No

Repeat for each formal care provider at HelpForm**LAhelp**

SHOWCARD F12

How was the help from your (*name of formal care provider*) arranged? Please look at this card and tell me which option applies.

- 1 Arranged without involvement from the local authority, council or social services
- 2 Local authority, council or social services arranged this help for me
- 3 Local authority, council or social services told me about the help but I arranged it myself or my family arranged it for me
- 4 Other

Route A: Questions for formal providers arranged through local authority – this set of questions is asked once to cover all providers for which the answer to LAhelp was 2 or 3.

{IF LAHelp = 2 OR 3}

AnyPay[1]

Do you (*your husband/partner, wife/partner if appropriate*) pay or give any money for the help given by your (*list of relevant formal providers*)? Please include any payments made for this care, even if not made directly to the care provider.

- 1 Yes
- 2 No
- 3 (don't know)

{IF ANYPAY=1 (RESPONDENT OR PARTNER PAYS SOMETHING FOR ANY OF THIS LOCAL AUTHORITY CARE)}

PayAmt

How much money do you [*IF PARTNER LIVES IN HHLD: or your partner*] pay for the help given by [*list of all formal providers who help*]. Please include any payments made for this care, even if not made directly to the care provider?

INTERVIEWER: RECORD AMOUNT GIVEN BY RESPONDENT (pounds and pence) AND REFERENCE PERIOD.

Enter amount in pounds and pence on this screen Range: 0...20,000.

Enter reference period for payment on next screen.

RESPONSE: _____

Payfreq

INTERVIEWER: ENTER REFERENCE PERIOD FOR THE PAYMENT

1. per hour
2. per visit
3. per day
4. per week
5. per fortnight
6. per four weeks
7. per calendar month
8. per year

{IF AnyPay = Yes}**Allcost****Does this payment cover all the cost of this help or some of the cost of this help?**EXPLAIN IF NECESSARY: the payment for your *(list of relevant formal providers)*

- 1 All
- 2 Some

HowPay

SHOWCARD F13

How do you usually pay or give money to your *(list of relevant formal providers)* for helping you?

CODE ALL THAT APPLY

I use money from:

- 1 My own personal income, savings, pension or benefit (such as Attendance Allowance)
- 2 My Direct Payment/ Personal or Individual Budget from the Local Authority/ council/ Social Services
- 3 From another source

ENDIF**AddPay**(And in addition to what you pay), as far as you are aware does anyone else or any organisation pay or give money to your *(list of relevant formal providers)* for the care you receive - for example the council or a family member? Do not count any benefits such as Carers Allowance or Attendance Allowance.

INTERVIEWER CODE:

- 1 Yes, the local authority /council / social services
- 2 Yes, a family member (with their own money)
- 3 Yes, other
- 4 No, nobody else pays

{IF AddPay = Yes, the local authority/council/social services}**LAPay**And does the local authority, council or social services pay your *(list of relevant formal providers)* directly or is it through your Direct Payment or a Personal Budget?

CODE ALL THAT APPLY:

- 1 Local authority/social services or council pay directly
- 2 Paid through Direct Payments / Personal or Individual Budgets

{IF LOCAL AUTHORITY PAYS ANY MONEY THROUGH A DIRECT PAYMENT OR PERSONAL BUDGET (LAPAY) (LAPAY=2 OR HOWPAY=2)}**LAAmt**How much money is [*list of all formal providers who help*] paid from the direct payment or personal budget for helping you?

INTERVIEWER: RECORD AMOUNT GIVEN BY RESPONDENT (pounds and pence)

Enter amount in pounds and pence on this screen: Range: 0...20,000.

Enter reference period for payment on next screen

LAFreq

INTERVIEWER: RECORD REFERENCE PERIOD.

1. Per hour
2. Per visit
3. Per day
4. Per week
5. Per fortnight
6. Per four weeks
7. Per calendar month
8. Per year

{IF ANYPAY=NO AND ADDPAY=NO (NOTHING IS PAID FOR THE CARE ARRANGED BY THE LOCAL AUTHORITY)}

Nopay8

You have told me that no payment was made for [list of all formal providers who help] helping you. Why was this?

UNPROMPTED RESPONSE:

1. They provided their help for free/there is no charge for the service
2. Sometimes I give them money or gifts for the help they give me
3. Other

ENDIF

Route B: Ask once if route A already asked or twice if route A not asked.

Priorities

- 1 *First home care worker/home help/personal assistant NOT arranged via council providing most hours*
- 2 *Second home care worker/home help/personal assistant NOT arranged via council providing next greatest number of hours*
- 3 *Carer at HelpForm (any number of hours)*
- 4 *Carer at HelpInf (only provides >20 hours. If more than one carer at 3 or 4, then:*
 - *Priority given to the one with the most hours*
 - *Priority given to those living in the same household*
 - *Priority given in order of listing at HelpInf and Helpform*

AnyPay

Do you (*your husband/partner, wife/partner if appropriate*) pay or give any money for the help given by your (*relevant provider*)? Please include any payments made for this care, even if not made directly to the care provider.

- 1 Yes
- 2 No
- 3 (Don't know)

{IF ANYPAY=1 (RESPONDENT OR PARTNER PAYS)}

PayAmt

How much money do you pay for the help given by [*person who helps*]? Please include any payments made for this care, even if not made directly to the care provider.

INTERVIEWER: Record amount and reference period given by respondent.

INTERVIEWER: RECORD AMOUNT GIVEN BY RESPONDENT (pounds and pence).

Enter amount in pounds and pence on this screen Range: 0...20,000.

PayFreq

INTERVIEWER: ENTER REFERENCE PERIOD FOR THE PAYMENT

1. Per hour
2. Per visit
3. Per day
4. Per week
5. Per fortnight
6. Per four weeks
7. Per calendar month
8. Per year

{IF AnyPay = Yes}**Allcost**

Does this payment cover all the cost of this help or some of the cost of this help?

EXPLAIN IF NECESSARY: the payment for your (*relevant provider*)

- 1 All
- 2 Some

HowPay

SHOWCARD E7

How do you usually pay or give money to your (*relevant provider*) for helping you?

CODE ALL THAT APPLY

I use money from:

- 1 my own personal income, savings, pension or benefit (such as Attendance Allowance)
- 2 my Direct Payment/ Personal or Individual Budget from the Local Authority/ council/ Social Services
- 3 from another source

ENDIF**AddPay**(And in addition to what you pay), as far as you are aware does anyone else or any organisation pay or give money to your (*relevant provider*) for the care you receive - for example the council or a family member? Do not count any benefits such as Carers Allowance or Attendance Allowance.

INTERVIEWER CODE:

- 1 Yes, the local authority /council / social services
- 2 Yes, a family member (with their own money)
- 3 Yes, other
- 4 No, nobody else pays

{IF AddPay = Yes, the local authority/council/social services}**LAPay**And does the local authority, council or social services pay your (*relevant provider*) directly or is it through your Direct Payment or a Personal Budget?

CODE ALL THAT APPLY:

- 1 Local authority/social services or council pay directly
- 2 Paid through Direct Payments / Personal or Individual Budgets

{IF LOCAL AUTHORITY PAYS ANY MONEY THROUGH A DIRECT PAYMENT OR PERSONAL BUDGET (LAPAY=2 OR HOWPAY=2)}**DPPay**How much money is [*person who helps*] paid from the direct payment or personal budget for helping you?

INTERVIEWER: RECORD AMOUNT GIVEN BY RESPONDENT (pounds and pence).

INTERVIEWER: Record amount and reference period given by respondent.

Enter amount in pounds and pence on this screen Range: 0...20,000.

Enter reference period for payment on next screen.

DPFreq

1. Per hour
2. Per visit
3. Per day
4. Per week
5. Per fortnight
6. Per four weeks
7. Per calendar month
8. Per year

{IF NOTHING IS PAID FOR THE CARE (ANYPAY=2 AND ADDPAY=4)}

NoPay

You have told me that no payment was made for [*person who helps*] helping you. Why was this?

UNPROMPTED RESPONSE:

1. They provided their help for free/there is no charge for the service
2. Sometimes I give them money or gifts for the help they give me'
3. Other

ENDIF

Whoans

INTERVIEWER: WHO ANSWERED THE QUESTIONS IN THIS SECTION?

- 1 Respondent only
- 2 Respondent with assistance of another person

Comments

INTERVIEWER: Do you have any comments about this section?

- 1 Yes
- 2 No

{IF Comments = Yes}

CommentX

INTERVIEWER: PLEASE ENTER COMMENTS HERE.

Text: Maximum 100 characters

END IF

A6 – Care services use**ASK ALL AGED 65+****Intro**

I'm going to ask you about services that people can make use of.

- 1 Continue

MealProv

In the last month, have you regularly had your main meals provided for you?

EXPLAIN IF NECESSARY: Provided by someone who is not living here with you?

INTERVIEWER: Don't count meals eaten elsewhere.

- 1 Yes
- 2 No

{IF MealProv = Yes}**Meals**

SHOWCARD F14

Who provided your meals? PROBE: Who else?

INTERVIEWER EXPLAIN IF NECESSARY: Meals on Wheels may be provided by the council or another organization.

CODE ALL THAT APPLY

- 1 Meals on Wheels
- 2 Private frozen meal provider such as Wiltshire farm foods
- 3 Family/friend/neighbour brought me ready prepared meals
- 4 Other
- 5 None of these

{IF MEALS=1}**MWtimesc**

SHOWCARD F15

About how often did you have meals on wheels in the last month?

1. Every day or nearly every day
2. Two to three times a week
3. Once a week
4. Less often

LnchClub

In the last month did you attend a lunch club run by the council or a voluntary body?

- 1 Used in the last month
- 2 Not used in the last month

{IF LNCHCLUB=1}**LCTimes**

SHOWCARD F15

About how often did you attend the lunch club(s) in the last month?

1. Every day or nearly every day
2. Two to three times a week
3. Once a week
4. Less often

DayCen

And in the last month did you attend a Day Centre? Please include groups or classes run by a day centre but not necessarily held at the day centre building.

- 1 Used in the last month
- 2 Not used in the last month

{IF DAYCEN=1}**CenTimes**

SHOWCARD F15

About how often did you go to the day centre, including attending classes or groups run by the day centre, in the last month?

1. Every day or nearly every day
2. Two to three times a week
3. Once a week
4. Less often

{IF DAYCEN=1}**CenDur**

Each time that you have attended the day centre, including attending classes or groups run by the day centre, in the last month, about how many hours did you usually spend there? Was it...READ OUT

1. 1-3 hours,
2. 4-6 hours,
3. or, more than 6 hours

{ASK ALL AGE 65+}**Produce**

SHOWCARD F16

And in the last month have you had **food** delivered to you by any of the following?

PLEASE CHOOSE ALL THAT APPLY

1. Internet or telephone food delivery e.g. Tesco or Ocado
2. Milkman delivering food
3. Vegetable delivery company (e.g. Abel and Cole or Riverford)
4. Family, friend or neighbour brought shopping to my house
5. Other
6. None of the above

A7 – Aids and Equipment**ASK ALL AGE 65+**

INTERVIEWER READ OUT...I've just asked you about payments for services that you receive but we are also interested in whether people have any aids or equipment to help them stay in their own homes.

SenAlarm

Do you have an alarm which you can use to call for help. This could be worn round your neck or may be a button or pull cord in your home. Please tell me about any alarms you have even if you have not had to use them? INTERVIEWER IF NECESSARY: Please do not tell me about alarm clocks, timers, smoke or burglar alarms.

1. Yes
2. No

Stairlift

Do you have a stairlift for your use at home? Please include any stairlift which you use for getting up and down stairs on a regular basis, even if it was not installed for you.

1. Yes
2. No
3. Not applicable (no stairs in property/ there is a lift instead/ live on ground floor)

Equip2

SHOWCARD F17

Have you used or received any other equipment or adaptations such as those shown on this card to help you with daily living. Please include similar items which are not listed on the card?

INTERVIEWER: PLEASE ONLY INCLUDE EQUIPMENT RESPONDENT HAS TO USE THEMSELVES. DO NOT INCLUDE STAIRLIFTS

1. Yes
2. No

{If Equip2=yes}**Whequip**

SHOWCARD F17

Which of the equipment or adaptations shown on this card do you have for your use, even if it was not installed or provided for you?

1. Bed lever or bed rail
2. Toilet equipment or commode
3. Hoist
4. Outdoor railing
5. Outdoor ramp
6. Grab rail or stair rail
7. Bath or shower seat
8. Changes to the kitchen
9. Other (please specify)

{If Equip2=yes}**HoAi**

SHOW CARD F18

Who paid for the ^adaptation from Whequip?

CODE ALL THAT APPLY

1. Health Service (NHS)
2. Social Services
3. You or your spouse/partner
4. Landlord / housing association
5. Modification was already in the property,
6. Other

{IF HoAi = Other}**HoAiO**

INTERVIEWER: Please specify

{ASK ALL AGE 65+}**Mobility**

SHOWCARD F19

Do you currently use any of these?

INTERVIEWER: ITEMS USED INDOORS AND/ OR OUTDOORS SHOULD BE INCLUDED.

CODE ALL THAT APPLY

1. A manual wheelchair
2. An electric wheelchair
3. A mobility scooter
4. Elbow crutches
5. Walking stick
6. Zimmer frame or other walking frame
7. Other (please specify)
8. None of these

{IF Mobility = manual wheelchair or electric wheelchair}**WChair**

Can you manage this wheelchair on your own or do you need someone to help push/control it? IF NEEDS HELP: ASK: 'Do you always need help or sometimes need help to push/control the wheelchair?'

- 1 Manage yourself
- 2 Always need help
- 3 Sometimes need help

{ASK ALL AGE 65+}**HandyMan**

In the last three months, have you used or received the Local Authority/council's Handy man's service? This is usually a free service sometimes arranged through Age Concern, Help the Aged or Age UK

1. Yes
2. No

{ASK ALL AGE 65+}**SheltType**

SHOWCARD F20

Please look at this card and tell me whether you currently live in any of these types of accommodation?

1. Warden maintained / sheltered accommodation
2. Housing with care / extra care housing / very sheltered accommodation
3. Residential care e.g. nursing home or care home
4. Other type of supported housing (Please specify)
5. None of the above

B1 – Identifying providers of care and who is helped**ASK ALL AGED 16+****Intro**

The next few questions are about help or support that people provide for others.

- 1 Continue

ProvHlp

Have you personally provided help or support to anyone **in the last month** because they have long-term physical or mental ill-health, a disability or problems relating to old age? Do not include help given in a professional capacity or as part of a job, but include help or support given to your family, friends or neighbours.

INTERVIEWER: Include help for wife/ husband/ partner

- 1 Yes
- 2 No

{IF ProvHlp = Yes}**Checkhlp**

Can I just check, are you only including help or support that you give this person/these people because they have long-term physical or mental ill-health, disability or problems relating to old age, or were you thinking about help more generally?

- 1 Yes, thinking of help/support given because of health/old age
- 2 No, thinking about help more generally

{IF Checkhlp = Yes}**HelpNo**

How many people do you provide this kind of help and support to?

Range: 0..97

{IF HelpNo => 2}**Intro**

Now I'd like you to think about the **three** people you provide the **most** help and support to.

- 1 Continue

PrNameA

Just so I can refer to them later on, I'd like to take down their first names. What are their names?

WRITE IN FIRST NAME OF FIRST PERSON CARED FOR

Text: Maximum 50 characters

PrNameB

What are their names?

WRITE IN FIRST NAME OF SECOND PERSON CARED FOR

Text: Maximum 50 characters

PrNameC

What are their names?

WRITE IN FIRST NAME OF THIRD PERSON CARED FOR

Text: Maximum 50 characters

ENDIF

PrRel

SHOWCARD F21

Thinking about (*name of person respondent helps*), what is their relationship to you?

They are my...

- 1 Husband/Wife/Partner
- 2 Mother (including mother-in-law)
- 3 Father (including father-in-law)
- 4 Son (including step son, adopted son or son in law)
- 5 Daughter (including step daughter, adopted daughter or daughter in law)
- 6 Grandparent
- 7 Grandchild (including Great Grandchildren)
- 8 Brother / Sister (including step / adopted / in laws)
- 9 Other family member
- 10 Friend
- 11 Neighbour
- 12 Somebody I help as a professional carer
- 13 Somebody I help as a voluntary helper
- 14 Other (PLEASE SPECIFY)

{IF PrRel = Other}

RelOth

Please specify the other relationship.

Text: Maximum 50 characters

{IF (PrRel = Responses 1-10) AND (HelpNo >=1)}

PrHHold

Does (*name of person respondent helps*) live in the same household as you or in a different household?

- 1 Same household
- 2 Different household

NumHlp

{If PrHHold=Same household}

Please enter person number.

(CODE HH GRID No. age and sex will be taken from household grid)

Agehlp

{If PrHHold= Different household}

How old is (*name of person respondent helps*)? INTERVIEWER: If necessary ask for estimate.

Range: 1..130

Gendhlp

INTERVIEWER CODE OR ASK: Is (*name of person respondent helps*) male or female?

- 1 Male
- 2 Female

ENDIF

ENDIF

B2 - Intensity of care (hours)**Repeated for each person respondent helps****IntroB**

SHOWCARD F22

I'm going to ask you about the amount of time you spend helping. Please look at SHOWCARD F22, the next question is about the time you spend **in person** helping with tasks like this.

INTERVIEWER: Please ensure respondent has sufficient time to look at Showcard F22.

- 1 Continue

PrHours

SHOWCARD F23

Thinking only about the types of tasks and activities I showed you on Showcard F22 how many hours did you spend helping (*name of person respondent helps*) in the **last week**?

INTERVIEWER EXPLAIN IF NECESSARY: not help over the phone or by internet, or doing occasional errands or odd jobs without the respondent

INTERVIEWER: IF YOU THINK THE ANSWER MAY BE A DAILY AMOUNT, CHECK 'So that is xx hours in the last week?', CHANGE ANSWER IF NECESSARY

INTERVIEWER: ROUND DOWN IF NECESSARY, e.g. IF 4.5 HOURS, CODE 1-4 hours'

- 1 No help in the last week
- 2 Less than one hour
- 3 1-4 hours
- 4 5-9 hours
- 5 10-19 hours
- 6 20-34 hours
- 7 35-49 hours
- 8 50-99 hours
- 9 100 hours or more

{If PrHours= don't know or refusal}**PrHours2**

Thinking of the same type of help you give (*name of person respondent helps*) can you tell me whether **in the last week** you helped him/her:....READ OUT....

- 1 Less than 20 hours
- 2 20-34 hours
- 3 Or for 35 hours or more?

{If PrHours= no help in the last week}**PrUsHrs**

SHOWCARD F24

How many hours do you help (*name of person respondent helps*) in a **usual** week?

- 1 Less than one hour per week
- 2 1-4 hour per week
- 3 5-9 hours per week
- 4 10-19 hours per week
- 5 20-34 hours per week
- 6 35-49 hours per week
- 7 50-99 hours per week
- 8 100 hours or more per week

Repeated for each person respondent helps

ASK IF CARE FOR MORE THAN ONE PERSON (AT HELPNO)

PrAllHour

Thinking about the total time you spend providing support or help to [insert name of person(s) cared for], about how many hours altogether did you spend last week helping them?

INTERVIEWER: EXPLAIN IF NECESSARY: not help over the phone or by internet, or doing occasional errands/odd jobs without the respondent.

INTERVIEWER: IF YOU THINK THE ANSWER MAY BE DAILY AMOUNT, CHECK: So that is XX hours in the last week? CHANGE ANSWER IF NECESSARY.

ENTER HOURS. IF DON'T KNOW, GO TO PrAllRng

PrAllRng

{If PrAllHour=Don't know}

SHOW CARD F24

Thinking about the total time you spend providing support or help to [insert name of person(s) cared for], about how many hours altogether did you spend last week helping them?

- 1 Less than one hour per week
- 2 1-4 hour
- 3 5-9 hours
- 4 10-19 hours
- 5 20-34 hours
- 6 35-49 hours
- 7 50-99 hours
- 8 100 hours or more

B3 – Details of help given, support received and payments for caring

{IF PrHours =20+ hours OR PrHours2 = 20+ hours OR PrUsHrs = 20+ hours}

Prtask

SHOWCARD F25

And looking at card F25, which of the activities do you help or support (*name of person respondent helps*)? Please think only of help or support given because of long-term physical or mental ill-health, disability or problems relating to old age.

CODE ALL THAT APPLY

- 1 Getting the person in and out of bed
- 2 Washing their face and hands
- 3 Having a bath or a shower, including getting in and out of the bath or shower
- 4 Dressing or undressing, including putting on shoes and socks
- 5 Using the toilet
- 6 Eating, including cutting up food
- 7 Taking the right amount of medicine at the right times
- 8 Getting around indoors (please don't include using the stairs)
- 9 Getting up and down stairs
- 10 Getting out of the house, for example to go to the doctors or to visit a friend
- 11 Shopping for food, including getting to the shops, choosing the items, carrying the items home and then unpacking and putting the items away
- 12 Doing routine housework or laundry
- 13 Doing paperwork or paying bills

Recpay

{THIS QUESTION IS IN A LOOP FOR UP TO TWO PEOPLE}

SHOWCARD F26

Do you receive any money for helping [your answer at PrRel]/ [answer from PrName1/2/3]?

INTERVIEWER DO NOT INCLUDE GIFTS, TREATS OR OCCASIONAL PAYMENTS OF EXPENSES SUCH AS PETROL MONEY OR LUNCH

CODE ALL THAT APPLY

1. Yes, this person pays me from their own income, pensions or savings
2. Yes, this person pays me from a personal budget or direct payment
3. Yes, I receive a carer's allowance
4. Yes, I receive money in another way
5. No, I receive no money for helping this person.

{IF Recpay=1,2,3 or 4}

RecPFrq

INTERVIEWER: ENTER REFERENCE PERIOD FOR THE PAYMENT

1. per hour
2. per visit
3. per day
4. per week
5. per fortnight
6. per four weeks
7. per calendar month
8. per year

{IF Recpay=1,2,3 or 4}**RecPAmt**

INTERVIEWER: RECORD AMOUNT GIVEN BY RESPONDENT (pounds and pence) and reference period.

Enter amount in pounds and pence on this screen.

Enter reference period for payment on next screen.

SHOWCARD F27**RecSupp****Does [your answer at PrRel]/ [answer from PrName1/2/3] receive any of these types of support?****CODE ALL THAT APPLY**

This person:

1. Attends a day centre or lunch club
2. Receives help from professional care staff (e.g. home help/care worker)
3. Receives meals on wheels
4. Receives help from a Nurse or Health Visitor
5. Lives in sheltered or very sheltered housing
6. Receives other types of support
7. No, none of these

B4 - Effects of caring**Repeated for up to 3 people respondent helps****ASK OF EACH PERSON CARED FOR****Intro**

The next few questions are about the effects on you of caring and about any support you may receive with your care responsibilities

1. Continue

Support**SHOWCARD F28**Do you receive any of these types of support in caring for (*name of person respondent helps*)?

Please think only about help or support given directly to you.

Please read out the numbers that apply from this card

CODE ALL THAT APPLY

- 1 Help from GP or nurse
- 2 Access to respite care
- 3 Help from professional care staff
- 4 Help from carers' organisation or charity
- 5 Help from other family members
- 6 Advice from local authority/ social services
- 7 Help from friends/neighbours
- 8 None of these

Repeat for each person respondent helps

{IF HelpNo = 1}**HealthA[1]**

SHOWCARD F29

In the last three months, has your own health been affected, in any of the ways listed on this card, by the help or support that you give to your *(name of person respondent helps)*?

Please read out the numbers that apply from this card

CODE ALL THAT APPLY

- 1 Feeling tired
- 2 Feeling depressed
- 3 Loss of appetite
- 4 Disturbed sleep
- 5 General feeling of stress
- 6 Physical strain
- 7 Short tempered
- 8 Developed my own health condition
- 9 Made an existing condition worse
- 10 Other
- 11 No, none of these

{IF HelpNo =>2}**HealthA[2]**

SHOWCARD F29

In the last three months, has your own health been affected, in any of the ways listed on this card, by the help or support that you give to the people you care for?

Please read out the numbers that apply from this card

CODE ALL THAT APPLY

- 1 Feeling tired
- 2 Feeling depressed
- 3 Loss of appetite
- 4 Disturbed sleep
- 5 General feeling of stress
- 6 Physical strain
- 7 Short tempered
- 8 Developed my own health condition
- 9 Made an existing condition worse
- 10 Other
- 11 No, none of these

{IF(HealthA=1 -10) AND (IF HelpNo=1)}**HealthGP[1]**

Have you seen your GP because your health has been affected by the support you give to your *{^relation from PRel}*?

- 1 Yes
- 2 No

{IF(HealthA=1 -10) AND (IF HelpNo=2 or more)}**HealthGP[2]**

Have you seen your GP because your health has been affected by the support you give to the people that you care for?

- 1 Yes
- 2 No

ASK IF AGE 16-65

{IF HelpNo = 1}**HlthEmp[1]**

SHOWCARD F30

Has your ability to take up or stay in employment been affected, in any of the ways listed on this card, by the help or support that you give to your [insert who care is given to] ?

Please read out the numbers that apply from this card

CODE ALL THAT APPLY

1. Left employment altogether
2. Took new job
3. Worked fewer hours
4. Reduced responsibility at work
5. Flexible employment agreed
6. Changed to work at home
7. Other
8. No, employment not affected

{IF HelpNo = 2 or more}**HlthEmp[2]**

SHOWCARD F30

Has your ability to take up or stay in employment been affected, in any of the ways listed on this card, by the help or support that you give to [the people you care for]?

Please read out the numbers that apply from this card

CODE ALL THAT APPLY

- 1 Left employment altogether
- 2 Took new job
- 3 Worked fewer hours
- 4 Reduced responsibility at work
- 5 Flexible employment agreed
- 6 Changed to work at home
- 7 Other
- 8 Employment not affected

{ASK ONCE FOR ALL WHO CARE FOR SOMEONE}**{IF HelpNo=1}****LAass**

Have the Local Authority (council) carried out a carer's assessment as a result of the help or support that you provide to your (*name of person respondent helps*) you care for?

- 1 Yes
- 2 No

{IF HelpNo=2 or more}**LAAss**

Have the Local Authority (council) carried out a carer's assessment as a result of the help or support that you provide to the people you care for?

- 1 Yes
- 2 No

End of Life Care

Intro

Now some questions about something a little different.

The next set of questions are about your experiences of end of life care.

Press <1> Continue

TermIII

In the past five years, has anyone close to you died of a terminal illness?

1. Yes
2. No

{IF TermIII = Yes}

WhatIII

SHOW CARD G1

Please could you say what that illness was?

INTERVIEWER: If more than one person, ask about the person who died most recently.

1. Emphysema/other lung disease
2. End stage heart failure
3. End stage liver failure
4. Cancer
5. Motor neurone disease/multiple sclerosis
6. End stage kidney failure
7. HIV/AIDS
8. Other (PLEASE SPECIFY)
9. Don't know illness

{IF WhatIII = Other}

OthIII

INTERVIEWER: Please enter the other illness.

Text: maximum 100 characters.

WhnMnth

When did this person die? Please tell me the month and year.

INTERVIEWER: If more than one person, ask about the person who died most recently.

INTERVIEWER: Enter month person died.

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

WhnYr

INTERVIEWER: Enter year person died.

WherDie

SHOW CARD G2

Where did they die?

1. Home (we lived together)
2. Home (theirs)
3. Home (yours)
4. Hospital
5. Hospice
6. Nursing care home
7. Residential care home
8. Other (please specify)

{IF WherDie = Other}**DieOth**

INTERVIEWER: Please specify other place.

Text: maximum 50 characters.

RelIII

What was your relationship to this person?

SHOW CARD G3

INTERVIEWER: If more than one person, ask about the person who died most recently.

This person was my....

1. Spouse/partner
2. Parent
3. Child
4. Brother/sister (including half or step brother or sister)
5. Other relative
6. Friend
7. Other (PLEASE SPECIFY)

{IF RelIII = Other}**RelOth**

INTERVIEWER: Please specify other relationship.

Text: maximum 50 characters.

CareInv

SHOW CARD G4

What was your maximum level of personal care for this individual? By personal care I mean things like helping with washing, dressing, going to the toilet or eating.

1. Daily
2. Occasional/intermittent
3. Rare
4. Didn't provide any personal care but they were still close to me
5. Other (please specify)

{IF CareInv = Other}**OthCare**

INTERVIEWER: Please specify other level of personal care for this person.

Text: maximum 50 characters.

{IF CareInv = codes 1-3, 5}**LngCare**

SHOW CARD G5

Thinking about the time when you were providing personal care like this, how long was this for?

1. Days
2. Weeks
3. Months
4. More than a year

ENDIF

SpeHelp

Did you look after or give special help to them in any other way?

1. Yes
2. No

{IF SpeHelp = Yes}**MaxHelp**

SHOW CARD G4

What was your most maximum level of help for this person?

INTERVIEWER: FOR EXAMPLE HELP MAY INCLUDE company, errands, laundry, shopping, giving lifts, taking to appointments or out for recreation etc.

1. Daily
2. Occasional/intermittent
3. Rare
4. Didn't provide any personal care but they were still close to me
5. Other (please specify)

{IF MaxHelp = Other}**OthHelp**

INTERVIEWER: Please specify other level of help for this person.

Text: maximum 50 characters.

{IF MaxHelp = codes 1-3, 5}**LngHelp**

SHOW CARD G5

Thinking about the time when you were providing help like this, how long was this for?

1. Days
2. Weeks
3. Months
4. More than a year

ENDIF

ContLife

SHOW CARD G6

Since this person died, have you been able to continue with your life?

1. I have been able to continue with my life
2. I am starting to continue with my life
3. I have not been able to continue with my life

PalCare

Was a palliative care service used for this person?

INTERVIEWER: "A palliative care service aims to comfort, not to cure, to relieve pain and distress for people who are dying and to support patients, families and friends in approaching death and coping with grief. Typical services include: hospice, visits from Marie Curie or/and Macmillan nurses."

1. Yes
2. No

{IF PalCare = No}**PalNo**

SHOW CARD G7

Please say why a palliative care service was not used?

CODE ALL THAT APPLY

1. A service was not available
2. Didn't know about such a service
3. Service was not wanted
4. Family/friends looked after the person
5. Death was sudden
6. The person died in hospital
7. Other (PLEASE SPECIFY)

{IF PalNo = Other}**PalOth**

INTERVIEWER: Please specify other level of help for this person.

Text: maximum 50 characters.

CarServ

Were any other care services used?

INTERVIEWER: For example social services, a private care company, meals on wheels, voluntary groups.

1. Yes
2. No

{IF CarServ = No}**CarSerNo**

SHOW CARD G7

Please say why other care services were not used?

CODE ALL THAT APPLY

1. A service was not available
2. Didn't know about such a service
3. Service was not wanted
4. Family/friends looked after the person
5. Death was sudden
6. The person died in hospital
7. Other (PLEASE SPECIFY)

{IF CarSerNo = Other}**CarOth**

INTERVIEWER: 'Please enter other reasons why other care services not used'.

Text: maximum 50 characters.

{IF CareInv = 1-3}**CareAgn**

SHOW CARD G8

Would you take on the role of caring again **in similar circumstances**?

1. I would definitely take on the caring role again
2. I would probably take on the caring role again
3. I would probably not take on the caring role again
4. I would not take on the caring role again

Fruit and Vegetable Consumption

{IF Age of respondent >= 5}

VFInt

Now we are moving on to a different topic, and I'd like to ask you a few questions about some of the things you ate and drank yesterday.

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

1 Continue

VegSal

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

INTERVIEWER: SALADS MADE MAINLY FROM BEANS CAN **EITHER** BE INCLUDED HERE **OR** AT THE NEXT QUESTION. YOU CAN RECORD HALF BOWLS OF SALAD, SUCH AS 1.5, 0.5 ETC.

1 Yes
2 No

{IF VegSal = Yes}

VegSalQ

How many cereal bowls full of salad did you eat yesterday?

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

Range: 0.5 - 50.0

ENDIF

VegPul

Did you eat any pulses yesterday? By pulses I mean lentils and all kinds of peas and beans, including chickpeas and baked beans.

Don't count pulses in foods like Chilli con carne.

1. Yes
2. No

{IF VegPul = Yes}

VegPulQ

SHOWCARD H1

How many tablespoons of pulses did you eat yesterday?

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

Range: 0.5 - 50.0

ENDIF

VegVeg

Not counting potatoes, did you eat any vegetables yesterday?

Include fresh, raw, tinned and frozen vegetables.

1 Yes
2 No

{IF VegVeg = Yes}

VegVegQ

SHOWARD H1

How many tablespoons of vegetables did you eat yesterday?

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

Range: 0.5 - 50.0

ENDIF

VegDish

Apart from anything you have already told me about, did /Did you eat any *other* dishes made **mainly** from vegetables or pulses yesterday, such as vegetable lasagne or vegetable curry? Don't count vegetable soups or dishes made mainly from potatoes.

- 1 Yes
- 2 No

{IF VegDish = Yes}

VegDishQ

SHOWCARD H1

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

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

Range: 0.5 - 50.0

ENDIF

VegUsual

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

...READ OUT...

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

FrtDrnk

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

- 1 Yes
- 2 No

{IF FrtDrnk = Yes}

FrtDrnkQ

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

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

Range: 0.5-.50.0

ENDIF

Frt

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

- 1 Yes
- 2 No

{IF Frt = Yes THEN

FrtC

What kind of fresh fruit did you eat yesterday?

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

- 1 Very large fruit
- 2 Large fruit
- 3 Medium-sized fruit
- 4 Small fruit
- 5 Very small fruit
- 6 Other/Not on coding list

FrtQ[idx]

How *much* of this fruit did you eat yesterday?

Range: 0.5-.50.0

AMOUNT OF FRUIT CODED ACCORDING TO SIZE ABOVE/FRUIT SIZE LIST

IF FrtC = NotLst THEN

FrtOth

What was the name of this fruit?

Text: Maximum 50 characters

FrtNotQ

How much of this fruit did you eat?

Text: Maximum 50 characters

ENDIF

{IF NO. OF FRUITS < 15 THEN}

FrtMor

Did you eat any other fresh fruit yesterday?

1 Yes

2 No

ENDIF

ENDIF

ENDDO

ENDIF

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

FrtDry

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

1 Yes

2 No

{IF FrtDry = Yes}

FrtDryQ

SHOWCARD H1

How many tablespoons of dried fruit did you eat yesterday?

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

Range: 0.5-.50.0

ENDIF

FrtFroz

Did you eat any frozen or tinned fruit yesterday?

1 Yes

2 No

{IF FrtFroz = Yes}

FrtFrozQ

SHOWCARD H1

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

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

Range: 0.5-.50.0

ENDIF

FrtDish

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

1 Yes

2 No

{IF FrtDish = Yes}

FrtDishQ

SHOWCARD H1

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

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

Range: 0.5-.50.0

ENDIF

FrtUsual

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

...READ OUT...

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

END

Smoking (Aged 18+)

{IF Age of Respondent = 18 to 24}

BookChk

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

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

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

YAIIntro

INTERVIEWER: Prepare self-completion booklet for young female adults/young male adults by entering serial numbers. Check that you have the correct person number.

YAInt2

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

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

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

SmokEver

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

- 1 Yes
- 2 No

{IF SmokEver = Yes}

SmokeNow

Do you smoke cigarettes at all nowadays?

- 1 Yes
- 2 No

{IF SmokeNow = Yes}

DlySmoke

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

INTERVIEWER: IF LESS THAN ONE A DAY, ENTER 0. IF RANGE GIVEN AND CAN'T ESTIMATE, ENTER MID POINT. IF RESPONDENT SMOKES ROLL UPS AND CANNOT GIVE NUMBER OF CIGARETTES, CODE 97.

Range: 0..97

{IF DlySmoke = 97}

Estim

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

- 1 Grams
- 2 Ounces

{IF Estim = grams}

Grams

PLEASE RECORD ESTIMATED *(DAILY)* CONSUMPTION OF TOBACCO *(ON WEEKDAYS)* IN GRAMS.

Range: 1..67

{ELSEIF Estim = ounces}**Ounces**

PLEASE RECORD ESTIMATED (*DAILY*) CONSUMPTION OF TOBACCO (*ON WEEKDAYS*) IN OUNCES.FOR FRACTIONS OF OUNCES RECORD:

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

ENDIF**WKndSmok**

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

INTERVIEWER: IF RANGE GIVEN AND CAN'T ESTIMATE, ENTER MID POINT. IF RESPONDENT SMOKES ROLL UPS AND CANNOT GIVE NUMBER OF CIGARETTES, CODE 97.

Range: 0..97

{IF WkndSmok = 97}**Estim**

INTERVIEWER: ASK RESPONDENT FOR AN ESTIMATED (*DAILY*) CONSUMPTION OF TOBACCO (*AT WEEKENDS*). WILL IT BE GIVEN IN GRAMS OR IN OUNCES?

- 1 Grams
- 2 Ounces

{IF Estim = grams}**Grams**

PLEASE RECORD ESTIMATED (*DAILY*) CONSUMPTION OF TOBACCO (*AT WEEKENDS*) IN GRAMS.

Range: 1..67

{ELSEIF Estim = ounces}**Ounces**

PLEASE RECORD ESTIMATED (*DAILY*) CONSUMPTION OF TOBACCO (*AT WEEKENDS*) IN OUNCES.FOR FRACTIONS OF OUNCES RECORD:

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

CigType

Do you mainly smoke ...READ OUT...CODE ONE

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

OthType

SHOW CARD I1

And do you ever smoke any other type of cigarettes nowadays?

- 1 filter-tipped cigarettes
- 2 plain or untipped cigarettes,
- 3 or hand-rolled cigarettes
- 4 None

{IF HAND ROLLED AND OTHER TYPE SMOKED NOWADAYS}**DlyHR**

You said you smoke about <insert number from DlySmoke> cigarettes on a weekday, about how many of those do you think are hand-rolled?

WKndHR

And you said you smoke about < insert number from WKndSmok> cigarettes on a weekend day, about how many of those do you think are hand-rolled?

{IF HAND ROLLED CIGARETTES AT CigType OR OthType}**HRFill**

Do you smoke hand rolled cigarettes with a filter, or without a filter?

1. Always with a filter
2. Always without a filter
3. Sometimes a filter, sometimes not

{IF SmokeNow=Yes}**SmokWhe**

SHOW CARD I2

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

- 1 At my home (indoors or outside, eg. in garden or on doorstep)
- 2 Outside (other than at home)
- 3 Inside other people's homes
- 4 Whilst travelling by car
- 5 Inside other places

{IF SmokWher = 1 OR 2}**SmokHome**

SHOWCARD I3

Where in your home do you usually smoke?

CODE ALL THAT APPLY

1. Outside, for example in the garden or on doorstep
2. Own room/bedroom
3. Living room
4. Kitchen
5. Toilet
6. Bathroom
7. Study
8. Dining room
9. Everywhere
10. Somewhere else in the home

{IF SmokWher = Outside, other than at home}**SmokOut**

SHOWCARD I4

Where did you smoke outside during the last 7 days ending yesterday?

- 1 In the street, or out and about
- 2 Outside at work
- 3 Outside at other people's home
- 4 Outside pubs or bars
- 5 Outside restaurants, cafes or canteens
- 6 Outside shops
- 7 In public parks
- 8 Outside other places

{IF SmokeNow = Yes}**SmNoDay**

How easy or difficult would you find it to go without smoking for a whole day? Would you find it

...READ OUT ...

- 1 ... very easy,
- 2 ... fairly easy,
- 3 ... fairly difficult,
- 4 ... or, very difficult?

GiveUp

Would you like to give up smoking altogether?

- 1 Yes
- 2 No

{IF SmokeNow=Yes AND GiveUp=Response}**WhenStp2**

SHOW CARD I5

Which of the statements on this card best describes you?

- 1 I REALLY want to stop smoking and intend to in the next month
- 2 I REALLY want to stop smoking and intend to in the next 3 months
- 3 I want to stop smoking and hope to soon
- 4 I REALLY want to stop smoking but I don't know when I will
- 5 I want to stop smoking but haven't thought about when
- 6 I think I should stop smoking but don't really want to
- 7 I don't want to stop smoking

{IF GiveUp = YES}**GvUpReas**

SHOWCARD I6

What are your main reasons for wanting to give up?

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

FirstCig

How soon after waking do you **usually** smoke your first cigarette of the day?
PROMPT AS NECESSARY.

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

SmYrAgo

Would you say that you are smoking about the same number of cigarettes as a year ago, or more than a year ago or fewer than a year ago?

1. Same as a year ago
2. More than a year ago
3. Fewer than a year ago

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

SmokeCig

Have you ever smoked cigarettes?

- 1 Yes
- 2 No

{IF SmokEver = YES and SmokeNow = NO}

QuitReas

SHOW CARD I7

Why did you decide to give up smoking?

CODE ALL THAT APPLY

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

{IF SmokeCig = Yes}

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}**NumSmok**

About how many cigarettes did you smoke in a day?

INTERVIEWER: IF RANGE GIVEN AND CAN'T ESTIMATE, ENTER MID POINT. IF RESPONDENT SMOKES ROLL UPS AND CANNOT GIVE NUMBER OF CIGARETTES, CODE 97

Range: 0..97

{IF NumSmok = 97}**Estim**

INTERVIEWER: ASK RESPONDENT FOR AN ESTIMATED (*DAILY*) CONSUMPTION OF TOBACCO (*ON WEEKDAYS/ON WEEKENDS*). WILL IT BE GIVEN IN GRAMS OR IN OUNCES?

- 1 Grams
- 2 Ounces

{IF Estim = grams}**Grams**

PLEASE RECORD ESTIMATED (*DAILY*) CONSUMPTION OF TOBACCO (*ON WEEKDAYS/AT WEEKENDS*) IN GRAMS.

Range: 1..67

{ELSEIF Estim = ounces}**Ounces**

PLEASE RECORD ESTIMATED (*DAILY*) CONSUMPTION OF TOBACCO (*ON WEEKDAYS/AT WEEKENDS*) IN OUNCES. FOR FRACTIONS OF OUNCES RECORD:

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

{IF (SmokeNow=Yes) OR (SmokeReg=Smoked cigarettes regularly)}**StartSmk**

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

INTERVIEWER: IF 'Never smoked regularly' CODE 97.

Range: 1..97

ENDIF

{IF SmokeReg=[Regularly OR Occasionally]}**EndSmoke**

How long ago did you stop smoking cigarettes?

INTERVIEWER: ENTER NUMBER OF YEARS. IF LESS THAN ONE YEAR AGO, CODE 0.

Range: 0..97

ENDIF

{IF EndSmoke=0}**LongEnd2**

How long ago was that?

- 1 In the last week
- 2 More than a week and up to a month
- 3 More than 1 month and up to 2 months
- 4 More than 2 months and up to 3 months
- 5 More than 3 months and up to 6 months
- 6 More than 6 months and up to a year

ENDIF

SmokYrs

And for approximately how many years did you smoke cigarettes regularly?

INTERVIEWER: ENTER NUMBER OF YEARS. IF LESS THAN ONE YEAR, CODE 0.

Range: 0..97

ASK ALL**NRNow**

SHOW CARD I8

[Textfill: If SmokeEver=No: 'Some people who have never regularly smoked sometimes use nicotine replacement products. Can I just check...] Are you using any of these products nowadays?

PROBE: Which others? PROBE UNTIL RESPONDENT SAYS 'NO OTHERS'.

CODE ALL THAT APPLY

1. Nicotine chewing gum
2. Nicotine lozenge/mini lozenge
3. Nicotine patch
4. Nicotine inhaler/ inhalator
5. Nicotine mouthspray
6. Nicotine nasal spray
7. Another nicotine product
8. Electronic cigarette
9. None

IF NOT (all of 1-7) AT NRNow

NREv

SHOW CARD I8

And have you ever used any of these products in the past that you are not using nowadays?

PROBE FULLY: Which others? PROBE FULLY. CODE ALL THAT APPLY

- 1 Nicotine chewing gum
- 2 Nicotine lozenge/mini lozenge
- 3 Nicotine patch
- 4 Nicotine inhaler/ inhalator
- 5 Nicotine mouthspray
- 6 Nicotine nasal spray
- 7 Another nicotine product
- 8 Electronic cigarette
- 9 None

ENDIF

ENDIF

{IF EX-SMOKER AND EVER USED ANY NR PRODUCTS AT NRNow or NREv}

HelpQuit

SHOWCARD I8

Did you use any of these products to help you stop smoking?

PROBE: Which others? CODE ALL THAT APPLY

- 1 Nicotine chewing gum
- 2 Nicotine lozenge/mini lozenge
- 3 Nicotine patch
- 4 Nicotine inhaler/ inhalator
- 5 Nicotine mouthspray
- 6 Nicotine nasal spray
- 7 Another nicotine product
- 8 Electronic cigarette
- 9 None

ENDIF

{IF CURRENT SMOKER AND EVER USED ANY NR PRODUCTS AT NRNow or NREv}**CutDwn**

Are you currently trying to cut down on how much you smoke but not currently trying to stop?

- 1 Yes
- 2 No

{IF CutDwn = Yes}**NRCut**

SHOW CARD I8

Which, if any, of these products are you currently using to help you cut down the amount you smoke?

PROBE FULLY: Which others? PROBE UNTIL RESPONDENT SAYS NO OTHERS, CODE ALL THAT APPLY

- 1 Nicotine chewing gum
- 2 Nicotine lozenge/mini lozenge
- 3 Nicotine patch
- 4 Nicotine inhaler/ inhalator
- 5 Nicotine mouthspray
- 6 Nicotine nasal spray
- 7 Another nicotine product
- 8 Electronic cigarette
- 9 None

{ASK ALL CURRENT SMOKERS WHO HAVE EVER USED NR PRODUCTS AT NRNow or NREv}**NRTemp**

SHOWCARD I8

Do you regularly use any of these products in situations when you are not allowed to smoke?

PROBE FULLY : Which others? PROBE UNTIL RESPONDENT SAYS NO OTHERS

CODE ALL THAT APPLY

- 1 Nicotine chewing gum
- 2 Nicotine lozenge/mini lozenge
- 3 Nicotine patch
- 4 Nicotine inhaler/ inhalator
- 5 Nicotine mouthspray
- 6 Nicotine nasal spray
- 7 Another nicotine product
- 8 Electronic cigarette
- 9 None

PastQuit

Have you ever used any of these products to help you stop smoking during a serious quit attempt?

SHOWCARD I8

PROBE: Which others? CODE ALL THAT APPLY

- 1 Nicotine chewing gum
- 2 Nicotine lozenge/mini lozenge
- 3 Nicotine patch
- 4 Nicotine inhaler/ inhalator
- 5 Nicotine mouthspray
- 6 Nicotine nasal spray
- 7 Another nicotine product
- 8 Electronic cigarette
- 9 None

{IF Female and (SmokeNow= Yes) OR (SmokeReg= smoked occasionally..regularly)}

SmokeTry

Apart from any attempts during pregnancy, have you ever tried to give up smoking because of a particular health condition you had at the time?

- 1 Yes
- 2 No

DrSmoke

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

- 1 Yes
- 2 No

{IF DrSmoke = Yes}

DrSmoke1

How long ago was that?

INTERVIEWER: PROMPT AS NECESSARY.

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

{ASK CURRENT OR EX SMOKERS}

AskHlp

Have you ever decided to go to a doctor or health professional , or to local Stop Smoking services to ask for help to stop smoking?

- 1 Doctor
- 2 Other health professional
- 3 Local Stop Smoking services
- 4 No - none of these

CigarNow

Do you smoke cigars at all nowadays?

- 1 Yes
- 2 No

{IF CigarNow = Yes}

CigarReg

Do you smoke cigars regularly, that is at least one cigar a month, or do you smoke them only occasionally?

- 1 Smoke at least one cigar a month
- 2 Smoke them only occasionally

{IF Sex = Male THEN

PipeNowA

Do you smoke a pipe at all nowadays?

- 1 Yes
- 2 No

FathSm

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

- 1 Yes
- 2 No

MothSm

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

- 1 Yes
- 2 No

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

ExpSm

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

INTERVIEWER: IF EXPOSED FOR SOME TIME BUT LESS THAN ONE HOUR ENTER 1, OTHERWISE RECORD TO THE NEAREST HOUR.

Range: 0..168

ChExpSm

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

- 1 Yes
- 2 No

{IF age >=18}

Passive

SHOW CARD I9

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

PROBE: Where else? CODE ALL THAT APPLY.

- 1 At own home
- 2 At work
- 3 In other people's homes
- 4 Travelling by car/van
- 5 Outdoor smoking areas of pubs/restaurants/cafes
- 6 In other places
- 7 No, none of these

{IF Passive=1-6}

Bother

Does this bother you at all?

- 1 Yes
- 2 No

Drinking (Aged 18+)

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

Drink

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

- 1 Yes
- 2 No

{IF Drink = No}

DrinkAny

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

- 1 Very occasionally
- 2 Never

{IF DrinkAny = Never}

AlwaysTT

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

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

{IF AlwaysTT = Used to drink but stopped}

WhyTT

Did you stop drinking because of a particular health condition that you had at the time?

INTERVIEWER: IF RESPONDENT SAYS PREGNANCY, CODE YES

- 1 Yes
- 2 No

{IF (Drink = Yes) OR (DrinkAny = very occasionally)}

DrinkOft

SHOW CARD J1

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

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

{IF DrinkOft <=> Not at all in the last 12 months}

DrinkL7

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

- 1 Yes
- 2 No

{IF DrinkL7 = Yes}

DrnkDay

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

Range: 1..7

{IF DrnkDay = 2 to 7 days}**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

WhichDay

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

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

DrnkType

SHOW CARD J2

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

CODE ALL THAT APPLY

- 1 Normal strength beer/lager/stout/cider/shandy
- 2 Strong beer/lager/stout/cider
- 3 Spirits or liqueurs
- 4 Sherry or martini
- 5 Wine
- 6 Alcopops/pre-mixed alcoholic drinks
- 7 Other alcoholic drinks
- 8 Low alcohol drinks only

{IF DrnkType = Normal strength beer/lager/cider/shandy}**NBrL7**

Still thinking about last (*answer to WhichDay*), how much **normal strength beer, lager, stout, cider or shandy** (excluding cans and bottles of shandy) did you drink that day? INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

- 1 Half pints
- 2 Small cans
- 3 Large cans
- 4 Bottles

{IF NBrL7=Half pints}**NBrL7Q(1)**

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

Range: 1..97

{IF NBrL7Q = Small cans}**NBrL7Q(2)**

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

Range: 1..97

{IF NBrL7=Large cans}**NBrL7Q(3)**

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

Range: 1..97

{IF NBrL7=Bottles}**NBrL7Q(4)**

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

Range: 1..97

NBotL7

ASK OR CODE: What make of **normal strength beer, lager, stout, cider or shandy** did you drink from bottles on that day? INTERVIEWER: IF RESPONDENT DRANK DIFFERENT MAKES CODE WHICH THEY DRANK MOST.

Text: Maximum 21 characters

{IF DrnkType = Strong beer/lager/cider}**SBrL7**

Still thinking about last (*answer to WhichDay*), how much **strong beer, lager, stout or cider** did you drink that day? INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

- 1 Half pints
- 2 Small cans
- 3 Large cans
- 4 Bottles

{IF SBRL7=Half pints}**SBrL7Q(1)**

ASK OR CODE: How many half pints of **strong beer, lager, stout or cider** did you drink on that day?

Range: 1..97

{IF SBrL7=Small cans}**SBrL7Q(2)**

ASK OR CODE: How many small cans of **strong beer, lager, stout or cider** did you drink on that day?

Range: 1..97

{IF SBrL7=Large cans}**SBrL7Q(3)**

ASK OR CODE: How many large cans of strong beer, lager, stout or cider did you drink on that day?

Range: 1..97

{IF SBrL7=Bottles}**SBrL7Q(4)**

ASK OR CODE: How many bottles of strong beer, lager, stout or cider did you drink on that day?

Range: 1..97

SBotL7

ASK OR CODE: What make of **strong beer, lager, stout or cider** did you drink from bottles on that day? INTERVIEWER: IF RESPONDENT DRANK DIFFERENT MAKES CODE WHICH THEY DRANK MOST

Text: Maximum 21 characters

{IF DrnkType = Spirits}**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

{IF DrnkType = Sherry}**ShryL7**

Still thinking about last (*answer to WhichDay*), how much sherry or martini, including port, vermouth, Cinzano and Dubonnet did you drink on that day? CODE THE NUMBER OF GLASSES.

Range: 1..97

{IF DrnkType = Wine}**WineL7**

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

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

INTERVIEWER: CODE THE MEASURE THE RESPONDENT USED

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

{IF WineL7= 1 (Bottles or part of bottle)}**WL7Bt**

INTERVIEWER: code the number of 125ml glasses drunk **from the bottle** by the respondent. E.g. If they drank half a bottle, code 3 glasses. Press <F9> for information

CODE THE NUMBER OF GLASSES.

1 BOTTLE =6 GLASSES

½ BOTTLE=3 GLASSES

1/3 BOTTLE=2 GLASSES

¼ BOTTLE=1.5 GLASSES

1 LITRE =8 GLASSES

½ LITRE=4 GLASSES

1/3 LITRE=2.5 GLASSES

¼ LITRE=2 GLASSES

Range: 1..97 (ALLOW FRACTIONS)

F9for WL7Bt

If respondent has answered in bottles or litres convert to glasses using the information provided on the screen. For example if a respondents said they shared a bottle with one other person and they shared it equally code 3 glasses.

{IF WineL7= 2 (Glasses)}**WL7GI**

CODE THE NUMBER OF GLASSES (**drunk as glasses**).

Range: 1..97 (ALLOW FRACTIONS)

WL7Giz

SHOWCARD J3 {Picture of WGs125ml, WGs175ml, WGs250ml}

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

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

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

1. Large glass (250mL)
2. Standard glass (175 mL)
3. Small glass (125 mL)

{IF WL7Giz=1 and other}**WGs250ml**

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

{IF WL7Giz=2 and other}**WGs175ml**

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

{IF WL7Giz=3 and other}**WGs125ml**

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

{IF DrnkType = Alcopops/pre-mixed alcoholic drink}**PopsL7**Still thinking about last (*answer to WhichDay*), how much **alcoholic soft drink** ('alcopop') did you drink on that day? INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE

- 1 Small cans
- 2 Standard Bottles (275ml)
- 3 Large Bottles (700ML)

{IF PopsL7 = Small cans}**PopsL7Q(1)**

ASK OR CODE: How many small cans of alcoholic soft drink ('alcopop') did you drink on that day?

Range: 1..97

{IF PopsL7= standard sized Bottles}**PopsL7Q(2)**

ASK OR CODE: How many standard bottles of alcoholic soft drink ('alcopop') did you drink on that day?:

Range: 1..97

{IF PopsL7= LargeBottles}**PopsL7Q(3)**

ASK OR CODE: How many large bottles of alcoholic soft drink ('alcopop') did you drink on that day?:

Range: 1..97

{IF DrnkType=Other}**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

OthL7QAHow 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}

OthL7TB

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

Text: Maximum 30 characters

OthL7QB

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

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

Text: Maximum 30 characters

OthL7C

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

- 1 Yes
- 2 No

{IF OthL7C=Yes}

OthL7TC

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

CODE FIRST MENTIONED ONLY

OthL7QC

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

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

Text: Maximum 30 characters

DrAmount

Compared to five years ago, would you say that on the whole you drink more, about the same or less nowadays?

- 1 More nowadays
- 2 About the same
- 3 Less nowadays

ENDIF

ENDIF

{IF DrinkNow = 1 or DrinkAny = 1}

Intro

I'd like to ask you whether you have drunk different types of alcoholic drink in the last 12 months. I'd like to hear about ALL types of alcoholic drinks you have had.

If you are not sure whether a drink you have had goes into a category, please let me know. I do not need to know about non-alcoholic or low alcohol drinks.

(PRESS <F9> AT FOLLOWING QUESTIONS FOR MORE INFORMATION ABOUT WHAT SHOULD BE INCLUDED AT THE DIFFERENT DRINKS CATEGORIES).

NBeer**SHOWCARD J1**

I'd like to ask you first about normal strength beer, lager, stout, cider or shandy 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.)

<F9> FOR INFO ON DRINKS TO BE INCLUDED HERE.

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

{IF NBeer = 1 – 7}

NBeerM

How much NORMAL STRENGTH BEER, LAGER, STOUT, CIDER or SHANDY (excluding cans and bottles of shandy) have you usually drunk on any one day during the last 12 months?

FIRST CODE TYPE OF MEASURE AND THEN CODE NUMBER OF EACH MEASURE. CODE ALL THAT APPLY.

- 1 Half pints
- 2 Small cans
- 3 Large cans
- 4 Bottles

NBeerQ

How many (half pints/ small cans/ large cans/ bottles) of NORMAL STRENGTH BEER, LAGER, STOUT, CIDER or SHANDY (excluding cans and bottles of shandy) have you usually drunk on any one day during the last 12 months?

Range 1..97

{IF Drinknow = 1 or DrinkAny = 1}

SBeer

Now I'd like to ask you about STRONG BEER OR CIDER which has 6% or more alcohol (eg Tennant's Extra, Special Brew, Diamond White). 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. USE HELP SCREEN FOR OTHER DRINKS TO BE INCLUDED HERE.

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

{IF SBeer = 1 – 7}

SBeerM

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

FIRST CODE TYPE OF MEASURE AND THEN CODE NUMBER OF EACH MEASURE.

- 1 Half pints
- 2 Small cans
- 3 Large cans
- 4 Bottles

SBeerQ

For each type of measure of strong beer ASK OR RECORD, How many (half pints/ small cans/ large cans/ bottles) of STRONG BEER, LAGER, STOUT or CIDER have you usually drunk on any one day during the last 12 months?

Range: 1..97

{IF Drinknow = 1 OR DrinkAny = 1}

Spirits

SHOWCARD 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?

<F9> FOR OTHER DRINKS TO BE INCLUDED HERE.

- 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 last 12 months

{IF Spirits = 1 – 7}

SpritsQ

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

Range: 1..97

{IF Drinknow = 1 or DrinkAny = 1}

Sherry

SHOWCARD J1

How often have you had a drink of SHERRY OR MARTINI including port, vermouth, Cinzano and Dubonnet, during the last 12 months?

<F9> FOR OTHER DRINKS TO BE INCLUDED HERE.

- 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 last 12 months

{IF Sherry = 1 – 7}

SherryQ

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

Range: 1..97

{IF Drinknow = 1 or DrinkAny = 1}

Wine

SHOWCARD J1

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

<F9> FOR OTHER DRINKS TO BE INCLUDED HERE.

- 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 last 12 months

{IF Wine = 1 – 7}

WineQ

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

INTERVIEWER: code the number of 125ml glasses drunk **from the bottle** by the respondent. E.g. If they drank half a bottle, code 3 glasses. Press <F9> for information

CODE THE NUMBER OF GLASSES.

- 1 BOTTLE =6 GLASSES
- ½ BOTTLE=3 GLASSES
- 1/3 BOTTLE=2 GLASSES
- ¼ BOTTLE=1.5 GLASSES

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

Range: 1..97

BWineQ2

SHOW CARD J3

Were those mainly ...READ OUT...

IF RESPONDENT USUALLY DRINKS IN A PUB OR WINE BAR AND HAD A SMALL GLASS, THIS WOULD USUALLY BE 175ML.

- 1 Small Glasses (approx. 125ml)
- 2 Standard (approx. 175ml)
- 3 Or Large Glasses (approx. 250ml)
- 4 Bottles (Spontaneous Only)

{IF Drinknow = 1 or DrinkAny = 1}

Pops

SHOWCARD J1

How often have you had a drink of ALCOPOPS (i.e. alcoholic lemonade, alcoholic colas or other alcoholic fruit-or-herb-flavoured drinks for e.g. Smirnoff Ice, Bacardi Breezer, WKD, Metz etc), during the last 12 months?

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

{IF Pops = 1 – 7 }

PopsLY11

How much ALCOPOPS or pre-mixed alcoholic drinks (i.e. alcoholic lemonade, alcoholic colas or other alcoholic fruit-or-herb-flavoured drinks) have you usually drunk on any one day during the last 12 months?

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

- 1 Small cans
- 2 Standard Bottles (275ml)
- 3 Large Bottles (700ml)

{IF PopsLY11 = Small cans}

PopsQ11[1]

ASK OR CODE: How many small cans of alcopops or pre-mixed drink have you usually drunk on any one day?

Range: 1..97

{IF PopsLY11=standard Bottles}

PopsQ11[2]

ASK OR CODE: How many standard sized bottles of alcopops or pre-mixed drink have you usually drunk on any one day?

Range: 1..97

{IF PopsLY11= large Bottles}

PopsQ11[3]

ASK OR CODE: How many large bottles of alcopops or pre-mixed drink have you usually drunk on any one day?

Range: 1..97

Classification

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

NActiv

SHOW CARD K1

Which of these descriptions applies to what you were doing last week, that is in the seven days ending (*date seven days ago*)?

CODE FIRST TO APPLY

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

{IF NActiv=Doing something else}

NActivO

INTERVIEWER: PLEASE SPECIFY

Text: Maximum 60 characters

ENDIF

{IF (NActiv=School)}

StWork

Did you do any paid work in the seven days ending (*date last Sunday*), either as an employee or self-employed?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

{IF ((NActiv=Intending to look for work, Retired from paid work, Looking after the home or family or Doing something else OR StWork=No) AND ((Age = 16 to 64 years AND Sex=Male) OR (Age = 16 to 59 years AND Sex=Female)))}

H4WkLook

Thinking now of the four weeks ending (*date last Sunday*). Were you looking for any paid work or Government training scheme at any time in those four weeks?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

{IF NActiv=Looking for paid work/training scheme OR 4WkLook=Yes}

2WkStrt

If a job or a place on a Government training scheme had been available in the (*7 days/four weeks*) ending (*date last Sunday*), would you have been able to start within two weeks?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

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

EverJob

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

- 1 Yes
- 2 No

{IF NActiv=Waiting to take up paid work already obtained}

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

HowLong

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

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

{IF (Everjob=Yes)}

PayLast

Which year did you leave your last **paid** job?

WRITE IN.

Range: 1920..2014

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

PayMon

Which month in that year did you leave?

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

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

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

{IF (Hemploye = 1 OR 2) OR (IF HDirctr = 1 OR 2)}

ShiftA

Do you do shift work outside the hours of 7am to 7pm in your (main) job?

INTERVIEWER: Read out...

- 1 ...most of the time,
- 2 ...occasionally,
- 3 or never?

{IF ShiftA = 1 OR 2}

ShifTypA

SHOWCARD K2

What type of shift pattern do you work? SINGLE CODE

INTERVIEWER: IF NECESSARY: SHOW RESPONDENT SHIFT TYPES SHOWCARD
(IN INTERVIEWER SHOWCARDS) OR PRESS F9 FOR HELPSCREEN

- 1 Three-shift working
- 2 Continental shifts
- 3 Two-shift system with 'earlies' and 'lates'/double day shifts
- 4 Sometimes night and sometimes day shifts
- 5 Split shifts
- 6 Morning shifts
- 7 Evening or twilight shifts
- 8 Night shifts
- 9 Weekend shifts
- 10 Other type of shift work"

SHOWCARD OR F9 HELPSCREEN:

The shift work categories are defined below:

Three-shift working – the day is divided into three working periods – morning, afternoon and night. This kind of shift work usually, but not always, involves one or more weeks of mornings, followed by one or more weeks of afternoons, followed by one or more weeks of nights.

Continental shifts – this is a continuous three-shift system that rotates rapidly e.g. three mornings, then two afternoons, then two nights. Usually there is a break between shift changes.

Two-shift system with earlies and lates or double day shifts – normally two shifts of eight hours each, e.g. 0600-1400 and 1400-2200. Shifts are usually alternated weekly or over longer intervals.

Split shifts – these are full shifts divided into two distinct parts with a gap of several hours in between. Used in industries where peak demands are met at different times of the day e.g. catering, passenger transport and service industries.

Morning shift – if this is full-time, most commonly 0600-1400. This code is used if the morning shift is the only shift worked or worked part time during the morning.

Evening shift – if this is full-time, most commonly 1500-2400. Also used for a part-time shift 1700-2100 or 1800-2200. Part-time evening shifts are usually called twilight shifts.

Night shift – if this is full-time, most commonly 1800-0600, and usually continuing after midnight. This code is used only for permanent night work.

Weekend shift – this code is used for work during Fridays, Saturdays, Sundays (0600-1800), when there is no other work.

Other type of shift work – this code is only used when none of the above apply.

{IF ShifTyp = Other}**OthShA**

"INTERVIEWER: Please enter other type of shift work.

Text: Maximum 50 characters.

WtWork

What kind of work do (*did/will*) you do most of the time?

Text: Maximum 50 characters

MatUsed

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

IF NONE USED, WRITE IN `NONE'.

Text: Maximum 50 characters

SkilNee

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

Text: Maximum 120 characters

Employe

Are you (*were you/will you be*) ...READ OUT...

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

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

{IF Employe = Self-employed}**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

ENDIF

{IF Employe=an employee OR Dirctr=Yes}**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 3-9
- 3 10-24
- 4 25-499
- 5 500+

{ELSEIF Employe = Self-employed AND Dirctr=No}**SNEmplee**

Do (*did/will*) you have any employees?

- 1 None
- 2 1 or 2
- 3 3-9
- 4 10-24
- 4 25-499
- 5 500+

{IF Employe=Employee}**Ind**

What does (*did*) your employer make or do at the place where you (*usually worked/will work*)?

Text: Maximum 100 characters

{ELSEIF Employe=Self-employed}**SifWtMa**

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

Text: Maximum 100 characters

Isector

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

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

{ELSEIF (NActiv) non response}**OEmpStat**

Derived employment status.

Range: 0..8

→ SOC, SOCs, SEG, SIC coded during edit stage

{IF Age of Respondent is 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

Qual

SHOW CARD K3

Do you have any of the qualifications listed on this card? Please look down the whole list before telling me.

- 1 Yes
- 2 No

{IF Qual = Yes }**QualA**

Which of the qualifications on this card do you have? Just tell me the number written beside each one.

INTERVIEWER: RECORD ALL THAT APPLY. PROBE: Any others?

- 1 Degree/degree level qualification (including higher degree)
- 2 Teaching qualification
- 3 Nursing qualifications SRN, SCM, SEN, RGN, RM, RHV, Midwife
- 4 HNC/HND, BEC/TEC Higher, BTEC Higher/SCOTTECH Higher
- 5 ONC/OND/BEC/TEC/BTEC not higher
- 6 City and Guilds Full Technological Certificate
- 7 City and Guilds Advanced/Final Level
- 8 City and Guilds Craft/Ordinary Level
- 9 A-levels/Higher School Certificate
- 10 AS level
- 11 SLC/SCE/SUPE at Higher Grade or Certificate of Sixth Year Studies
- 12 O-level passes taken in 1975 or earlier
- 13 O-level passes taken after 1975 GRADES A-C
- 14 O-level passes taken after 1975 GRADES D-E
- 15 GCSE GRADES A*-C
- 16 GCSE GRADES D-G
- 17 CSE GRADE 1/SCE BANDS A-C/Standard Grade LEVEL 1-3
- 18 CSE GRADES 2-5/SCE Ordinary BANDS D-E
- 19 CSE Ungraded
- 20 SLC Lower
- 21 SUPE Lower or Ordinary
- 22 School Certificate or Matric
- 23 NVQ Level 5
- 24 NVQ Level 4
- 25 NVQ Level 3/Advanced level GNVQ
- 26 NVQ Level 2/Intermediate level GNVQ
- 27 NVQ Level 1/Foundation level GNVQ
- 28 Recognised Trade Apprenticeship completed
- 29 Clerical or Commercial Qualification (e.g. typing/book-keeping/commerce)

{If QualA = code 1 OR 2 }**Degree**

SHOWCARD K4

And do you have any of the following qualifications listed on this card?

CODE ALL THAT APPLY

1. Doctorate,
2. Masters,
3. An undergraduate or first degree,
4. A foundation degree,
5. Graduate membership of a professional institution,
6. Other post graduate degree or professional qualification

{IF NOT (Degree IN QualA)}**OthQual**

Do you have any qualifications not listed on this card?

- 1 Yes
- 2 No

{IF OthQual = Yes}**QualB**

What qualifications are these?

INTEVIEWER: RECORD ALL OTHER QUALIFICATIONS IN FULL. PROBE: Any others?

Text: maximum 60 characters

ASK ALL**NatID**

SHOWCARD K5

How would you describe your national identity?

INTERVIEWER: RECORD ALL THAT APPLY.

- 1 English
- 2 Welsh
- 3 Scottish
- 4 Irish
- 5 British
- 6 Other (please describe)

{IF National id = Other }**XNational id**

Please describe.

Origin

SHOW CARD K6

What is your ethnic group? Please choose your answer from this card.

- 1 White – English / Welsh / Scottish / Northern Irish / British
- 2 White – Irish
- 3 White – Gypsy or Irish Traveller
- 4 Any other white background (please describe)

Mixed / multiple ethnic groups:

- 5 White and Black Caribbean
- 6 White and Black African
- 7 White and Asian
- 8 Any other mixed / multiple ethnic background (please describe)

Asian / Asian British:

- 9 Indian
- 10 Pakistani
- 11 Bangladeshi
- 12 Chinese
- 13 Any other Asian background (please describe)

Black / African / Caribbean / Black British:

- 14 African
- 15 Caribbean
- 16 Any other Black / African / Caribbean background (please describe)

Other ethnic group

- 17 Arab
- 18 Any other ethnic group (please describe)

{IF Origin = Any other ethnic group}**XOrigin**

Please describe.

Self-completion placement (Aged 8+)

{IF Age of Respondent is 13 years and over and BookChk=Given}

SCIntro

PREPARE (*cream/pale blue/pale pink/yellow/lilac/grey*) SELF-COMPLETION BOOKLET (FOR CHILDREN AGED 13-15/FOR YOUNG ADULT MEN AND WOMEN/FOR ADULT MEN AND WOMEN AGED 18-44 /FOR ADULTS AGED 45+) BY ENTERING SERIAL NUMBERS. CHECK YOU HAVE CORRECT PERSON NUMBER.

{ELSEIF Age of respondent is 8 to 12 years}

SCIntCh

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

ENDIF

{IF ANY CHILDREN AGED 2-15 INTERVIEWED}

SCIntrA

INTERVIEWER: TURN TO THE LAST PAGE OF THE SELF COMPLETION BOOKLET AND EXPLAIN THAT THIS FINAL QUESTION IS ABOUT THEIR CHILD, OR CHILDREN.

Press <1> and <Enter> to continue.

{IF Age of Respondent is 13 years or over}

SComp2

I would now like you to answer some more questions by completing this booklet on your own.

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

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.

ENDIF

{IF Age of respondent is 8 years or over}

SComp3

INTERVIEWER CODE FOR EACH RESPONDENT WHETHER SELF COMPLETION BOOKLET COMPLETED

- 1 Fully completed
- 2 Partially completed
- 3 Not completed

{IF SComp3 = Fully completed OR Partially completed}

SC3Acc

Was it completed without assistance?

- 1 Completed independently
- 3 Assistance from other household member
- 4 Assistance from interviewer
- 5 Interviewer administered

ENDIF

{IF SComp3 = Partially completed OR Not completed}**SComp6**

INTERVIEWER: RECORD WHY BOOKLET NOT COMPLETED / PARTIALLY COMPLETED.

CODE ALL THAT APPLY:

- 1 Eyesight problems
- 2 Language problems
- 3 Reading/writing/comprehension problems
- 4 Respondent bored/fed up/tired
- 5 Questions too sensitive/invasion of privacy
- 6 Too long/too busy/taken long enough already
- 7 Refused to complete booklet (no other reason given)
- 7 Illness/disability (physical or mental)
- 8 Not in/not available
- 9 Proxy refusal
- 10 No self completion booklet available
- 95 Other (SPECIFY)

{IF SComp6=Other}**SComp6O**

PLEASE SPECIFY OTHER REASON.

Text: Maximum 60 characters

{IF SComp3 = Fully completed OR Partially completed}**SComp5A**INTERVIEWER: CODE WHO WAS PRESENT IN ROOM WHILE (*name of respondent*)

COMPLETED SELF-COMPLETION. INCLUDE YOURSELF, ANYONE INTERVIEWED AT THE SAME TIME AS RESPONDENT, PARENT ANSWERING ON BEHALF OF 8-12 YEAR OLDS OR OTHERS IN THE ROOM.

CODE ALL THAT APPLY.

- 1 Spouse / partner
- 2 Parent(s) (incl step-/foster-)
- 3 Brother(s)/Sister(s)
- 4 Own/Related child(ren) (incl step-/ foster-/ partner's)
- 5 Other relative(s)
- 6 Unrelated adult(s)
- 7 Unrelated child(ren)
- 8 Interviewer
- 9 Completed alone in room

Measurements

ASK ALL

Intro

PREAMBLE: I would now like to measure your height and weight. There is interest in how people's weight, given their height, is associated with their health.

I know you have already told me but it is really important that we get the most accurate and up to date measurements we can, using the same type of scales and measuring equipment for everybody.

INTERVIEWER: IF ASKED, EXPLAIN: We are interested in exploring the difference between people's perceptions of their own height and weight compared with their actual height and weight.

INTERVIEWER: MAKE OUT PALE GREEN MRC FOR EACH PERSON.

{IF Age >=2}

RespHts

MEASURE HEIGHT AND CODE. INCLUDE 'DISGUISED' REFUSALS SUCH AS 'IT WILL TAKE TOO LONG', 'I HAVE TO GO OUT' ETC. AT CODE 2: Height refused.

- 1 Height measured
- 2 Height refused
- 3 Height attempted, not obtained
- 4 Height not attempted

{IF RespHts = Height measured}

Height

ENTER HEIGHT.

Range: 60.0..244.0

RelHite

INTERVIEWER CODE ONE ONLY

- 1 No problems experienced reliable height measurement obtained
- 2 Problems experienced - measurement likely to be:
 - 2 Reliable
 - 3 Unreliable

{IF RelHite = Unreliable}

HiNRel

INTERVIEWER: WHAT CAUSED THE HEIGHT MEASUREMENT TO BE UNRELIABLE?

- 1 Hairstyle or wig
- 2 Turban or other religious headgear
- 3 Respondent stooped
- 4 Child respondent refused stretching
- 5 Respondent would not stand still
- 6 Respondent wore shoes
- 95 Other, please specify

{IF HiNRel = Other}

OHiNRel

INTERVIEWER: PLEASE SPECIFY WHAT CAUSED UNRELIABLE HEIGHT MEASUREMENT.

Text: Maximum 60 characters

MBookHt

INTERVIEWER: CHECK HEIGHT RECORDED ON MEASUREMENT RECORD CARD.

HEIGHT: (x) cm OR (x) feet (x) inches.

ELSEIF RespHts = Height refused THEN

ResNHt

GIVE REASONS FOR REFUSAL.

- 1 I have already told you my height
- 2 Cannot see point/Height already known/Doctor has measurement
- 3 Too busy/Taken too long already/ No time
- 4 Respondent too ill/frail/tired
- 5 Considered intrusive information
- 6 Respondent too anxious/nervous/shy/embarrassed
- 7 Refused (no other reason given)
- 8 Other

ELSEIF RespHts = Height attempted, not obtained OR Height not attempted THEN

NoHtBC

INTERVIEWER: CODE REASON FOR NOT OBTAINING HEIGHT.

- 1 Child 2-13: away from home during fieldwork period (specify in a Note)
- 2 Respondent is unsteady on feet
- 3 Respondent cannot stand upright/too stooped
- 4 Respondent is unable to get out of a chair/in a wheelchair
- 5 Respondent is unable to get out of bed
- 6 Respondent unable to remove shoes
- 7 Child: subject would not stand still
- 8 Ill or in pain/has disability (physical or mental)
- 9 Stadiometer faulty/not available/couldn't be used
- 10 Child 2-13 asleep
- 11 Not in/not available (for child 2-13, use codes 01 or 10 if possible)
- 12 Proxy refusal
- 95 Other - specify

IF OTHER IN NoHtBC THEN

NoHitCO

PLEASE SPECIFY OTHER REASON

Text: Maximum 60 characters

IF (Sex = Female) AND (Age of Respondent is 16 to 49) THEN

PregNowB

May I check, are you pregnant now?

- 1 Yes
- 2 No

ENDIF

IF PregNowB<> Yes THEN

RespWts

INTERVIEWER: MEASURE WEIGHT AND CODE. (IF RESPONDENT WEIGHS MORE THAN 200kg (31 ½ STONES) DO NOT WEIGH. CODE AS 'WEIGHT NOT ATTEMPTED') INCLUDE 'DISGUISED' REFUSALS SUCH AS 'IT WILL TAKE TOO LONG', 'I HAVE TO GO OUT' ETC. AT CODE 2: Weight refused.

- 0 *If Age 2-5 years: Weight obtained (child held by adult)/ If Age over 5 years: DO NOT USE THIS CODE*
- 1 Weight obtained (subject on own)
- 2 Weight refused
- 3 Weight attempted, not obtained
- 4 Weight not attempted

IF RespWtsMeas=Weight obtained (subject on own) OR Weight obtained (child held by adult) THEN

IF RespWts = Weight obtained (subject on own) THEN

XWeight

RECORD WEIGHT.

Range: 10.0..200.0

ELSEIF RespWts = Weight obtained (child held by adult) THEN

WtAdult

ENTER WEIGHT OF ADULT ON HIS/HER OWN.

Range: 15.0..200.0

WtChAd

ENTER WEIGHT OF ADULT HOLDING CHILD.

Range: 15.0..200.0

ENDIF

Weight

Computed: Measured weight, either Weight or WtChAd – WtAdult

Range: 0.0..140.0

FloorC

SCALES PLACED ON?

- 1 Uneven floor
- 2 Carpet
- 3 None of these

RelWaitB

INTERVIEWER CODE ONE ONLY.

- 1 No problems experienced, reliable weight measurement obtained
Problems experienced - measurement likely to be:
- 2 Reliable
- 3 Unreliable

MBookWt

INTERVIEWER: CHECK WEIGHT RECORDED ON MEASUREMENT RECORD CARD.

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

ENDIF

{IF RespWts = Weight refused}

ResNWt

GIVE REASONS FOR REFUSAL.

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

**{IF RespWts = Weight attempted, not obtained OR Weight not attempted}
NoWtBC**

CODE REASON FOR NOT OBTAINING WEIGHT.

- 1 Child 2-13: away from home during fieldwork period (specify in a Note)
- 2 Respondent is unsteady on feet
- 3 Respondent cannot stand upright
- 4 Respondent is unable to get out of a chair/in a wheelchair
- 5 Confined to bed
- 6 Respondent unable to remove shoes
- 7 Respondent weighs more than 200 kg
- 8 Ill or in pain/has disability (physical or mental)
- 9 Scales not working/not available/couldn't be used
- 10 Parent unable to hold child
- 11 Child 2-13 asleep
- 12 Not in/not available (for child 2-13, use codes 01 or 10 if possible)
- 13 Proxy refusal
- 95 Other - specify

{IF NoWtBC = Other}**NoWatCO**

PLEASE SPECIFY OTHER REASON.

Text: Maximum 60 characters

{IF RESPONDENT IS <16}**Birth**

INTERVIEWER: ASK OF (NAME OF CHILD'S) PARENT/LEGAL GUARDIAN:

We are interested in the birth weight of children taking part in this survey. Can you tell me, what was (*name of child's*) weight at birth?

INTERVIEWER: IS WEIGHT GIVEN IN KILOGRAMS OR IN POUNDS AND OUNCES? :

- 1 Kilograms
- 2 Pounds and ounces

{IF Birth = Kilograms}**Birthkg**PLEASE RECORD (*name of child's*) BIRTHWEIGHT IN KILOGRAMS.

Range: 1.00..6.75

{ELSEIF Birth = Pounds and ounces}**BirthL**PLEASE RECORD (*name of child's*) BIRTHWEIGHT. ENTER POUNDS.

Range: 2..15

BirthOPLEASE RECORD (*name of child's*) BIRTHWEIGHT. ENTER OUNCES.

Range: 0..15

BirthWt*Computed: Given birthweight (kg)**Range: 0.00....8.70***{IF BirthWt = [between 0.1kg and 2.5kg]}****Prmature**Was (*name of child*) born prematurely?

- 1 Yes
- 2 No

{IF Prmature = Yes}

PrWeeks

How many weeks early was (*name of child*) born?

ENTER NUMBER OF WEEKS, ROUNDED TO NEAREST WEEK. IF LESS THAN FOUR DAYS, ENTER '0'.

Range: 0..20

Nurse Appointment

Now follows the Nurse Appointment module.

1 Continue

IF Age of respondent < 16 AND No legal parent in household THEN

NurseA

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

ELSE (All other respondents)

Nurse

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

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

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

- 1 Agreed nurse could contact
- 2 Refused nurse contact

{IF Nurse = Agreed nurse could contact}

NrsAppt

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

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

{IF NrsAppt = Agreed nurse could contact}

NrsDate

INTERVIEWER: ENTER DATE OF THE NURSE APPOINTMENT

NrsDate

INTERVIEWER: ENTER TIME OF THE NURSE APPOINTMENT.

USE 24 HOUR CLOCK. FOR EXAMPLE, 9AM WOULD BE RECORDED AS 09:00.

AptRec

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

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

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

{IF Nurse = Refused nurse contact}**NurseRef**

INTERVIEWER: RECORD REASON WHY RESPONDENT REFUSED NURSE CONTACT. CODE BELOW AND RECORD AT **F1** ON A.R.F

- 0 Own doctor already has information
- 1 Given enough time already to this survey/expecting too much
- 2 Too busy, cannot spare the time (if Code 1 does not apply)
- 3 Had enough of medical tests/medical profession at present time
- 4 Worried about what nurse may find out/'might tempt fate'
- 5 Scared/of medical profession/ particular medical procedures (e.g. blood sample)
- 6 Not interested/Can't be bothered/No particular reason
- 95 Other reason (specify at next question)

{IF NurseRef=Other reason}**NrsRefO**

PLEASE SPECIFY OTHER REASON FOR REFUSAL. CODE BELOW AND RECORD AT **G1** ON A.R.F.

Text: Maximum 60 characters

Consents

ASK ALL AGED 16+

NHSCan

We would like to ask for your consent to link some of your NHS health records with your survey answers. To do this we would need to send your name, address and date of birth to the NHS Central Register. Please read this form, it explains more about what is involved.

INTERVIEWER: GIVE THE RESPONDENT THE **PALE YELLOW** CONSENT FORM (LINKING SURVEY ANSWERS TO OTHER INFORMATION) AND ALLOW THEM TIME TO READ THE INFORMATION.

- 1 Consent given
- 2 Consent not given

{IF NHSCAN = Consent given}

NHSSig

EXPLAIN THE NEED FOR WRITTEN CONSENT:

Before I can pass your details on, I have to obtain written consent from you.

INTERVIEWER: ENTER THE RESPONDENT'S SERIAL NUMBER ON THE TOP OF THE CONSENT FORM.

ASK RESPONDENT TO INITIAL THE BOX AND SIGN THE FORM.

GIVE THE WHITE COPY OF THE FORM TO THE RESPONDENT.

CODE WHETHER SIGNED CONSENT OBTAINED.

- 1 Consent signed
- 2 No consent obtained (or only one box initialled)

Thank

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

TPhone

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

INTERVIEWER: If given, enter telephone number (landline or mobile) as well as writing it on the front of the ARF.

- 1 Number given
- 2 Number refused
- 3 No telephone
- 4 Number unknown

{IF TPhone=Number given}

TelNo

INTERVIEWER: ENTER THE TELEPHONE NUMBER GIVEN

ReInter

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

- 1 Yes
- 2 No

{IF ReInter=Yes}

FstNme

INTERVIEWER: At the Household Grid you recorded the first name of this person as: ^textfill name
Is this the respondent's full, complete, first name (ie not initials, not abbreviated, not a nickname)?

ASK IF NECESSARY: Can I check, is ^textfill name your complete first name?

1. Yes, complete first name recorded at Household Grid
2. No, complete first name not yet recorded

SurNam

Can I check, {^first name from HH grid}, what is your surname?

{IF ReInter=Yes} – Loop until no further numbers to enter

FilTel

Do you have any other number we can contact you on? This would only be used for research purposes and would not be passed on to anyone outside of NatCen.

1. Yes
2. No

{IF FilTel=Yes}

OtherTel

ENTER NUMBER

{IF OtherTel = Number entered}

TypeTel

INTERVIEWER: CODE TYPE OF TELEPHONE NUMBER

1. Home phone
2. Work phone
3. Mobile (any)

{IF PNurse = agree AND (TelNo=response OR OtherTel=response)}

NurCon

Would it be okay to pass these phone numbers(s) on to the nurse that will be contacting you?

1. Yes
2. No

Email

Do you have an email address we can contact you on? This would only be used for research purposes and would not be passed on to anyone outside of NatCen.

1. Yes
2. No

{IF Email = Yes}

EmaAdd

ENTER EMAIL ADDRESS

INTERVIEWER: enter email address or ask respondent to type it in. Check with the respondent that it is correct.

Text: Maximum 100 characters

{IF Email = Yes}

EmaChk

Just to make sure the email address is correct, please enter again.

INTERVIEWER: enter email address or ask respondent to type it in. Check with the respondent that it is correct.

Text: Maximum 100 characters

SOFTCHECK: IF EmaAdd AND EmaChk are different: INTERVIEWER: THE EMAIL ADDRESSES ARE DIFFERENT AT EmaAdd and EmaChk. PLEASE CHECK.

ENDIF



NatCen
Social Research

NHS
The Information Centre
for health and social care

UCL

P3327
PALE BLUE

Point

--	--	--	--

Address

--	--

HHL D

--

CKL

--

Person No

--	--

First name

Interviewer

--	--	--	--

Survey month

Card

3	1	4
---	---	---

Health Survey for England 2013 Booklet for Adults

In Confidence

- Please look at the instructions on the next page for information on how to fill in this questionnaire.
- Ask the interviewer for help if you do not understand a question or are not sure what to do.

Thank you for taking part in this survey

13.18i_v2.0 Dec 2012, 12/sc/0317



How to fill in this questionnaire

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

Example:

Tick **one** box

	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.

General Wellbeing

Q1

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

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

Tick one box

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

Tick one box

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

Tick one box

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

Tick one box

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

Tick one box

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

Tick one box

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

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

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

Tick one box

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

Tick one box

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

Tick one box

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

Tick one box

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

Tick one box

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

Tick one box

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

Q2 Are you currently in paid employment?

Tick one box

Yes ₁ → **Go to Q3**

No ₂ → **Go to Q7**

Q3 How much do you agree or disagree with the statement that 'My job requires that I work very hard'?

Tick one box

Strongly agree ₁

Agree ₂

Neither agree nor disagree ₃

Disagree ₄

Strongly disagree ₅

Q4 Do you have a choice in deciding HOW you go about your work?

Tick one box

Never ₁

Occasionally ₂

Some of the time ₃

Much of the time ₄

Most of the time ₅

All of the time ₆

Q5

Do you get help and support from your line manager?

Tick one box

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

Q6

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

Please estimate the probability of such a change on a scale from 0 to 100.

- **0** means that such a change will definitely **not** take place.

- **100** means that such a change definitely will take place.

Circle one box

0	10	20	30	40	50	60	70	80	90	100
---	----	----	----	----	----	----	----	----	----	-----

Your activities

We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The questions will ask you about the time you spent being physically active in the **last 7 days**. Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do at work, as part of your housework or gardening, to get from place to place, and in your spare time for recreation, exercise or sport.

Q7

Think about all the **vigorous** activities that you did in the **last 7 days**.

Vigorous physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Think *only* about those physical activities that you did for at least 10 minutes at a time.

During the **last 7 days**, on how many days did you do **vigorous** physical activities like heavy lifting, digging, aerobics, or fast bicycling?

WRITE IN days

➔ **Go to Q8**

OR TICK

No vigorous physical activities in the last 7 days

2

➔ **Go to Q9**

Q8 How much time did you usually spend doing **vigorous** physical activities on one of those days?

Write in hours and minutes

hours per day

minutes per day

Q9 Think about all the **moderate** activities that you did in the **last 7 days**. **Moderate** activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think *only* about those physical activities that you did for at least 10 minutes at a time.

During the **last 7 days**, on how many days did you do **moderate** physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking.

WRITE IN days

→ Go to Q10

OR TICK

No moderate physical activities in the last 7 days

²

→ Go to Q11

Q10 How much time did you usually spend doing **moderate** physical activities on one of those days?

Write in hours and minutes

hours per day

minutes per day

Q11 Think about the time you spent **walking** in the **last 7 days**. This includes at work and at home, walking to travel from place to place, and any other walking that you have done solely for recreation, sport, exercise, or leisure.

During the **last 7 days**, on how many days did you **walk** for at least 10 minutes at a time?

Write in

WRITE IN days

→ Go to Q12

OR TICK

No walking in the last 7 days

²

→ Go to Q13

Q12

How much time did you usually spend **walking** on one of those days?

Write in hours and minutes

hours per day

minutes per day

Q13

This question is about the time you spent **sitting** on **weekdays** during the **last 7 days**. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

During the **last 7 days**, how much time did you spend **sitting** on a **week day**?

Write in hours and minutes

hours per day

minutes per day

Information about yourself

EVERYONE PLEASE ANSWER

Q14

Which of the following options best describes how you think of yourself?

Tick one box

Heterosexual or Straight 1

Gay or Lesbian 2

Bisexual 3

Other 4

Prefer not to say 5

Q15

What is your religion or belief?

Tick one box

No religion 01

Christian - Catholic 02

Christian – all other denominations including Church of England, Protestant 03

Buddhist 04

Hindu 05

Jewish 06

Muslim 07

Sikh 08

Any other religion (please write in the box below) 09

Your weight

EVERYONE PLEASE ANSWER

Q16

Given your age and height, would you say that you are...

Tick one box

About the right weight 1

too heavy 2

or too light? 3

Not sure 8

Q17

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

Tick one box

Trying to lose weight 1

Trying to gain weight 2

Not trying to change weight 3

PLEASE ANSWER IF YOU ARE A PARENT/GUARDIAN OF A CHILD AGED UNDER 16 TAKING PART IN THE INTERVIEW

Q18

Given your child's age and height, would you say that your child is...

	Child Name	Child Person No	Child Name	Child Person No
	<input style="width: 150px; height: 25px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 150px; height: 25px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
About the right weight	<input type="checkbox"/>	1	<input type="checkbox"/>	1
too heavy	<input type="checkbox"/>	2	<input type="checkbox"/>	2
or too light?	<input type="checkbox"/>	3	<input type="checkbox"/>	3
Not sure	<input type="checkbox"/>	8	<input type="checkbox"/>	8

Thank you for answering these questions.
Please give the booklet back to the interviewer.



NatGen, 101-135 Kings Road, Brentwood, Essex CM14 4LX





NatCen
Social Research

NHS
The
Information
Centre
for health and social care

UCL

P3327
PALE GREEN

Point

--	--	--	--

Address

--	--

HHL D

--

CKL

--

Person No

--	--

First
name

Interviewer

--	--	--	--

Survey
month

Card

3	1	3
---	---	---

Health Survey for England 2013 Booklet for Young Adults

In Confidence

- Please look at the instructions on the next page for information on how to fill in this questionnaire.
- Ask the interviewer for help if you do not understand a question or are not sure what to do.

Thank you for taking part in this survey

13.17i_v2.0 Dec 2012, 12/sc/0317



How to fill in this questionnaire

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

Example:

Tick **one** box

	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.

Smoking

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

Tick one box

- Yes ₁ → Go to next question
- No ₂ → Go to Q19 on page 7

Q2 Have you ever smoked a cigarette?

Tick one box

- Yes ₁ → Go to next question
- No ₂ → Go to Q19 on page 7

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

Write in how old you were then

Q4 Do you smoke cigarettes at all nowadays?

Tick one box

- Yes ₁ → Go to Q7 on page 4
- No ₂ → Go to next question

Q5

Why did you decide to give up smoking?

**Tick ALL
that apply**

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

Q6 Did you smoke cigarettes regularly or occasionally?

Tick one box

Regularly, that is at least one cigarette a day 1

Occasionally 2

I never really smoked cigarettes, just tried them once or twice 3

→ Go to Q19 on page 7

ANSWER IF YOU ARE A CURRENT SMOKER. IF NOT, PLEASE GO TO Q19.

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

Write in number smoked a day

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

Write in number smoked a day

Q9 Do you **mainly** smoke ...

Tick one box

Filter-tipped cigarettes 1

Plain or untipped cigarettes 2

Hand-rolled cigarettes 3

Q10 Do you ever smoke any other type of cigarettes nowadays?

Tick all that apply

Filter-tipped cigarettes 1

Plain or untipped cigarettes 2

Hand-rolled cigarettes 3

No 4

ANSWER IF YOU SMOKE HAND-ROLLED AND OTHER CIGARETTES. IF NOT, PLEASE GO TO Q13.

Q11 About how many of the cigarettes you smoke on a **weekday** are hand-rolled?

Hand-rolled cigarettes smoked on a **weekday**
Write in

Q12 About how many of the cigarettes you smoke on a **weekend** day are hand-rolled?

Hand-rolled cigarettes smoked on a **weekend** day
Write in

ANSWER IF YOU SMOKE HAND-ROLLED CIGARETTES. IF NOT, PLEASE GO TO Q14.

Q13 Do you smoke hand-rolled cigarettes with a filter, or without a filter?

Tick one box

Always with a filter 1

Always without a filter 2

Sometimes a filter, sometimes not 3

ANSWER IF YOU ARE A CURRENT SMOKER. IF NOT, PLEASE GO TO Q19.

Q14 Would you like to give up smoking altogether?

Tick one box

Yes 1

No 2

Q15

Which of the following statements best describes you?

Tick one box

I REALLY want to stop smoking and intend to in the next month

1

I REALLY want to stop smoking and intend to in the next 3 months

2

I want to stop smoking and hope to soon

3

I REALLY want to stop smoking but I don't know when I will

4

I want to stop smoking but haven't thought about when

5

I think I should stop smoking but don't really want to

6

I don't want to stop smoking

7

→ Go to next question

→ Go to Q17 on page 7

Q16

What are your main reasons for wanting to give up?

Tick ALL that apply

Because of a health problem I have at present

01

Better for my health in general

02

Less risk of getting smoking related illnesses

03

Because of the smoking ban in public places and at work

04

Family/friends want me to stop

05

Financial reasons/ can't afford it

06

Worried about the effect on my children

07

Worried about the effect on other family members

08

Other reason

09

Q17

Are you currently trying to cut down on how much you smoke but not currently trying to stop?

Tick one box

Yes 1

No 2

Q18

Would you say that you are smoking about the same number of cigarettes as a year ago, or more than a year ago or fewer than a year ago?

Tick one box

Same as a year ago 1

More than a year ago 2

Fewer than a year ago 3

EVERYONE PLEASE ANSWER

Q19

Have you ever used any of these nicotine replacement products?

Tick ALL that apply

Currently use

Used in the past but not now

Nicotine chewing gum 01

01

Nicotine lozenges/mini lozenges 02

02

Nicotine patch 03

03

Nicotine inhaler/inhalator 04

04

Nicotine mouthspray 05

05

Nicotine nasal spray 06

06

Another nicotine product 07

07

Electronic cigarette 08

08

None of these 09

09

ANSWER IF YOU HAVE USED NICOTINE REPLACEMENT PRODUCTS. IF NOT, PLEASE GO TO Q21

Q20

Have you used any of these nicotine replacement products, for the following reasons?

	Tick ALL that apply		
	To help you cut down on the amount you smoke	In situations where you are not allowed to smoke	To help you during a serious quit attempt
Nicotine chewing gum	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
Nicotine lozenges/mini lozenges	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02
Nicotine patch	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03
Nicotine inhaler/inhalator	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04
Nicotine mouthspray	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05
Nicotine nasal spray	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06
Another nicotine product	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07
Electronic cigarette	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08
None of these	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09

EVERYONE PLEASE ANSWER

Q21 Did your father ever smoke regularly when you were a child?

Tick one box

Yes 1

No 2

Don't know 8

Q22 Did your mother ever smoke regularly when you were a child?

Tick one box

Yes 1

No 2

Don't know 8

Q23 In most weeks, how many hours a week are you exposed to other people's tobacco smoke?

Number of hours a week

Write in

Q24A

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

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

Tick ALL that apply

- At home 1
 - At work 2
 - In other people's homes 3
 - Travelling by car/van 4
 - Outdoor areas of pubs or cafes or restaurants 5
 - In other places 6
 - No, none of these 7
- Go to Q24B
- Go to Q25 on page 11

Q24B

Does this bother you?

Tick one box

- Yes 1
- No 2

Drinking

Q25

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

Tick one box

Yes ₁ → Go to Q28

No ₂ → Go to next question

Q26

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

Tick one box

Very occasionally ₁ → Go to Q28

Never ₂ → Go to next question

Q27

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

Tick one box

Always a non-drinker ₁

Used to drink but stopped ₂

→ Go to Q45 on page 19

Q28

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

Write in how old you were then

Q29

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

Tick one box

- Almost every day 01
- Five or six days a week 02
- Three or four days a week 03
- Once or twice a week 04
- Once or twice a month 05
- Once every couple of months 06
- Once or twice a year 07
- Not at all in the last 12 months 08

→ Go to next question

→ Go to Q45 on page 19

Q30

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

Tick one box

- Yes 1 → Go to next question
- No 2 → Go to Q33 on page 14

Q31

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

Tick one box

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

Q32

Please think about **the day in the last week on which you drank the most.** (If you drank the same amount on more than one day, please answer about the most recent of those days.)

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

TICK ALL DRINKS YOU DRANK ON THAT DAY	WRITE IN HOW MUCH YOU DRANK ON THAT DAY			
	Glasses (count doubles as 2 singles)	Pints	Large cans or bottles	Small cans or bottles
Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol)-exclude bottles/cans of shandy. <input type="text"/> ₀₁	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Strong beer, lager, stout or cider (6% alcohol or more, such as Tennents Super, Special Brew, Diamond White) <input type="text"/> ₀₂	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails <input type="text"/> ₀₃	<input type="text"/>			
Sherry or martini (including port, vermouth, Cinzano, Dubonnet) <input type="text"/> ₀₄	<input type="text"/>			
Wine (including Babycham and champagne) <input type="text"/> ₀₅	Large glasses (250ml) <input type="text"/>	Standard glasses (175ml) <input type="text"/>	Small glasses (125ml) <input type="text"/>	Bottles (750ml) <input type="text"/>
Alcoholic soft drink ('alcopop') or a pre-mixed alcoholic drink such as Bacardi Breezer, WKD or Smirnoff Ice <input type="text"/> ₀₆		Large Bottles (700ml) <input type="text"/>	Standard Bottles (275ml) <input type="text"/>	Small Cans <input type="text"/>
Other kinds of alcoholic drink WRITE IN NAME OF DRINK				
1. <input type="text"/> <input type="text"/> ₀₇	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/> <input type="text"/> ₀₈	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please now think about whether you have drunk different types of alcoholic drink in the **last 12 months**. Please think about **all** types of alcoholic drinks you have had. Each type of alcoholic drink will be asked about separately.

EXCLUDE NON-ALCOHOLIC OR LOW-ALCOHOL DRINKS, EXCEPT SHANDY.

Q33

Thinking about **normal strength beer, lager, stout, cider or shandy** 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?

Tick one box

- Almost every day 01
 - Five or six days a week 02
 - Three or four days a week 03
 - Once or twice a week 04
 - Once or twice a month 05
 - Once every couple of months 06
 - Once or twice a year 07
 - Not at all in the last 12 months 08
- Go to next question
- Go to Q35 on page 15

Q34

How much **normal strength beer, lager, stout, cider or shandy** (excluding cans and bottles of shandy) have you usually drunk on any one day during the last 12 months?

	Pints	Large cans or bottles	Small cans or bottles
WRITE IN HOW MUCH YOU HAVE USUALLY DRUNK ON ANY ONE DAY	<input type="text"/>	<input type="text"/>	<input type="text"/>

Q35

Now thinking about **strong beer, lager, stout or cider** which has 6% or more alcohol (e.g. Tennents Super, Special Brew, Diamond White). How often have you had a drink of **strong beer, lager, stout or cider** during the last 12 months?

Tick one box

- Almost every day 01
- Five or six days a week 02
- Three or four days a week 03
- Once or twice a week 04
- Once or twice a month 05
- Once every couple of months 06
- Once or twice a year 07
- Not at all in the last 12 months 08

→ Go to next question

→ Go to Q37

Q36

How much **strong beer, lager, stout or cider** have you usually drunk on any one day during the last 12 months?

	Pints	Large cans or bottles	Small cans or bottles
WRITE IN HOW MUCH YOU HAVE USUALLY DRUNK ON ANY ONE DAY	<input type="text"/>	<input type="text"/>	<input type="text"/>

Q37

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?

Tick one box

- Almost every day 01
- Five or six days a week 02
- Three or four days a week 03
- Once or twice a week 04
- Once or twice a month 05
- Once every couple of months 06
- Once or twice a year 07
- Not at all in the last 12 months 08

→ Go to next question

→ Go to Q39 on page 16

Q38

How much **spirits or liqueurs** such as gin, whisky, brandy, rum, vodka, advocaat or cocktails have you usually drunk on any one day during the last 12 months?

Glasses
(count doubles
as 2 singles)

**WRITE IN HOW MUCH YOU HAVE
USUALLY DRUNK ON ANY ONE DAY**

Q39

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

**Tick one
box**

Almost every day 01

Five or six days a week 02

Three or four days a week 03

Once or twice a week 04

Once or twice a month 05

Once every couple of months 06

Once or twice a year 07

Not at all in the last 12 months 08

→ Go to next question

→ Go to Q41 on page 17

Q40

How much **sherry or martini** including port, vermouth, Cinzano and Dubonnet have you usually drunk on any one day during the last 12 months?

Small glasses
(count doubles
as 2 singles)

**WRITE IN HOW MUCH YOU HAVE
USUALLY DRUNK ON ANY ONE DAY**

Q41

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

Tick one box

- Almost every day 01
 - Five or six days a week 02
 - Three or four days a week 03
 - Once or twice a week 04
 - Once or twice a month 05
 - Once every couple of months 06
 - Once or twice a year 07
 - Not at all in the last 12 months 08
- Go to next question
- Go to Q43 on page 18

Q42

How much **wine**, including Babycham and champagne, have you usually drunk on any one day during the last 12 months?

	Large glasses (250ml)	Standard glasses (175ml)	Small glasses (125ml)	Bottles (750ml)
WRITE IN HOW MUCH YOU HAVE USUALLY DRUNK ON ANY ONE DAY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Q43

How often have you had a drink of **alcopops** (i.e. alcoholic lemonade, alcoholic colas or other alcoholic fruit-or-herb-flavoured drinks e.g. Smirnoff Ice, Bacardi Breezer, WKD, Metz etc), during the last 12 months?

Tick one box

- Almost every day 01
 - Five or six days a week 02
 - Three or four days a week 03
 - Once or twice a week 04
 - Once or twice a month 05
 - Once every couple of months 06
 - Once or twice a year 07
 - Not at all in the last 12 months 08
- Go to next question
- Go to Q45 on page 19

Q44

How many **alcopops** (i.e. alcoholic lemonade, alcoholic colas or other alcoholic fruit-or-herb-flavoured drinks) have you usually drunk on any one day during the last 12 months?

Large Bottles (700ml)	Standard Bottles (275ml)	Small cans or bottles
-----------------------------	--------------------------------	-----------------------------

WRITE IN HOW MUCH YOU HAVE USUALLY DRUNK ON ANY ONE DAY

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

General Wellbeing

EVERYONE PLEASE ANSWER

Q45 Below are some statements about feelings and thoughts.
Please circle the number that best describes your experience of each over the last 2 weeks

Tick one box

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

Tick one box

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

Tick one box

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

Tick one box

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

Tick one box

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

Tick one box

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

Tick one box

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

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

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

Tick one box

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

Tick one box

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

Tick one box

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

Tick one box

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

Tick one box

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

Tick one box

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

Q46

Are you currently in paid employment?

Tick one box

Yes ₁ → Go to Q47

No ₂ → Go to Q51 on page 22

Q47

How much do you agree or disagree with the statement that 'My job requires that I work very hard'?

Tick one box

Strongly agree ₁

Agree ₂

Neither agree nor disagree ₃

Disagree ₄

Strongly disagree ₅

Q48

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

Tick one box

Never ₁

Occasionally ₂

Some of the time ₃

Much of the time ₄

Most of the time ₅

All of the time ₆

Q49

Do you get help and support from your line manager?

Tick one box

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

Q50

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

Please estimate the probability of such a change on a scale from 0 to 100.

- **0** means that such a change will definitely **not** take place.

- **100** means that such a change definitely will take place.

Circle one box

0	10	20	30	40	50	60	70	80	90	100
---	----	----	----	----	----	----	----	----	----	-----

EVERYONE PLEASE ANSWER

Your activities

We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The questions will ask you about the time you spent being physically active in the **last 7 days**. Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do at work, as part of your housework or gardening, to get from place to place, and in your spare time for recreation, exercise or sport.

Q51

Think about all the **vigorous** activities that you did in the **last 7 days**.

Vigorous physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Think *only* about those physical activities that you did for at least 10 minutes at a time.

During the **last 7 days**, on how many days did you do **vigorous** physical activities like heavy lifting, digging, aerobics, or fast bicycling?

WRITE IN days

→ Go to Q52

OR TICK
No vigorous physical activities in the last 7 days

2

→ Go to Q53

Q52 How much time did you usually spend doing **vigorous** physical activities on one of those days?

Write in hours and minutes

hours per day

minutes per day

Q53 Think about all the **moderate** activities that you did in the **last 7 days**. **Moderate** activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think *only* about those physical activities that you did for at least 10 minutes at a time.

During the **last 7 days**, on how many days did you do **moderate** physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking.

WRITE IN days

→ Go to Q54

OR TICK

No moderate physical activities in the last 7 days

²

→ Go to Q55

Q54 How much time did you usually spend doing **moderate** physical activities on one of those days?

Write in hours and minutes

hours per day

minutes per day

Q55 Think about the time you spent **walking** in the **last 7 days**. This includes at work and at home, walking to travel from place to place, and any other walking that you have done solely for recreation, sport, exercise, or leisure.

During the **last 7 days**, on how many days did you **walk** for at least 10 minutes at a time?

Write in

WRITE IN days

→ Go to Q56

OR TICK

No walking in the last 7 days

²

→ Go to Q57

Q56

How much time did you usually spend **walking** on one of those days?

Write in hours and minutes

hours per day

minutes per day

Q57

This question is about the time you spent **sitting** on **weekdays** during the **last 7 days**. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

During the **last 7 days**, how much time did you spend **sitting** on a **week day**?

Write in hours and minutes

hours per day

minutes per day

Information about yourself

EVERYONE PLEASE ANSWER

Q58

Which of the following options best describes how you think of yourself?

Tick one box

Heterosexual or Straight 1

Gay or Lesbian 2

Bisexual 3

Other 4

Prefer not to say 5

Q59

What is your religion or belief?

Tick one box

No religion 01

Christian - Catholic 02

Christian – all other denominations including Church of England, Protestant 03

Buddhist 04

Hindu 05

Jewish 06

Muslim 07

Sikh 08

Any other religion (please write in the box below) 09

Your Weight

EVERYONE PLEASE ANSWER

Q60

Given your age and height, would you say that you are...

Tick one box

About the right weight	<input type="checkbox"/>	1	} → Go to next question
too heavy	<input type="checkbox"/>	2	
or too light?	<input type="checkbox"/>	3	
Not sure	<input type="checkbox"/>	8	

Q61

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

Tick one box

Trying to lose weight	<input type="checkbox"/>	1
Trying to gain weight	<input type="checkbox"/>	2
Not trying to change weight	<input type="checkbox"/>	3

PLEASE ANSWER IF YOU ARE A PARENT/GUARDIAN OF A CHILD AGED UNDER 16 TAKING PART IN THE INTERVIEW

Q62

Given your child's age and height, would you say that your child is...

	Child Name	Child Person No	Child Name	Child Person No
	<input style="width: 100px; height: 25px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 100px; height: 25px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
About the right weight	<input type="checkbox"/>	1	<input type="checkbox"/>	1
too heavy	<input type="checkbox"/>	2	<input type="checkbox"/>	2
or too light?	<input type="checkbox"/>	3	<input type="checkbox"/>	3
Not sure	<input type="checkbox"/>	8	<input type="checkbox"/>	8



Thank you for answering these questions.

Please give the booklet back to the interviewer.

NatGen, 101-135 Kings Road, Brentwood, Essex CM14 4LX





NatCen
Social Research

NHS

The
Information
Centre
for health and social care

 **UCL**

P3327
PALE PINK

Point

--	--	--	--

Address

--	--

HHL D

--

CKL

--

Person No

--	--

First
name

Interviewer

--	--	--	--

Survey
month

Card

3	1	2
---	---	---

Health Survey for England 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 your answers to anyone you know.
- Look at the instructions on the next page and read what to do.
- Ask the interviewer for help if you do not understand a question or are not sure what to do.

Thank you for taking part in this survey

13.16i_v2.0 Dec 2012, 12/sc/0317



Completing the questionnaire

- Please read each question carefully
- Most of the questions can be answered by putting a tick in the box next to the answer that applies to you.

Example:

**Tick one
box**

Yes ₁

No ₂

- Sometimes you have to write a number in the box.

Example:

I was years old

write in

- Next to some of the boxes are arrows and instructions.
They show or tell you which question to answer next.
If there are no special instructions, just answer the next question.

Example:

**Tick one
box**

No ₂ → Go to question 2

Yes ₁ ↓

I was years old

Write in

When you have finished answering the questionnaire, please seal it in the brown envelope and hand it back to the interviewer. If you have any questions or need help, please ask the interviewer.

THANK YOU AGAIN FOR YOUR HELP

Cigarette Smoking

Q1 Have you ever tried smoking a cigarette, even if it was only a puff or two?

Tick one box

Yes ₁

No ₂

→ Go to next question

Q2 Now read all the following sentences very carefully and tick the box next to the one which best describes you.

Tick one box

I have never smoked ₁ → Go to Q6 on page 3

I have only smoked once or twice ₂

I used to smoke sometimes, but I never smoke a cigarette now ₃

I sometimes smoke, but I don't smoke every week ₄ → Go to next question

I smoke between one and six cigarettes a week ₅

I smoke more than six cigarettes a week ₆

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

I was years old → Go to next question

Write in

Q4 Did you smoke any cigarettes last week?

Tick one box

Yes ₁ → Go to next question

No ₂ → Go to Q6 on page 3

Q5 How many cigarettes did you smoke last week?

I smoked cigarettes → Go to next question

Write in

EVERYONE PLEASE ANSWER

Q6

Have you ever used any of these nicotine replacement products?

Tick all that apply

a) Currently use b) Used in the past but not using now

Nicotine chewing gum	<input type="checkbox"/> 01	<input type="checkbox"/> 01
Nicotine lozenges/mini lozenges	<input type="checkbox"/> 02	<input type="checkbox"/> 02
Nicotine patch	<input type="checkbox"/> 03	<input type="checkbox"/> 03
Nicotine inhaler/inhalator	<input type="checkbox"/> 04	<input type="checkbox"/> 04
Nicotine mouthspray	<input type="checkbox"/> 05	<input type="checkbox"/> 05
Nicotine nasal spray	<input type="checkbox"/> 06	<input type="checkbox"/> 06
Another nicotine product	<input type="checkbox"/> 07	<input type="checkbox"/> 07
Electronic cigarette	<input type="checkbox"/> 08	<input type="checkbox"/> 08
None of these	<input type="checkbox"/> 09	<input type="checkbox"/> 09

Q7

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

Please tick all the places where you are often near people who are smoking

Tick all that apply

- At home 01
- In other people's homes 02
- In a car 03
- In the street 04
- Outdoor areas of pubs or cafes or restaurants 05
- In the park or playing fields 06
- Other public places 07
- In school 08
- In other places 09
(please write these other places in the box below)

→ Go to next question

No, none of these 97 → Go to Q9 on page 5

Q8

Does this bother you?

Tick one box

- Yes 1
- No 2

→ Go to next question

Drinking

Q9

Have you ever had a proper alcoholic drink – a whole drink, not just a sip? **Please don't count drinks labelled low alcohol.**

Tick one box

Yes ₁ → Go to Q11

No ₂ → Go to next question

Q10

Have you ever drunk alcopops (such as Bacardi Breezer, Smirnoff Ice, WKD etc)?

Tick one box

Yes ₁ → Go to next question

No ₂ → Go to Q20 on page 9

Q11

How old were you the first time you had a proper alcoholic drink or an alcopop?

I was years old → Go to next question

Write in

Q12

How often do you usually have an alcoholic drink or alcopop?

Tick one box

Almost every day ₁

About twice a week ₂

About once a week ₃

About once a fortnight ₄

About once a month ₅

Only a few times a year ₆

I never drink alcohol now ₇

→ Go to next question

Q13

When did you **last** have an alcoholic drink or alcopop?

Tick one box

- Today 1
 - Yesterday 2
 - Some other time during the last week 3
 - 1 week, but less than 2 weeks ago 4
 - 2 weeks, but less than 4 weeks ago 5
 - 1 month, but less than 6 months ago 6
 - 6 months ago or more 7
- Go to next question
- Go to Q20 on page 9

Q14

Which, if any, of the drinks shown below, have you drunk in the last 7 days?

Please (✓) either yes or no for each kind of drink.

For each kind of drink, write in the box how much you drank in the last 7 days.

**Beer, lager, cider or shandy
(exclude bottles or cans of shandy)**

Have you drunk this in the last 7 days?

Tick one box

- No 2 → Go to Q15 on page 7
- Yes 1 ↓

How much did you drink in the last 7 days?

Write in:

Pints (if half a pint, write in 1/2)

AND/OR Large cans or bottles

AND/OR Small cans or bottles

Q15 Spirits or liqueurs, such as gin, vodka, whisky, rum, brandy or cocktails

Have you drunk this in the last 7 days?

Tick one box

No ₂ → Go to Q16

Yes ₁ ↓

How much did you drink in the last 7 days?

Write in:

Glasses (count doubles as two glasses)

Q16 Sherry or martini (including port, vermouth, cinzano, dubonnet)

Have you drunk this in the last 7 days?

Tick one box

No ₂ → Go to Q17

Yes ₁ ↓

How much did you drink in the last 7 days?

Write in:

Glasses (count doubles as two glasses)

Q17 Wine (including babycham and champagne)

Have you drunk this in the last 7 days?

Tick one box

No ₂ → Go to Q18 on page 8

Yes ₁ ↓

How much did you drink in the last 7 days?

Write in:

Glasses

Q18

Alcopop (such as Bacardi Breezer, Smirnoff Ice, WKD, etc.)

Have you drunk this in the last 7 days?

Tick one box

No ₂ → **Go to Q19**

Yes ₁ ↓

How much did you drink in the last 7 days?

Write in:

Large cans or bottles

AND/OR **Small cans or bottles**

Q19

Other kinds of alcoholic drink?

Have you drunk this in the last 7 days?

Tick one box

No ₂ → **Go to Q20 on page 9**

Yes ₁ → **Complete details below**

Write in name of drink

How much did you drink in the last 7 days?

Write in:



Your weight

EVERYONE PLEASE ANSWER

Q20

Given your age and height, would you say that you are...

Tick one box

About the right weight 1

too heavy 2

or too light? 3

Not sure 8

→ Go to next question

Q21

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

Tick one box

Trying to lose weight 1

Trying to gain weight 2

Not trying to change weight 3

About you

EVERYONE PLEASE ANSWER

Q22 Which of these would you say you are?

Tick all that apply

English 1

Welsh 2

Scottish 3

Irish 4

British 5

Or something else?
(Please write in the box below) 6

→ Go to next question

Q23 What is your religion or belief?

Tick **one** box

No religion 01

Christian - Catholic 02

Christian – all other denominations including
Church of England, Protestant 03

Buddhist 04

Hindu 05

Jewish 06

Muslim 07

Sikh 08

Any other religion
(please write in the box below) 09



Thank you for answering these questions.

Please give the booklet back to the interviewer.

NatGen, 101-135 Kings Road, Brentwood, Essex CM14 4LX





NatCen
Social Research

NHS
The
Information
Centre
for health and social care

UCL

P3327
VANILLA (CREAM)

Point

--	--	--	--

Address

--	--

HHL D

--

CKL

--

Person No

--	--

First
name

Interviewer

--	--	--	--

Survey
month

Card

3	1	1
---	---	---

Health Survey for England 2013 Booklet for 8-12 year olds

In Confidence

- Here are some questions for you to answer on your own.
- We are interested in your honest answers.
- We will not tell your answers to anyone you know.
- Look at the instructions on the next page and read what to do.
- Ask the interviewer for help if you do not understand a question or are not sure what to do.

Thank you for taking part in this survey

13-15i_v1.0 Nov 2012 12/sc/0317



Completing the questionnaire

- Please read each question carefully
- Most of the questions can be answered by putting a tick in the box next to the answer that applies to you.

Example:

Yes ₁

No ₂

Tick one box

- Sometimes you have to write a number in the box.

Example:

I was years old

write in

- Next to some of the boxes are arrows and instructions.
They show or tell you which question to answer next.
If there are no special instructions, just answer the next question.

Example:

No ₂ → Go to Q2

Yes ₁ ↓

I was years old

Write in

Tick one box

When you have finished answering the questionnaire, please seal it in the brown envelope and hand it back to the interviewer. If you have any questions or need help, please ask the interviewer.

THANK YOU AGAIN FOR YOUR HELP

Cigarette Smoking

Q1

Have you ever tried smoking a cigarette, even if it was only a puff or two?

Tick one box

No ² → **Go to Q2**

Yes ¹



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

I was years old

Write in

Q2

Now read all the following sentences very carefully and tick the box next to the one which best describes you.

Tick one box

I have never smoked ¹

I have only smoked once or twice ²

I used to smoke sometimes, but I never smoke a cigarette now ³

I sometimes smoke, but I don't smoke every week ⁴

I smoke between one and six cigarettes a week ⁵

I smoke more than six cigarettes a week ⁶

→ **Go to next question**

Q3

Did you smoke any cigarettes last week?

Tick one box

No ² → **Go to next question**

Yes ¹

How many cigarettes did you smoke last week?

I smoked cigarettes

Write in

EVERYONE PLEASE ANSWER

Q4

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

Please tick all the places where you are often near people who are smoking

Tick all boxes which apply

- At home 01
- In other people's homes 02
- In a car 03
- In the street 04
- Outdoor areas of pubs or cafes or restaurants 05
- In the park or playing fields 06
- Other public places 07
- In school 08
- In other places 09
(please write these other places in the box below)

→ Go to next question

No, none of these 97 → Go to Q6 on page 4

Q5

Does this bother you?

Tick one box

- Yes 1
- No 2

→ Go to next question

Drinking

Q6

Have you ever had a proper alcoholic drink – a whole drink, not just a sip? **Please don't count drinks labelled low alcohol.**

Tick one box

Yes ₁ → Go to Q8

No ₂ → Go to next question

Q7

Have you ever drunk alcopops (such as Bacardi Breezer, Smirnoff Ice, WKD etc)?

Tick one box

Yes ₁ → Go to next question

No ₂ → Go to Q11 on page 5

Q8

How old were you the first time you had a proper alcoholic drink or alcopop?

I was years old → Go to next question

Write in

Q9

How often do you usually have an alcoholic drink or alcopop?

Tick one box

Almost every day ₁

About twice a week ₂

About once a week ₃

About once a fortnight ₄

About once a month ₅

Only a few times a year ₆

I never drink alcohol now ₇

→ Go to next question

Q10

When did you **last** have an alcoholic drink or alcopop?

Tick one box

- Today 1
- Yesterday 2
- Some other time during the last week 3
- 1 week, but less than 2 weeks ago 4
- 2 weeks, but less than 4 weeks ago 5
- 1 month, but less than 6 months ago 6
- 6 months ago or more 7

→ Go to next question

Your weight

Q11

Given your age and height, would you say that you are...

Tick one box

- About the right weight 1
- too heavy 2
- or too light? 3
- Not sure 8

→ Go to next question

Q12

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

Tick one box

- Trying to lose weight 1
- Trying to gain weight 2
- Not trying to change weight 3

→ Go to next question

About you

Q13

Which of these would you say you are?

**Tick all boxes
which apply**

English 1

Welsh 2

Scottish 3

Irish 4

British 5

Or something else?
(Please write in the box below) 6

→ **Go to next
question**

Q14

What is your religion or belief?

**Tick one
box**

No religion 01

Christian - Catholic 02

Christian – all other denominations including
Church of England, Protestant 03

Buddhist 04

Hindu 05

Jewish 06

Muslim 07

Sikh 08

Any other religion
(please write in the box below) 09



Thank you for answering these questions.

Please give the booklet back to the interviewer.

NatGen, 101-135 Kings Road, Brentwood, Essex CM14 4LX



The Health Survey for England 2013

Program Documentation

Nurse Questionnaire

CONTENTS

Page	Module
2	Introduction, flu vaccination
5	Prescribed medicines, drug coding and folic acid
8	Nicotine replacement products
9	Blood pressure
15	Waist and hip circumference
18	Saliva sample
20	Blood sample

Introduction

IF OUTCOME = AGREE TO NURSE VISIT THEN

Info

You are in the Nurse Schedule for:

Person Number:

Name:

Age:

Sex:

Can you interview this person?

- 1 Yes, I will do the interview now
- 2 No, I will not be able to do this interview

ELSEIF OUTCOME = REFUSED NURSE VISIT THEN

RefInfo

NURSE: *(Name of respondent)* IS RECORDED AS HAVING REFUSED A NURSE VISIT.
HAS *(he/she)* CHANGED *(his/her)* MIND?

- 1 Yes, *(now/this person)* agrees nurse visit
- 2 No, *(still refuses/this person will not have a)* nurse visit

ENDIF

ALL WITH A NURSE VISIT (Info = Yes OR RefInfo = Yes, agrees nurse visit)

NurDate

NURSE: ENTER THE DATE OF THIS INTERVIEW.

St2Leaf

NURSE: Ask respondent whether they have read the pale green stage 2 leaflet (Information for participants). If the respondent is unable to read the leaflet, please ensure that you have covered the information in it.

- 1 Respondent had read leaflet
- 2 Respondent has not read leaflet but nurse has explained the information

NDoBD

Can I just check your date of birth?

NURSE: ENTER DAY, MONTH AND YEAR OF (NAME OF RESPONDENT'S) DATE OF BIRTH SEPERATELY

ENTER THE **DAY** HERE.

NDoBM

ENTER THE **MONTH** HERE

NDoBY

ENTER THE **YEAR** HERE

DispAge

CHECK WITH RESPONDENT: So your age is *(computed age)*?

- 1 Yes

2 No

IF Age of Respondent is 0 to 15 years THEN

CParInt

NURSE: A CHILD CAN **ONLY** BE INTERVIEWED WITH THE PERMISSION OF, AND IN THE PRESENCE OF, THEIR PARENT OR A PERSON WHO HAS (PERMANENT) LEGAL PARENTAL RESPONSIBILITY, ('PARENT').

NO MEASUREMENTS SHOULD BE CARRIED OUT WITHOUT THE AGREEMENT OF BOTH THE PARENT **AND** THE CHILD.

Press <1> and <Enter> to continue.

CParNo

NURSE CHECK: WHICH PARENT (OR "PARENT") IS GIVING PERMISSION FOR MEASUREMENTS TO BE TAKEN AND ANSWERING QUESTIONS FOR THIS CHILD?

1 *(Name of Parent 1)*

2 *(Name of Parent 2)*

ENDIF

IF (Age of respondent is 16 to 49 years) AND (Sex = Female) THEN

PregNTJ

Can I check, are you pregnant at the moment?

1 Yes

2 No

ENDIF

ASK ALL ADULTS (16+) IN WINTER MONTHS

FluVac

Can I check, have you ever been vaccinated for any type of flu (influenza)?

1 Yes

2 No

3 Not sure

IF (FluVac = Yes) THEN

VacWhn

When was your most recent flu vaccination? Was it ...READ OUT...

- 1 Within the last 12 months,
- 2 More than one year, up to 2 years ago,
- 3 More than two years, up to 3 years ago,
- 4 More than 3 years, up to 5 years ago,
- 5 More than 5, up to 10 years ago,
- 6 or, More than 10 years ago?

IF (VacWhn = Within the last 12 months OR More than one year, up to 2 years ago)

THEN

VacMth

In which month did you have your most recent vaccination for flu?

NURSE: If respondent is unsure in which month they had their vaccination but knows it was either one month or another, code the earlier of the 2 months (e.g. if 'January or February', code January).

RECORD MONTH:

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

VacYr

In which year did you have your most recent flu vaccination?

RECORD YEAR:

ENDIF

ENDIF

Prescribed medicines, drug coding and folic acid

ALL WITH A NURSE VISIT

MedCNJD

Are you taking or using any medicines, pills, syrups, ointments, puffers or injections prescribed for you by a doctor or nurse?

NURSE: IF STATINS HAVE BEEN PRESCRIBED BY A DOCTOR PLEASE CODE THEM HERE. IF THEY HAVE BEEN BOUGHT WITHOUT A PRESCRIPTION CODE AT THE STATINS QUESTION.

- 1 Yes
- 2 No
- 3 Yes, but unable to code as name of drug(s) not available.

IF MedCNJD = Yes THEN

MedIntro

Could I take down the names of the medicines, including pills, syrups, ointments, puffers or injections, prescribed for you by a doctor or nurse?

NURSE: INCLUDING THE CONTRACEPTIVE PILL.

- 1 Continue

Collect details of up to 22 prescribed medicines

FOR i:= 1 TO 22 DO

IF (i = 1) OR (MedBIC[i-1] = Yes) THEN

MedBI[i]

NURSE: ENTER NAME OF DRUG NO. (1,2,3..etc.).ASK IF YOU CAN SEE THE CONTAINERS FOR ALL PRESCRIBED MEDICINES CURRENTLY BEING TAKEN.IF ASPIRIN, RECORD DOSAGE AS WELL AS NAME.

Text: Maximum 30 characters

MedBIA[i]

Have you taken/used (*name of medicine*) in the last 7 days?

- 1 Yes
- 2 No

MedBIC[i]

NURSE CHECK: ANY MORE DRUGS TO ENTER?

- 1 Yes
- 2 No

ENDIF

ENDDO

ENDIF

IF age>=16 AND MedCNJD = No OR MedBic = No THEN

Statins

Are you taking statins (drugs to lower cholesterol) bought over the counter from a pharmacist, without prescription from a doctor?

NURSE: HERE ARE SOME EXAMPLES OF COMMON STATINS, WHICH MAY BE BOUGHT OVER THE COUNTER:

- Atorvastatin (Lipitor)
- Fluvastatin (Lescol, Lescol XL)
- Pravastatin (Lipostat)
- Rosuvastatin (Crestor) and Simvastatin (Zocor)

- 1 Yes
- 2 No

IF Statins = Yes THEN**StatinA**

Have you taken/used statins in the last 7 days?

- 1 Yes
- 2 No

ENDIF**ENDIF****IF MedCNJD = Yes THEN*****Drug coding block*****Dintro**

NURSE: PLEASE COMPLETE DRUG CODING FOR

Person (*person no.*) (*person name*).

PRESS 1 AND <Enter> TO CONTINUE.

- 1 Continue

Repeat for up to 22 drugs coded

FOR j:= 1 TO (Number of drugs recorded) DO**DrC1**

NURSE: ENTER CODE FOR (*name of drug*) ENTER 999999 IF UNABLE TO CODE

Text: Maximum 6 characters

IF (Age of Respondent is over 15 years) AND (Drug code begins 02) THEN**YTake1**

Do you take (*name of drug*) because of a heart problem, high blood pressure or for some other reason?

- 1 Heart problem
- 2 High blood pressure
- 3 Other reason

IF YTake1 = Other THEN**TakeOth1**

NURSE: GIVE FULL DETAILS OF REASON(S) FOR TAKING (*name of drug*):

Text: Maximum 255 characters

ENDIF**ENDIF****ENDDO****ENDIF****IF Sex=Female and Age=18-49 THEN****Folic**

At present, are you taking any folic acid supplements such as Solgar folic acid, Pregnacare tablets, Sanatogen Pronatal, or Healthy Start, to supplement your diet or improve your health?

- 1 Yes
- 2 No

IF PreNTJ = Yes AND Folic = Yes**FolPreg**

Did you start taking folic acid supplements before becoming pregnant?

- 1 Yes
- 2 No

IF FoIPreg = Yes

FoIPreg12

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

- 1 Yes
- 2 No

ENDIF

ENDIF

IF PreNTJ = No AND Folic = Yes

FoIPregHR

People can take folic acid for various health reasons. Are you taking folic acid supplements because you hope to become pregnant?

- 1 Yes
- 2 No

ENDIF

ENDIF

Nicotine replacement products

ASK IF RESPONDENT AGED 16 AND OVER

Smoke

Can I ask, do you smoke cigarettes, cigars or a pipe at all these days?

CODE ALL THAT APPLY.

IF RESPONDENT USED TO SMOKE BUT DOES NOT ANY MORE, CODE 'NO'.

- 1 Yes, cigarettes
- 2 Yes, cigars
- 3 Yes, pipe
- 4 No

IF (Smoke = No) THEN

SmokEvrN

May I just check, have you ever regularly smoked a cigarette, a cigar or a pipe, that is at least one a day?

- 1 Yes
- 2 No

ENDIF

IF (Smoke = Yes, cigarettes) OR (Smoke = Yes, cigars) OR (Smoke = Yes, pipe) THEN

LastSmok

How long is it since you last smoked a (*cigarette, (and/or a) cigar, (and/or a) pipe*)?

- 1 Within the last 30 minutes
- 2 Within the last 31-60 minutes
- 3 Over an hour ago, but within the last 2 hours
- 4 Over two hours ago, but within the last 24 hours
- 5 More than 24 hours ago

ENDIF

ASK ALL

NR7Day

SHOW CARD

Have you used any of these products in the last 7 days?

PROBE FULLY: Which others? CODE ALL THAT APPLY

- 1 Nicotine chewing gum
- 2 Nicotine lozenges/mini lozenges
- 3 Nicotine patches
- 4 Nicotine inhaler/ inhalator
- 5 Nicotine mouthspray
- 6 Nicotine nasal spray
- 7 Another nicotine product
- 8 Electronic cigarette
- 9 None

Blood pressure

IF Age of Respondent 0 to 4 years THEN

NoBP

NO BLOOD PRESSURE READING TO BE DONE. ENTER '1' TO CONTINUE.

Continue

ENDIF

IF (PregNTJ = Yes) OR (UPreg = Pregnant) THEN

PregMes

NURSE: RESPONDENT IS PREGNANT. NO MEASUREMENTS TO BE DONE.

Continue

ENDIF

ALL AGED 5+ (EXCEPT PREGNANT WOMEN)

BPMod

NURSE: NOW FOLLOWS THE BLOOD PRESSURE MODULE.

PRESS <1> AND <ENTER> TO CONTINUE.

IF Age of Respondent is over 15 years THEN

BPIntro

(As I mentioned earlier) We would like to measure your blood pressure. The analysis of blood pressure readings will tell us a lot about the health of the population.

Continue

NameTChk

NURSE: Explain the need for the consent booklet to the respondent and the importance of having the correct name on the consent booklet.

What is the name by which letters are usually addressed to you?

EXPLAIN IF NECESSARY: We may send your results to you.

Record title here

NameSChk

NURSE: Record surname here

ELSE (Respondent aged 5-15)

BPBlurb

READ OUT TO PARENT/PARENTS:(As I mentioned earlier) we would like to measure (*name of child's*) blood pressure. If you wish, I will write the results on (*his/her*) Measurement Record Card. I will not, however, be able to tell you what the results mean. This has to be calculated using (*his/her*) age, sex and height. Also blood pressure can vary from day to day and throughout the day, so one high reading would not necessarily mean that your child has a high blood pressure. However if you would like us to, we will send (*his/her*) results to (*his/her*) GP who is better placed to interpret them. In the unlikely event that your child should be found to have a high blood pressure for (*his/her*) age and height, we shall advise (*his/her*) GP (with your permission) that (*name of child's*) blood pressure should be measured again.

NURSE: Show [*child's name*] the 'Blood Pressure' section of the pale yellow child information sheet.

1 Continue

ENDIF

BPCnst

NURSE: Does the respondent agree to blood pressure measurement?

Yes, agrees

No, refuses

Unable to measure BP for reason other than refusal

IF BPCnst = Yes, agrees THEN**IF Age of Respondent is 13 years or over THEN****ConSubX**

May I just check, have you eaten, smoked, drunk alcohol or done any vigorous exercise in the past 30 minutes?

CODE ALL THAT APPLY.

Eaten

Smoked

Drunk alcohol

Done vigorous exercise

(None of these)

IF BPCnst = Yes, agrees THEN**IF Age of Respondent is 13 years or over THEN****Con60Sb**

May I just check, have you eaten, smoked, drunk alcohol or done any vigorous exercise in the past 60 minutes?

CODE ALL THAT APPLY.

Eaten

Smoked

Drunk alcohol

Done vigorous exercise

(None of these)

ELSEIF (Age of Respondent is 5 to 12 years AND BPCnst = Yes, agrees) THEN**ConSubX2**May I just check, has (*name of child*) eaten, or done any vigorous exercise, in the past 30 minutes?

CODE ALL THAT APPLY.

Eaten

Done vigorous exercise

Neither

ENDIF**ELSEIF (Age of Respondent is 5 to 12 years AND BPCnst = Yes, agrees) THEN****Con60S2**May I just check, has (*name of child*) eaten, or done any vigorous exercise, in the past 60 minutes?

CODE ALL THAT APPLY.

Eaten

Done vigorous exercise

Neither

ENDIF**OMRONNo**

NURSE: RECORD BLOOD PRESSURE EQUIPMENT SERIAL NUMBER:

Range: 001..999

CufSize

SELECT CUFF AND ATTACH TO THE RESPONDENT'S **RIGHT** ARM.

ASK THE RESPONDENT TO SIT STILL FOR FIVE MINUTES.

READ OUT: 'I am going to leave you to sit quietly now for 5 minutes. During that time you must not read and your legs are to remain uncrossed. After the 5 minutes, I will carry out 3 recordings with a minute between them. While I am doing these recordings I will not speak to you, and you must not speak to me. Once I have completed the recordings I will tell you what they are'.

RECORD CUFF SIZE CHOSEN.

Child (15-22 cm)

Adult (22-32 cm)

Large adult (32-42 cm)

AirTemp

NURSE: RECORD THE AMBIENT AIR TEMPERATURE. ENTER THE TEMPERATURE IN **CENTIGRADES** TO ONE DECIMAL PLACE.

Range: 00.0..40.0

BPReady

NURSE: ONCE RESPONDENT HAS SAT STILL FOR 5 MINUTES YOU ARE READY TO TAKE THE MEASUREMENTS.

ENSURE THE **READY TO MEASURE** SYMBOL IS LIT BEFORE PRESSING THE **START** BUTTON TO THE START THE MEASUREMENTS.

1 Continue

Sys to Dias repeated for up to 3 blood pressure measurements.

FOR I:= 1 TO 3 DO

BPRead1-BPRead3

NURSE: TAKE THREE MEASUREMENTS FROM RIGHT ARM.

IF READING NOT OBTAINED, ENTER 999.

IF YOU ARE NOT GOING TO GET ANY BP READINGS AT ALL ENTER "996".

Range: 001..999

Sys[i]

ENTER (*FIRST/SECOND/THIRD*) SYSTOLIC READING (mmHg).

IF READING NOT OBTAINED, ENTER 999.

Range: 001..999

Dias[i]

ENTER (*FIRST/SECOND/THIRD*) DIASTOLIC READING (mmHg).

IF READING NOT OBTAINED, ENTER 999.

Range: 001..999

Pulse[i]

ENTER (*FIRST/SECOND/THIRD*) PULSE READING (bpm).

IF READING NOT OBTAINED, ENTER 999.

Range: 001..999

ENDDO

IF NO FULL MEASUREMENT OBTAINED (IF AT LEAST ONE '999' RESPONSE IN ALL THREE SETS OF FOUR READINGS) THEN:**YNoBP**

NURSE: ENTER REASON FOR NOT RECORDING ANY FULL BP READINGS

Blood pressure measurement attempted but not obtained

Blood pressure measurement not attempted

Blood pressure measurement refused

ENDIF

IF BLOOD PRESSURE MEASUREMENT REFUSED OR NOT ATTEMPTED, OR FEWER THAN THREE FULL READINGS OBTAINED THEN:**NAttBPD**NURSE: 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

Respondent upset/anxious/nervous

Error reading

(IF AGED UNDER 16: Too shy)

(IF AGED UNDER 16: Child would not sit still long enough)

Problems with cuff fitting/painful

Problems with equipment (not error reading)

95 Other reason(s) (SPECIFY AT NEXT QUESTION)

IF NattBP = Other THEN**OthNBP**

NURSE: ENTER FULL DETAILS OF OTHER REASON(S) FOR NOT OBTAINING/ATTEMPTING THREE BP READINGS:

Text: Maximum 140 characters

ENDIF**ENDIF****IF ONE, TWO OR THREE FULL BLOOD PRESSURE READINGS OBTAINED THEN****DifBPC**

RECORD ANY PROBLEMS TAKING READINGS. CODE ALL THAT APPLY.

No problems taking blood pressure

Reading taken on left arm because right arm not suitable

Respondent was upset/anxious/nervous

Problems with cuff fitting/painful

Problems with equipment (not error reading)

Error reading

95 Other problems (SPECIFY AT NEXT QUESTION)

IF DifBPC=Other THEN**OthDifBP**

NURSE: RECORD FULL DETAILS OF OTHER PROBLEM(S) TAKING READINGS.

Text: Maximum 140 characters

ENDIF**ENDIF**

BPOffer

NURSE: OFFER BLOOD PRESSURE RESULTS TO RESPONDENT.

- | | | |
|-------------------------------|----------------------------|------------------------|
| i) (First Systolic reading) | (First Diastolic reading) | (First Pulse reading) |
| ii) (Second Systolic reading) | (Second Diastolic reading) | (Second Pulse reading) |
| iii) (Third Systolic reading) | (Third Diastolic reading) | (Third Pulse reading) |

ENTER ON THEIR **MEASUREMENT RECORD CARD** (COMPLETE NEW RECORD CARD IF REQUIRED).

ADVICE TO RESPONDENTS ON BLOOD PRESSURE READING

IF Systolic reading >179 OR Diastolic reading >109 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 one-off finding or not.

NURSE: IF RESPONDENT IS ELDERLY, ADVISE HIM/HER TO CONTACT GP WITHIN NEXT 7-10 DAYS.

Please report this to the Survey Doctor when you get home

IF Systolic reading 160-179 OR Diastolic reading 100-109 (*Men aged 16-49 OR Women aged 16+*) OR IF Systolic reading 170-179 OR Diastolic reading 105-109 (*Men aged 50+*) 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 weeks to have a further blood pressure reading to see whether this is a one-off finding or not.

IF Systolic reading 140-159 OR Diastolic reading 85-99 (*Men aged 16-49 OR Women aged 16+*) OR IF Systolic reading 160-169 OR Diastolic reading 96-104 (*Men aged 50+*) THEN
TICK THE MILDLY RAISED BOX AND READ OUT TO RESPONDENT: Your blood pressure is a bit high today. Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure. You are advised to visit your GP within 2 months to have a further blood pressure reading to see whether this is a one-off finding or not.

IF Systolic reading <140 AND Diastolic reading <85 (*Men aged 16-49 OR Women aged 16+*) OR IF Systolic reading <160 AND Diastolic reading <95 (*Men aged 50+*) THEN
TICK THE NORMAL BOX AND READ OUT TO RESPONDENT: Your blood pressure is normal.

ENDIF

ENDIF

ENDIF

ENDIF

**IF ONE, TWO OR THREE FULL BLOOD PRESSURE READINGS OBTAINED THEN
GPRegB**

Are you registered with a GP?

Yes

No

IF GPRegB = Yes THEN

GPSEND

May we send your blood pressure readings to your GP?

Yes

No

IF GPSEND = No THEN

GPREFC

NURSE: SPECIFY REASON(S) FOR REFUSAL TO ALLOW BP READINGS TO BE SENT TO GP. CODE ALL THAT APPLY.

Hardly/Never sees GP

GP knows respondent's BP level

Does not want to bother GP

95 Other (SPECIFY AT NEXT QUESTION)

IF GPREFM = Other THEN

OTHREFC

NURSE: GIVE FULL DETAILS OF REASON(S) FOR REFUSAL

Text: Maximum 140 characters

ENDIF

ENDIF

ENDIF

IF (GPRegB <> Yes) OR (GPSEND = No) THEN

NOBPGP

CIRCLE CONSENT CODE 02 ON FRONT OF CONSENT BOOKLET.

Cross a line through the 'Blood pressure to GP' section inside the consent booklet to make clear that the respondent has not consented to this.

Continue

ELSEIF GPSEND = Yes THEN

CONSRM1

In order to send your blood pressure results to your GP, I have to obtain written consent from you.

NURSE:

A) [IF ADULT] ASK RESPONDENT TO READ AND INITIAL THE 'BLOOD PRESSURE TO GP' SECTION OF THE GREEN CONSENT BOOKLET.

A) [IF CHILD UNDER 16] ASK RESPONDENT'S PARENT/"PARENT" TO READ AND INITIAL THE 'BLOOD PRESSURE TO GP' SECTION OF THE BLUE CONSENT BOOKLET. ASK [CHILD'S NAME] TO INITIAL THE 'BLOOD PRESSURE TO GP' ASSENT BOX IF THEY CAN. IF NOT, ASK RESPONDENT'S PARENT/"PARENT" TO INITIAL THE BOX ON [CHILD'S NAME] BEHALF.

B) CHECK THAT GP NAME, ADDRESS AND PHONE NO. ARE RECORDED ON THE CONSENT FORM.

C) CHECK THE NAME BY WHICH GP KNOWS RESPONDENT.

D) CIRCLE CONSENT CODE 01 ON FRONT OF CONSENT BOOKLET.

Continue

ENDIF

Waist and hip circumference

ASK ALL Respondents aged 11+ AND PregNTJ=No THEN

WHMod

NURSE: NOW FOLLOWS THE WAIST AND HIP CIRCUMFERENCE MEASUREMENT.

- 1 Continue

WHIntro

I would now like to measure your waist and hips. The waist relative to hip measurement is very useful for assessing the distribution of weight over the body.

- 1 Respondent agrees to have waist/hip ratio measured
- 2 Respondent refuses to have waist/hip ratio measured
- 3 Unable to measure waist/hip ratio for reason other than refusal

IF WHIntro=Agree THEN

Repeat for up to three waist-hip measurements. Third measurement taken only if difference between first two measurements is greater than 3cm.

FOR Loop:= 1 TO 3 DO

IF (Loop IN [1..2]) OR ((Loop = 3) AND (Measure[1].Waist <> 999.9) AND (Measure[2].Waist <> 999.9) AND (ABS(Measure[1].Waist - Measure[2].Waist) > 3)) THEN

Waist

NURSE: MEASURE THE WAIST AND HIP CIRCUMFERENCES TO THE NEAREST MM. ENTER (FIRST/SECOND/THIRD) WAIST MEASUREMENT IN CENTIMETRES (Remember to include the decimal point).

IF MEASUREMENT NOT OBTAINED, ENTER '999.9'.

Range: 45.0..1000.0

ENDIF

IF (Loop IN [1..2]) OR ((Loop = 3) AND (Measure[1].Hip <> 999.9) AND (Measure[2].Hip <> 999.9) AND (ABS(Measure[1].Hip - Measure[2].Hip) > 3)) THEN

Hip

NURSE: MEASURE THE WAIST AND HIP CIRCUMFERENCES TO THE NEAREST MM. ENTER (FIRST/SECOND/THIRD) MEASUREMENT OF HIP CIRCUMFERENCE IN CENTIMETRES (Remember to include the decimal point).

IF MEASUREMENT NOT OBTAINED, ENTER '999.9'.

Range: 75.0..1000.0

ENDIF

ENDDO

**IF (Waist1 = 999.9) OR (Waist2 = 999.9) OR (Hip1 = 999.9) OR (Hip2 = 999.9) THEN
YNoWH**

ENTER REASON FOR NOT GETTING BOTH MEASUREMENTS

- 1 Both measurements refused
- 2 Attempted but not obtained
- 3 Measurement not attempted

ENDIF

ENDIF

IF NO OR ONE MEASUREMENT OBTAINED ((WHIntro=Refuse OR Unable) OR only one waist/hip measurement obtained) THEN

WHPNABM

GIVE REASON(S) (FOR REFUSAL/WHY UNABLE/FOR NOT OBTAINING MEASUREMENT/FOR NOT ATTEMPTING/WHY ONLY ONE MEASUREMENT OBTAINED). CODE ALL THAT APPLY.

- 1 Respondent is in a wheelchair
- 2 Respondent is confined to bed
- 3 Respondent is too stooped
- 4 Respondent did not understand the procedure
- 5 Respondent is embarrassed / sensitive about their size
- 6 No time/ busy/ already spent enough time on this survey
- 95 Other (SPECIFY AT NEXT QUESTION)

IF WHPNABM = Other THEN**OthWH**

GIVE FULL DETAILS OF 'OTHER' REASON(S) FOR NOT GETTING FULL WAIST/HIP MEASUREMENT:

Text: Maximum 140 characters

ENDIF**ENDIF****IF AT LEAST ONE WAIST MEASUREMENT OBTAINED THEN****WJRel**

RECORD ANY PROBLEMS WITH WAIST MEASUREMENT:

- 1 No problems experienced, **reliable** waist measurement
- 2 Problems experienced - waist measurement **likely to be reliable**
- 3 Problems experienced - waist measurement likely to be **slightly unreliable**
- 4 Problems experienced - waist measurement **likely to be unreliable**

IF WJRel = Problems experienced THEN**ProbWJ**

RECORD WHETHER PROBLEMS EXPERIENCED ARE LIKELY TO INCREASE OR DECREASE THE WAIST MEASUREMENT.

- 1 Increases measurement (e.g. bulky clothing)
- 2 Decreases measurement (e.g. very tight clothing)
- 3 Measurement not affected

ENDIF**ENDIF****IF AT LEAST ONE HIP MEASUREMENT OBTAINED (IF (Hip1 <> 999.9 AND Hip1 <> EMPTY) OR (Hip2 <> 999.9 AND Hip2 <> EMPTY)) THEN****HJRel**

RECORD ANY PROBLEMS WITH HIP MEASUREMENT (include here restrictions from type of clothing worn such as saris or religious/cultural items worn on the body):

- 1 No problems experienced, **reliable** hip measurement
- 2 Problems experienced - hip measurement **likely to be reliable**
- 3 Problems experienced - hip measurement likely to be **slightly unreliable**
- 4 Problems experienced - hip measurement **likely to be unreliable**

IF HJRel = Problems experienced THEN**ProbHJ**

RECORD WHETHER PROBLEMS EXPERIENCED ARE LIKELY TO INCREASE OR DECREASE THE HIP MEASUREMENT.

- 1 Increases measurement (e.g. bulky clothing)
- 2 Decreases measurement (e.g. very tight clothing)
- 3 Measurement not affected

ENDIF**ENDIF****IF ONE OR TWO WAIST/HIP MEASUREMENTS OBTAINED THEN****WHRes**

NURSE: OFFER TO WRITE RESULTS OF WAIST AND HIP MEASUREMENTS, WHERE APPLICABLE, ONTO RESPONDENT'S MEASUREMENT RECORD CARD.

Waist: (*Waist measurements cm and inches*)

Hip: (*Hip measurements cm and inches*)

Press <1> and <Enter> to continue.

ENDIF**ENDIF**

Saliva sample

IF Respondent aged 4 and over

SalInt1

NURSE: NOW FOLLOWS THE SALIVA SAMPLE.

- 1 Continue

SalIntr1

NURSE: ASK RESPONDENT FOR A SALIVA SAMPLE.

READ OUT: I would like to take a sample of saliva (spit). This simply involves (*keeping an absorbent swab in your mouth for a few minutes {aged 16+}/using a straw to dribble saliva into a tube {aged 4-15}*). The sample will be analysed for cotinine, which is related to the intake of tobacco smoke and is of particular interest to see if non-smokers may have raised levels as a result of 'passive' smoking.

IF NECESSARY: Offer respondent straw method if they are not comfortable with using the absorbent swab

- 1 Respondent agrees to give saliva sample
- 2 Respondent refuses to give saliva sample
- 3 Unable to obtain saliva sample for reason other than refusal

IF SalIntr1=Agree AND Age=16+ THEN

SalWrit

NURSE: Ask the respondent to read and complete the 'Saliva sample' section of the consent booklet.

Circle code 03 on front of the Consent Booklet.

Turn to the lab despatch note and at Smoking status circle {^One or Two.}

Press <1> and <Enter> to continue.

ENDIF

IF SalIntr1=Agree AND Age=4-15 THEN

SalWritC

READ OUT: In order to take a saliva sample I need to obtain written consent from you

NURSE: Ask the parent to read and initial the 'Saliva sample' section of the child consent booklet. Ask respondent's parent to initial the box on [participant's name] behalf.

Circle code 03 on front of the Consent Booklet.

Press <1> and <Enter> to continue.

ENDIF

IF SalIntr1=Refuse

SalCode

NURSE: Circle code 04 on front of the Consent Booklet

Cross a line through the 'Saliva sample' section inside the consent booklet to make clear that the respondent has not consented to this.

Press <1> and <Enter> to continue.

ENDIF

IF SalIntr1=Agree**SalInst**

NURSE: Ask respondent to keep the (absorbent swab in his/her mouth for a few minutes / dribble through straw into the tube).

Write the serial number and date of birth on the blue red label using a biro.

Serial number:

Date of birth:

Make sure the serial number and date of birth are recorded on the dispatch note on the inside of the back cover of the adult consent booklet.

Press <1> and <Enter> to continue.

ENDIF**SalObt1**

NURSE CHECK:

- 1 Saliva sample obtained
- 2 Saliva sample refused
- 3 Saliva sample not attempted
- 4 Attempted but not obtained

IF SalObt1=obtained**SalHow**

NURSE: Code the method used to obtain the saliva sample.

- 1 Dribbled into tube
- 2 Absorbent swab

ENDIF**IF (SalObt1= Not attempted or Attempted, not obtained) OR (SalIntr1=Unable)****SalNObt**

NURSE: Record why saliva sample not obtained.

CODE ALL THAT APPLY.

- 1 Respondent not able to produce any saliva
- 95 Other (specify at next question)

IF SalNObt = Other THEN**OthNObt**

NURSE: Give full details of reason(s) why saliva sample not obtained.

Text: Maximum 140 characters

ENDIF**ENDIF****ENDIF**

Blood sample

ASK ALL aged 16+ (EXCEPT PREGNANT WOMEN)

BIIntro

NURSE: NOW FOLLOWS THE BLOOD SAMPLE MODULE.

PRESS <1> AND <ENTER> TO CONTINUE.

- 1 Continue

ClotB

The next part of my visit is a blood sample. Before I can take blood, I need to ask you a couple of questions and I will then explain what is involved.

May I just check, do you have a clotting or bleeding disorder or are you currently on anti-coagulant drugs such as Warfarin?

(NURSE: ASPIRIN THERAPY IS NOT A CONTRAINDICATION FOR BLOOD SAMPLE)

- 1 Yes
- 2 No

IF ClotB = No THEN

Fit

May I just check, have you had a fit (including epileptic fit, convulsion) in the last five years?

- 1 Yes
- 2 No

ENDIF

IF Fit = No THEN

BSWill

NURSE: EXPLAIN PURPOSE AND PROCEDURE FOR TAKING BLOOD.

Would you be willing to have a blood sample taken?

- 1 Yes
- 2 No
- 3 Respondent unable to give blood sample for reason other than refusal (PLEASE SPECIFY)

IF BSWill = No THEN

RefBSC

NURSE: RECORD WHY BLOOD SAMPLE REFUSED. CODE ALL THAT APPLY.

- 1 Previous difficulties with venepuncture
- 2 Dislike/fear of needles
- 3 Respondent recently had blood test/health check
- 4 Refused because of current illness
- 5 Worried about HIV or AIDS
- 95 Other (SPECIFY AT NEXT QUESTION)

IF RefBS = Other THEN

OthRefBS

NURSE: GIVE FULL DETAILS OF OTHER REASON(S) FOR REFUSING BLOOD SAMPLE.

Text: Maximum 135 characters

ENDIF

ELSEIF BSWill = Yes THEN**BSConsC**

NURSE: EXPLAIN NEED FOR WRITTEN CONSENT: Before I can take any blood, I have to obtain written consent from you.

PRESS <1> AND <ENTER> TO CONTINUE.

- 1 Continue

ENDIF**ENDIF****IF BSWill = Yes THEN****BSCons**

NURSE:

- ASK THE RESPONDENT TO READ AND INITIAL POINT NUMBER ONE IN THE 'BLOOD SAMPLE' SECTION OF THE **ADULT** CONSENT BOOKLET.

- CIRCLE CONSENT CODE **05** ON THE FRONT OF THE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

GPSam

NURSE CHECK:

- 1 Respondent registered with GP
- 2 Respondent not registered with GP

IF GPRegB = Yes OR GPSam = GP THEN**SendSam**

May we send the results of your blood sample analysis to your GP?

- 1 Yes
- 2 No

IF SendSam = Yes THEN**BSSign**

NURSE:

-ASK THE RESPONDENT TO READ AND INITIAL POINT NUMBER TWO IN THE 'BLOOD SAMPLE' SECTION OF THE **ADULT** CONSENT BOOKLET.

-CHECK NAME BY WHICH GP KNOWS RESPONDENT.

-CHECK GP NAME, ADDRESS AND PHONE NO. ARE RECORDED ON FRONT OF THE CONSENT BOOKLET.

-CIRCLE CONSENT CODE **07** ON FRONT OF THE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

ELSEIF SendSam = No THEN**SenSam**

Why do you not want your blood sample results sent to your GP?

- 1 Hardly/never sees GP
- 2 GP recently took blood sample
- 3 Does not want to bother GP
- 95 Other (SPECIFY AT NEXT QUESTION)

IF SenSam = Other THEN**OthSam**

NURSE: GIVE FULL DETAILS OF REASON(S) FOR NOT WANTING RESULTS SENT TO GP.

Text: Maximum 140 characters

ENDIF**ENDIF**

IF (GPSam = No GP OR SendSam = No) THEN**NoBSGP**

NURSE: CIRCLE CONSENT CODE **08** ON FRONT OF THE CONSENT BOOKLET.

Cross a line through point number 2 of the 'Blood sample' section inside the consent booklet to make clear that the respondent has not consented to this.

PRESS <1> AND <ENTER> TO CONTINUE.

ENDIF**ConStorB**

ASK RESPONDENT: May we have your consent to store any remaining blood for future analysis?

- 1 Storage consent given
- 2 Consent refused

IF ConStorB = Yes THEN**BSStr**

NURSE:

-ASK THE RESPONDENT TO READ AND COMPLETE POINT NUMBER THREE IN THE 'BLOOD SAMPLE' SECTION OF THE **GREEN** ADULT CONSENT BOOKLET.

-CIRCLE CONSENT CODE **09** ON FRONT OF THE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

ELSEIF ConStorB = No THEN**NoBSStr**

NURSE: CIRCLE CONSENT **CODE 10** ON FRONT OF THE CONSENT BOOKLET.

Cross a line through point number 3 of the 'Blood sample' section inside the consent booklet to make clear that the respondent has not consented to this.

PRESS <1> AND <ENTER> TO CONTINUE.

ENDIF

TakeSam – NOTE – In winter months, IF (VacWhn = Within the last 12 months OR More than one year, up to 2 years ago) AND (ConStorB = storage consent given) THEN <text fill> below = 2 plain red tubes, else = 1 plain red tube

NURSE:

-CHECK YOU HAVE ALL APPLICABLE SIGNATURES.

-TAKE BLOOD SAMPLES:

FILL <1 OR 2> PLAIN (RED) TUBE AND 1 EDTA (PURPLE) TUBE.

-WRITE THE SERIAL NUMBER AND DATE OF BIRTH ONTO THE **GREEN** LABEL USING A BIRO. (ONE LABEL PER TUBE.)

Serial number:	<i>(displays serial number)</i>
Date of birth:	<i>(displays date of birth)</i>

-MAKE SURE THE SERIAL NUMBER AND DATE OF BIRTH ARE RECORDED ON THE DISPATCH NOTE ON THE INSIDE OF THE BACK COVER OF THE GREEN CONSENT BOOKLET

-CHECK THE DATE OF BIRTH AGAIN WITH THE RESPONDENT.

-STICK THE **GREEN** LABEL OVER THE LABEL WHICH IS ALREADY ON THE TUBE. PRESS <1> AND <ENTER> TO CONTINUE.

SampF1CODE IF PLAIN **RED** TUBE WAS FILLED (INCLUDE PARTIALLY FILLED TUBE):

- 1 Yes
- 2 No

SampF2CODE IF EDTA **PURPLE** TUBE WAS FILLED (INCLUDE PARTIALLY FILLED TUBE):

- 1 Yes
- 2 No

IF SampF1 = Yes OR SampF2 = Yes THEN
SampTak:= Yes

ELSEIF**SampTak:= No****ENDIF****SampTak****Computed: Blood sample outcome.**

- 1 Blood sample obtained
- 2 No blood sample obtained

IF SampTak = Yes THEN**SampArm**

NURSE: CODE FROM WHICH ARM THE BLOOD WAS TAKEN:

- 1 Right
- 2 Left
- 3 Both

SamDifC

NURSE: RECORD ANY PROBLEMS IN TAKING BLOOD SAMPLE. CODE ALL THAT APPLY.

- 1 No problem
- 2 Incomplete sample
- 3 Collapsing/poor veins
- 4 Second attempt necessary
- 5 Some blood obtained, but respondent felt faint/fainted
- 6 Unable to use tourniquet
- 95 Other (SPECIFY AT NEXT QUESTION)

IF SamDif = Other THEN**OthBDif**

NURSE: GIVE FULL DETAILS OF OTHER PROBLEM(S) IN TAKING BLOOD SAMPLE.

Text: Maximum 140 characters

ENDIF**SnDrSam**

Would you like to be sent the results of your blood sample analysis?

- 1 Yes
- 2 No

IF SnDrSam = Yes THEN**BSResp**NURSE: CIRCLE CONSENT **CODE 11** ON FRONT OF THE CONSENT BOOKLET.

PRESS <1> AND <ENTER> TO CONTINUE.

ELSEIF SnDrSam = No THEN**NoBSRsp**

NURSE: CIRCLE CONSENT **CODE 12** ON FRONT OF THE CONSENT BOOKLET.
PRESS <1> AND <ENTER> TO CONTINUE.

ENDIF**ELSEIF SampTak = No THEN****NoBSM**

NURSE: CODE REASON(S) NO BLOOD OBTAINED. CODE ALL THAT APPLY.

- 1 No suitable or no palpable vein/collapsed veins
- 2 Respondent was too anxious/nervous
- 3 Respondent felt faint/fainted
- 4 Other (SPECIFY AT NEXT QUESTION)

IF NoBSM = Other THEN**OthNoBSM**

NURSE: GIVE FULL DETAILS OF REASON(S) NO BLOOD OBTAINED.

Text: Maximum 140 characters

ENDIF**NoBObt**

NURSE: CROSS OUT CONSENT CODES **05, 07, 09, AND 11** IF ALREADY CIRCLED ON THE FRONT OF THE CONSENT BOOKLET. REPLACE WITH CONSENT CODES **06, 08, 10, AND 12** ON THE FRONT OF THE CONSENT BOOKLET. Complete the venepuncture information box on the inside cover of the consent booklet. PRESS <1> AND <ENTER> TO CONTINUE.

ENDIF**ENDIF****ENDIF**

{**IF** (SampF1 = yes) **AND** (ConStorB= storage consent given) **THEN**}

RespIll

In the last month, have you had a cough, cold or flu which gave you a temperature or made you feel feverish?

- 1 Yes
- 2 No

DisNote

NURSE: Complete the details on the *green* laboratory dispatch note:

..Serial number:	^SerStr
..Date of birth:	^NDoB
..Sex:	^sextxt
..Region:	^LACode
..Date of last flu vaccination:	^FluTtxt
..Respiratory illness:	^IIITxt

- check the date of birth again with the respondent

Press <1> and <Enter> to continue

ENDIF

Venepuncture checklist

VpSys

NURSE: Which system did you use to take blood?

- 1 Vacutainer needle
- 2 Butterfly needle

VpHand

NURSE: Was the respondent left handed or right handed?

- 1 Left handed
- 2 Right handed

VpArm

NURSE: Which arm did you use to take blood?

- 1 Right arm
- 2 Left arm
- 3 Both

VpSkin

NURSE: Code the skin condition of the arm used.

- 1 Skin intact
- 2 Skin not intact

VpAlco

NURSE: Did you use an alcohol wipe?

- 1 Yes
- 2 No – water based wipe used
- 3 No wipe used

VpSam

NURSE: Code the number of attempts made to take blood.

- 1 Sample taken on first attempt
- 2 Sample taken on second attempt
- 3 Both attempts failed
- 4 First attempt failed, did not make second attempt

VpPress

NURSE: Code who applied pressure to the puncture site.

CODE ALL THAT APPLY

- 1 Nurse
- 2 Respondent
- 3 Partner or spouse

VpSens

NURSE: Was the respondent sensitive to the tape or plaster?

- 1 Sensitive to tape/plaster
- 2 **Not** sensitive to tape/plaster
- 3 (Did not check)

VpProb

NURSE: Was there any abnormality noted after 5 minutes?

(Please remember to recheck the site after completion of the blood sample module)

CODE ALL THAT APPLY

- 1 Sensory deficit
- 2 Haematoma
- 3 Swelling
- 95 Other (describe at next question)
- 96 None

IF VpProb = Other THEN**VpOther**

NURSE: Record the details of the other abnormality fully.

Text: Maximum 140 characters

ENDIF

IF VpProb= Sensory deficit, Haematoma, Swelling or Other THEN**VpDetail**

NURSE: You have coded that an abnormality was noted after 5 minutes.

Please record the action you took when you noticed this abnormality on the office despatch note. There is a space provided on the inside front cover of the adult consent booklet for you to write up these details fully.

PRESS <1> AND <ENTER> TO CONTINUE.

ENDIF

VpCheck

NURSE: Did you recheck the puncture site after completion of the blood sample module?

- 1 Yes, site was re-checked
- 2 No, site was not re-checked

ASK ALL**AllCheck****CHECK BEFORE LEAVING THE RESPONDENT:**

1. PUNCTURE SITE AFTER TAKING BLOOD (IF APPLICABLE)
2. CONSENT BOOKLET PRESENT IF APPLICABLE
3. CHECK BOOKLET FOR:
 - A. INITIALS FOR ALL SECTIONS RESPONDENT AGREED TO
 - B. SIGNATURES
 - C. FULL GP AND RESPONDENT DETAILS
 - D. CONSENT CODES [for measures agreed/not agreed] ARE CIRCLED ON THE FRONT

HSE 2013

SHOWCARDS

CARD A1

- 1 Husband / Wife
- 2 Partner / Co-habitee
- 3 Natural son / daughter
- 4 Adopted son / daughter
- 5 Foster son / daughter
- 6 Stepson / Stepdaughter / Child of partner
- 7 Son-in-law / Daughter-in-law
- 8 Natural parent
- 9 Adoptive parent
- 10 Foster parent
- 11 Step-parent
- 12 Parent-in-law
- 13 Natural brother / Natural sister (i.e. both natural parents the same)
- 14 Half-brother / Half-sister (i.e. one natural parent the same)
- 15 Step-brother / Step-sister (i.e. no natural parents the same)
- 16 Adopted brother / Adopted sister
- 17 Foster brother / Foster sister
- 18 Brother-in-law / Sister-in-law
- 19 Grandchild
- 20 Grandparent
- 21 Other relative
- 22 Other non-relative

CARD A2

- 1 Own natural child
- 2 Other (e.g. adopted, foster, child of partner, etc)

CARD A3

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

CARD A4

- 1 Wide doorways or hallways
- 2 Ramps or street level entrances
- 3 Hand rails
- 4 Automatic or easy open doors
- 5 Accessible parking or drop off site
- 6 Lift (e.g. in a block of flats)
- 7 Walk in shower (level access or standard shower tray)
- 8 Over the bath shower
- 9 None of these

CARD A5

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

CARD A6

- 1 Attendance Allowance
- 2 Disability Living Allowance – care component
- 3 Disability Living Allowance – mobility component
- 4 None of these

CARD A7

Attendance allowance

- | | | |
|---|---|--------|
| 1 | Higher rate for attendance during day AND night | £77.45 |
| 2 | Lower rate for day OR night | £51.85 |

Disability Living Allowance (DLA)

Care Component

- | | | |
|---|--------------|--------|
| 3 | Highest rate | £77.45 |
| 4 | Middle rate | £51.85 |
| 5 | Lowest rate | £20.55 |

Mobility Component

- | | | |
|---|-------------|--------|
| 6 | Higher rate | £54.05 |
| 7 | Lower rate | £20.55 |

GROSS INCOME FROM ALL SOURCES (before any deductions for tax, national insurance, etc.) CARD A8 (1 OF 2)

WEEKLY	or	MONTHLY	or	ANNUAL	
Less than £10	57	Less than £40	57	Less than £520	57
£10 less than £30	66	£40 less than £130	66	£520 less than £1,600	66
£30 less than £50	55	£130 less than £220	55	£1,600 less than £2,600	55
£50 less than £70	74	£220 less than £300	74	£2,600 less than £3,600	74
£70 less than £100	62	£300 less than £430	62	£3,600 less than £5,200	62
£100 less than £150	73	£430 less than £650	73	£5,200 less than £7,800	73
£150 less than £200	65	£650 less than £870	65	£7,800 less than £10,400	65
£200 less than £250	51	£870 less than £1,100	51	£10,400 less than £13,000	51
£250 less than £300	78	£1,100 less than £1,300	78	£13,000 less than £15,600	78
£300 less than £350	54	£1,300 less than £1,500	54	£15,600 less than £18,200	54
£350 less than £400	76	£1,500 less than £1,700	76	£18,200 less than £20,800	76
£400 less than £450	81	£1,700 less than £2,000	81	£20,800 less than £23,400	81
£450 less than £500	53	£2,000 less than £2,200	53	£23,400 less than £26,000	53
£500 less than £550	72	£2,200 less than £2,400	72	£26,000 less than £28,600	72
£550 less than £600	58	£2,400 less than £2,600	58	£28,600 less than £31,200	58

CARD A8 (2 OF 2)

£600 less than £650	70	£2,600 less than £2,800	70	£31,200 less than £33,800	70
£650 less than £700	68	£2,800 less than £3,000	68	£33,800 less than £36,400	68
£700 less than £800	75	£3,000 less than £3,500	75	£36,400 less than £41,600	75
£800 less than £900	64	£3,500 less than £3,900	64	£41,600 less than £46,800	64
£900 less than £1,000	71	£3,900 less than £4,300	71	£46,800 less than £52,000	71
£1,000 less than £1,150	69	£4,300 less than £5,000	69	£52,000 less than £60,000	69
£1,150 less than £1,350	80	£5,000 less than £5,800	80	£60,000 less than £70,000	80
£1,350 less than £1,550	79	£5,800 less than £6,700	79	£70,000 less than £80,000	79
£1,550 less than £1,750	60	£6,700 less than £7,500	60	£80,000 less than £90,000	60
£1,750 less than £1,900	52	£7,500 less than £8,300	52	£90,000 less than £100,000	52
£1,900 less than £2,100	67	£8,300 less than £9,200	67	£100,000 less than £110,000	67
£2,100 less than £2,300	59	£9,200 less than £10,000	59	£110,000 less than £120,000	59
£2,300 less than £2,500	77	£10,000 less than £10,800	77	£120,000 less than £130,000	77
£2,500 less than £2,700	61	£10,800 less than £11,700	61	£130,000 less than £140,000	61
£2,700 less than £2,900	56	£11,700 less than £12,500	56	£140,000 less than £150,000	56
£2,900 or more	63	£12,500 or more	63	£150,000 or more	63

CARD A9

- 1 Going to school or college full-time (including on vacation)
- 2 In paid employment or self-employment (or away temporarily)
- 3 On a Government scheme for employment training
- 4 Doing unpaid work for a business that you own, or that a relative owns
- 5 Waiting to take up paid work already obtained
- 6 Looking for paid work or a Government training scheme
- 7 Intending to look for work but prevented by temporary sickness or injury
- 8 Permanently unable to work because of long-term sickness or disability
- 9 Retired from paid work
- 10 Looking after the home or family
- 11 Doing something else (PLEASE SAY WHAT)

CARD A10

- 1 Three-shift working
- 2 Continental shifts
- 3 Two-shift system with 'earlies' and 'lates'/double day shifts
- 4 Sometimes night and sometimes day shifts
- 5 Split shifts
- 6 Morning shifts
- 7 Evening or twilight shifts
- 8 Night shifts
- 9 Weekend shifts
- 10 Other type of shift work

CARD B1

- 1 Vision (for example blindness or partial sight)
- 2 Hearing (for example deafness or partial hearing)
- 3 Mobility (for example walking short distances or climbing stairs)
- 4 Dexterity (for example lifting and carrying objects, using a keyboard)
- 5 Learning or understanding or concentrating
- 6 Memory
- 7 Mental health
- 8 Stamina or breathing or fatigue
- 9 Socially or behaviourally (for example associated with autism, attention deficit disorder or Asperger's syndrome)
- 10 Other (PLEASE SAY WHAT)

CARD B2

- 1 Being given help to find information about your condition
- 2 Being given help to find information about the choices you have for care from health professionals
- 3 Attending a training course on your condition, such as the Expert Patients Programme, Challenging Arthritis, DAFNE for diabetes, etc.
- 4 Joining a support network or attending a group for people with a long-term condition
- 5 Having equipment fitted into your home
- 6 Other (PLEASE SAY WHAT)
- 7 None of these

CARD B3

- 1 Read and used information about your condition
- 2 Read and used information about the choices you have for care from health professionals
- 3 Attended a training course on your condition such as the Expert Patients Programme, Challenging Arthritis, DAFNE for diabetes, etc.
- 4 Joined a support network or attended a group for people with a long-term condition
- 5 Had equipment fitted into your home
- 6 Other (PLEASE SAY WHAT)
- 7 None of these

CARD C1

- 1 Blood pressure monitored by GP/other doctor/ nurse
- 2 Advice or treatment to lose weight
- 3 Blood tests
- 4 Change diet
- 5 Stop smoking
- 6 Reduce stress
- 7 Other

CARD D1

- 1 Special diet
- 2 Eye screening/ regular eye tests
- 3 Regular check-up with GP/ hospital/ clinic
- 4 Other (PLEASE SAY WHAT)

CARD E1

- 1 Every 6 months
- 2 Once a year
- 3 Once every two years
- 4 Less than every two years
- 5 Only when a problem with sight
- 6 Never

CARD E2

- 1 An NHS sight test at an Optician
(which you did not pay for)
- 2 A private sight test at an Optician which
you paid for
- 3 A private sight test at an Optician which
your employer paid for
- 4 An NHS eye examination at home
(which you did not pay for)
- 5 Cannot remember

CARD E3

- 1 Macular degeneration
- 2 Cataract
- 3 Diabetes related eye disease / Diabetic retinopathy
- 4 Glaucoma or suspected glaucoma
- 5 Injury or trauma resulting in loss of vision
- 6 Other serious eye condition
- 7 None of these

CARD E4

- 1 No difficulty
- 2 Mild difficulty
- 3 Moderate difficulty
- 4 Severe difficulty
- 5 Cannot do

CARD E5

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never

CARD E6

- 1 Within the last month
- 2 One month ago but less than three months ago
- 3 Three months ago but less than six months ago
- 4 Six months ago but less than a year ago
- 5 A year or more ago
- 6 Never consulted a doctor

CARD F1

- 1 I can do this without help from anyone
- 2 I have difficulty doing this but manage on my own
- 3 I can only do this with help from someone
- 4 I cannot do this

CARD F2

This could be things like accidentally having wet pants, leaking urine, needing to go to the toilet frequently or urgently, sometimes not making it to the toilet in time, or problems using aids or appliances to manage bladder problems or incontinence.

If you can manage a catheter without assistance please select 'No, no problems'.

Please include problems with your bladder caused by any medicines that you take.

1. Yes I have problems
2. I just have the occasional accident
3. No, no problems

CARD F3

This could be things like accidentally having soiled pants, leakage from the bowel, needing to go to the toilet frequently or urgently, sometimes not making it to the toilet in time, or problems using aids or appliances to manage bowel problems or incontinence.

Please include problems with your bowel caused by any medicines that you take.

- 1 Yes I have problems
- 2 I just have the occasional accident
- 3 No, no problems

CARD F4

- 1 Husband / Wife / Partner
- 2 Son (including step son, adopted son or son in law)
- 3 Daughter (including step daughter, adopted daughter or daughter in law)
- 4 Grandchild (including great grandchild)
- 5 Brother / Sister (including step / adopted / in laws)
- 6 Niece / Nephew
- 7 Mother or father (including mother-in-law or father-in-law)
- 8 Other family member
- 9 Friend
- 10 Neighbour
- 11 None of the above

CARD F5

- 1 Home care worker / Home help /
Personal assistant
- 2 A member of the re-ablement /
Intermediate care staff team
- 3 Occupational Therapist /
Physiotherapist
- 4 Voluntary helper
- 5 Warden / Sheltered housing
manager
- 6 Cleaner
- 7 Council's handyman
- 8 Other (PLEASE SAY WHO)
- 9 None of the above

CARD F6

- 1 No help in the last week
- 2 Less than one hour
- 3 1 – 4 hours
- 4 5 – 9 hours
- 5 10 – 19 hours
- 6 20 – 34 hours
- 7 35 – 49 hours
- 8 50 – 99 hours
- 9 100 hours or more

CARD F7

- 1 Every day
- 2 Four to six times
- 3 Two or three times
- 4 Once

CARD F8

- 1 Two or more times a week
- 2 Once a week
- 3 Once a fortnight/ every two weeks
- 4 Once a month
- 5 Less than once a month

CARD F9

- 1 Once a day
- 2 Twice a day
- 3 Three or four times a day
- 4 All the time
- 5 Whenever I needed it

CARD F10

1. During the day time only, until you go to bed
2. During the night time only, once you have gone to bed
3. Or both during the day time and at night after you have gone to bed

CARD F11

- 1 **Direct Payments** where the council gives you a payment to meet some or all of your social care needs. You can then choose how to spend the money. (This should not be confused with benefits paid directly into a bank account which may also be called direct payments.)
- 2 **The local authority, council or social services manages the money** for you to meet all or some of your social care needs, and you may be able to choose which services to use
- 3 Neither of these

CARD F12

- 1 Arranged without involvement from the local authority, council or social services
- 2 Local authority, council or social services arranged this help for me
- 3 Local authority, council or social services told me about the help but I arranged it myself or my family arranged it for me
- 4 Other

I use money from:

- 1 My own personal income, savings, pension or benefit (such as Attendance Allowance)
- 2 My Direct Payment / Personal or Individual Budget from the Local Authority/ Council/ Social Services
- 3 From another source

CARD F14

- 1 Meals on Wheels
- 2 Private frozen meal provider such as Wiltshire farm foods
- 3 Family/friend/neighbour brought me ready prepared meals
- 4 Other
- 5 None of the above

CARD F15

- 1 Every day or nearly every day
- 2 Two to three times a week
- 3 Once a week
- 4 Less often

CARD F16

- 1 Internet or telephone food delivery
e.g. Tesco or Ocado
- 2 Milkman delivering food
- 3 Vegetable delivery company (e.g.
Abel and Cole or Riverford)
- 4 Family, friend or neighbour brought
shopping to my house
- 5 Other
- 6 None of the above

CARD F17

- 1 Bed lever or bed rail
- 2 Toilet equipment or commode
- 3 Hoist
- 4 Outdoor railing
- 5 Outdoor ramp
- 6 Grab rail or stair rail
- 7 Bath or shower seat
- 8 Changes to the kitchen
- 9 Other (PLEASE SAY WHAT)

CARD F18

- 1 Health Service (NHS)
- 2 Social Services
- 3 You or your spouse/partner
- 4 Landlord/ housing association
- 5 Modification was already in the property
- 6 Other

CARD F19

- 1 A manual wheelchair
- 2 An electric wheelchair
- 3 A mobility scooter
- 4 Elbow crutches
- 5 Walking stick
- 6 Zimmer frame or other walking frame
- 7 Other (PLEASE SAY WHAT)
- 8 None of these

CARD F20

- 1 Warden maintained or sheltered accommodation
- 2 Housing with care, extra care housing or very sheltered accommodation
- 3 Residential care e.g. nursing home or care home
- 4 Other type of supported housing (Please specify)
- 5 None of the above

CARD F21

They are my ...

- 1 Husband / Wife / Partner
- 2 Mother (including mother-in-law)
- 3 Father (including father-in-law)
- 4 Son (including step son, adopted son or son in law)
- 5 Daughter (including step daughter, adopted daughter or daughter in law)
- 6 Grandparent
- 7 Grandchild (including great grandchild)
- 8 Brother / Sister (including step / adopted / in laws)
- 9 Other family member
- 10 Friend
- 11 Neighbour
- 12 Somebody I help as a professional carer
- 13 Somebody I help as a voluntary helper
- 14 Other (PLEASE SAY WHO)

CARD F22

- 1 Helping others to get in and out of bed
- 2 Helping others to wash their face and hands
- 3 Having a bath or a shower, including getting in and out of the bath or shower
- 4 Dressing or undressing, including putting on shoes and socks
- 5 Using the toilet
- 6 Eating, including cutting up food
- 7 Taking the right amount of medicine at the right times
- 8 Getting around indoors (please don't include using the stairs)
- 9 Getting up and down stairs
- 10 Getting out of the house, for example to go to the doctors or to visit a friend
- 11 Shopping for food, including getting to the shops, choosing the items, carrying the items home and then unpacking and putting the items away
- 12 Doing routine housework or laundry
- 13 Doing paperwork or paying bills

CARD F23

- 1 No help in the last week
- 2 Less than one hour
- 3 1-4 hours
- 4 5 -9 hours
- 5 10-19 hours
- 6 20-34 hours
- 7 35-49 hours
- 8 50-99 hours
- 9 100 hours or more

- 1 Less than one hour per week
- 2 1-4 hours
- 3 5-9 hours
- 4 10-19 hours
- 5 20-34 hours
- 6 35-49 hours
- 7 50-99 hours
- 8 100 hours or more

CARD F25

- 1 Getting the person in and out of bed
- 2 Washing their face and hands
- 3 Having a bath or a shower, including getting in and out of the bath or shower
- 4 Dressing or undressing, including putting on shoes and socks
- 5 Using the toilet
- 6 Eating, including cutting up food
- 7 Taking the right amount of medicine at the right times
- 8 Getting around indoors (please don't include using the stairs)
- 9 Getting up and down stairs
- 10 Getting out of the house, for example to go to the doctors or to visit a friend
- 11 Shopping for food, including getting to the shops, choosing the items, carrying the items home and then unpacking and putting the items away
- 12 Doing routine housework or laundry
- 13 Doing paperwork or paying bills

CARD F26

- 1 Yes, this person pays me from their own income, pensions or savings
- 2 Yes, this person pays me from a personal budget or direct payment
- 3 Yes, I receive a carer's allowance
- 4 Yes, I receive money in another way
- 5 No, I receive no money for helping this person.

CARD F27

- 1 Attends a day centre or lunch club
- 2 Receives help from professional care staff (e.g. home help/care worker)
- 3 Receives meals on wheels
- 4 Receives help from a Nurse or Health Visitor
- 5 Lives in sheltered or very sheltered housing
- 6 Receives other types of support
- 7 No, none of these

CARD F28

- 1 Help from GP or nurse
- 2 Access to respite care
- 3 Help from professional care staff
- 4 Help from carers' organisation or charity
- 5 Help from other family members
- 6 Advice from local authority/ social services
- 7 Help from friends/neighbours
- 8 None of these

CARD F29

- 1 Feeling tired
- 2 Feeling depressed
- 3 Loss of appetite
- 4 Disturbed sleep
- 5 General feeling of stress
- 6 Physical strain
- 7 Short tempered
- 8 Developed my own health condition
- 9 Made an existing condition worse
- 10 Other
- 11 None of these

CARD F30

- 1 Left employment altogether
- 2 Took new job
- 3 Worked fewer hours
- 4 Reduced responsibility at work
- 5 Flexible employment agreed
- 6 Changed to work at home
- 7 Other
- 8 Employment not affected

- 1 Emphysema / other lung disease
- 2 End stage heart failure
- 3 End stage liver failure
- 4 Cancer
- 5 Motor neurone disease / multiple sclerosis
- 6 End stage kidney failure
- 7 HIV / AIDS
- 8 Other illness (PLEASE SAY WHAT)
- 9 Don't know illness

CARD G2

- 1 Home (we lived together)
- 2 Home (theirs)
- 3 Home (yours)
- 4 Hospital
- 5 Hospice
- 6 Nursing care home
- 7 Residential care home
- 8 Other (PLEASE SAY WHAT)

This person was my...

- 1 Spouse / partner
- 2 Parent
- 3 Child
- 4 Brother / sister (including half brother or sister)
- 5 Other relative
- 6 Friend
- 7 Other (PLEASE SAY WHAT)

CARD G4

- 1 Daily
- 2 Occasional / intermittent
- 3 Rare
- 4 Didn't provide any personal care but they were still close to me
- 5 Other (PLEASE SAY WHAT)

CARD G5

- 1 Days
- 2 Weeks
- 3 Months
- 4 More than a year

CARD G6

- 1 I have been able to continue with my life
- 2 I am starting to continue with my life
- 3 I have not been able to continue with my life

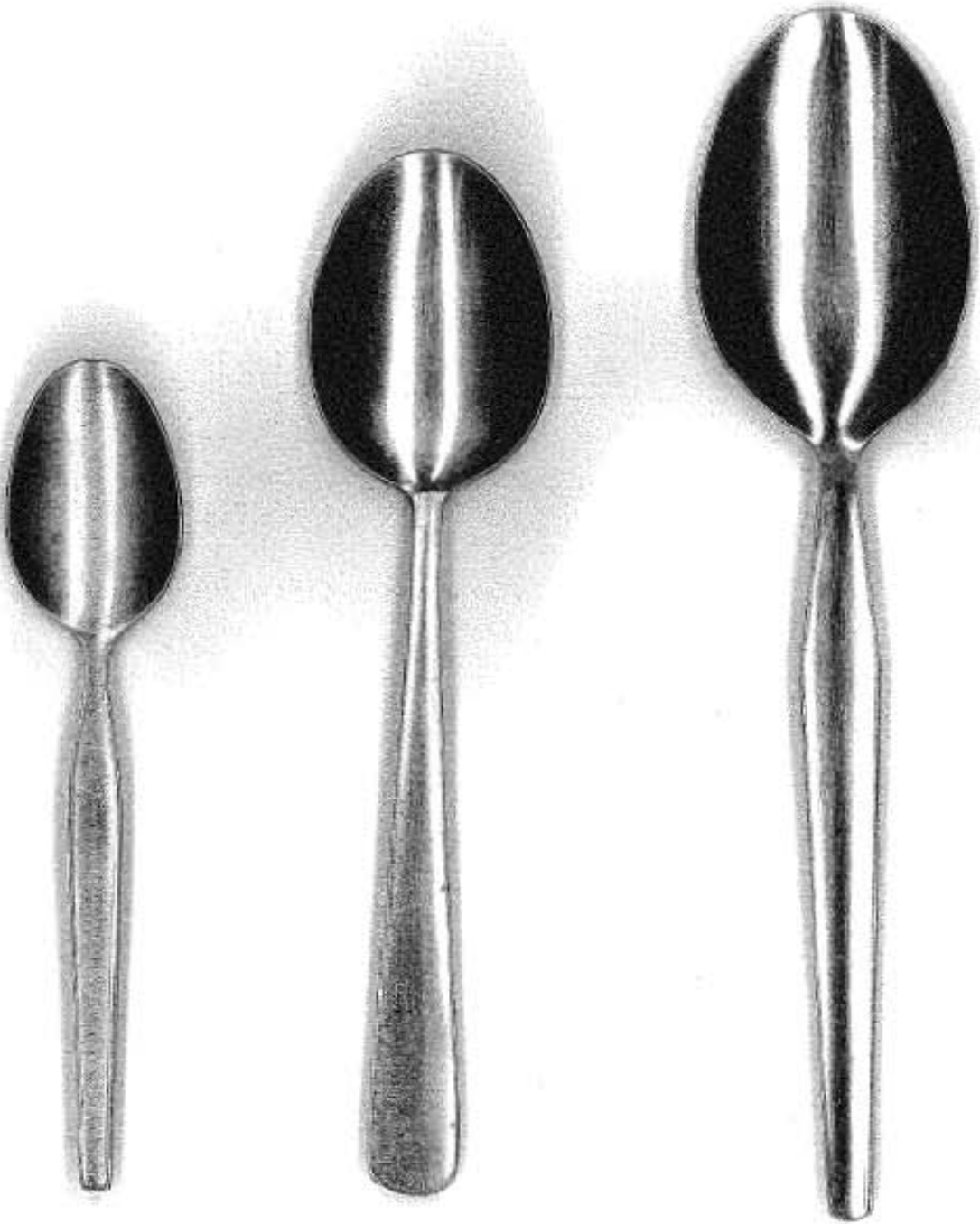
CARD G7

- 1 A service was not available
- 2 Didn't know about such a service
- 3 Service was not wanted
- 4 Family/friends looked after the person
- 5 Death was sudden
- 6 The person died in hospital
- 7 Other (PLEASE SPECIFY)

CARD G8

1. I would definitely take on the caring role again
2. I would probably take on the caring role again
3. I would probably not take on the caring role again
4. I would not take on the caring role again

CARD H1



Teaspoon

Dessertspoon

Tablespoon

CARD I1

- 1 Filter-tipped cigarettes
- 2 Plain or untipped cigarettes
- 3 or hand-rolled cigarettes
- 4 None

CARD I2

- 1 At my home (indoors or outside, e.g. in garden or on doorstep)
- 2 Outside (other than at home)
- 3 Inside other people's homes
- 4 Whilst travelling by car
- 5 Inside other place

CARD I3

- 1 Outside, for example in the garden or on the doorstep
- 2 Own room or bedroom
- 3 Living room
- 4 Kitchen
- 5 Toilet
- 6 Bathroom
- 7 Study
- 8 Dining room
- 9 Everywhere
- 10 Somewhere else in the home

CARD I4

- 1 In the street, or out and about
- 2 Outside at work
- 3 Outside at other people's home
- 4 Outside pubs or bars
- 5 Outside restaurants, cafes or canteens
- 6 Outside shops
- 7 In public parks
- 8 Outside other places

CARD 15

- 1 I REALLY want to stop smoking and intend to in the next month
- 2 I REALLY want to stop smoking and intend to in the next 3 months
- 3 I want to stop smoking and hope to soon
- 4 I REALLY want to stop smoking but I don't know when I will
- 5 I want to stop smoking but haven't thought about when
- 6 I think I should stop smoking but don't really want to
- 7 I don't want to stop smoking

CARD I6

- 1 Because of a health problem I have at present
- 2 Better for my health in general
- 3 To reduce the risk of getting smoking related illnesses
- 4 Because of the smoking ban in public places and at work
- 5 Family or friends want me to stop
- 6 Financial reasons (cannot afford it)
- 7 Worried about the effect on my children
- 8 Worried about the effect on other family members
- 9 Something else

CARD 17

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

CARD I8

- 1 Nicotine chewing gum
- 2 Nicotine lozenges / mini lozenges
- 3 Nicotine patch
- 4 Nicotine inhaler / inhalator
- 5 Nicotine mouthspray
- 6 Nicotine nasal spray
- 7 Another nicotine product
- 8 Electronic cigarette
- 9 None

CARD I9

- 1 At own home
- 2 At work
- 3 In other people's homes
- 4 Travelling by car / van
- 5 Outdoor smoking areas of pubs /
restaurants / cafes
- 6 In other places
- 7 No, none of these

CARD J1

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

CARD J2

- 1 Normal strength (less than 6 % alcohol) beer, lager, stout, cider, or shandy (excluding cans or bottles of shandy)
- 2 Strong beer, lager, stout or cider (6% alcohol or more) (eg. Tennents Super, Special Brew, Diamond White)
- 3 Spirits or Liqueurs (e.g. Gin, Whisky, Brandy, Rum, Vodka, Advocaat, Cocktails)
- 4 Sherry or Martini (including Port, Vermouth, Cinzano and Dubonnet)
- 5 Wine (including Babycham and Champagne)
- 6 Alcoholic soft drinks, 'alcopops' or pre-mixed alcoholic drinks such as Bacardi Breezer, Metz or Smirnoff Ice
- 7 Other alcoholic drinks
- 8 Low alcohol drinks only

CARD J3



250ml wine glass

175ml wine glass

125ml wine glass

CARD K1

- 1 Going to school or college full-time (including on vacation)
- 2 In paid employment or self-employment (or away temporarily)
- 3 On a Government scheme for employment training
- 4 Doing unpaid work for a business that you own, or that a relative owns
- 5 Waiting to take up paid work already obtained
- 6 Looking for paid work or a Government training scheme
- 7 Intending to look for work but prevented by temporary sickness or injury
- 8 Permanently unable to work because of long-term sickness or disability
- 9 Retired from paid work
- 10 Looking after the home or family
- 11 Doing something else (PLEASE SAY WHAT)

CARD K2

- 1 Three-shift working
- 2 Continental shifts
- 3 Two-shift system with 'earlies' and 'lates'/double day shifts
- 4 Sometimes night and sometimes day shifts
- 5 Split shifts
- 6 Morning shifts
- 7 Evening or twilight shifts
- 8 Night shifts
- 9 Weekend shifts
- 10 Other type of shift work

CARD K3

- 1 Degree or degree level qualification (including higher degree)
- 2 Teaching qualification
- 3 Nursing qualifications SRN, SCM, SEN, RGN, RM, RHV, Midwife
- 4 HNC/HND, BEC/TEC Higher, BTEC Higher/SCOTECH Higher
- 5 ONC/OND, BEC/TEC/BTEC **not** higher
- 6 City and Guilds Full Technological Certificate
- 7 City and Guilds Advanced/Final Level
- 8 City and Guilds Craft/Ordinary Level
- 9 A-levels/Higher School Certificate
- 10 AS levels
- 11 SLC/SCE/SUPE at Higher Grade or Certificate of Sixth Year Studies
- 12 O-level passes taken in 1975 or earlier
- 13 O-level passes taken after 1975 GRADES A-C
- 14 O-level passes taken after 1975 GRADES D-E
- 15 GCSE GRADES A*-C
- 16 GCSE GRADES D-G
- 17 CSE GRADE 1/SCE BANDS A-C/Standard Grade LEVEL 1-3
- 18 CSE GRADES 2-5/SCE Ordinary BANDS D-E
- 19 CSE Ungraded
- 20 SLC Lower
- 21 SUPE Lower or Ordinary
- 22 School Certificate or Matric
- 23 NVQ Level 5
- 24 NVQ Level 4
- 25 NVQ Level 3/Advanced level GNVQ
- 26 NVQ Level 2/Intermediate level GNVQ
- 27 NVQ Level 1/Foundation level GNVQ
- 28 Recognised Trade Apprenticeship completed
- 29 Clerical or Commercial Qualification (e.g. typing/ bookkeeping/ commerce)

CARD K4

- 1 Doctorate
- 2 Masters
- 3 Undergraduate or first degree
- 4 Foundation degree
- 5 Graduate membership of a professional institution
- 6 Other postgraduate degree or professional qualification

CARD K5

- 1 English
- 2 Welsh
- 3 Scottish
- 4 Irish
- 5 British
- 6 Other (PLEASE DESCRIBE)

CARD K6

White:

- 1 English/Welsh/Scottish/Northern Irish/British
- 2 Irish
- 3 Gypsy or Irish Traveller
- 4 Any other white background (PLEASE DESCRIBE)

Mixed/multiple ethnic groups:

- 5 White and Black Caribbean
- 6 White and Black African
- 7 White and Asian
- 8 Any other mixed/multiple ethnic background (PLEASE DESCRIBE)

Asian/Asian British:

- 9 Indian
- 10 Pakistani
- 11 Bangladeshi
- 12 Chinese
- 13 Any other Asian/Asian British background (PLEASE DESCRIBE)

Black/African/Caribbean/Black British:

- 14 African
- 15 Caribbean
- 16 Any other Black/African/Caribbean/Black British background (PLEASE DESCRIBE)

Other ethnic group:

- 17 Arab
- 18 Any other ethnic group (PLEASE DESCRIBE)

DISPATCH NOTE FOR BLOOD and SALIVA SAMPLES
(OFFICE COPY)

1. AGE GROUP:

WRITE IN THE **NUMBER** OF TUBES OBTAINED:

16+ Plain EDTA Saliva

2. BLOOD/ SALIVA
TAKEN:

Day Month Year

3. BLOOD/ SALIVA
DISPATCHED:

Day Month Year

Venepuncture

Please complete:

1. Did you experience any problems in taking the blood sample? If yes, please record these below and state what action you took.

Serial No.:

Survey: Health Survey for England 2013

BLOOD PRESSURE TO GP CONSENT

BP (A)

Please initial the box
if you consent

- I consent to NatCen Social Research/UCL Joint Health Surveys Unit informing my General Practitioner (GP) of my blood pressure results.*

I am aware that the results of my blood pressure measurement may be used by my GP to help monitor my health and that my GP may wish to include the results in any future report about me.

SALIVA SAMPLE CONSENT

S (A)

Please initial the box
if you consent

- I consent to a qualified nurse/midwife collecting a sample of my saliva on behalf of the NatCen Social Research/UCL Joint Health Surveys Unit.*

I have read the 'Information for Participants' leaflet about the second stage of the survey and understand what the sample will be tested for. The purpose and procedure have been explained to me by the nurse/midwife and I have had an opportunity to discuss this with him/her.

OFFICE
COPY

BLOOD SAMPLE CONSENT

BS (A)

Please initial the box
if you consent

1. *I consent to a qualified nurse/midwife taking a sample of my blood on behalf of NatCen Social Research/UCL Joint Health Surveys Unit.*

I have read the 'Information for Participants' leaflet about the second stage of the survey and understand what the sample will be tested for. The nurse has explained the procedures, and I have had an opportunity to discuss these with him/her.

2. *I consent to NatCen Social Research/UCL Joint Health Surveys Unit informing my General Practitioner (GP) of the blood sample analysis results.*

3. *I consent to any remaining blood being stored for future analysis. I have read the 'Information for Participants' leaflet about the second stage of the survey and understand the processes involved for storing the blood and how the sample may be used in the future. I also understand my right to withdraw consent for storing the blood sample.*

Print name (respondent): _____

Signed (respondent): _____

Date: _____

Print name (nurse): _____

Signed (nurse): _____

Date: _____

You can cancel this permission at any time in the future by writing to us at:
NatCen Social Research, 35 Northampton Square, London EC1V 0AX.
Telephone: 0800 526 397 and ask for Emma Fenn

OFFICE
COPY

P8013

The Health Survey for England 2013

CHILD CONSENT BOOKLET 4-15 years

Please use capital letters and write in ink

House / Flat number (or name): _____

 Postcode:

Survey month: _____

POINT ADDRESS

HHL D CKL PERSON NO

1. Nurse number

2. Date schedule completed DAY MONTH YEAR

3. Full name (of person interviewed) _____

Name by which GP knows person (if different) _____

4. Sex Male 1
Female 2

5. Date of birth: DAY MONTH YEAR

6. Full name of parent/guardian) _____

7. **GP NAME AND ADDRESS** (Please complete fully)
 Dr:
 Practice Name:
 Address:

 Town:
 County:
 Postcode:
 Telephone no:

8. **GP ADDRESS OUTCOME**
 GP address provided 1
 GP address not found 2
 No GP 3

9. **SUMMARY OF CONSENTS - RING CODE FOR EACH ITEM**

	YES	NO
a) Blood pressure to GP	01	02
b) Saliva sample to be collected	03	04

THE HEALTH SURVEY FOR ENGLAND 2013

DISPATCH NOTE
FOR SALIVA SAMPLE CHILD AGED 4-15
(OFFICE COPY)

1. AGE GROUP:

4-15

TICK SAMPLE TUBES OBTAINED:

Saliva

2. SALIVA TAKEN:

Day

Month

Year

3. SALIVA DISPATCHED:

Day

Month

Year

The Health Survey for England 2013

Serial No.

Child's name: _____

BLOOD PRESSURE TO GP CONSENT (Child aged 5-15)

Please initial the box if you consent

- I am the parent/guardian of the child named on this booklet and I consent to NatCen Social Research/UCL Joint Health Surveys Unit informing his/her General Practitioner (GP) of his/her blood pressure results.*
- I am aware that the results of his/her blood pressure measurement may be used by his/her GP to help monitor his/her health and that his/her GP may wish to include the results in any future report about him/her*

PARENT INITIALS

SALIVA CONSENT (Child aged 4-15)

Please initial the box if you consent

- I am the parent/ guardian of the child named on this booklet and I consent to a qualified nurse/ midwife collecting a sample of his/ her saliva on behalf of NatCen Social Research/ UCL.*
- I have read the 'Information for Participants' leaflet about the second stage of the survey and understand what the sample will be tested for. The purpose and procedure have been explained to me by the nurse/ midwife and I have had an opportunity to discuss this with him/ her.*

PARENT INITIALS

Child assents for:
(Please initial box)

Blood pressure
to GP

Saliva
sample

CHILD INITIALS

CHILD INITIALS

Parent/ Guardian Name

Date

Parent/Guardian Signature

Nurse Name

Date

Nurse Signature

You can cancel this permission at any time in the future by writing to us at:

NatCen Social Research, 35 Northampton Square, London EC1V 0AX.

Telephone: 0800 526 397 and ask for Emma Fenn

DISPATCH NOTE FOR SALIVA SAMPLE CHILD AGED 4-15
(LABORATORY COPY)

Complete all sections CLEARLY and LEGIBLY and enclose with samples to lab.

1. SERIAL NUMBER

2. SEX: MALE FEMALE

3. DATE OF BIRTH: DAY MONTH YEAR

4. AGE GROUP: 4-15 TICK SAMPLE TUBE OBTAINED: Saliva

5. SALIVA TAKEN: DAY MONTH YEAR

6. STORAGE CONSENT: Not applicable

7. NURSE NUMBER:

LABELLING ON SAMPLE TUBES AND THIS FORM MUST CORRESPOND
CHECK ALL DETAILS ABOVE ARE CORRECT BEFORE POSTING

LAB USE ONLY:

		ACTION REQUIRED
TUBES ENCLOSED:	✓ if rec'd	
SALIVA	<input type="checkbox"/>	THIS SAMPLE IS NOT FOR STORAGE

Point	Address	HHLID	CKL	Person No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

OFFICE COPY
ADULTS 16+

HEALTH SURVEY FOR ENGLAND 2013

Linking survey answers to other information

- The National Health Service (NHS) maintains medical and health records on all patients who use their services. These include:
 - In-patient and out-patient visits to hospital, length of stay and waiting times
 - Information about specific medical conditions such as cancer
 - Details about when people pass away, the date and cause of their death.
- We would like to ask for your consent to link some of your NHS health records with your survey answers. These are the Hospital Episode Statistics and National Health Service Central Register.
- To link this information we need to send your name, address and date of birth to the NHS Central Register so they can identify your health records.
- We will be able to find information about any hospital treatment you may have such as length of stay or reason for visit. If a person who took part in the Health Survey gets cancer or dies, the type of cancer or cause of death will be linked with their answers to the survey.
- By linking this information the research is more useful as we can look at how a person's lifestyle can have an impact on their future health.
- This information will be confidential and used for statistical and research purposes only. The information will not identify you and it cannot be used by anyone treating you as a patient.
- By signing this form you are only giving permission to link survey information to routine administrative data, and nothing else.

You can cancel this permission at any time in the future by writing to: **NatCen Social Research, 35 Northampton Square, London EC1V 0AX**, or you can telephone: 0800 526 397 and ask for Emma Fenn. You do not need to give a reason to cancel this.

Your consent:

Please initial box

I consent to NatCen Social Research/ UCL Joint Health Surveys Unit passing my name, address and date of birth to the **National Health Service Central Register**. I understand that information held and managed by The Health and Social Care Information Centre and other central UK NHS bodies may be used in order to provide information about my hospital admissions and my health status.

Respondent signature

Respondent name

Date

Interviewer signature

Interviewer name

Date

I understand that these details will be used for statistical and research purposes only.

Point	Address	HHLID	CKL	Person No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

HEALTH SURVEY FOR ENGLAND 2013

Linking survey answers to other information

- The National Health Service (NHS) maintains medical and health records on all patients who use their services. These include:
 - In-patient and out-patient visits to hospital, length of stay and waiting times
 - Information about specific medical conditions such as cancer
 - Details about when people pass away, the date and cause of their death.
- We would like to ask for your consent to link some of your NHS health records with your survey answers. These are the Hospital Episode Statistics and National Health Service Central Register.
- To link this information we need to send your name, address and date of birth to the NHS Central Register so they can identify your health records.
- We will be able to find information about any hospital treatment you may have such as length of stay or reason for visit. If a person who took part in the Health Survey gets cancer or dies, the type of cancer or cause of death will be linked with their answers to the survey.
- By linking this information the research is more useful as we can look at how a person's lifestyle can have an impact on their future health.
- This information will be confidential and used for statistical and research purposes only. The information will not identify you and it cannot be used by anyone treating you as a patient.
- By signing this form you are only giving permission to link survey information to routine administrative data, and nothing else.

You can cancel this permission at any time in the future by writing to: **NatCen Social Research, 35 Northampton Square, London EC1V 0AX**, or you can telephone: 0800 526 397 and ask for Emma Fenn. You do not need to give a reason to cancel this.

Your consent:

I consent to NatCen Social Research/ UCL Joint Health Surveys Unit passing my name, address and date of birth to the **National Health Service Central Register**. I understand that information held and managed by The Health and Social Care Information Centre and other central UK NHS bodies may be used in order to provide information about my hospital admissions and my health status.

Please initial box

Respondent signature

Respondent name

Date

Interviewer signature

Interviewer name

Date

I understand that these details will be used for statistical and research purposes only.