

The Health Survey for England 2014 - Household Questionnaire

P3427

The Health Survey for England 2014

Program Documentation

Household Questionnaire

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

EligLTCP

Whether eligible for Long Term Care Planning questions – adults aged 30+

Yes/No

→ **Variable coded to filter for the “Planning for future care 30+” module**

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 |

{If spouse = same sex}

Soft Check: INTERVIEWER: As of 29 March 2014 same sex couples can marry in England and Wales. These are also plans to allow the conversion of civil partnerships to marriages by the end of 2014. Please check whether the couple are married or are in a civil partnership, and code appropriately.

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

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 A4. 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 / Reduction
- 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 A5

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.

CODE ALL THAT APPLY

- 1 Attendance Allowance
- 2 Disability Living Allowance– care component
- 3 Disability Living Allowance – mobility component
- 4 Personal Independence Payment – daily living component
- 5 Personal Independence Payment – mobility component
- 6 None of these

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

AtDisWho

SHOWCARD A5

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

List people from household grid aged 16+

{IF AttDisab = 1-5 THEN {Loop for each HH member selected}}

AtDisAmt

SHOWCARD A6

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

Personal Independence Payments (PIP) – Care Component

- 8 Highest rate - £79.15
- 9 Middle rate - £53.00

Personal Independence Payments (PIP) – Mobility Component

- 10 Higher rate - £55.25
- 11 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 mainly 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}

HSIfWtMa

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

Text: Maximum 100 characters

HRPOcc

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

1. Yes
2. No

LEARNING DISABILITIES

ASK ALL

AnyLD

Does anybody aged 16 or over who lives in your household have learning difficulties? This may also be known as a learning disability or mental handicap.

1. Yes
2. Not Sure / Don't know
3. No (please only code if respondent is totally sure)
4. Refused

{IF No (please only code if respondent is totally sure) or Refused AT AnyLD THEN End}

{IF YES AT AnyLD}

WhoLD

Who in your household has learning difficulties? [code from HH Grid]

PROBE: Who else?

{IF YES or Not Sure/ Don't know at AnyLD THEN LDIntro}

LDIntro

INTERVIEWER READ OUT:

We are interested in particular types of learning difficulties.

We are trying to identify anyone WHO, WHEN THEY WERE A CHILD, had a real difficulty in learning many things.

They may have attended a special school or would have had special help in an ordinary school. They may also have other disabilities.

Adults with these types of learning difficulties usually need some help to go about their lives. For example help with money and budgeting, understanding things or help with getting dressed.

This does NOT include people who just have a very specific difficulty in learning. For example:

- Some people may have a specific difficulty with reading (this is sometimes called dyslexia),
- Some people only have specific difficulty with co-ordination (sometimes called dyspraxia),
- Some people only have specific difficulty with concentrating (sometimes called ADHD or Attention Deficit Hyperactivity Disorder).

{IF YES AT AnyLD}

YSpLD

So, can I just check...

<TEXTFILL 'Do you'>/ <Does TEXT FILL 'name'> have a specific difficulty in learning, for example, dyslexia, dyspraxia or ADHD?

1. Yes
2. No
3. Don't Know
4. Refused

YGenLD

Other than a specific difficulty in learning, <TEXTFILL 'Do you'>/ <Does TEXT FILL 'name'> <TEXT FILL 'also'> have a general difficulty in learning things?

1. Yes
2. No
3. Don't Know
4. Refused

[LOOP YSpLD AND YGenLD UNTIL ALL THOSE IDENTIFIED AT WhoLD ARE CODED]

{IF Not sure / Don't know AT AnyLD}

NSpLD

So, can I just check...

Does anyone aged over 16 in your household have a very specific difficulty in learning, for example, a difficulty with reading which is sometimes called dyslexia, or ADHD?

1. Yes
2. No
3. Don't Know
4. Refused

{IF Not sure / Don't know AT AnyLD}

NGenLD

Other than a very specific difficulty in learning, does anyone aged over 16 in your household also have a general difficulty in learning things?

1. Yes
2. No
3. Don't Know
4. Refused

{IF YES AT NGenLD}

WhoGenLD

Who in your household has a general difficulty in learning things? [code from HH Grid]

PROBE: Who else?

{IF Yes AT YGenLD or NGenLD}

[CAPI check age from household grid, continue only if age 16+]

DiffCh

Did <TEXTFILL 'you'>/ <TEXT FILL 'name'> have this difficulty when <TEXTFILL 'you'> / <TEXTFILL 'he/she'> <TEXTFILL 'were/was'> a child?

1. Yes
2. No
3. Don't Know
4. Refused

DiffNow

Does this difficulty make life difficult for <TEXTFILL 'you'>/ <TEXT FILL 'name'> now?

1. Yes
2. No
3. Don't Know Refused

[LOOP FOR ALL CODED AT WhoLD AND WhoGenLD]

For all those coded as having a learning difficulty (i.e. YES at DiffCh), ask

HaveLD

INTERVIEWER: Code whether you intend to interview <TEXTFILL person coded as having an LD>.

1. Yes
2. No - not physically/mentally able to take part
3. No - not willing to take part

{IF No - not physically/mentally able to take part AT HaveLD}

LDResp

Can I just check who would usually answer questions on <TEXTFILL person coded as having LD>'s behalf?

INTERVIEWER: This is ONLY to identify who will do the difficulties self-completion on this person's behalf. You should NOT do a proxy interview about this person.

1. [code from HH grid]
13. Person does not live in household

NB: If the person who answers questions does not live in the household, then no self completion would be administered on their behalf.

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

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General health**ASK ALL****OwnDoB**

What is your date of birth?

I'm just checking that I got this right in the household questionnaire.

.

OwnAge

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

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

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? |

ILL12m

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 ILL12m = Yes THEN RECORD UP TO SIX CONDITIONS OR ILLNESSES}

IllsTxt[i]

What (*e/se*) is the matter with you?

INTERVIEWER: RECORD FULLY. PROBE FOR DETAIL.

IF MORE THAN ONE MENTIONED, ENTER ONE HERE ONLY.

'If vague answer given, 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

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

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**

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

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. six months but less than 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 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 PARTICIPANTS AGED 16+

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 ILL12m = 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 ILL12m = 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

{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 MedcinBP = 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 EverMed = Yes}

StopMed

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

SHOWCARD 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

Doctor-diagnosed 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. Yes
2. No

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)

{IF OtherDi = Other}WhatDSp

INTERVIEWER: SPECIFY OTHER TREATMENT OR ADVICE.

CheckUp

Where do you have your check ups?

1. GP surgery
2. Hospital
3. Clinic
4. Other

{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.

Planning for future care

ADULT AGED 30+ PER HOUSEHOLD, SELECTED AT RANDOM

INTERVIEWER: Now follows the Long term care planning module.

IntrPlan

Many people need care and support in their day to day lives because of long-term physical or mental health conditions, disabilities or problems related to old age. By care and support we mean the types of things listed on this card.

SHOW CARD E1

We want to find out whether people know about who **pays** for this type of care. Please think about how things work **at the moment**. It's a subject a lot of people don't know much about, so don't worry if you are not sure about some of the questions.

INTERVIEWER: these questions are about respondents' knowledge, **NOT** their opinion of how things should be.

PayHome

SHOWCARD E2

First I'd like you to think about when people need care and support **at home** that can't be provided by family and friends. Do they have to pay for this themselves?

INTERVIEWER EXPLAIN IF NECESSARY: If asked: we mean care and support provided to people living in their own homes or with relatives (this could be home care, equipment, day centre care). Do not include care in a residential home.

IF RESPONDENT SAYS DON'T KNOW, PLEASE ENCOURAGE A GUESS

1. Pay for all of it themselves
2. Pay for some of it themselves
3. Not have to pay for any of it
4. Depends on circumstances
5. Don't know (SPONTANEOUS)

WhnPay

SHOWCARD E2

I'd now like you to think about when people need care and support in a **residential home or a nursing home**. At the moment do they have to pay for this themselves?

1. Pay for all of it themselves
2. Pay for some of it themselves
3. Not have to pay for any of it
4. Depends on circumstances
5. Don't know (SPONTANEOUS)

WhyPyB

SHOWCARD E3

Many people do pay something for their care and support. Which, if any, of these affect whether people have to pay something towards their care in a residential nursing home?

CODE ALL THAT APPLY

1. Pension and income
2. Amount of savings
3. Having relatives who can provide financial support
4. Owning their home and/or the value of their home
5. Having worked for long enough / made enough National Insurance contributions
6. How much they have already paid for care and support
7. Having private health insurance/ health plan
8. Other things
9. None of these (SPONTANEOUS)
10. Don't know (SPONTANEOUS)

WhyPyA

SHOWCARD E4

And what about this list, do any of these things affect whether people have to say something towards their care in a residential or nursing home?

CODE ALL THAT APPLY

1. Whether they live alone
2. Having relatives who can care for them
3. Whether they have a disability
4. What Local Authority services are available in their area
5. None of these (SPONTANEOUS)
6. Don't know (SPONTANEOUS)

WhoCare

SHOWCARD E5

Now I'd like you to think about when people need care and support, **either** in their own home **or** in a residential or nursing home. Which of these might provide something towards the cost of their care?

CODE ALL THAT APPLY

1. Local authority (social services)
2. NHS
3. Charity / religious organisation (e.g. Age UK)
4. Insurance policy (e.g. to cover illness or inability to work)
5. Private health insurance/ health plan
6. None of these (SPONTANEOUS)
7. Don't know (SPONTANEOUS)

WhoGet

The Local Authority does provide funding for care. Do you think they pay for care for **everyone**, or do you think they pay for care for **some people** based on each person's ability to pay?

1. They pay for care for **everyone**
2. Pay for care for **some people** (based on person's ability to pay)
3. *Spontaneous [Don't know]*

UsePay

SHOWCARD E6

Still thinking about when people need care and support, **either** in their own home **or** in a residential or nursing home. Which of these personal sources of money do you think are often used to pay towards the cost of care and support?

CODE ALL THAT APPLY

1. Income from work or pensions
2. Savings
3. Benefits (e.g. disability living allowance, personal independence payments)
4. Sale of their assets (e.g. their home)
5. Money from relatives or friends
6. Other sources of money
7. None of these (SPONTANEOUS)
8. Don't know (SPONTANEOUS)

MaxLife

Many people do have to pay something towards the care they receive in residential homes or in their own home. **At the moment** is there any limit on the amount of money people have to pay for care and support over their lifetime?

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

MaxPlanA

In the next few years the government will be introducing a new policy to limit the amount people will have to pay for care and support over their lifetime.

Before today, had you heard about this policy?

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

ResCost

In your area, what is the cost of a residential care home place?

EXPLAIN IF NECESSARY: If it varies from home to home, please think about the cost of a middle range home – not the most expensive or the cheapest.

If you are not sure please give an estimate. Please give the answer for whichever period is easiest (wee, month, day etc)

TotCost

What period is that cost for?

1. A day
2. A week
3. A month
4. A year
95. Other period (SPECIFY)

{If TotCost = Other}

TCostOth

Specify other time period.

{IF AMOUNT GIVEN AT ResCost}

KnwCost

How confident are you about the accuracy of your answer (for the cost of residential care home place)?

SHOWCARD E7

1. Very confident
2. Quite confident
3. Not very confident
4. Not at all confident

HlpPlan

I'd like you to think about any of your family and friends who **have needed** care and support in the last five years. Were you involved at all in arranging their care or support?

CODE FOR ALL HELPED IN LAST 5 YEARS

1. Yes
2. No
3. None have needed care and support

{IF HelpPlan = Yes}**WhoCont**

SHOWCARD E8

Who has contributed to paying for the care for this person (or these people)?

CODE ALL THAT APPLY.

1. Local Authority (social services)
2. NHS
3. A charity or religious organisation (e.g. Age UK)
4. The person themselves
5. Me
6. Other relatives
7. Another source
8. *Spontaneous [The care did not cost anything]*
9. *Spontaneous [No care used in the end]*

KnwPlan

SHOWCARD E9

Now, I'd like you to think about your family and friends who **don't** need care and support at the moment. How many of them have made plans for how they might pay for what they need when they are older?

1. Almost all
2. Quite a lot
3. Only a few
4. Almost nobody
5. *Spontaneous [Don't know]*

YouPlan

SHOWCARD E10

I'd now like you to think about **any** needs **you yourself** may have when you are older. Have you thought about how to pay for what you need when you are older?

1. I've thought about it in great detail
2. I've thought about it a little
3. I know I should have thought about it but haven't done so yet
4. I haven't thought about this at all yet

YouDone

SHOWCARD E11

Have you done any of the things on this card?

CODE ALL THAT APPLY

1. Joined a company pension scheme
2. Started a private pension scheme
3. Paid extra contributions into a pension scheme
4. Taken out private health insurance/health plan
5. Taken out insurance (e.g. to cover illness or inability to work)
6. Consulted a financial advisor
7. Started saving for when you are older
8. Bought property so you can use the money when you are older
9. Any other financial planning for when you are older
10. None of these

FinPlan

What type of financial planning have you done related to your needs when you are older?

INTERVIEWER: Probe and record verbatim

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}

NChats

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

Range: 1..97

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

GP

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?

DocWhy

And did you talk to the doctor because of... READ OUT...

1. ... a physical health problem,
2. Or a mental, nervous or emotional problem?
3. (Spontaneous:) Both of these

ENDIF

{IF NDocTalk = No}

WhenDoc

SHOW CARD F1

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=1-4}

NDcTk12

In the last 12 months, 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..50

ENDIF

ASK ALL

OutPat

During the last 12 months, did you attend hospital or clinic 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 {Exclusive}

{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

{If OutPat = 1 or 2 or 3}

OutStyQ

Was your reason for attending a hospital or clinic because of... READ OUT...

1. ... a physical health problem,
2. Or a mental, nervous or emotional problem?
3. (Spontaneous:) Both of these

{IF SEEN A DOCTOR/GP IN LAST YEAR (NDcTk12 = 2-5) OR ATTENDED HOSPITAL CLINIC IN LAST YEAR FOR PHYSICAL PROBLEM (OutStyQt = 1 OR 3)}

HrGP

In the last 12 months, have you been to your own doctor/GP or been referred to a hospital about problems with your hearing?

CODE ALL THAT APPLY

1. Yes, doctor/GP
2. Yes, referred to hospital
3. No (SINGLE CODED ONLY)
4. Prefer not to say (spontaneous)

{ASK ALL IF AGE 50+ AND HrGP = No}

HrGP50

[TEXTFILL: Apart from in the last 12 months,] have you ever been to your doctor/ GP or been referred to a hospital about problems with your hearing **since the age of 50?**

CODE ALL THAT APPLY

1. Yes, doctor/GP
2. Yes, referred to hospital
3. No (SINGLE CODED ONLY)
4. Prefer not to say (spontaneous)

{IF HrGP50 = 1 or 2}

HrGP50F

Was that **since you were 50** or before then?

CODE ALL THAT APPLY

1. Yes, seen doctor/GP about hearing since the age of 50
2. Yes, referred to hospital about hearing since the age of 50
3. No

{IF SEEN A DOCTOR/GP IN LAST YEAR (NDcTk12 = 2-5) OR ATTENDED HOSPITAL CLINIC IN LAST YEAR FOR PHYSICAL PROBLEM (OutStyQt = 1 OR 3)}

NoiseGP

In the last 12 months, have you been to your own doctor/GP or been referred to a hospital about problems with noises in your head or ears?

CODE ALL THAT APPLY

1. Yes, doctor/GP
2. Yes, referred to hospital
3. No
4. Prefer not to say (spontaneous)

ASK ALL

InPat

And during the last 12 months, 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

{IF Inpat=1}**InPatwhy**

And were you in hospital because of... READ OUT...

- 1 a physical health problem,
- 2 or a mental, nervous or emotional problem?
- 3 Spontaneous: both of these

ENDIF

ASK ALL

DayY

SHOWCARD F2

Please can you tell me whether you have used any of these day activity services over the last 12 months?

Showcard content: 1. Community mental health centre, 2. Day activity centre, 3. Sheltered workshop

1 Yes

2 No

3 Liked (SPONTANEOUS ONLY: Would have liked to but not available)

CCUse

SHOWCARD F3

Here is a list of community care services. Excluding any contact with professionals or team members that you have already told me about, have you used any of these services in the last 12 months? For example, you may have been visited at home by some of these people.

Showcard content: 1. Psychiatrist, 2. Psychologist, 3. Community psychiatric nurse (CPN), 4.

Community learning difficulty nurse, 5. Other nursing services, 6. Social worker, 7. Self-help or support group, 8. Home help or home care worker, 9. Outreach worker or family support

1 Yes

2 No

{IF CC2aY = Yes}**CCUseW**

SHOWCARD F3

Which services have you?

CODE ALL THAT APPLY

- 1 Psychiatrist
- 2 Psychologist
- 3 Community psychiatric nurse (CPN)
- 4 Community learning difficulty nurse
- 5 Other nursing services
- 6 Social Worker
- 7 Self-help/support group
- 8 Home help/home care worker
- 9 Outreach worker/family support

MentHos

(May I just check,) Have you ever been admitted to a hospital or ward which specialises in caring for people with mental health problems?

1 Yes

2 No

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 H1

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 H1, 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 H2

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 have a catheter and manage this without problems 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+}**BwlProb**

Do you suffer from problems with controlling your bowels?

SHOWCARD H3

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, using the toilet, eating, including cutting up food, taking medication, getting around indoors and using stairs
3. 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 H4

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

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 H5

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 1-8}**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 Hhelpb = 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 <CTRL + K>

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

Press <F9> for help

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

HelpHours

SHOWCARD H6

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

Press <F9> for help

- 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:

- Home care worker/ home help/ personal assistant
- Reablement/ intermediate care staff
- Occupational therapist/ physiotherapist
- Voluntary helper
- Warden / Sheltered housing manager
- Cleaner
- Council's handyman
- Other professional carer
- Husband/ wife/ partner [other informal helper]

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**

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 H7**

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 Local authority/ council/ social services manages the money
- 3 Neither of these

Directions on what is included in options 1 and 2 are provided in the showcard H7

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[task]**

SHOWCARD H8

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

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 HHL D: 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 H9

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)}

Nopay

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 given by respondent (pounds and pence) and reference period. Enter amount in pounds and pence on this screen. Enter reference period on next screen.

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 H10

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

LunchClub

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

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

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 H11

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 respondent to 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 H12

I'm going to ask you about the amount of time you spend helping. Please look at SHOWCARD H12, 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 H12.

- 1 Continue

PrHours

SHOWCARD H13

Thinking only about the types of tasks and activities I showed you on card H12 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}**PrHoursB**

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 10 hours
- 2 10-19 hours
- 3 20-34 hours
- 4 Or for 35 hours or more?

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

SHOWCARD H14

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

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

- 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.

PrAllRng**{If PrAllHour=Don't know}**

SHOW CARD H13

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 =>10 hours in the last week}****Prtask**

SHOWCARD H15

And looking at card H15, 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 H16

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}

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.

{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

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 H17

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 one or all people respondent helps

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

SHOWCARD H18

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 H18

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 H19

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 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. No, employment not affected

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

SHOWCARD H19

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

Hearing difficulties

ASK ALL AGED 16+

HrTest

In the last year, have you had a hearing test?

IF YES, PROBE: Was the test carried out by the NHS or did you pay for it privately?

SINGLE-CODE

1. Yes - NHS
2. Yes - Private
3. Yes – NHS and Private
4. No
5. Prefer not to say (spontaneous)

{ASK ALL}

HRAID

Now I'm going to ask some questions about your hearing. Nowadays, do you ever wear a hearing aid?

1. Yes
2. No
3. Prefer not to say (spontaneous)

{IF HRAID =2}

EvHrAid

Have you ever tried one?

1. Yes
2. No
3. Prefer not to say (spontaneous)

{IF HRAID =1}

NuHrAid

How many hearing aids do you usually wear?

1. One
2. Two
3. Prefer not to say (spontaneous)

{IF HRAID =1}

TypHrAid

SHOW CARD J1

What sort of hearing aid do you usually wear...

READ OUT AND CODE ONE ONLY

1. A hearing aid behind your ear
2. or, a hearing aid wholly in your ear?
3. Prefer not to say (spontaneous)

{IF HRAID =1}

WrHrAid

Do you wear [TEXTFILL it/them] some of the time or most of the time?

1. Most of the time
2. Part of the time
3. Prefer not to say (spontaneous)

{IF HRAID =1}

HrAidPy

Did you get your hearing aid free through the NHS or did you pay for it privately?

SINGLE CODE

1. Free through the NHS
2. Paid privately
3. Both NHS and privately
4. Prefer not to say (spontaneous)

{IF HRAID =1}**YrHrAid**

In what year did you get your hearing aid(s)?

INTERVIEWER: IF RESPONDENT OBTAINED THEIR HEARING AIDS IN DIFFERENT YEARS, ASK ABOUT THE MOST RECENT

{IF HRAID =1}**StHrAid**

SHOW CARD J2

How satisfied or dissatisfied are you with the hearing aid you have at the moment?

INTERVIEWER: IF RESPONDENT wears more than one hearing aid, ask about the aid they wear most often

SINGLE CODE

1. Very satisfied
2. Fairly satisfied
3. Neither satisfied nor dissatisfied
4. Fairly dissatisfied
5. Very dissatisfied
6. Prefer not to say (spontaneous)

{IF HRAID is Yes, or Prefer not to say}**DifHrAid**

Do you have any difficulty with your hearing?

1. Yes
2. No
3. Prefer not to say (spontaneous)

ASK ALL**HrRight**

SHOW CARD J3

[TEXTFILL IF HrAid=1: Please answer the next few questions as if you were NOT wearing a hearing aid.]

How well do you hear someone talking to you when that person is sitting on your right side in a quiet room?

IF RESPONDENT NORMALLY WEARS A HEARING AID, THEY SHOULD ANSWER AS IF NOT WEARING IT

READ OUT

1. With no difficulty
2. With slight difficulty
3. With moderate difficulty
4. With great difficulty
5. Cannot hear at all
6. Prefer not to say (spontaneous)

ASK ALL**HrLeft**

SHOW CARD J3

And how about on your left side? (READ OUT IF NECESSARY - How well do you hear someone talking to you when that person is sitting on your left side in a quiet room?)

IF RESPONDENT NORMALLY WEARS A HEARING AID, THEY SHOULD ANSWER AS IF THEY ARE NOT WEARING AN AID

1. With no difficulty
2. With slight difficulty
3. With moderate difficulty
4. With great difficulty
5. Cannot hear at all
6. Prefer not to say

ASK ALL**HrTV**

SHOW CARD J4

Do you have difficulty following TV programmes at a volume others find acceptable, without any aid to hearing?

IF YES, PROBE: With slight difficulty, moderate difficulty, or great difficulty?

IF RESPONDENT NORMALLY WEARS A HEARING AID, THEY SHOULD ANSWER AS IF NOT WEARING IT

1. No
2. Yes, slight difficulty
3. Yes, moderate difficulty
4. Yes, great difficulty
5. Prefer not to say (spontaneous)

ASK ALL**HrGrp**

SHOW CARD J4

Do you have difficulty having a conversation with several people in a group?

IF YES, PROBE: With slight difficulty, moderate difficulty, or great difficulty?

IF RESPONDENT NORMALLY WEARS A HEARING AID, THEY SHOULD ANSWER AS IF THEY WERE NOT WEARING AN AID

1. No
2. Yes, slight difficulty
3. Yes, moderate difficulty
4. Yes, great difficulty
5. Prefer not to say (spontaneous)

{IF ANY HEARING DIFFICULTIES AND [IF (DIFHRAID=YES) OR (HRRIGHT=SLIGHT,MODERATE,GREATDIF) OR (HRLEFT=SLIGHT,MODERATE,GREATDIF) OR (HRTV=SLIGHT,MODERATE,GREATDIF) OR (HRGRP=SLIGHT,MODERATE,GREATDIF)]}

HrWrry

SHOW CARD J5

Nowadays, does any difficulty in hearing worry, annoy or upset you?

IF YES, PROBE: Is it slightly annoying, moderately annoying, or severely annoying?

IF RESPONDENT NORMALLY WEARS A HEARING AID, THEY SHOULD ANSWER AS IF NOT WEARING IT

1. No
2. Yes, slightly
3. Yes, moderately
4. Yes, severely
5. Prefer not to say (spontaneous)

{IF ANY HEARING DIFFICULTIES AND [IF (DIFHRAID=YES) OR (HRRIGHT=SLIGHT,MODERATE,GREATDIF) OR (HRLEFT=SLIGHT,MODERATE,GREATDIF) OR (HRTV=SLIGHT,MODERATE,GREATDIF) OR (HRGRP=SLIGHT,MODERATE,GREATDIF)]}

Loud

Would you say very loud sounds annoy you?

SHOW CARD J5

IF YES, PROBE: Are they slightly annoying, moderately annoying, or severely annoying?

IF RESPONDENT NORMALLY WEARS A HEARING AID, THEY SHOULD ANSWER AS IF NOT WEARING IT

1. No
2. Yes, slightly
3. Yes, moderately
4. Yes, severely
5. Prefer not to say (spontaneous)

ASK ALL**RngBz**

Nowadays, do you ever get noises, such as ringing or buzzing, in your head or ears that last for more than five minutes?

IF YES, PROBE: Do you get these noises some of the time, or most or all of the time?

1. No
2. Yes, some of the time
3. Yes, most or all of the time
4. Prefer not to say (spontaneous)

{IF Q36=2 OR 3}

RngBzWr

How much do these noises worry, annoy or upset you when they are at their worst?

...READ OUT...

1. ...not at all,
2. ...slightly,
3. ...moderately,
4. or severely,
5. (Spontaneous) Prefer not to say

ASK ALL**WrkNs**

Have you ever worked in a place that was so noisy you had to shout to be heard?

IF YES, PROBE: is that for less than 1 year, for at least 1 year but less than 5 years or 5 years or longer

1. No
2. Yes, for less than 1 year
3. Yes, for at least 1 year but not longer than 5 years
4. Yes, for 5 years or longer
5. (Spontaneous) Prefer not to say

ASK ALL**NHSaid**

SHOW CARD J6

Now a couple of questions about providing hearing aids. The NHS is thinking of providing hearing aids to people in different ways. From which of the following places would you most like to get an NHS hearing aid...

...READ OUT AND CODE ONE ONLY...

1. ...hospital,
2. ...GP,
3. ...health centre,
4. ...high street shop or pharmacy,
5. or supermarket?
6. (Spontaneous) None of these

ASK ALL**NHSAig2**

Do you think the NHS should only provide hearing aids to people who ask their GP, or should the NHS screen people who would benefit from having a hearing aid?

1. Only people who ask their GP
2. NHS should screen people who would benefit
3. Don't know (spontaneous)

{IF NHSaig2=2}

ScrnAge

At what age do you think the NHS should start screening people for a hearing aid? When a person is in their...

READ OUT AND CODE ONE ONLY

1. ...20s,
2. ...30s,
3. ...40s,
4. ...50s,
5. ...60s,
6. ...70s,
7. or 80s?
8. (Spontaneous) Younger
9. (Spontaneous) Older
10. (Spontaneous) Don't know

Smoking

{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 consumption of tobacco on weekdays.

Will it be given in grams or in ounces?

- 1 Grams
- 2 Ounces

{IF Estim = grams}

grams

INTERVIEWER: Please record estimated 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 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 K1

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}**SmokWher**

SHOW CARD K2

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 K3

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 K4

In which of these places, if any, did you smoke 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 K5

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 K6

What are your main reasons for wanting to give up? CODE ALL THAT APPLY

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 SmokeEver = YES and SmokeNow = NO}**QuitReas**

SHOW CARD K7

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

RoINum

Computed: estimated tobacco consumption in ounces.

Range: 1..97

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

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

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

INTERVIEWER: IF 'Never smoked regularly' CODE 97.

Range: 1...97

ENDIF

{IF SmokeReg=[Regularly OR Occasionally]}**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 K8

[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-lozenges
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 K8

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-lozenges
- 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 K8

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-lozenges
- 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 K8

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-lozenges
- 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 K8

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-lozenges
- 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 K8

PROBE: Which others? CODE ALL THAT APPLY

- 1 Nicotine chewing gum
- 2 Nicotine lozenge/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

{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 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

Fruit and vegetable consumption

{IF Age of respondent is 5-15}

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 G1

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 G1

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

FOR idx:= 1 TO 15 DO

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

FrtC[idx]

What kind of fresh fruit did you eat yesterday?

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

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

{IF FrtC[idx] IN [VLge..VSml] THEN

IF FrtC[idx] = VLge THEN much:= 'many average slices'

ELSEIF FrtC[idx] IN [Lge..Sml] THEN much:= 'much'

ELSEIF FrtC[idx] = VSml THEN much:= 'many average handfuls'

ENDIF}

FrqQ[idx]How *much* of this fruit did you eat yesterday?

Range: 0.5-.50.0

{ELSEIF FrqC[idx] = NotLst THEN}**FrqOth[idx]**

What was the name of this fruit?

Text: Maximum 50 characters

FrqNotQ[idx]

How much of this fruit did you eat?

Text: Maximum 50 characters

ENDIF**{IF idx < 15 THEN}****FrqMor[idx]**

Did you eat any other fresh fruit yesterday?

1 Yes

2 No

ENDIF**ENDIF****ENDDO****ENDIF*****FrqC to FrqMor repeated for up to 15 different types of fruit*****FrqDry**

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

1 Yes

2 No

{IF FrqDry = Yes}**FrqDryQ**

SHOWCARD G1

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**FrqFroz**

Did you eat any frozen or tinned fruit yesterday?

1 Yes

2 No

{IF FrqFroz = Yes}**FrqFrozQ**

SHOWCARD G1

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**FrqDish***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 G1

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

Drinking

{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 L1

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 L2

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? INTERVIEWER: 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: Code the measure the respondent used.

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

Please code the relevant option.

- 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)

F9 for WL7Bt

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

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

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

Range: 1..97 (ALLOW FRACTIONS)

WL7Giz

SHOWCARD L3 {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 WL7G1z=1 and other}**ml250G1z**

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

{IF WL7G1z=2 and other}**ml175mG1z1**

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

{IF WL7G1z=3 and other}**ml125G1z**

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

{IF DrnkType = Alcopops/pre-mixed alcoholic drink}**PopsL711**

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 PopsL711 = 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

OthL7QA

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

INTERVIEWER: 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?

INTERVIEWER: 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?

INTERVIEWER: 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 Drink = 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.

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

NBeer**SHOWCARD L1**

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 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 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?

INTERVIEWER: 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

{IF NBeerM = 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**

SHOWCARD L1

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 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 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?

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

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

{IF SBeerM = 1 – 4}**SBeerQ**

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 L1

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}

SpiritsQ

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

Range: 1..97

{IF Drinknow = 1 or DrinkAny = 1}

Sherry

SHOWCARD L1

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 L1

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 L3

Were those mainly ...READ OUT...

INTERVIEWER: 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 L1

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) that 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 alcoholic 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 alcoholic 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 alcoholic or pre-mixed drink have you usually drunk on any one day?

Range: 1..97

Classification (socio-demographic questions)

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 M1

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 16-65 OR WOMEN AGED 16-62)
- 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)))}

I4WkLook

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}

I2WkStrt

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

PayAge

Computed: Age when last had a paid job.

{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 Everjob1=Yes) OR (Respondent is Female and PayAge1>=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

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?

INTERVIEWER: 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

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

{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 M2

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 M3

And do you have any of the 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?

INTERVIEWER: Record all other qualifications in full. PROBE: Any others?

Text: maximum 60 characters

ASK ALL**NatID**

SHOWCARD M4

How would you describe your national identity?

Choose your answer from this card. Choose as many or as few answers as apply.

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.

Text: Maximum 60 characters

Origin

SHOW CARD M5

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}

XOrigWh

Please describe.

Self-completion placement

{IF Age of Respondent is 13 years and over and BookChk=Given}

SCIntro

PREPARE (*colour*) 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 (*colour*) BOOKLET TO PARENT(S). IF AGREES, PREPARE (*colour*) 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 (*colour* of adult questionnaire) 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.

SCCheck

INTERVIEWER: WAIT UNTIL RESPONDENT(S) HAVE FINISHED AND THEN CHECK EACH BOOKLET COMPLETED. IF NOT, ASK IF QUESTIONS MISSED IN ERROR. IF IN, ASK RESPONDENT TO COMPLETE.

ENDIF

{IF Age of respondent is 8 years or over}

SComp3

INTERVIEWER CHECK: Was the (*colour*) booklet for adults 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 (colour) 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

ResNHi

GIVE REASONS FOR REFUSAL.

- 1 Cannot see point/Height already known/Doctor has measurement
- 2 Too busy/Taken too long already/ No time
- 3 Respondent too ill/frail/tired
- 4 Considered intrusive information
- 5 Respondent too anxious/nervous/shy/embarrassed
- 6 Refused (no other reason given)
- 7 Other

{ELSEIF RespHts = Height attempted, not obtained OR Height not attempted}**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}**NoHitCO**

PLEASE SPECIFY OTHER REASON

Text: Maximum 60 characters

{IF (Sex = Female) AND (Age of Respondent is 16 to 49)}**PregNowB**

May I check, are you pregnant now?

- 1 Yes
- 2 No

ENDIF**{IF PregNowB<> Yes}****RespWts**

INTERVIEWER: Measure weight and code.

Include 'disguised' refusals such as 'It will take too long', 'I have to go out' etc. at code 2: Weight refused.

- 0 *Weight obtained (child held by adult)*
- 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)}

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

INTERVIEWER: 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**

INTERVIEWER: Code reason for not obtaining weight.

- 1 Child 0-13: 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 0-13 asleep
- 12 Not in/not available (for child 0-13, use codes 01 or 11 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

{IF Age of respondent < 16 AND No legal parent in household}

NurseA

Now follows the Nurse Appointment module. 1 Continue

{ELSE (All other respondents)}

Nurse

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

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

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

- 1 Agreed nurse could contact
- 2 Maybe – agreed nurse could contact
- 3 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 OR Maybe – 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 (record 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

Data Linkage 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 **(colour)** consent form (linking survey answers to other information) and allow them time to read the information. Use the “**Linking survey answers to other information**” showcard to explain the process, if required

- 1 Consent given
- 2 Consent not given

{IF NHSCAN = Consent given}

NHSSig

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 the 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

RelInter

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

- 1 Yes
- 2 No

{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 NatGen.

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 NatGen.

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

ASK ALL AGED 16+

NHSSat

SHOW CARD J6

All in all, how satisfied or dissatisfied would you say you are with the way in which the NHS runs nowadays?

1. Very satisfied
2. Quite satisfied
3. Neither satisfied or dissatisfied
4. Quite dissatisfied
5. Very dissatisfied

ASK ALL AGED 16+

OpenCom

Just before we finish, do you have any comments you would like to make?

INTERVIEWER: IF NO COMMENTS, PRESS <ENTER> : STRING [250]

The Health Survey for England 2014

Program Documentation

Nurse Questionnaire

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Introduction

{IF OUTCOME = AGREE TO NURSE VISIT}

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}

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 [insert colour] 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/parent had read leaflet
- 2 Respondent/parent 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 <Text fill: Respondent's name>'s date of birth separately.

Enter the **day** here.

NDoBM

NURSE: Enter the code for the **month** of <Text fill: Respondent's name>'s date of birth.

NDoBY

NURSE: Enter the **year** of <Text fill: Respondent's name>'s date of birth.

DispAge

CHECK WITH RESPONDENT: So your age is *(computed age)*?

- 1 Yes
- 2 No

{IF Age of Respondent is 0 to 15 years}**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)}****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)}**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)}

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}

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)}

MedBI[i]

NURSE: Enter name of drug number (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 50 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}

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}

StatinA

Have you taken/used statins in the last 7 days?

- 1 Yes
- 2 No

ENDIF/ENDIF

ASK ALL

MedLng

(Apart from any medication you have already told me about) do you have any long acting medication, such as injection or implant, prescribed by a doctor or nurse?

1. Yes
2. No

{IF MedLng = Yes}

MedLngN

Could I take the name of the long acting medication prescribed for <Respondent's name> by a doctor or nurse.

NURSE: Record name of the long acting medication. Only record one drug here.

Text .

{IF MedLngN = Yes}

MedLngH

How often should <Respondent's name> have <long acting medication>?

1. Weekly
2. 4 weekly/monthly
3. Every 3 months
4. Every 6 months
5. Every year
6. Every 5 years
7. Other (specify)

{IF MedLngN = Yes & MedLngH = Other}

MedOth

Nurse: Record how often the respondent has <long acting medication>.

{IF MedLngN = Yes}

MedLngW

Has <Respondent's name> in the last <period from MedLngH>?

1. Yes
2. No

{IF MedLngN = Yes}

MedLngO

NURSE: Check if the respondent is prescribed any more long acting medication.

1. Yes
2. No

END IF/END IF/END IF/END IF/END IF

{IF MedCNJD = Yes}

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)}**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}**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}****Folic**

At present, are you taking any folic acid supplements such as Solgar folic acid, Pregnacare tablets, Sanatogen Pronatal, or Healthy Start, to supplement your diet or improve your health?

- 1 Yes
- 2 No

{IF PreNTJ = Yes AND Folic = Yes}**FolPreg**

Did you start taking folic acid supplements before becoming pregnant?

- 1 Yes
- 2 No

{IF FolPreg = Yes}**FolPreg12**

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

- 1 Yes
- 2 No

ENDIF/ENDIF**{IF PreNTJ = No AND Folic = Yes}****FolPregHR**

People can take folic acid for various health reasons. Are you taking folic acid supplements because you hope to become pregnant?

- 1 Yes
- 2 No

ENDIF**ENDIF**

Nicotine replacement 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)}

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)}

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 A1

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}

NoBP

NO BLOOD PRESSURE READING TO BE DONE. ENTER '1' TO CONTINUE.

1 Continue

ENDIF

{IF (PregNTJ = Yes) OR (UPreg = Pregnant)}

PregMes

NURSE: RESPONDENT IS PREGNANT. NO MEASUREMENTS TO BE DONE.

1 Continue

ENDIF

{ALL AGED 5+ (EXCEPT PREGNANT WOMEN)}

BPMod

NURSE: NOW FOLLOWS THE BLOOD PRESSURE MODULE.

PRESS <1> AND <ENTER> TO CONTINUE.

{IF Age of Respondent is over 15 years}

BPIntro

(As I mentioned earlier) We would like to measure your blood pressure. The analysis of blood pressure readings will tell us a lot about the health of the population.

1 Continue

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 **purple** child information sheet.

1 Continue

ENDIF

BPCnst

NURSE: Does the respondent agree to blood pressure measurement?

- 1 Yes, agrees
- 2 No, refuses
- 3 Unable to measure BP for reason other than refusal

{IF BPCnst = Yes, agrees AND IF Age of Respondent is 13 years or over}

ConSubX

May I just check, have you eaten, smoked, drunk alcohol or done any vigorous exercise in the past 30 minutes?

CODE ALL THAT APPLY.

- 1 Eaten
- 2 Smoked
- 3 Drunk alcohol
- 4 Done vigorous exercise
- 5 (None of these)

{IF BPCnst = Yes, agrees AND IF Age of Respondent is 13 years or over}

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.

- 1 Eaten
- 2 Smoked
- 3 Drunk alcohol
- 4 Done vigorous exercise
- 5 (None of these)

{ELSEIF (Age of Respondent is 5 to 12 years AND BPCnst = Yes, agrees)}

ConSubX2

May I just check, has (*name of child*) eaten, or done any vigorous exercise, in the past 30 minutes?

CODE ALL THAT APPLY.

- 1 Eaten
- 2 Done vigorous exercise
- 3 Neither

ENDIF

{ELSEIF (Age of Respondent is 5 to 12 years AND BPCnst = Yes, agrees)}

Con60S2

May I just check, has (*name of child*) eaten, or done any vigorous exercise, in the past 60 minutes?

CODE ALL THAT APPLY.

- 1 Eaten
- 2 Done vigorous exercise
- 3 Neither

ENDIF

OMRONNo

NURSE: RECORD BLOOD PRESSURE EQUIPMENT SERIAL NUMBER:

Range: 001..999

CufSize

SELECT CUFF AND ATTACH TO THE RESPONDENT'S **RIGHT** ARM.
ASK 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.

- 1 Child (15-22 cm)
- 2 Adult (22-32 cm)
- 3 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.

Enter **first/second/third** systolic reading (mmHg).

IF READING NOT OBTAINED, ENTER 999.

IF YOU ARE NOT GOING TO GET ANY BP READINGS AT ALL ENTER "996".

Range: 001..999

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)}

YNoBP

NURSE: ENTER REASON FOR NOT RECORDING ANY FULL BP READINGS

- 1 Blood pressure measurement attempted but not obtained
- 2 Blood pressure measurement not attempted
- 3 Blood pressure measurement refused

ENDIF**{IF BLOOD PRESSURE MEASUREMENT REFUSED OR NOT ATTEMPTED, OR FEWER THAN THREE FULL READINGS OBTAINED}****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.

- 0 Problems with PC
- 1 Respondent upset/anxious/nervous
- 2 Error reading
- 3 (Code not used)
- 4 (Code not used)
- 5 Problems with cuff fitting/painful
- 6 Problems with equipment (not error reading)
- 95 Other reason(s) (SPECIFY AT NEXT QUESTION)

{IF NattBP = Other}**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}****DifBPC**

RECORD ANY PROBLEMS TAKING READINGS. CODE ALL THAT APPLY.

- 1 No problems taking blood pressure
- 2 Reading taken on left arm because right arm not suitable
- 3 Respondent was upset/anxious/nervous
- 4 Problems with cuff fitting/painful
- 5 Problems with equipment (not error reading)
- 6 Error reading
- 95 Other problems (SPECIFY AT NEXT QUESTION)

{IF DifBPC=Other}**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) <i>(First Systolic reading)</i> | <i>(First Diastolic reading)</i> | <i>(First Pulse reading)</i> |
| ii) <i>(Second Systolic reading)</i> | <i>(Second Diastolic reading)</i> | <i>(Second Pulse reading)</i> |
| iii) <i>(Third Systolic reading)</i> | <i>(Third Diastolic reading)</i> | <i>(Third Pulse reading)</i> |

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}

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+)}

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+)}

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+)}

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}**GPRegB**

Are you registered with a GP?

- 1 Yes
- 2 No

{IF GPRegB = Yes}

GPSEND

May we send your blood pressure readings to your GP?

- 1 Yes
- 2 No

{IF GPSEND = No}

GPRefC

NURSE: SPECIFY REASON(S) FOR REFUSAL TO ALLOW BP READINGS TO BE SENT TO GP. CODE ALL THAT APPLY.

- 1 Hardly/Never sees GP
- 2 GP knows respondent's BP level
- 3 Does not want to bother GP
- 95 Other (SPECIFY AT NEXT QUESTION)

{IF GPRefM = Other}

OthRefC

NURSE: GIVE FULL DETAILS OF REASON(S) FOR REFUSAL

Text: Maximum 140 characters

ENDIF

ENDIF

ENDIF

{IF (GPRegB <> Yes) OR (GPSEND = No)}

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.

- 1 Continue

{ELSEIF GPSEND = Yes THEN}

ConsFrm1

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 PALE PINK CONSENT BOOKLET.
- A) [IF CHILD UNDER 16] ASK RESPONDENT'S PARENT/"PARENT" TO READ AND INITIAL THE 'BLOOD PRESSURE TO GP' SECTION OF THE PALE GREEN CONSENT BOOKLET. ASK [CHILDS 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.

- 1 Continue

ENDIF

Waist and hip circumference

ASK ALL Respondents aged 11+ AND PregNTJ=No

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}

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))}

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))}

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)}

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)}

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}

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}

WJRel

Record any problems with **waist** 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** 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}

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))}

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}

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}

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

Hearing test

ASK ALL Respondents aged 16+

{IF age>15}

HeHInt

We would like to measure your hearing. This is a hearing screening test which indicates how well you can hear. It is not an audiometric assessment (a medical hearing test). On its own this test can't tell me if there are any problems with your hearing so if you have any concerns about your hearing you should talk to your GP.

HeHCI

Before I explain more about the test, I need to make sure it is safe for you to do the test.

Do you have a cochlear implant?

1. Yes
2. No

HeHEI

Do you have an ear infection at the moment?

1. Yes
2. No11

{If (HeCHI = yes) OR (HeHEI) = yes}

HeHCN

NURSE: Explain that the test cannot be conducted because the respondent has a cochlear implant/ear infection.

{If (HeCHI = no) AND (HeHEI) = no}

HeHAidN

Nowadays, do you ever wear a hearing aid?

1. Yes
2. No

{If HeHAidN=yes}

HeRAid

NURSE: The respondent has a hearing aid/hearing aids. You will need to ask them to remove them before the test. Make sure respondent is given all instructions about the test before you ask the respondent to remove their hearing aid/aids.

HeHSf

To do the test you will need to listen to sounds at different frequency levels (tones) that are produced by a hearing screening device. I will hold the device to your ear and you will tell me whether you have heard a noise by raising your finger. To get an accurate test the device will be used on each ear.

NURSE: For the test to work properly the device needs to make contact properly with the respondent's ear.

NURSE: Explain if appropriate that the respondent will need to remove hearing aid/hearing aids, spectacles/glasses, earrings and hair bands that might get in the way of the hearing device.

NURSE: Explain that the room must be as quiet as possible for the test to work. Ask the respondent to turn off radio/television due to problems this might cause with the accuracy of the test due to background noise.

NURSE: Does the respondent agree to take the hearing test? If respondent is unhappy about the test, refuses to remove items or turn off radio/television please record 'no, refuses cannot continue with test'.

1. Yes, agree can continue with test
2. No, refuses cannot continue with test

{IF HeHSf = Refuse}

HeHRef

NURSE: PLEASE GIVE REASON WHY YOU CANNOT CONTINUE WITH TEST.
CODE ALL THAT APPLY:

1. Respondent doesn't want to conduct the test - please specify reason
2. Respondent refuses to remove glasses, earrings, headband
3. Respondent refuses to remove hearing aid(s)
4. Respondent refuses to switch off radio/television that could interfere with test
5. Other - please specify reason

{IF (HeHRF = respondent doesn't want to conduct test) OR (HeHRef = other)}

HeHROt

NURSE: PLEASE GIVE REASON FOR REFUSAL/REASON CANNOT CONTINUE WITH THE TEST

STRING[100]

{IF HeHSf = Agree}

HeHrSt

NURSE: ENSURE RESPONDENT IS SITTING IN A POSITION WHERE YOU CAN TEST BOTH EARS AND CAN RECORD THE HEARING TEST RESULTS ON THE HEARING TEST SHEET EASILY.

I will now place the device over your **left ear**. Please let me know if you find this uncomfortable. I will say 'ready, begin' just before I start the device, then you will listen for sounds and let me know when you hear the sounds by raising your finger.

HeHLfA1

Left ear, first sequence

NURSE: Did respondent hear Tone 1?

1. Yes
2. No

HeHLfA2

Left ear, first sequence

NURSE: Did respondent hear Tone 2?

1. Yes
2. No

HeHLfA3

Left ear, first sequence

NURSE: Did respondent hear Tone 3?

1. Yes
2. No

HeHLfB1

Left ear, second sequence

NURSE: Did respondent hear Tone 1?

1. Yes
2. No

HeHLfB2

Left ear, second sequence

NURSE: Did respondent hear Tone 2?

1. Yes
2. No

HeHLfB3

Left ear, second sequence

NURSE: Did respondent hear Tone 3?

1. Yes
2. No

{IF combination of responses show that quieter tones were heard and louder tones were not}

ChkLft

NURSE: You've entered a combination of answers which suggests that the respondent has heard a quieter sound without hearing a louder one.

Please re-administer test for **left ear** from the start. You will need to wait for at least a minute for test to re-set.

Code 1 to continue

HeHLfAX1

Left ear, first sequence repeat

NURSE: Did respondent hear Tone 1?

1. Yes
2. No

HeHLfAX2

Left ear, first sequence repeat

NURSE: Did respondent hear Tone 2?

1. Yes
2. No

HeHLfAX3

Left ear, first sequence repeat

NURSE: Did respondent hear Tone 3?

1. Yes
2. No

HeHLfBX1

Left ear, second sequence repeat

NURSE: Did respondent hear Tone 1?

1. Yes
2. No

HeHLfBX2

Left ear, second sequence repeat
NURSE: Did respondent hear Tone 2?
1. Yes
2. No

HeHLfBX3

Left ear, second sequence repeat
NURSE: Did respondent hear Tone 3?
1. Yes
2. No

HeHLfN

DERIVED VARIABLE: COUNT TOTAL NUMBER OF TONES HEARD IN LEFT EAR FOR BOTH SEQUENCE TESTS

0..6

HeHRLs

Were there any problems that meant that you had to restart the hearing test for the left ear?
1. Yes
2. No

{If HEHRLs = yes}

HeHLRp

What was the problem and how many times did you need to start the test again?

STRING[100]

HeHRgA1

Right ear, first sequence
NURSE: Did respondent hear Tone 1?
1. Yes
2. No

HeHRgA2

Right ear, first sequence
NURSE: Did respondent hear Tone 2?
1. Yes
2. No

HeHRgA3

Right ear, first sequence
NURSE: Did respondent hear Tone 3?
1. Yes
2. No

HeHRgB1

Right ear, second sequence
NURSE: Did respondent hear Tone 1?
1. Yes
2. No

HeHRgB2

Right ear, second sequence

NURSE: Did respondent hear Tone 2?

1. Yes
2. No

HeHRgB3

Right ear, second sequence

NURSE: Did respondent hear Tone 3?

1. Yes
2. No

{IF combination of responses show that quieter tones were heard and louder tones were not}

ChkRgt

NURSE: You've entered a combination of answers which suggests that the respondent has heard a quieter sound without hearing a louder one. Please re-administer test for **right ear** from the start. You will need to wait for at least a minute for test to re-set.

Code 1 to continue"

HeHRgAX1

Right ear, first sequence repeat

NURSE: Did respondent hear Tone 1?

1. Yes
2. No

HeHRgAX2

Right ear, first sequence repeat

NURSE: Did respondent hear Tone 2?

1. Yes
2. No

HeHRgAX3

Right ear, first sequence repeat

NURSE: Did respondent hear Tone 3?

1. Yes
2. No

HeHRgBX1

Right ear, second sequence repeat

NURSE: Did respondent hear Tone 1?

1. Yes
2. No

HeHRgBX2

Right ear, second sequence repeat

NURSE: Did respondent hear Tone 2?

1. Yes
2. No

HeHRgBX3

Right ear, second sequence repeat

NURSE: Did respondent hear Tone 3?

1. Yes
2. No

HeHRgN

DERIVED VARIABLE: COUNT TOTAL NUMBER OF TONES HEARD IN RIGHT EAR FOR ALL TESTS.

0..6

HeHRRs

NURSE: Were there any problems that meant that you had to restart the hearing test for the right ear?

1. Yes
2. No

{If HeHRRs = yes}

HeHRRp

What was the problem and how many times did you need to start the test again?

STRING[100]

HeHSw

NURSE: Did respondent have to remove glasses, earrings, hearing aid, headband or switch off radio or television which might interrupt the functioning of the HearCheck device or otherwise affect the hearing test?

CODE ALL THAT APPLY

1. Remove glasses
2. Remove earrings
3. Remove hearing aid
4. Remove other item of jewellery or clothing which might affect device
5. Turn off background music/television
6. No did not need to remove anything or switch off anything

HeHNoise

NURSE CODE: How was the background noise for the test?

1. Completely quiet
2. A little background noise
3. Quite a lot of background noise

HeAff

NURSE CODE: Was there anything else that might have affected the test?

1. Respondent had cold etc so not hearing as well as usual
2. Respondent did not remove earrings/glasses etc so difficult to hold device to ear
3. Other
4. No, nothing else affected the test

{If HeAff=Other THEN}

HeAffOth

NURSE: Record what affected the test.

STRING[100]

Mental Health Diagnosis, treatments and self-harm

ASK IF 16+

ASK ALL

The next few questions are about something slightly different. As well as physical health, we are also interested in asking about mental health and wellbeing.

1 Continue

ASK ALL

Diag

SHOW CARD B1

Please look carefully at this card. Do you think that you have ever experienced any of these?

PROBE -Which others?

CODE ALL THAT APPLY

1. A phobia
2. Panic attacks
3. Post-traumatic stress
4. Attention deficit hyperactivity disorder (ADHD) or Attention deficit disorder (ADD)
5. Generalised anxiety disorder
6. Bipolar disorder (or 'manic depression')
7. Depression
8. Post-natal depression
9. Dementia (including Alzheimers)
10. An eating disorder
11. Nervous breakdown
12. A personality disorder
13. Psychosis or schizophrenia
14. Obsessive compulsive disorder (OCD)
15. Seasonal affective disorder
16. Alcohol or drug dependence
17. Any other mental, emotional or neurological problem or condition
18. [Spontaneous] None of these

{IF Diag=YES}

HProf

Did a doctor, psychiatrist or other professional tell you that you had *[textfill from DIAG]*?

1. Yes

2. No

DK

REF

{IF HPROF =YES}

HRecnt

In the last 12 months, have you had *[textfill from DIAG]*?

NURSE: IF QUESTIONED, RESPONDENT SHOULD SAY 'YES' EVEN IF THEY HAVE NOT EXPERIENCED ANY SYMPTOMS IN THE LAST 12 MONTHS BECAUSE THEY ARE RECEIVING MEDICATION OR ANY OTHER TREATMENT.

1. Yes

2. No

DK

REF

{IF HPROF =YES}**NowMed**In the last 12 months, have you taken any medication for *[textfill from DIAG]*?

1. Yes

2. No

DK/REF

{IF HPPROF=YES}**NowThe**In the last 12 months, have you had any therapy or other treatment for *[textfill from DIAG]*?

1. Yes

2. No

DK/REF

ASK ALL

DiscFr

SHOWCARD B2

In general, how comfortable would you feel talking to a **friend or family member** about your mental health, for example telling them you have a mental health diagnosis and how it affects you?

1. Very uncomfortable
2. Moderately uncomfortable
3. Slightly uncomfortable
4. Neither comfortable nor uncomfortable
5. Fairly comfortable
6. Moderately comfortable
7. Very comfortable
8. (Spontaneous) Don't know

DiscEmp

SHOWCARD B2

In general, how comfortable would you feel talking to a **current or prospective employer** about your mental health, for example telling them you have a mental health diagnosis and how it affects you?

1. Very uncomfortable
2. Moderately uncomfortable
3. Slightly uncomfortable
4. Neither comfortable nor uncomfortable
5. Fairly comfortable
6. Moderately comfortable
7. Very comfortable
8. (Spontaneous) Not applicable
9. (Spontaneous) Don't know

ASK ALL

CnsIHav

SHOW CARD B3

Looking at this card, could you tell me if you are currently having any counselling or therapy for a mental, nervous or emotional problem?

NURSE: INCLUDE COUNSELLING FOR BEREAVEMENT AND DRINK OR DRUG RELATED PROBLEMS. COUNSELLING COULD BE RECEIVED IN A RANGE OF PLACES E.G. AT HOME , AT A DOCTOR'S SURGERY, A HEALTH CENTRE, HOSPITAL OR CLINIC.

1 Yes

2 No

{IF CnslHav = Yes}

Cnsl

SHOWCARD B3

Which type/s of counselling or therapy are you having?

CODE ALL THAT APPLY

- 1 Psychotherapy or psychoanalysis
- 2 Cognitive behavioural therapy
- 3 Art, music or drama therapy
- 4 Social skills training
- 5 Couples or family therapy
- 6 Sex therapy
- 7 Mindfulness therapy
- 8 Alcohol or drug counselling
- 9 Counselling (include bereavement)
- 10 Another type of therapy

CnslV

RECORD VERBATIM 'OTHER TYPE OF COUNSELLING OR THERAPY'

: STRING[100]

{IF CnslHav = Yes}

CnslHel

SHOWCARD B4

How helpful are you finding your counselling or therapy?

1. Very helpful
2. Quite helpful
3. Not very helpful
4. Not at all helpful.

ASK ALL

WhoMH

SHOW CARD B5

Who is the person closest to you who has or has had some kind of mental illness? Please just give me the number from this card.

NURSE: IF MORE THAN ONE, CODE FIRST ON LIST

- 1 Immediate family (spouse, child, sister, brother, parent, etc.)
- 2 Partner (living with you)
- 3 Partner (not living with you)
- 4 Other family (uncle, aunt, cousin, grandparent, etc.)
- 5 Friend
- 6 Acquaintance
- 7 Work colleague
- 8 Myself
- 9 Other (please specify)
- 10 Don't know anyone with a mental illness.

WhoMHOth

"RECORD VERBATIM 'OTHER [WhoMH]'

: STRING[50]

ASK ALL

There may be times in everyone's life when they become very miserable and depressed and may feel like taking drastic action because of these feelings

- 1 Continue

TOwnLife

Have you ever made an attempt to take your life, by taking an overdose of tablets or in some other way?

- 1 Yes
- 2 No

{IF TOwnLife = Yes}

WhenTOL

SHOWCARD B6

Please look at this card and read out the letter that applies.

- 1 (T) In the last week?
- 2 (D) In the last year?
- 3 (L) At some other time?

SlfHarm

Have you ever deliberately harmed yourself in any way but not with the intention of killing yourself?

- 1 Yes
- 2 No

{IF SlfHarm = Yes}

TypHarm

SHOW CARD B7

Please look at this card and read out the letters that apply.

CODE ALL THAT APPLY

- 1 (W) Cut yourself
- 2 (B) Burn yourself
- 3 (J) Swallow any objects
- 4 (S) Harm yourself some other way

MedHarm

Have you received medical attention for deliberately harming yourself in any of these ways?

NURSE: MEDICAL ATTENTION MEANS HELP FOR PHYSICAL INJURY, NOT SEEKING PSYCHOLOGICAL HELP

- 1 Yes
- 2 No

PsyHarm

Have you seen a psychiatrist, psychologist or counsellor because you had harmed yourself?

- 1 Yes
- 2 No

DSHExit

The sorts of thoughts and feelings we have talked about are very serious and it is important that you talk to someone, for example a doctor or The Samaritans, if you find yourself thinking them.

NURSE: Offer yellow useful contacts leaflet if appropriate.

Urine Sample

ASK IF Age of Respondent 16+

UriDisp

NURSE: Now follows the Urine Sample.

- 1 Continue

UriIntro

NURSE READ OUT: I would like to take a sample of your urine. This simply involves you collecting a small amount of urine (mid-flow) in this container. The sample will be analysed for sodium (salt), so we can measure the amount of salt in people's diets. High dietary salt levels are related to high blood pressure, so this is important information for assessing the health of the population. Would you be willing to provide a urine sample?

- 1 Respondent agrees to give urine sample
- 2 Respondent refuses to give urine sample
- 3 Unable to obtain urine sample for reason other than refusal

{IF UriIntro = Agree}

UriWrit

NURSE: Ask the respondent to read and initial the 'Urine sample' section of the consent booklet. Circle code 03 on front of the consent booklet.

Press <1> and <Enter> to continue.

{ELSEIF UriIntro = Refuse}

UriCode

NURSE: Circle code 04 on front of the consent booklet. Cross a line through the 'Urine 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 UriIntro = Agree}

UriSamp

NURSE:

Ask respondent to take container and provide a urine sample.

-Remind respondent to wash their hands **before** giving the sample

-Ask respondent to collect mid flow sample in disposable beaker

-Explain how to use the syringe using the instruction sheet

Write the serial number and data of birth on a black label and attach to urine sample tube over the pre-existing label.

-Make sure the serial number and date of birth are recoded on the **dispatch note** on the inside of the back cover of the consent booklet.

- 1 Continue

UriObt1

NURSE CHECK:

- 1 Urine sample obtained
- 2 Urine sample refused
- 3 Urine sample not attempted
- 4 Attempted not obtained

ENDIF

{IF (UriObt1 = Refused, Not Attempted, Attempted not Obtained) OR (UriIntro=Unable)}

UriNObt

NURSE: RECORD WHY URINE SAMPLE NOT OBTAINED

CODE ALL THAT APPLY.

1. Respondent not able to produce any urine
95. Other (SPECIFY AT NEXT QUESTION)

{IF (UriNObt = Other)}

OthNObt

NURSE: GIVE FULL DETAILS OF REASON(S) WHY URINE SAMPLE NOT OBTAINED.

Text: Maximum of 140 characters.

ENDIF

ENDIF

Saliva Sample

IF Respondent aged 4 to 15

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 using a straw to dribble saliva into a tube. 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.

NURSE: Show Andy the 'Saliva sample' section of the **purple** child information sheet

NURSE CODE:

- 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

ENDIF

{IF SalIntr1=Agree AND Age=4-15}

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 dribble through straw into the tube.

Write the serial number and date of birth on the black 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

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}

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. See F9 for more information)

- 1 Yes
- 2 No

{IF ClotB = No}

Fit

May I just check, have you had a fit (including epileptic fit, convulsion) in the last five years?

- 1 Yes
- 2 No

ENDIF

CBSCnst

Ask Parent: <Name> Are you willing for your child to have a blood sample taken?

1. Yes
2. No

{IF Fit = No}

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}

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}

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}

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}

SendSam

May we send the results of your blood sample analysis to your GP?

- 1 Yes
- 2 No

{IF SendSam = Yes}

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}

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}

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)}

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}

BSStor

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}

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 AND 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: *(displays serial number)*

Date of birth: *(displays 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 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.

SampF1

CODE 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}**SampTak:= Yes****ELSEIF****SampTak:= No****ENDIF****SampTak****Computed: Blood sample outcome.**

- 1 Blood sample obtained
- 2 No blood sample obtained

{IF SampTak = Yes}**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}**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}**BSResp**NURSE: CIRCLE CONSENT **CODE 11** ON FRONT OF THE CONSENT BOOKLET.

PRESS <1> AND <ENTER> TO CONTINUE.

{ELSEIF SnDrSam = No}**NoBSRsp**NURSE: CIRCLE CONSENT **CODE 12** ON FRONT OF THE CONSENT BOOKLET.

PRESS <1> AND <ENTER> TO CONTINUE.

ENDIF

{ELSEIF SampTak = No}**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}**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)}**RespIII**

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: ^FluTxt
- Respiratory illness: ^IITxt

- 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}**VpOther**

NURSE: Record the details of the other abnormality fully.

Text: Maximum 140 characters

ENDIF

{IF VpProb= Sensory deficit, Haematoma, Swelling or Other}**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

P3427
GREY

Point	Address	HHLD	CKL	Person No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

First name

Interviewer

Survey month

3 1 4

Health Survey for England 2014

Booklet for Adults

In Confidence

- Please look at the instructions on the next page and read what to do.
- Ask the interviewer for help if you do not understand a question or are not sure what to do.

Thank you for taking part in this survey

How to 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.

6

Difficulties

EVERYONE PLEASE ANSWER

Q1 Do you have a difficulty learning, for example at school, college, work or in other places?

This may be due to a condition such as dyslexia, dyspraxia or ADHD (Attention Deficit Hyperactivity Disorder) or it may not have a name.

Tick ONE box

Yes ₁ → Go to Q2

No ₂ → Go to Q4

Q2 How would you describe the level of severity of this difficulty?

Tick ONE box

Mild ₁

Moderate ₂

Severe ₃

Q3 How often does this limit the amount or kind of activities that you can do?

Tick ONE box

Always ₁

Often ₂

Sometimes ₃

Rarely ₄

Never ₅

Q4

Do you have an intellectual difficulty or developmental delay?
This may not have a name but please include things like
Down's syndrome, autism and other conditions.

Tick ONE box

Yes ₁ → Go to Q5

No ₂ → Go to Q7

Q5

How would you describe the level of severity of this difficulty?

Tick ONE box

Mild ₁

Moderate ₂

Severe ₃

Q6

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

Tick ONE box

Always ₁

Often ₂

Sometimes ₃

Rarely ₄

Never ₅

General health today

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

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

Q7 Mobility

Tick ONE box

I have no problems in walking about

 1

I have some problems in walking about

 2

I am confined to bed

 3

Q8 Self-Care

Tick ONE box

I have no problems with self-care

 1

I have some problems washing or dressing myself

 2

I am unable to wash or dress myself

 3

Q9 Usual activities

Tick ONE box

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

 1

I have some problems with performing my usual
activities

 2

I am unable to perform my usual activities

 3

Q10 Pain/Discomfort

Tick ONE box

I have no pain or discomfort

 1

I have moderate pain or discomfort

 2

I have extreme pain or discomfort

 3

Q11 Anxiety/Depression

Tick ONE box

I am not anxious or depressed

 1

I am moderately anxious or depressed

 2

I am extremely anxious or depressed

 3

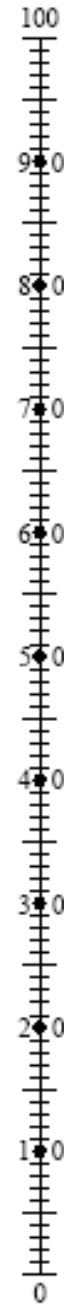
Q12

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

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

**Your own
health state
today**

**Best imaginable
health state**



**Worst imaginable
health state**

General health over the last few weeks

EVERYONE PLEASE ANSWER

Please read this carefully:

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

HAVE YOU RECENTLY:

Q13 been able to concentrate on whatever you're doing?

Tick ONE box

Better than usual	Same as usual	Less than usual	Much less than usual
<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>

Q14 lost much sleep over worry?

Tick ONE box

Not at all	No more than usual	Rather more than usual	Much more than usual
<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>

Q15 felt you were playing a useful part in things?

Tick ONE box

More so than usual	Same as usual	Less useful than usual	Much less useful
<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>

Q16 felt capable of making decisions about things?

Tick ONE box

More so than usual	Same as usual	Less so than usual	Much less capable
<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>

Q17 felt constantly under strain?

Tick ONE box

Not at all	No more than usual	Rather more than usual	Much more than usual
<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>

Q18 felt you couldn't overcome your difficulties?

Tick ONE box

Not at all	No more than usual	Rather more than usual	Much more than usual
<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>

Q19 been able to enjoy your normal day-to-day activities?

Tick ONE box

More so than usual	Same as usual	Less so than usual	Much less than usual
<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>

HAVE YOU RECENTLY:

Tick ONE box

More so than usual

Same as usual

Less able than usual

Much less able

Q20 been able to face up to your problems?

 1 2 3 4

Tick ONE box

Not at all

No more than usual

Rather more than usual

Much more than usual

Q21 been feeling unhappy and depressed?

 1 2 3 4

Tick ONE box

Not at all

No more than usual

Rather more than usual

Much more than usual

Q22 been losing confidence in yourself?

 1 2 3 4

Tick ONE box

Not at all

No more than usual

Rather more than usual

Much more than usual

Q23 been thinking of yourself as a worthless person?

 1 2 3 4

Tick ONE box

More so than usual

About same as usual

Less so than usual

Much less than usual

Q24 been feeling reasonably happy, all things considered?

 1 2 3 4

General Health Questionnaire (GHQ - 12)

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General Wellbeing

EVERYONE PLEASE ANSWER

Q25 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

EVERYONE PLEASE ANSWER

Q26 Are you currently in paid employment?

Tick ONE box

Yes ₁ → Go to Q27

No ₂ → Go to Q31

Q27 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

Q28 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

Q29

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

Q30

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

Q31

Below are some things people have said about mental health problems. Please tick the box to say how much you agree or disagree with each of these statements.

Tick ONE box

	Agree strongly	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
A One of the main causes of mental illness is a lack of self-discipline and will-power	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Tick ONE box

	Agree strongly	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
B There is something about people with mental illness that makes it easy to tell them from normal people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Tick ONE box

	Agree strongly	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
C We need to adopt a far more tolerant attitude toward people with mental illness in our society	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Tick ONE box

D	People with mental illness don't deserve our sympathy	Agree strongly	Tend to agree	Neither agree nor disagree	Disagree slightly	Disagree strongly	Don't know
		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Tick ONE box

E	I would not want to live next door to someone who has been mentally ill	Agree strongly	Tend to agree	Neither agree nor disagree	Disagree slightly	Disagree strongly	Don't know
		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Tick ONE box

F	It is frightening to think of people with mental problems living in residential neighbourhoods	Agree strongly	Tend to agree	Neither agree nor disagree	Disagree slightly	Disagree strongly	Don't know
		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Tick ONE box

G	Mental illness is an illness like any other	Agree strongly	Tend to agree	Neither agree nor disagree	Disagree slightly	Disagree strongly	Don't know
		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Tick ONE box

H	Virtually anyone can become mentally ill	Agree strongly	Tend to agree	Neither agree nor disagree	Disagree slightly	Disagree strongly	Don't know
		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Tick ONE box

I	The best therapy for many people with mental illness is to be part of a normal community	Agree strongly	Tend to agree	Neither agree nor disagree	Disagree slightly	Disagree strongly	Don't know
		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Tick ONE box

J	People with mental health problems are far less of a danger than most people suppose	Agree strongly	Tend to agree	Neither agree nor disagree	Disagree slightly	Disagree strongly	Don't know
		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Tick ONE box

K	People with mental health problems should not be given any responsibility	Agree strongly	Tend to agree	Neither agree nor disagree	Disagree slightly	Disagree strongly	Don't know
		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Tick ONE box

L I have very little knowledge about mental illness

Agree strongly	Tend to agree	Neither agree nor disagree	Disagree slightly	Disagree strongly	Don't know
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Tick ONE box

M Most women who were once patients in a mental hospital can be trusted as babysitters

Agree strongly	Tend to agree	Neither agree nor disagree	Disagree slightly	Disagree strongly	Don't know
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

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.

Q32

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 which days did you do **vigorous** physical activities like heavy lifting, digging, aerobics, or fast bicycling?

Tick ALL days that apply

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	→ Go to Q33
Mon	Tues	Wed	Thur	Fri	Sat	Sun	

OR TICK

No vigorous physical activities in the last 7 days 8 → Go to Q34

Q33

How much time did you usually spend doing **vigorous** physical activities on one of those days?

Please answer in hours and minutes. For example, if you did something for 90 minutes that would be 1 hour 30 minutes

<input type="text"/>	:	<input type="text"/>
Write in hours per day		Write in minutes per day

Q34

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 which days did you do **moderate** physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking.

Tick ALL days that apply

₁
Mon

₂
Tues

₃
Wed

₄
Thur

₅
Fri

₆
Sat

₇
Sun

➔ Go to Q35

OR TICK

No moderate physical activities in the last 7 days ₈ ➔ Go to Q36

Q35

How much time did you usually spend doing **moderate** physical activities on one of those days?

Please answer in hours and minutes. For example, if you did something for 90 minutes that would be 1 hour 30 minutes

Write in hours
per day

:

Write in minutes
per day

Q36

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 which days did you **walk** for at least 10 minutes at a time?

Tick ALL days that apply

₁
Mon

₂
Tues

₃
Wed

₄
Thur

₅
Fri

₆
Sat

₇
Sun

➔ Go to Q37

OR TICK

No walking in the last 7 days ₈ ➔ Go to Q38

Q37

How much time did you usually spend walking on one of those days?

Please answer in hours and minutes, for example, if you did something for 90 minutes that would be 1 hour 30 minutes

Write in hours
per day

·
·

Write in minutes
per day

Q38

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**?

Please answer in hours and minutes. For example, if you did something for 90 minutes that would be 1 hour 30 minutes

Write in hours
per day

·
·

Write in minutes
per day

Information about yourself

EVERYONE PLEASE ANSWER

Q39

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

Q40

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

➔ Go to next question

Your weight

EVERYONE PLEASE ANSWER

Q41 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

Q42 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

Q43 Given your child's age and height, would you say that your child is...

	Child Name	Child Person No	Child Name	Child Person No
INTERVIEWER to complete child name and person number →				

About the right weight	1	1
too heavy	2	2
or too light?	3	3
Not sure	8	8



Thank you for answering these questions.

Please give the booklet back to the interviewer.

NatGen, 101-135 Kings Road, Brentwood, Essex CM14 4LX



P3427
YELLOW

Point

--	--	--	--

Address

--	--

HHL D

--

CKL

--

Person No

--	--

First
name

--

Interviewer

--	--	--	--

Survey
month

--

Card

3	1	3
---	---	---

Health Survey for England 2014

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

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.

6

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

Q2 Have you ever smoked a cigarette?

Tick ONE box

Yes ₁ → Go to next question

No ₂ → Go to Q19

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

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

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

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	<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

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	<input type="checkbox"/>	1	→ Go to Q24B
At work	<input type="checkbox"/>	2	
In other people's homes	<input type="checkbox"/>	3	
Travelling by car/van	<input type="checkbox"/>	4	
Outdoor areas of pubs or cafes or restaurants	<input type="checkbox"/>	5	
In other places	<input type="checkbox"/>	6	
No, none of these	<input type="checkbox"/>	7	→ Go to Q25

Q24B

Does this bother you?

Tick ONE box

Yes	<input type="checkbox"/>	1
No	<input type="checkbox"/>	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

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

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

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

Please think about **the day in the last week on which you drank the most.** (If you drank the same amount on more than one day, please answer about the most recent of those days.)

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

TICK <u>ALL</u> DRINKS 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="checkbox"/> <small>01</small>	<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="checkbox"/> <small>02</small>	<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="checkbox"/> <small>03</small>	<input type="text"/>			
Sherry or martini (including port, vermouth, Cinzano, Dubonnet) <input type="checkbox"/> <small>04</small>	<input type="text"/>			
Wine (including Babycham and champagne) <input type="checkbox"/> <small>05</small>	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="checkbox"/> <small>06</small>		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="checkbox"/> <small>07</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/> <input type="checkbox"/> <small>08</small>	<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	<input type="checkbox"/>	01	→ Go to next question
Five or six days a week	<input type="checkbox"/>	02	
Three or four days a week	<input type="checkbox"/>	03	
Once or twice a week	<input type="checkbox"/>	04	
Once or twice a month	<input type="checkbox"/>	05	
Once every couple of months	<input type="checkbox"/>	06	
Once or twice a year	<input type="checkbox"/>	07	
Not at all in the last 12 months	<input type="checkbox"/>	08	→ Go to Q35

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 style="width: 80px; height: 30px;" type="text"/>	<input style="width: 80px; height: 30px;" type="text"/>	<input style="width: 80px; height: 30px;" 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

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

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

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

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"/>
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Difficulties

EVERYONE PLEASE ANSWER

Q45 Do you have a difficulty learning, for example at school, college, work or in other places?

This may be due to a condition such as dyslexia, dyspraxia or ADHD (Attention Deficit Hyperactivity Disorder) or it may not have a name.

Tick ONE box

Yes ₁ → Go to Q46

No ₂ → Go to Q48

Q46 How would you describe the level of severity of this difficulty?

Tick ONE box

Mild ₁

Moderate ₂

Severe ₃

Q47 How often does this limit the amount or kind of activities that you can do?

Tick ONE box

Always ₁

Often ₂

Sometimes ₃

Rarely ₄

Never ₅

Q48

Do you have an intellectual difficulty or developmental delay?
This may not have a name but please include things like
Down's syndrome, autism and other conditions.

Tick ONE box

Yes ₁ → **Go to Q49**

No ₂ → **Go to Q51**

Q49

How would you describe the level of severity of this difficulty?

Tick ONE box

Mild ₁

Moderate ₂

Severe ₃

Q50

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

Tick ONE box

Always ₁

Often ₂

Sometimes ₃

Rarely ₄

Never ₅

General health today

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

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

Q51 Mobility

Tick ONE box

I have no problems in walking about ₁

I have some problems in walking about ₂

I am confined to bed ₃

Q52 Self-Care

Tick ONE box

I have no problems with self-care ₁

I have some problems washing or dressing myself ₂

I am unable to wash or dress myself ₃

Q53 Usual activities

Tick ONE box

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

I have some problems with performing my usual
activities ₂

I am unable to perform my usual activities ₃

Q54 Pain/Discomfort

Tick ONE box

I have no pain or discomfort ₁

I have moderate pain or discomfort ₂

I have extreme pain or discomfort ₃

Q55 Anxiety/Depression

Tick ONE box

I am not anxious or depressed ₁

I am moderately anxious or depressed ₂

I am extremely anxious or depressed ₃

Q56

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

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

**Your own
health state
today**

**Best imaginable
health state**



**Worst imaginable
health state**

General health over the last few weeks

EVERYONE PLEASE ANSWER

Please read this carefully:

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

HAVE YOU RECENTLY:

Tick ONE box

	Better than usual	Same as usual	Less than usual	Much less than usual
Q57 been able to concentrate on whatever you're doing?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q58 lost much sleep over worry?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Tick ONE box

	More so than usual	Same as usual	Less useful than usual	Much less useful
Q59 felt you were playing a useful part in things?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Tick ONE box

	More so than usual	Same as usual	Less so than usual	Much less capable
Q60 felt capable of making decisions about things?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q61 felt constantly under strain?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q62 felt you couldn't overcome your difficulties?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Tick ONE box

	More so than usual	Same as usual	Less so than usual	Much less than usual
Q63 been able to enjoy your normal day-to-day activities?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

HAVE YOU RECENTLY:

Q64 been able to face up to your problems?

Tick ONE box

More so than usual	Same as usual	Less able than usual	Much less able
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q65 been feeling unhappy and depressed?

Tick ONE box

Not at all	No more than usual	Rather more than usual	Much more than usual
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q66 been losing confidence in yourself?

Tick ONE box

Not at all	No more than usual	Rather more than usual	Much more than usual
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q67 been thinking of yourself as a worthless person?

Tick ONE box

Not at all	No more than usual	Rather more than usual	Much more than usual
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q68 been feeling reasonably happy, all things considered?

Tick ONE box

More so than usual	About same as usual	Less so than usual	Much less than usual
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

General Health Questionnaire (GHQ – 12)

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General Wellbeing

EVERYONE PLEASE ANSWER

Q69 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

EVERYONE PLEASE ANSWER

Q70 Are you currently in paid employment?

Tick ONE box

Yes ₁ → Go to Q71

No ₂ → Go to Q75

Q71 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

Q72 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

Q73

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

Q74

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

Q75

Below are some things people have said about mental health problems. Please tick the box to say how much you agree or disagree with each of these statements.

Tick ONE box

	Agree strongly	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
A One of the main causes of mental illness is a lack of self-discipline and will-power	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Tick ONE box

	Agree strongly	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
B There is something about people with mental illness that makes it easy to tell them from normal people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Tick ONE box

	Agree strongly	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
C We need to adopt a far more tolerant attitude toward people with mental illness in our society	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Tick ONE box

D	People with mental illness don't deserve our sympathy	Agree strongly <input type="checkbox"/> 1	Tend to agree <input type="checkbox"/> 2	Neither agree nor disagree <input type="checkbox"/> 3	Disagree slightly <input type="checkbox"/> 4	Disagree strongly <input type="checkbox"/> 5	Don't know <input type="checkbox"/> 6
----------	---	--	---	--	---	---	--

Tick ONE box

E	I would not want to live next door to someone who has been mentally ill	Agree strongly <input type="checkbox"/> 1	Tend to agree <input type="checkbox"/> 2	Neither agree nor disagree <input type="checkbox"/> 3	Disagree slightly <input type="checkbox"/> 4	Disagree strongly <input type="checkbox"/> 5	Don't know <input type="checkbox"/> 6
----------	---	--	---	--	---	---	--

Tick ONE box

F	It is frightening to think of people with mental problems living in residential neighbourhoods	Agree strongly <input type="checkbox"/> 1	Tend to agree <input type="checkbox"/> 2	Neither agree nor disagree <input type="checkbox"/> 3	Disagree slightly <input type="checkbox"/> 4	Disagree strongly <input type="checkbox"/> 5	Don't know <input type="checkbox"/> 6
----------	--	--	---	--	---	---	--

Tick ONE box

G	Mental illness is an illness like any other	Agree strongly <input type="checkbox"/> 1	Tend to agree <input type="checkbox"/> 2	Neither agree nor disagree <input type="checkbox"/> 3	Disagree slightly <input type="checkbox"/> 4	Disagree strongly <input type="checkbox"/> 5	Don't know <input type="checkbox"/> 6
----------	---	--	---	--	---	---	--

Tick ONE box

H	Virtually anyone can become mentally ill	Agree strongly <input type="checkbox"/> 1	Tend to agree <input type="checkbox"/> 2	Neither agree nor disagree <input type="checkbox"/> 3	Disagree slightly <input type="checkbox"/> 4	Disagree strongly <input type="checkbox"/> 5	Don't know <input type="checkbox"/> 6
----------	--	--	---	--	---	---	--

Tick ONE box

I	The best therapy for many people with mental illness is to be part of a normal community	Agree strongly <input type="checkbox"/> 1	Tend to agree <input type="checkbox"/> 2	Neither agree nor disagree <input type="checkbox"/> 3	Disagree slightly <input type="checkbox"/> 4	Disagree strongly <input type="checkbox"/> 5	Don't know <input type="checkbox"/> 6
----------	--	--	---	--	---	---	--

Tick ONE box

J	People with mental health problems are far less of a danger than most people suppose	Agree strongly <input type="checkbox"/> 1	Tend to agree <input type="checkbox"/> 2	Neither agree nor disagree <input type="checkbox"/> 3	Disagree slightly <input type="checkbox"/> 4	Disagree strongly <input type="checkbox"/> 5	Don't know <input type="checkbox"/> 6
----------	--	--	---	--	---	---	--

Tick ONE box

K	People with mental health problems should not be given any responsibility	Agree strongly <input type="checkbox"/> 1	Tend to agree <input type="checkbox"/> 2	Neither agree nor disagree <input type="checkbox"/> 3	Disagree slightly <input type="checkbox"/> 4	Disagree strongly <input type="checkbox"/> 5	Don't know <input type="checkbox"/> 6
----------	---	--	---	--	---	---	--

Tick ONE box

L I have very little knowledge about mental illness

Agree strongly	Tend to agree	Neither agree nor disagree	Disagree slightly	Disagree strongly	Don't know
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Tick ONE box

M Most women who were once patients in a mental hospital can be trusted as babysitters

Agree strongly	Tend to agree	Neither agree nor disagree	Disagree slightly	Disagree strongly	Don't know
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

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.

Q76

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 which days did you do **vigorous** physical activities like heavy lifting, digging, aerobics, or fast bicycling?

Tick ALL days that apply

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	→ Go to Q77
Mon	Tues	Wed	Thur	Fri	Sat	Sun	

OR TICK

No vigorous physical activities in the last 7 days 8 → Go to Q78

Q77

How much time did you usually spend doing **vigorous** physical activities on one of those days?

Please answer in hours and minutes. For example, if you did something for 90 minutes that would be 1 hour 30 minutes

<input type="text"/>	:	<input type="text"/>
Write in hours		Write in minutes
per day		per day

Q78

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 which days did you do **moderate** physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking.

Tick ALL days that apply

₁
Mon

₂
Tues

₃
Wed

₄
Thur

₅
Fri

₆
Sat

₇
Sun

→ Go to Q79

OR TICK

No moderate physical activities in the last 7 days ₈

→ Go to Q80

Q79

How much time did you usually spend doing **moderate** physical activities on one of those days?

Please answer in hours and minutes. For example, if you did something for 90 minutes that would be 1 hour 30 minutes

Write in hours
per day

Write in minutes
per day

Q80

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 which days did you **walk** for at least 10 minutes at a time?

Tick ALL days that apply

₁
Mon

₂
Tues

₃
Wed

₄
Thur

₅
Fri

₆
Sat

₇
Sun

→ Go to Q81

OR TICK

No walking in the last 7 days ₈

→ Go to Q82

Q81

How much time did you usually spend walking on one of those days?

Please answer in hours and minutes, for example, if you did something for 90 minutes that would be 1 hour 30 minutes

Write in hours
per day

:

Write in minutes
per day

Q82

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**?

Please answer in hours and minutes. For example, if you did something for 90 minutes that would be 1 hour 30 minutes

Write in hours
per day

:

Write in minutes
per day

Information about yourself

EVERYONE PLEASE ANSWER

Q83

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

Q84

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

Q85

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

Q86

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

Q87

Given your child's age and height, would you say that your child is...

INTERVIEWER to complete child name and person number	→	Child Name <input style="width: 150px; height: 25px;" type="text"/>	Child Person No <input style="width: 25px; height: 20px;" type="text"/> <input style="width: 25px; height: 20px;" type="text"/>	Child Name <input style="width: 150px; height: 25px;" type="text"/>	Child Person No <input style="width: 25px; height: 20px;" type="text"/> <input style="width: 25px; height: 20px;" type="text"/>
--	---	---	---	---	---

About the right weight	<input style="width: 50px; height: 25px;" type="text"/>	1	<input style="width: 50px; height: 25px;" type="text"/>	1
too heavy	<input style="width: 50px; height: 25px;" type="text"/>	2	<input style="width: 50px; height: 25px;" type="text"/>	2
or too light?	<input style="width: 50px; height: 25px;" type="text"/>	3	<input style="width: 50px; height: 25px;" type="text"/>	3
Not sure	<input style="width: 50px; height: 25px;" type="text"/>	8	<input style="width: 50px; height: 25px;" type="text"/>	8

Thank you for answering these questions.

Please give the booklet back to the interviewer.

NatGen, 101-135 Kings Road, Brentwood, Essex CM14 4LX

P3427
BLUE

Point

--	--	--	--

Address

--	--

HHLD

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CKL

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Person No

--	--

First
name

--

Interviewer

--	--	--	--

Survey
month

--

Card

3	1	2
---	---	---

Health Survey for England 2014

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

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 } → **Go to next question**
No ₂ }

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**
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**

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**

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**

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	<input type="checkbox"/>	1	}	→ Go to next question
Yesterday	<input type="checkbox"/>	2		
Some other time during the last week	<input type="checkbox"/>	3		
1 week, but less than 2 weeks ago	<input type="checkbox"/>	4	}	→ Go to Q20
2 weeks, but less than 4 weeks ago	<input type="checkbox"/>	5		
1 month, but less than 6 months ago	<input type="checkbox"/>	6		
6 months ago or more	<input type="checkbox"/>	7		

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	<input type="checkbox"/>	2	→ Go to Q15
Yes	<input type="checkbox"/>	1	↓

How much did you drink in the last 7 days?

Write in:

	<input style="width: 50px; height: 20px;" type="text"/>	Pints (if half a pint, write in 1/2)
AND/OR	<input style="width: 50px; height: 20px;" type="text"/>	Large cans or bottles
AND/OR	<input style="width: 50px; height: 20px;" type="text"/>	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

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**

Yes ₁ → **Complete details below**

Write in name of drink



GENERAL HEALTH OVER THE LAST FEW WEEKS

Please read this carefully:

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

HAVE YOU RECENTLY:

Tick ONE box

	Better than usual	Same as usual	Less than usual	Much less than usual
Q20 been able to concentrate on whatever you're doing?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q21 lost much sleep over worry?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Tick ONE box

	More so than usual	Same as usual	Less useful than usual	Much less useful
Q22 felt you were playing a useful part in things?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Tick ONE box

	More so than usual	Same as usual	Less so than usual	Much less capable
Q23 felt capable of making decisions about things?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q24 felt constantly under strain?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q25 felt you couldn't overcome your difficulties?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Tick ONE box

	More so than usual	Same as usual	Less so than usual	Much less than usual
Q26 been able to enjoy your normal day-to-day activities?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

HAVE YOU RECENTLY:

Tick ONE box

Q27 been able to face up to your problems?

More so than usual	Same as usual	Less able than usual	Much less able
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Tick ONE box

Q28 been feeling unhappy and depressed?

Not at all	No more than usual	Rather more than usual	Much more than usual
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Tick ONE box

Q29 been losing confidence in yourself?

Not at all	No more than usual	Rather more than usual	Much more than usual
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Tick ONE box

Q30 been thinking of yourself as a worthless person?

Not at all	No more than usual	Rather more than usual	Much more than usual
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Tick ONE box

Q31 been feeling reasonably happy, all things considered?

More so than usual	About same as usual	Less so than usual	Much less than usual
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

General Health Questionnaire (GHQ – 12)

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Your weight

EVERYONE PLEASE ANSWER

Q32

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

4

→ Go to next question

Q33

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

Q34

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

Q35

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 09
(please write in the box below)

Thank you for answering these questions.

Please give the booklet back to the interviewer.

P3427
GREEN

Point	Address	HHLD	CKL	Person No
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>

First name

Interviewer

Survey month

Card

Health Survey for England 2014

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

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 Q2

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

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 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

Q5 How many cigarettes did you smoke last week?

I smoked cigarettes → Go to next question

Write in

EVERYONE PLEASE ANSWER

Q6 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 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 Q8**

Q7 Does this bother you?

Tick ONE box

- Yes 1
 - No 2
- Go to next question**

Drinking

Q8

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 Q10**

No ₂ → **Go to next question**

Q9

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 Q13**

Q10

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

Q11

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**

Q12

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

Q13

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

Q14

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

Q15 Which of these would you say you are?

Tick ALL boxes 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

Q16 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.

P3427
LILAC

Point	Address	HHL D	CKL	Person No
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>

First name of person
booklet is about

First name of person
completing booklet

Interviewer

Survey
month

321

Health Survey for England 2014

Difficulties Questionnaire

In Confidence

- 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

These questions are about the person named on the front of this booklet.

Please answer the following questions about them.

How to fill in this questionnaire

The following questions can be answered by simply ticking the box below or alongside the answer that applies to the person you are answering these questions about.

Example Do they have ...

Tick ONE box

Brown eyes	<input type="checkbox"/>	1	} → Go to next question
Blue eyes	<input checked="" type="checkbox"/>	2	
Green eyes	<input type="checkbox"/>	3	
Grey eyes	<input type="checkbox"/>	4	

Q1 Does this person have a difficulty learning, for example at school, college, work or in other places?

This may be due to a condition such as dyslexia, dyspraxia or ADHD (Attention Deficit Hyperactivity Disorder) or it may not have a name.

Tick ONE box

Yes	<input type="checkbox"/>	1	→ Go to next question
No	<input type="checkbox"/>	2	→ Go to Q4

Q2 How would you describe the level of severity of this difficulty?

Tick ONE box

Mild	<input type="checkbox"/>	1	} → Go to next question
Moderate	<input type="checkbox"/>	2	
Severe	<input type="checkbox"/>	3	

Q3 How often does this limit the amount or kind of activities that they can do?

Tick ONE box

Always	<input type="checkbox"/>	1	} → Go to next question
Often	<input type="checkbox"/>	2	
Sometimes	<input type="checkbox"/>	3	
Rarely	<input type="checkbox"/>	4	
Never	<input type="checkbox"/>	5	

Q4 Do they have an intellectual difficulty or developmental delay?
This may not have a name but please include things like Down's syndrome, autism and other conditions.

Tick ONE box

Yes	<input type="checkbox"/>	1	→ Go to next question
No	<input type="checkbox"/>	2	→ Go to end

Q5 How would you describe the level of severity of this difficulty?

Tick ONE box

Mild	<input type="checkbox"/>	1	} → Go to next question
Moderate	<input type="checkbox"/>	2	
Severe	<input type="checkbox"/>	3	

Q6 How often does this limit the amount or kind of activities that they can do?

Tick ONE box

Always	<input type="checkbox"/>	1	} → Go to end
Often	<input type="checkbox"/>	2	
Sometimes	<input type="checkbox"/>	3	
Rarely	<input type="checkbox"/>	4	
Never	<input type="checkbox"/>	5	

Thank you for answering these questions.

Please give the booklet back to the interviewer.

HSE 2014

**INTERVIEWER
SHOWCARDS**

&

Coding Frame

Name of Fruit	Size of Fruit	Name of Fruit	Size of Fruit
Apple (all types)	Medium	Mango	Large
Apricot	Small	Medlar	Medium
Avocado	Large	Melon (all types)	Very large
Banana	Medium	Mineola	Large
Banana, apple	Small	Nectarine	Medium
Banana, nino	Small	Olive	Very small
Berry (other)	Very small	Orange	Medium
Bilberry	Very small	Passion fruit	Small
Blackcurrant	Very small	Papaya / Paw Paw	Large
Blackberry	Very small	Peach	Medium
Blueberry	Very small	Pear	Medium
Cactus pear	Medium	Persimmon	Medium
Cape gooseberry	Very small	Pitaya	Medium
Carambola / Star fruit	Medium	Pineapple	Very large
Cherry	Very small	Physalis	Very small
Cherry tomatoes	Very small	Plantain	Medium
Chinese gooseberry	Small	Plum	Small
Chinese lantern	Very small	Pomegranate	Medium
Chirimoya / Cherimoya	Medium	Pomelo/Pummelo	Large
Clementine	Medium	Prickly pear	Medium
Custard Apple	Medium	Rambutans	Very small
Damson	Very small	Raspberry	Very small
Date (fresh)	Small	Redcurrants	Very small
Dragon fruit	Large	Satsuma	Medium
Elderberry	Very small	Shaddock	Large
Figs (fresh)	Small	Sharon fruit	Medium
Gooseberry	Very small	Starfruit	Medium
Granadilla / Passion	Small	Strawberry	Very small
Grapes (all types)	Very small	Stonefruit	Very small
Grapefruit	Large	Tamarillo /Tree tomato	Small
Greengage	Small	Tangerine	Medium
Grenadillo	Very small	Tomato	Small
Guava	Medium	Tomato, cherry	Very small
Horned melon/Kiwano	Large	Tomato, beef	Large
Kiwi	Small	Tree tomato/Tamarillo	Small
Kubo	Very small	Ugli fruit	Large
Kumquat	Very small		
Lemon	Medium		
Lime	Medium		
Loquat	Very small		
Lychee	Very small		
Mandarin orange	Medium		

HEIGHT CONVERSION CHART

1 inch = 2.54 cm

Centimetres	Feet	Inches
46	1	6
48	1	7
51	1	8
53	1	9
56	1	10
58	1	11
61	2	0
64	2	1
66	2	2
69	2	3
71	2	4
74	2	5
76	2	6
79	2	7
81	2	8
84	2	9
86	2	10
89	2	11
91	3	0
94	3	1
97	3	2
99	3	3
102	3	4
104	3	5
107	3	6
109	3	7
112	3	8
114	3	9
117	3	10
119	3	11
122	4	0
124	4	1
127	4	2
130	4	3
132	4	4
135	4	5
137	4	6
140	4	7
142	4	8
145	4	9
147	4	10
150	4	11
152	5	0
155	5	1
157	5	2
160	5	3
163	5	4
165	5	5
168	5	6
170	5	7

Centimetres	Feet	Inches
173	5	8
175	5	9
178	5	10
180	5	11
183	6	0
185	6	1
188	6	2
191	6	3
193	6	4
196	6	5
198	6	6
201	6	7
203	6	8
206	6	9

WEIGHT CONVERSION CHART

1 kg = 2.2 lbs

Kg	st	lbs
6.4	1	0
6.8	1	1
7.3	1	2
7.7	1	3
8.2	1	4
8.6	1	5
9.1	1	6
9.5	1	7
10.0	1	8
10.5	1	9
10.9	1	10
11.4	1	11
11.8	1	12
12.3	1	13
12.7	2	0
13.2	2	1
13.6	2	2
14.1	2	3
14.5	2	4
15.0	2	5
15.5	2	6
15.9	2	7
16.4	2	8
16.8	2	9
17.3	2	10
17.7	2	11
18.2	2	12
18.6	2	13
19.1	3	0
19.5	3	1
20.0	3	2
20.5	3	3
20.9	3	4
21.4	3	5
21.8	3	6
22.3	3	7
22.7	3	8
23.2	3	9
23.6	3	10
24.1	3	11
24.5	3	12
25.0	3	13
25.5	4	0
25.9	4	1
26.4	4	2
26.8	4	3
27.3	4	4
27.7	4	5
28.2	4	6

Kg	st	lbs
28.6	4	7
29.1	4	8
29.5	4	9
30.0	4	10
30.5	4	11
30.9	4	12
31.4	4	13
31.8	5	0
32.3	5	1
32.7	5	2
33.2	5	3
33.6	5	4
34.1	5	5
34.5	5	6
35.0	5	7
35.5	5	8
35.9	5	9
36.4	5	10
36.8	5	11
37.3	5	12
37.7	5	13
38.2	6	0
38.6	6	1
39.1	6	2
39.5	6	3
40.0	6	4
40.5	6	5
40.9	6	6
41.4	6	7
41.8	6	8
42.3	6	9
42.7	6	10
43.2	6	11
43.6	6	12
44.1	6	13
44.5	7	0
45.0	7	1
45.5	7	2
45.9	7	3
46.4	7	4
46.8	7	5
47.3	7	6
47.7	7	7
48.2	7	8
48.6	7	9
49.1	7	10
49.5	7	11
50.0	7	12
50.5	7	13

Kg	st	lbs
50.9	8	0
51.4	8	1
51.8	8	2
52.3	8	3
52.7	8	4
53.2	8	5
53.6	8	6
54.1	8	7
54.5	8	8
55.0	8	9
55.5	8	10
55.9	8	11
56.4	8	12
56.8	8	13
57.3	9	0
57.7	9	1
58.2	9	2
58.6	9	3
59.1	9	4
59.5	9	5
60.0	9	6
60.5	9	7
60.9	9	8
61.4	9	9
61.8	9	10
62.3	9	11
62.7	9	12
63.2	9	13
63.6	10	0
64.1	10	1
64.5	10	2
65.0	10	3
65.5	10	4
65.9	10	5
66.4	10	6
66.8	10	7
67.3	10	8
67.7	10	9
68.2	10	10
68.6	10	11
69.1	10	12
69.5	10	13
70.0	11	0
70.5	11	1
70.9	11	2
71.4	11	3
71.8	11	4
72.3	11	5
72.7	11	6

WEIGHT CONVERSION CHART

1 kg = 2.2 lbs

Kg	st	lbs
73.2	11	7
73.6	11	8
74.1	11	9
74.5	11	10
75.0	11	11
75.5	11	12
75.9	11	13
76.4	12	0
76.8	12	1
77.3	12	2
77.7	12	3
78.2	12	4
78.6	12	5
79.1	12	6
79.5	12	7
80.0	12	8
80.5	12	9
80.9	12	10
81.4	12	11
81.8	12	12
82.3	12	13
82.7	13	0
83.2	13	1
83.6	13	2
84.1	13	3
84.5	13	4
85.0	13	5
85.5	13	6
85.9	13	7
86.4	13	8
86.8	13	9
87.3	13	10
87.7	13	11
88.2	13	12
88.6	13	13
89.1	14	0
89.5	14	1
90.0	14	2
90.5	14	3
90.9	14	4
91.4	14	5
91.8	14	6
92.3	14	7
92.7	14	8
93.2	14	9
93.6	14	10
94.1	14	11
94.5	14	12
95.0	14	13
95.5	15	0

Kg	st	lbs
95.9	15	1
96.4	15	2
96.8	15	3
97.3	15	4
97.7	15	5
98.2	15	6
98.6	15	7
99.1	15	8
99.5	15	9
100.0	15	10
100.5	15	11
100.9	15	12
101.4	15	13
101.8	16	0
102.3	16	1
102.7	16	2
103.2	16	3
103.6	16	4
104.1	16	5
104.5	16	6
105.0	16	7
105.5	16	8
105.9	16	9
106.4	16	10
106.8	16	11
107.3	16	12
107.7	16	13
108.2	17	0
108.6	17	1
109.1	17	2
109.5	17	3
110.0	17	4
110.5	17	5
110.9	17	6
111.4	17	7
111.8	17	8
112.3	17	9
112.7	17	10
113.2	17	11
113.6	17	12
114.1	17	13
114.5	18	0
115.0	18	1
115.5	18	2
115.9	18	3
116.4	18	4
116.8	18	5
117.3	18	6
117.7	18	7
118.2	18	8

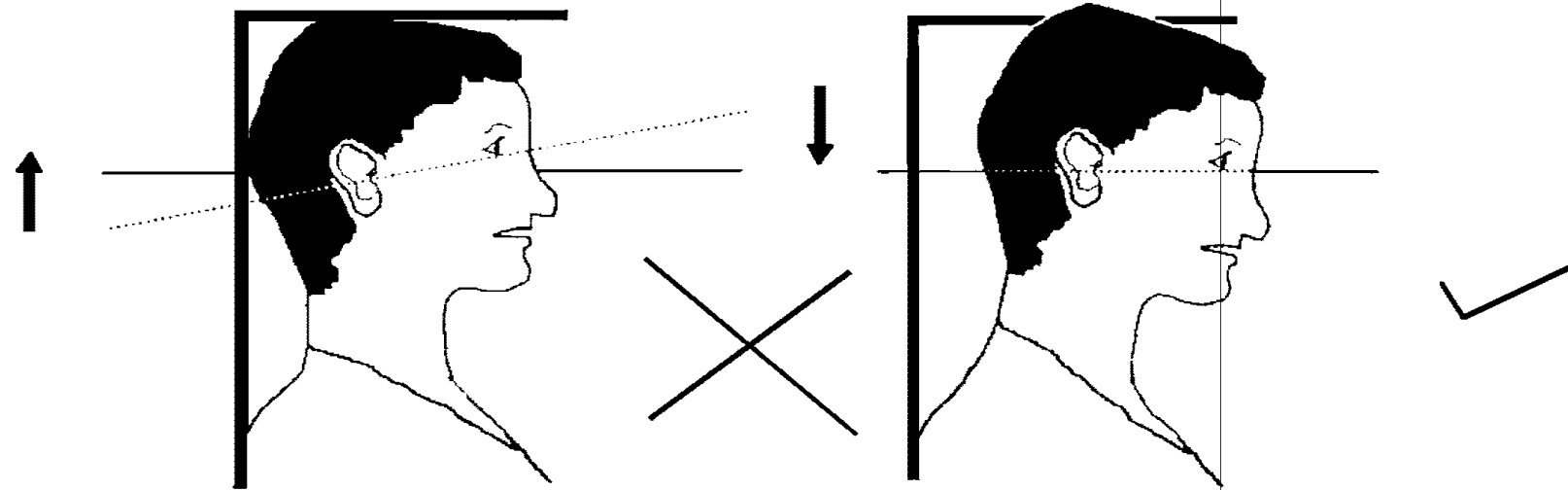
Kg	st	lbs
118.6	18	9
119.1	18	10
119.5	18	11
120.0	18	12
120.5	18	13
120.9	19	0
121.4	19	1
121.8	19	2
122.3	19	3
122.7	19	4
123.2	19	5
123.6	19	6
124.1	19	7
124.5	19	8
125.0	19	9
125.5	19	10
125.9	19	11
126.4	19	12
126.8	19	13
127.3	20	0
127.7	20	1
128.2	20	2
128.6	20	3
129.1	20	4
129.5	20	5
130.0	20	6
130.5	20	7
130.9	20	8
131.4	20	9
131.8	20	10
132.3	20	11
132.7	20	12
133.2	20	13
133.6	21	0
134.1	21	1
134.5	21	2
135.0	21	3
135.5	21	4
135.9	21	5
136.4	21	6
136.8	21	7
137.3	21	8
137.7	21	9
138.2	21	10
138.6	21	11
139.1	21	12
139.5	21	13

Long standing illnesses

Below is a list of some of the conditions people may mention at the long standing illness question *///12m*. This is to help you with the spelling. It should **not** be used as a prompt for respondents.

Agoraphobia	Hodgkin's disease
Alzheimer's	Huntington's chorea
Anaemia	Hyperthyroidism (overactive thyroid)
Angina	Hypothyroidism (underactive thyroid)
Arteriosclerosis	Leukaemia
Arthritis	Lymphadenoma
Asthma	Meniere's disease
Bronchitis	Meningitis
Cataract	Migraine
Cerebral palsy	Multiple sclerosis
Colitis	Osteoarthritis
Crohn's disease	Osteoporosis
Dementia	Osteosclerosis
Diabetes	Paget's disease
Diverticulitis	Pernicious anaemia
Eczema	Psoriasis
Emphysema	Raynaud's disease
Endometriosis	Rheumatoid arthritis
Epilepsy	Rhinitis
Glaucoma	Sciatica
Haemophilia	Scoliosis

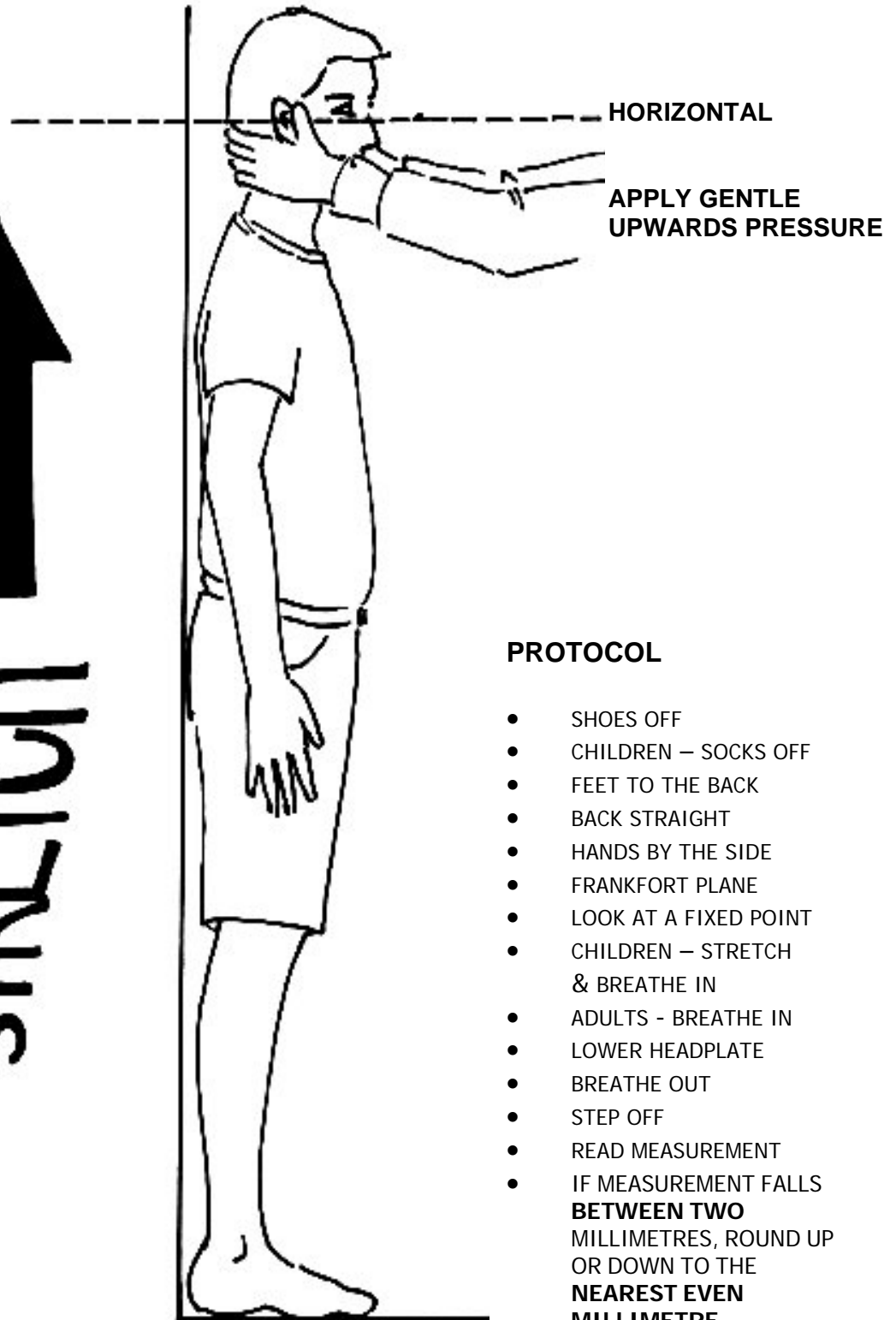
FRANKFORT PLANE - ADULTS



MEASURING CHILDREN'S HEIGHT

Cup the child's head in your hands, placing the heels of your palms either side of the chin, with your thumbs just in front of the ears, and your fingers going round towards the back of the neck.

↑
STRETCH



PROTOCOL

- SHOES OFF
- CHILDREN – SOCKS OFF
- FEET TO THE BACK
- BACK STRAIGHT
- HANDS BY THE SIDE
- FRANKFORT PLANE
- LOOK AT A FIXED POINT
- CHILDREN – STRETCH & BREATHE IN
- ADULTS - BREATHE IN
- LOWER HEADPLATE
- BREATHE OUT
- STEP OFF
- READ MEASUREMENT
- IF MEASUREMENT FALLS **BETWEEN TWO** MILLIMETRES, ROUND UP OR DOWN TO THE **NEAREST EVEN** MILLIMETRE

For a respondent who is blind or cannot read:

Add at the bottom of the consent form

For the respondent:

“This form has been read to me and I confirm that I understand the information and give consent.”

Respondent’s signature

(write in their name if they cannot sign)

For yourself:

“I confirm that I read this consent form word for word to [insert name] who understood the information and gave informed consent.”

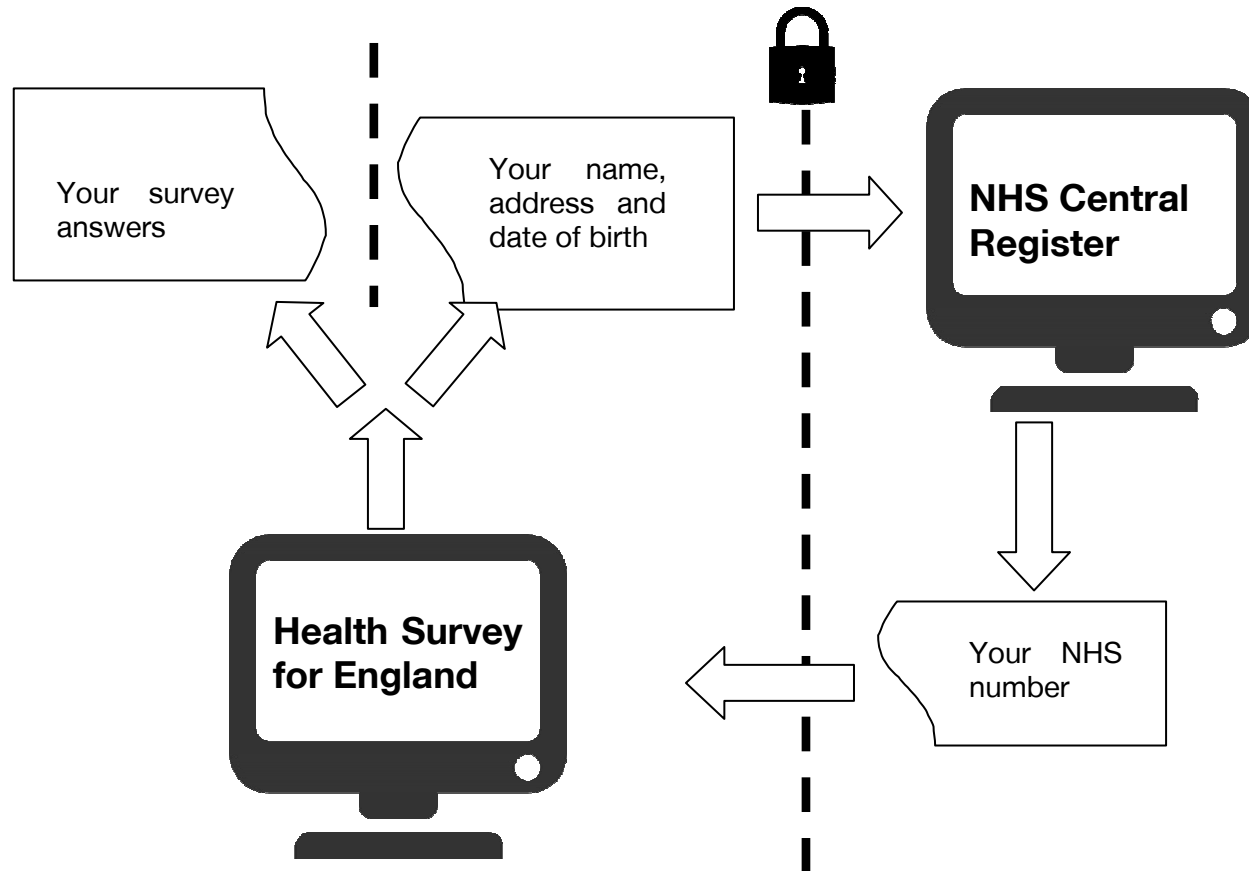
Interviewer signature and date

If someone else is available as a witness:

“I confirm that the interviewer read out the form and explained it to [insert name], and that [name] understood and agreed.”

Witness signature and date

Linking survey answers to other information



What happens at this stage?

- Your name, address and date of birth are sent securely to the NHS Central Register
- Your health record is identified
- A flag is added to your record to say you've taken part in the Health Survey for England
- Your NHS number is sent to NatCen

What happens then?

- NatCen sends NHS numbers (but no other information) to the Hospital Episodes Statistics for updates about people's visits to hospital.
- Each year the NHS Central Register sends NatCen information about medical conditions like cancer and causes of deaths for people whose records have been flagged
- This information is added to your survey answers, making it even more useful to researchers in the future to look at how people's lifestyles can affect their future health

HSE 2014

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. **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 / Reduction**
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 A5

- 1. Attendance Allowance**
- 2. Disability Living Allowance**
– care component
- 3. Disability Living Allowance**
– mobility component
- 4. Personal Independence Payments**
– daily living component
- 5. Personal Independence Payments**
– mobility component
- 6. None of these**

CARD A6

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. Higher rate £55.25
7. Lower rate £21.00

Personal Independence Payments (PIP) - Care Component

8. Highest rate £79.15
9. Middle rate £53.00

Personal Independence Payments (PIP) - Mobility Component

10. Higher rate £55.25
11. Lower rate £21.00

Weekly rates from 6th April 2014

CARD A7

Attendance allowance

1. Higher rate for attendance during day AND night £81.30
2. Lower rate for day OR night £54.45

Disability Living Allowance (DLA) - Care Component

3. Highest rate £81.30
4. Middle rate £54.45
5. Lowest rate £21.55

Disability Living Allowance (DLA) - Mobility Component

6. Higher rate £56.75
7. Lower rate £21.55

Personal Independence Payments (PIP) - Daily Living Component

8. Enhanced rate £81.30
9. Standard rate £54.45

Personal Independence Payments (PIP) - Mobility Component

10. Enhanced rate £56.75
11. Standard rate £21.55

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 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

Examples of care and support

Help around the home

For example Getting about the house
Preparing food
Cleaning and laundry
Household paperwork
Gardening

Help outside the home

For example Shopping
Using transport
Using a post office or bank

Personal care

For example Getting in and out of bed
Washing
Dressing
Using the toilet

CARD E2

- 1. Pay for all of it themselves**
- 2. Pay for some of it themselves**
- 3. Not have to pay for any of it**
- 4. Depends on circumstances**

CARD E3

- 1. Pension and income**
- 2. Amount of savings**
- 3. Having relatives who can provide financial support**
- 4. Owning their home and/or the value of their home**
- 5. Having worked for long enough / made enough National Insurance contributions**
- 6. How much they have already paid for care and support**
- 7. Having private health insurance / health plan**
- 8. Other things**

CARD E4

- 1. Whether they live alone**
- 2. Having relatives who can care for them**
- 3. Whether they have a disability**
- 4. What Local Authority services are available in their area**

CARD E5

- 1. Local Authority (social services)**
- 2. NHS**
- 3. Charity / religious organisation**
(e.g. Age UK)
- 4. Insurance policy**
(e.g. to cover illness or inability to work)
- 5. Private health insurance / health plan**

CARD E6

- 1. Income from work or pensions**
- 2. Savings**
- 3. Benefits** (e.g. disability living allowance, personal independence payments)
- 4. Sale of their assets** (e.g. their home)
- 5. Money from relatives or friends**
- 6. Other sources of money**

CARD E7

- 1. Very confident**
- 2. Quite confident**
- 3. Not very confident**
- 4. Not at all confident**

CARD E8

- 1. Local Authority (social services)**
- 2. NHS**
- 3. Charity /religious organisation**
(e.g. Age UK)
- 4. The person themselves**
- 5. Me**
- 6. Other relatives**
- 7. Another source**

CARD E9

- 1. Almost all**
- 2. Quite a lot**
- 3. Only a few**
- 4. Almost nobody**

CARD E10

- 1. I've thought about it in great detail**
- 2. I've thought about it a little**
- 3. I know I should have thought about it but haven't done so yet**
- 4. I haven't thought about this at all yet**

CARD E11

- 1. Joined a company pension scheme**
- 2. Started a private pension scheme**
- 3. Paid extra contributions into a pension scheme**
- 4. Taken out private health insurance / health plan**
- 5. Taken out insurance**
(e.g. to cover illness or inability to work)
- 6. Consulted a financial advisor**
- 7. Started saving for when you are older**
- 8. Bought property so you can use the money when you are older**
- 9. Any other financial planning for when you are older**
- 10. None of these**

CARD F1

- 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 F2

- 1. Community mental health centre**
- 2. Day activity centre**
- 3. Sheltered workshop**

CARD F3

- 1. Psychiatrist**
- 2. Psychologist**
- 3. Community psychiatric nurse (CPN)**
- 4. Community learning difficulty nurse**
- 5. Other nursing services**
- 6. Social worker**
- 7. Self-help or support group**
- 8. Home help or home care worker**
- 9. Outreach worker or family support**

CARD G1



Teaspoon



Dessertspoon



Tablespoon

CARD H1

- 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 H2

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 have a catheter and manage this without problems 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 H3

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 H4

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 H5

- 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 H6

- 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 H7

- 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 H8

- 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**

CARD H9

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 H10

- 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 H11

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 / son in law)
5. **Daughter** (including step daughter / adopted daughter / 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 H12

TASKS YOU HELP OTHERS WITH

1. **Getting in and out of bed**
2. **Washing 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 H13

- 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 H14

- 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 H15

- 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 H16

- 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 H17

- 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 H18

- 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 H19

- 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**

CARD J1

- 1. A hearing aid behind your ear**
- 2. A hearing aid wholly in your ear**

CARD J2

- 1. Very satisfied**
- 2. Fairly satisfied**
- 3. Neither satisfied nor dissatisfied**
- 4. Fairly dissatisfied**
- 5. Very dissatisfied**

CARD J3

- 1. With no difficulty**
- 2. With slight difficulty**
- 3. With moderate difficulty**
- 4. With great difficulty**
- 5. Cannot hear at all**

CARD J4

- 1. No**
- 2. Yes, slight difficulty**
- 3. Yes, moderate difficulty**
- 4. Yes, great difficulty**

CARD J5

- 1. No**
- 2. Yes, slightly**
- 3. Yes, moderately**
- 4. Yes, severely**

CARD J6

- 1. Hospital**
- 2. GP**
- 3. Health centre**
- 4. High street shop or pharmacy**
- 5. Supermarket**

CARD K1

- 1. Filter-tipped cigarettes**
- 2. Plain or untipped cigarettes**
- 3. Hand-rolled cigarettes**
- 4. None**

CARD K2

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 K3

- 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 K4

- 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 K5

- 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 K6

- 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 K7

- 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. 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 K8

- 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 K9

- 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 L1

- 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 L2

- 1. Normal strength beer, lager, stout, cider or shandy** (less than 6 % alcohol)
(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**
(e.g. Bacardi Breezer, Metz or Smirnoff Ice)
- 7. Other alcoholic drinks**
- 8. Low alcohol drinks only**

CARD L3



CARD M1

- 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 M2

1. Degree or degree level qualification (inc. 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 M3

- 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 M4

- 1. English**
- 2. Welsh**
- 3. Scottish**
- 4. Irish**
- 5. British**
- 6. Other (Please describe...)**

CARD M5

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 background (Please describe...)

CARD M6

- 1. Very satisfied**
- 2. Quite satisfied**
- 3. Neither satisfied or dissatisfied**
- 4. Quite dissatisfied**
- 5. Very dissatisfied**

DISPATCH NOTE FOR BLOOD and URINE SAMPLES
(OFFICE COPY)

1. AGE GROUP:

WRITE IN THE **NUMBER** OF TUBES OBTAINED:

16+

Plain

EDTA

URINE

2. BLOOD/ URINE
TAKEN:

Day

Month

Year

3. BLOOD/ URINE
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 2014

BLOOD PRESSURE TO GP CONSENT

BP (A)

Please initial the box
if you consent

1. *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.

Initials

URINE SAMPLE CONSENT

U (A)

Please initial the box
if you consent

1. *I consent to a qualified nurse/midwife collecting a sample of my urine 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.

Initials

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.

Initials

2. *I consent to NatCen Social Research/UCL Joint Health Surveys Unit informing my General Practitioner (GP) of the blood sample analysis results.*

Initials

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.*

Initials

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

THE HEALTH SURVEY FOR ENGLAND 2014
DISPATCH NOTE FOR BLOOD AND URINE SAMPLES
 (LABORATORY COPY)

P8814

Complete all sections CLEARLY and LEGIBLY and enclose with samples to lab.

1. SERIAL NUMBER: R

--	--	--	--

--	--

--

--

--	--

2. SEX: Male

1

 Female

2

3. AGE GROUP: 16+

1

4. DATE OF BIRTH: Day

--	--

 Month

--	--

 Year

--	--	--	--

5. **NUMBER OF TUBES OBTAINED**

Plain

--

 EDTA

--

Urine

--

6. DATE BLOODS/ URINE TAKEN: Day

--	--

 Month

--	--

 Year

--	--	--	--

7. STORAGE CONSENT: Given

1

Not given/not applicable

2

8. 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		IF ITEM 3 ABOVE = 1
Plain Red	<table border="1" style="width: 40px; height: 40px;"></table>		Total cholesterol HDL cholesterol
EDTA Purple	<table border="1" style="width: 40px; height: 40px;"></table>		Glycated haemoglobin
Urine	<table border="1" style="width: 40px; height: 40px;"></table>		Sodium, potassium, Creatinine
			STORE IF ITEM 7 ABOVE = 1

P8814

The Health Survey for England 2014

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 2014

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 2014

Serial No.

Child's name: _____

BLOOD PRESSURE TO GP CONSENT (Child aged 5-15)

Please **initial** the box
if you consent

1. *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.*
2. *I am aware that the results of his/her blood pressure measurement may be used by his/her GP to help monitor his/her health and that his/her GP may wish to include the results in any future report about him/her*

**PARENT
INITIALS**

SALIVA CONSENT (Child aged 4-15)

Please **initial** the box
if you consent

1. *I am the parent/ guardian of the child named on this booklet and I consent to a qualified nurse/ midwife collecting a sample of his/ her saliva on behalf of NatCen Social Research/ UCL.*
2. *I have read the 'Information for Participants' leaflet about the second stage of the survey and understand what the sample will be tested for. The purpose and procedure have been explained to me by the nurse/ midwife and I have had an opportunity to discuss this with him/ her.*

**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 **R**

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 2014

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.

Point	Address	HHLID	CKL	Person No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

RESPONDENT COPY
ADULTS 16+

HEALTH SURVEY FOR ENGLAND 2014

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
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Please initial box

Respondent signature

Respondent name

Date

Interviewer signature

Interviewer name

Date

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