

Scottish Health Survey

‘15

Questionnaires and
showcards

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

ScotCen Social Research

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Questionnaire documentation

Section contains:

Notes on how to use this documentation

Survey outline

Household interview

Individual interview

Notes

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

Important note for data users: You are advised to use the documentation accompanying the final dataset released by the UK Data Archive as there may be updates or corrections to the documentation between the publication of the annual report and the release of the final dataset.

Scottish Health Survey 2015 – Survey outline

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

Questionnaire content

Household questionnaire

There was only one version of the household questionnaire across all three sample types in 2015. The household questionnaire documentation begins on page 7 of this documentation.

Individual questionnaire

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

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

Points to note:

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

Core Version A	Both A&B	Core Version B
	Household questionnaire [HHgrid]+[GenHHold]	
	General health including caring [GenHlth]	
Respiratory symptoms (CVD) 16+		
	General CVD (16+) and use of services [CVD] 0+	
	Asthma core [Asthma] 0+	
Accidents 0+		
	Physical activity adults - including Qs on activity at work, time spent at screens and other sedentary activity [AdPhysic] 16+	
	Physical activity kids – inc Qs on time spent at screens and other sedentary activity [ChPhysic] 2+	
	Eating habits kids [Eating] 2 - 15	
	Fruit and Veg [Fruitveg] 2+	
	Smoking [Smoking] 18+ (16-17 year olds do self-comp/18-19 yr olds optional)	
	Passive Smoking [Smoking] 0+	
	Drinking [Drinking] 18+ (16-17 year olds do self-comp/18-19 yr olds optional)	
	Dental health [Dental] 16+	
Dental services (16+)		
Social capital (16+)		
Discrimination and harassment (16+)		
	Economic activity (16+)	
Stress at work (16+)		
	Education (16+)	
	Ethnicity (0+) place of birth (0+)and religion (16+) [Ethnic]	
	Family health [Parent] 16+	
	Self-completions [Selfcomp] 4+	

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

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

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

[Point]*

SAMPLE POINT NUMBER:

Range: 1..997

[Address]*

ADDRESS NUMBER:

Range: 1..97

[Hhold]*

HOUSEHOLD NUMBER:

Range: 1..3

[AdrField]*

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

Text: Maximum 10 characters

[First]*

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

Year No: (2015=8)

Sample: (sample type indicator)

Point no: (Point number)

Address no: (Address number)

Household no: (Household number)

Strand: (Core version A or version B)

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

[IntDate]*

PLEASE ENTER THE DATE OF THIS INTERVIEW.

Date:

[WhoHere]*

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

1 Continue

IF First person in household OR More=Yes THEN

[Name]*

What is the name of (person number)?

[More]*

Is there anyone else in this household?

1 Yes

2 No

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

[SizeConf]*

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

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

HOUSEHOLD COMPOSITION GRID FOR ALL HOUSEHOLD MEMBERS (MAXIMUM 12)

[Person]

Person number in Household Grid.

Range: 0..12

[Name]*

First name from WhoHere

[Sex]

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

- 1 Male
- 2 Female

[DoB]*

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

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

[Age]

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

Range: 0..120

IF Age=Dk/Ref THEN

[AgeEst]*

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

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

IF Age of Respondent is 16 or over THEN

[Marital12]¹

SHOWCARD A1.

Please look at this card and tell me your legal marital or same-sex civil partnership status
INTERVIEWER: CODE FIRST THAT APPLIES.

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

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

[Couple]²

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

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

IF (Age of Respondent is 16-17) THEN

[LegPar]

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

- 1 Yes
- 2 No

[Par1]

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

Range: 1..12, 97

IF Par1 IN [1..12] THEN

[Par2]

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

Range: 1..14, 97

[SelCh]

INTERVIEWER: Is this child selected for an individual interview?

- 1 Yes
- 2 No

¹ From 2014 onwards, Marital12 will not be included in the archived dataset

² From 2014 onwards, Couple2 will replace Couple in the archived dataset

RELATIONSHIP BETWEEN HOUSEHOLD MEMBERS COLLECTED FOR ALL

IF Person > 1 THEN

[R]*¹

SHOW CARD A2.

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

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

END OF HOUSEHOLD COMPOSITION GRID

ASK ALL

[HHldr]

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

CODE ALL THAT APPLY.

(Codeframe of all household members)

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

[HHResp]

INTERVIEWER CODE:²

(Codeframe of adult household members)

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

¹ From 2014 onwards, Ra to R10a will replace R to R10 in the archived dataset. R11 and R12 will not be in the datafile

² HQResp gives status of household respondent (HRP, HRP's partner, other)

IF More than one person coded at HHldr THEN

[HiHNum]

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

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

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

IF HiHNum=13 THEN

[JntEldA]

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

ASK OR RECORD.

(Codeframe of joint householders)

- 1-12 Person numbers of household members

IF HiHNum=Don't know or Refused

[JntEldB]

ENTER PERSON NUMBER OF THE ELDEST JOINT HOUSEHOLDER.

ASK OR RECORD.

(Codeframe of joint householders)

- 1-12 Person numbers of household members

[HRP]*

INTERVIEWER: THE HOUSEHOLD REFERENCE PERSON IS:

(Displays name of Household Reference Person)

PRESS <1> AND <Enter> TO CONTINUE.

[Eligible]*

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

(List of eligible respondents)

PRESS <1> AND <Enter> TO CONTINUE.

ASK ALL

[OwnRnt08]

SHOWCARD A3

In which of these ways do you occupy this accommodation?

PROBE FOR DETAILS

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

IF OwnRnt08= Rent OR Free THEN

[LandLord]*¹

Who is your landlord?

INTERVIEWER: Code first that applies.

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

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

ASK ALL

[Car12]*²

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

ASK ALL

[PasSm]

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

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

- 1 Yes
- 2 No

[SmokHm]³

SHOW CARD A4

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

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

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

IF >1 person in household

[EatTog]

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

- 1 Never
- 2 One or two times

¹ From 2014 onwards, Landlord2 will replace Landlord in the archived dataset

² Revised wording and now single question, previously [car] and [numcar]. From 2014 onwards, Car3 will replace Car12 in the archived dataset

³ New in 2012

- 3 Three or four times
- 4 Five or six times
- 5 Seven times
- 6 More than often than this

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

[LiveArea]

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

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

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

[CrimArea]

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

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

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

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

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

ASK ALL

[PrevCrim]

SHOWCARD A5

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

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

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

[ActQuick]

SHOWCARD A5

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

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

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

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

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

[DealInc]

SHOWCARD A5

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

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

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

[Investig]

SHOWCARD A5

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

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

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

[SolvCrim]

SHOWCARD A5

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

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

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

[CatchCri]

SHOWCARD A5

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

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

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

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

[SrcInc]¹

SHOW CARD A6.

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

INTERVIEWER: Probe for all sources. CODE ALL THAT APPLY

- | | | |
|----|---|------------|
| 1 | Earnings from employment or self-employment (incl. overtime, tips, bonuses) | [SrcInc1] |
| 2 | State retirement pension | [SrcInc2] |
| 3 | Pension from former employer | [SrcInc3] |
| 4 | Personal pensions | [SrcInc4] |
| 5 | Child Benefit | [SrcInc5] |
| 6 | Job-Seekers Allowance | [SrcInc6] |
| 7 | Income Support | [SrcInc7] |
| 8 | Working Tax Credit, Child Tax Credit or any other Tax Credit | [SrcInc8] |
| 9 | Housing Benefit | [SrcInc9] |
| 10 | Other state benefits | [SrcInc10] |
| 11 | Student grants and bursaries (but not loans) | [SrcInc11] |
| 12 | Interest from savings and investments (eg stocks & shares) | [SrcInc12] |
| 13 | Rent from property (after expenses) | [SrcInc13] |
| 14 | Other kinds of regular income (e.g. maintenance or grants) | [SrcInc14] |
| 15 | No source of income | [SrcInc15] |

[JntInc]

SHOW CARD A7

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

INTERVIEWER: THIS QUESTION REFERS TO INCOME FROM ALL THE SOURCES LISTED IN CARD A6. PLEASE REFER RESPONDENT BACK TO CARD A6 IF NECESSARY

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

Range:1..97

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

THEN

[OthInc]

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

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

IF OthInc = Yes THEN

[HHInc]

SHOW CARD A7

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

¹ Additional option categories added for 2012

ENTER BAND NUMBER. DON'T KNOW = 96, REFUSED = 97.
Range:1..97

EMPLOYMENT DETAILS OF HOUSEHOLD REFERENCE PERSON¹

Show card A8

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

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

INTERVIEWER: Code **all that apply**.

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

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

[HEducCou]

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

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

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

- 1 Yes
- 2 No

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

[HWk4Lk12]

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

- 1 Yes
- 2 No

IF HWk4Lk12 = No THEN

[HWaitJb12]

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

- 1 Yes
- 2 No

IF (HWk4Lk12 = Yes OR HWaitJb12 = Yes) THEN

[HWk2St12]

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

- 1 Yes
- 2 No

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

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

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

INTERVIEWER: CODE ONE ONLY

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

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

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

- 1 Yes
- 2 No

IF (HWaitJb12 = Yes) THEN

[HOthPaid]

Apart from the job *you/name* are waiting to take up, have *you/name* (Household Reference Person)

ever been in paid employment or self-employed?

- 1 Yes
- 2 No

IF (HEverJ = Yes) OR (HOthPaid = Yes) THEN

[HPayLast]¹

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

WRITE IN.

Numeric: 1920..2015 Decimals: 0

IF HPayLast <= 8 years ago THEN

[HPayMon]

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

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

¹ HPayAge gives age when HRP last had paid job

13 Can't remember

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

[HJobTitl]*

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

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

Text: Maximum 60 characters

[HFtPtime]

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

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

- 1 Full-time
- 2 Part-time

[HWtWork]*

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

Text: Maximum 50 characters

[HMatUsed]*

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

IF NONE USED, WRITE IN 'NONE'.

Text: Maximum 50 characters

[HSkilNee]*

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

Text: Maximum 120 characters

[HEmploye]

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

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

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

IF HEmploye = self employed THEN

[HDirctr]

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

- 1 Yes
- 2 No

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

[HEmpStat]

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

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

[HNEmployee]

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

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

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

[HSNEmploye]

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

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

IF HEmploye = Employee THEN

[HInd]*

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

Text: Maximum 100 characters

IF HEmploye = Self Employed THEN

[HSIfWtMa]*

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

Text: Maximum 100 characters

ASK ALL

[HRPOcc]

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

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

- 1 Yes
- 2 No

Individual Interview

ASK ALL (0+)

[DBCcheck]*

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

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

Code 2 if it is wrong.

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

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

IF DBCcheck = Code 2, 3 THEN

[ODoBD]*

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

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

Enter the **day** here.

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

Range: 1..31

[ODoBM]*

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

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

[ODoBY]*

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

Range: 1890..2100

ASK ALL

[OwnAge]*¹

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

- 1 Yes
- 2 No

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

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

[Birthday]*

INTERVIEWER FOR YOUR INFORMATION:

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

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

Now press <Enter> to continue.

IF 'don't know' at ODOB, THEN

[OwnAgeE]*

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

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

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

[AgeCEst]*

INTERVIEWER: Estimate nearest age:

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

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

[AgeAEst]*

INTERVIEWER: Estimate nearest age:

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

General Health module – (ALL)

ASK ALL (0+)

[GenHelf]

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

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

[Longill12]¹

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

- 1 Yes
- 2 No

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

IF Longill12=Yes OR More=Yes THEN

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

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

INTERVIEWER: RECORD FULLY. PROBE FOR DETAIL.

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

¹ Question wording changed in 2012.

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

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

[LimAct12](variable names LimitAc1-LimitAc6)¹

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

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

[More]* (variable names More1-More6)²

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

- 1 Yes
- 2 No

ASK 4+

[RG15anew]³

Apart from anything you (*child's name*) do (does) as part of paid employment, do you (does *child's name*) look after, or give any regular help or support to family members, friends, neighbours or others because of either long-term physical, mental ill-health, disability or problems related to old age?

- 1 Yes
- 2 No

¹ Additional answer categories added in 2012

² Empty more codes are not included in the data file

³ Revised wording in 2014

IF RG15anew = Yes THEN

RG16a

Who is it that you (child's name) provide(s) regular help or care for?

INTERVIEWER: Up to two people cared for.

Code the **first** person here.

1-12 Person numbers of household members

97 Someone outside the household

IF RG15anew=1-12 or 97 THEN

[RG16b]

Who else is it that you (child's name) provide(s) regular help or care for?

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

1-12 Person numbers of household members

97 Someone outside the household

98 No one else

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

[RG16c]

Who is it that you (child's name) provide(s) regular help or care for outside your household?

INTERVIEWER: Code all that apply

Parent/parent-in-law

[RG16c1]

Other relative

[RG16c2]

Friend/neighbour

[RG16c3]

Other person

[RG16c4]

[RG17anew]¹²

SHOWCARD A9

In total, how many hours each week approximately do you (does child's name) spend providing any regular help or support?

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

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

1 Up to 4 hours a week

2 5 - 19 hours a week

3 20 - 34 hours a week

4 35 - 49 hours a week

5 50 or more hours a week

6 Varies (spontaneous - not on showcard)

[RG18]³

SHOW CARD A10

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

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

1 Less than one year

2 One year but less than 5 years

3 5 years but less than 10 years

4 10 years but less than 20 years

5 20 years or more

¹ Different wording and categories in 2012

² Revised wording in 2014

³ New question in 2012

ASK ALL 16-70 who are carers (IF RG15anew=Yes THEN)

[RG19]¹

SHOW CARD A11

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

INTERVIEWER: CODE ALL THAT APPLY

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

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

[RG190]*

INTERVIEWER: WRITE IN OTHER ANSWER

[RG20]²

SHOW CARD A12

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

INTERVIEWER: CODE ALL THAT APPLY

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

1 New question in 2012

2 New question in 2012

ASK ALL aged 4-15 who are carers (IF RG15anew=Yes THEN)

[RG20b]¹

SHOW CARD A13

What kind of support, if any, do you (does child's name) personally receive as a carer to help with the care that you (he/she) provide(s)?

INTERVIEWER: CODE ALL THAT APPLY

Short breaks or respite e.g. day time breaks, overnight breaks or emergency respite	[RG20b1]
Advice and information	[RG20b2]
Practical things, e.g. putting hand rails in the bathroom, transport to a day centre	[RG20b3]
Talking to someone for support, e.g. family member, friend, counsellor	[RG20b4]
Having a befriender or a peer mentor	[RG20b5]
Advocacy services	[RG20b6]
Personal assistant/ support worker/ community nurse/ home help	[RG20b7]
Help from family, friends or neighbours	[RG20b8]
Help from teachers at school, e.g. talking or extra help with homework	[RG20b9]
Social activities and support, e.g. young carers' groups or day trips	[RG20b10]
Other (SPECIFY)	[RG20b11]
Receive no help or support	[RG20b12]

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

[RG20O]*

INTERVIEWER: WRITE IN OTHER ANSWER

ASK ALL 16+

LifeSat

SHOWCARD A14

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

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

1 New question in 2012

MRC Respiratory Module (Version A only)

Please note that the Rose Angina and Claudication questions have not been included in the 2012-2015 surveys.

ASK VERSION A AGED 16+

[Flegmwint]

Do you **usually** bring up any phlegm from your chest, first thing in the morning in winter?

- 1 Yes
- 2 No

IF Flegmwint = 2 THEN

[Flegmdawn]

Do you **usually** bring up any phlegm from your chest, during the day or at night in the winter?

- 1 Yes
- 2 No

IF Flegmwint = 1 OR Flegmdawn= 1 THEN

[Flegmreg]

Do you bring up phlegm like this on most days for as much as three months each year?

- 1 Yes
- 2 No

Ask ALL

[Windhila]

Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?

- 1 Yes
- 2 No
- 3 Never walks up hills or hurries
- 4 Can't walk

IF Windhila= Yes, Never walks uphill or hurries or Don't know THEN

[WindPeer]

Do you get short of breath walking with other people of your own age on level ground?

- 1 Yes
- 2 No
- 3 Never walks with other people of own age on level ground

IF Windpeer = 1 OR 2 THEN

[Windpace]

Do you have to stop for breath when walking at your own pace on level ground?

- 1 Yes
 - 2 No
-

Cardiovascular Disease and Use of Services – All Versions

ASK ALL AGED 16+

[EverBp]

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

- 1 Yes
- 2 No

[Everangi]

Have you ever had angina?

- 1 Yes
- 2 No

[Everhart]

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

- 1 Yes
- 2 No

[Evermur]

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

- 1 Yes
- 2 No

[Everireg]

...abnormal heart rhythm?

- 1 Yes
- 2 No

[Everoht]

...any other heart trouble?

- 1 Yes
- 2 No

IF Everoht = Yes THEN

[CVDOth]*

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

Text: Maximum 50 characters

ASK ALL AGED 16+

[Everstro]

Have you ever had a stroke?

- 1 Yes
- 2 No

[Everdi]

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

- 1 Yes
- 2 No

[COPD]

Have you ever had COPD, chronic bronchitis or emphysema?

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

- 1 Yes
- 2 No

IF Everangi = Yes THEN

[DocAngi]

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

- 1 Yes
- 2 No

IF DocAngi = Yes THEN

[RecAngi]

Have you had angina during the past 12 months?

- 1 Yes
- 2 No

IF Everhart= Yes THEN

[Docheart]

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

- 1 Yes
- 2 No

IF Docheart = Yes THEN

[RecHeart]

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

- 1 Yes
- 2 No

IF Everireg = Yes THEN

[Doclreg]

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

- 1 Yes
- 2 No

IF Doclreg = Yes THEN

[Reclreg]

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

- 1 Yes
- 2 No

IF EverOht= Yes THEN

[DocOht]

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

- 1 Yes
- 2 No

IF DocOht = Yes THEN

[RecOht]

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

- 1 Yes
- 2 No

IF Everstro = Yes THEN

[Docstro]

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

- 1 Yes
- 2 No

IF DocStro = Yes THEN

[RecStro]

Have you had a stroke during the past 12 months?

- 1 Yes
- 2 No

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

[MedHeart]

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

- 1 Yes
- 2 No

IF Everbp = Yes THEN

[DocNurBp]

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

- 1 Yes
- 2 No

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

[PregBP]

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

- 1 Yes
- 2 No

IF PregBP = Yes THEN

[NoPregBp]

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

- 1 Yes
- 2 No

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

[medcinbp]

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

- 1 Yes
- 2 No

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

[stillbp]

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

- 1 Yes
- 2 No

[pastabpp]

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

- 1 Yes
- 2 No

IF Adchdc = Yes THEN

[fintabc]*

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

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

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

[DocInfo1]

Were you told by a doctor that you had diabetes?

- 1 Yes
- 2 No

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

[PregDi]

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

- 1 Yes
- 2 No

IF PregDi= Yes THEN

[NoPregDi]

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

- 1 Yes
- 2 No

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

[AgeInfo1]

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

Range: 0..110

[Insulin]

Do you currently inject insulin for diabetes?

- 1 Yes
- 2 No

[MedcinDi]

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

- 1 Yes
- 2 No

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

[Murdoc]

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

- 1 Yes
- 2 No

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

[PregMur]

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

- 1 Yes
- 2 No

IF PregMur = Yes THEN

[PregMur1]

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

- 1 Yes
- 2 No

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

[Murrec]

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

- 1 Yes
- 2 No

[Murpill]

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

- 1 Yes
- 2 No

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

[COPDDoctr]

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

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

- 1 Yes
- 2 No

IF COPDDoctr = Yes

[COPDSpir]

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

- 1 Yes
- 2 No

IF COPD=YES

[COPDTrt]

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

- 1 Yes
- 2 No

IF COPDTrt = Yes

[COPDOth]

SHOWCARD B2

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

CODE ALL THAT APPLY.

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

IF COPDOth = Other (COPDOth8)

[COPDOthO] *

INTERVIEWER: Please enter other treatment or advice.

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

[DocTalk]

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

INTERVIEWER: Exclude consultations made on behalf of others

- 1 Yes
- 2 No

IF DocTalk = Yes THEN

[DocNum]

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

Range: 0..14

[Consul]

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

CODE ALL THAT APPLY

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

- | | | |
|---|----------|-----------|
| 8 | Stroke | [Consul8] |
| 9 | Diabetes | [Consul9] |

IF DocTalk = No or refused

[LastDoc]

Apart from any visit to a hospital, when was the last time you talked to a doctor on your own (child's name's) behalf?

PROMPT

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

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

[ConCon]

(Were any of these consultations/Was that consultation) about your (heart condition, high blood pressure, diabetes or stroke)?

CODE ALL THAT APPLY

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

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

[OutPat]

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

- 1 Yes
- 2 No

IF OutPat = Yes THEN

[WhyOutP]

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

- 1 Yes
- 2 No

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

[InPat]

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

- 1 Yes
- 2 No

IF InPat = Yes

[WhyInp]

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

- 1 Yes
- 2 No

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

[DocTalkN]

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

- 1 Yes
- 2 No

IF DocTalkN = Yes THEN

[DocNumN]

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

Range: 0..14

IF DocTalkN = No

[LastDocN]

Apart from any visit to a hospital, when was the last time you talked to a doctor on your own (*child's name's*) behalf?

PROMPT

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

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

[OutPatN]

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

- 1 Yes
- 2 No

[InPatN]

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

- 1 Yes
- 2 No

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

ASK ALL 16+

[HNotAsk]

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

- 1 Yes
- 2 No

IF HNotAsk=Yes THEN

[HNoTWhat] *

What are these health problems?

DO NOT PROBE

Text: 100 characters

Asthma Module

ASK ALL AGED 0+

[EverW]

I am now going to ask you some questions about your (child's name's) breathing.

Have you (has he/she) ever had wheezing or whistling in the chest at any time, either now or in the past?

- 1 Yes
- 2 No

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

[TweWz]

Have you ever (has he/she) had wheezing or whistling in the chest in the last 12 months?

- 1 Yes
- 2 No

ASK ALL 0+

[ConDr]

Did a doctor ever tell you (*child's name*) that you had asthma?

PLEASE EXCLUDE ADVICE FROM HOMEOPATHS, ETC.

- 1 Yes
- 2 No

Accidents – Version A and Child Boost only

ASK ALL AGED 0+

[PreAcc]*

Now I would like to ask you about accidents that may have happened to you (*child's name*) recently.

By accidents I mean accidental events which resulted in injury or physical harm to you (*child's name*) personally

[DrAcc]

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

- 1 Yes
- 2 No

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

[NDrAcc]

How many accidents have you (*has child's name*) had in the last 12 months where you (*child's name*) saw a doctor or went to hospital?

Range 1..10

[DrWyr]

SHOW CARD D1

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

CODE ONE ONLY.

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

IF DrWyr=Other

[WyrOth]*

PLEASE SPECIFY

Text: maximum 50 characters

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

[AxCause]*

What caused this accident? CODE ALL THAT APPLY

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

IF AxCause=Other**[CauseOth]***

PLEASE SPECIFY...

Text: maximum 50 characters

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

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

- 1 Yes
- 2 No

IF DrJob=Yes**[DrWrk]**

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

- 1 Yes
- 2 No

IF DrWrk =Yes THEN**[InOut]**

Did the accident happen outdoors or indoors?

- 1 Outdoors
- 2 Indoors

ASK IF: AGED 16+ AND IN PAID WORK AT TIME OF ACCIDENT, OR IF AGED 4-15 YEARS**[TimeOff]**As a result of the accident did you (*child's name*) have to take any time off (*work/school or college*)?

- 1 Yes
- 2 No

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

SHOW CARD D2

(Can I check,) which of the types of injury described on this card did you (*child's name*) suffer?

PROBE: What else?

CODE ALL THAT APPLY

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

13 Other. PLEASE SPECIFY

[DrInj13]

IF DrInj13=Other THEN

[InjOth]*

PLEASE SPECIFY....

Text: maximum 50 characters

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

[DrAid]*

SHOW CARD D3

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

CODE ALL THAT APPLY.

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

[Prevent]*

Thinking back to the way the accident happened, do you (*does child's name*) think anything could have been done to prevent it?

CODE ALL THAT APPLY

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

Adult physical activity module (16+)

ASK ALL AGED 16+

[Work]

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

- 1 Yes
- 2 No

IF Work = Yes THEN

[Active]

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

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

[MainSit]

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

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

[WrkAct3H]

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

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

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

[WrkAct3M]

(On an average work day, how much time did you usually spend sitting down?)

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

ASK ALL AGED 16+

[Housewrk]

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

- 1 Yes
- 2 No

¹ New question for 2012

IF Housewrk = Yes THEN

[HWrkList]

SHOW CARD E1

Have you done any housework listed on this card?

- 1 Yes
- 2 No

[HevyHWrk]

SHOW CARD E2

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

- 1 Yes
- 2 No

IF HevyHWrk = Yes THEN

[HeavyDay]

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

Range: 1..28

[HrsHHW]

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

Record hours spent below. Enter 0 if less than 1 hour. Record minutes at next question:

Range: 0..12

[MinHHW]

INTERVIEWER: record **minutes** spent on heavy housework.

Range: 0..59

ASK ALL AGED 16+

[Garden]

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

- 1 Yes
- 2 No

IF Garden = Yes THEN

[GardList]

SHOW CARD E3

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

- 1 Yes
- 2 No

[ManWork]

SHOW CARD E4

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

- 1 Yes
- 2 No

IF ManWork = Yes THEN

[ManDays]

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

Range: 1..28

[HrsDIY]

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

INTERVIEWER: Record **hours** spent below. Enter 0 if less than 1 hour. Record minutes at next question.

Range: 0..12

[MinDIY]

INTERVIEWER: record **minutes** spent on gardening or diy.

Range: 0..59

ASK ALL AGED 16+

[Wik5Int]

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

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

IF Wik5Int = Yes THEN

[Wik10M]

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

- 1 Yes
- 2 No

IF Wik10M = Yes THEN

[DayWik10]

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

INTERVIEWER: If they have walked every day enter 28

Range: 1..28

[Day1Wk10]

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

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

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

[Day2Wk10]

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

INTERVIEWER: If they have walked more than one walk every day enter 28

Range: 1..28

IF Wik10M = Yes THEN

[HrsWik10]

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

INTERVIEWER: Record **hours** spent below. Enter 0 if less than 1 hour.

Record minutes at next question.

Range: 0..12

[MinWik10]

INTERVIEWER: Record here **minutes** spent walking.

Range: 0..59

IF Wik5Int = Yes THEN

[WalkPace]

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

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

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

[WalkEff]¹

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

- 1 Yes
- 2 No

ASK ALL AGED 16+

[ActPhy]

SHOW CARD E5

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

- 1 Yes
- 2 No

¹ New question for 2012

IF ActPhy = Yes THEN

[WhtAct]

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

CODE ALL THAT APPLY.

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

[WhtAcB]¹

SHOW CARD E6

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

PROBE: ANY OTHERS?

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

¹ New list of sports for 2012

ASK ALL AGED 16+

REPEAT FOR UP TO 6 ADDITIONAL SPORTS, WHEN ANSWER YES AT EACH SUCCESSIVE 'OTHER ACTIVITY'

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

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

- 1 Yes
- 2 No

IF OActQ = Yes THEN

WHTACT11 – WHT16¹

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

[swimocc to wskiocc]

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

If only done for less than 10 minutes enter 0.

Range: 0..28

[swimhrs to wskihrs]

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

Record hours spent below. Enter 0 if less than 1 hour.

Record minutes at next question.

Range: 0..12

[swimmin to wskimmin]

Interviewer: record minutes here.

Range: 0..59

[swimeff to wskieff]

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

- 1 Yes
- 2 No

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

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

[cyclemus to vollmus]²

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

- 1 Yes
- 2 No

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

² New question for 2012

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

[ExMov]¹

Did these exercises involve you standing up and moving about?

- 1 Yes
- 2 No

VERSION A ONLY

[ComGam]²

SHOW CARD E11

Would you say that Scotland hosting the Glasgow 2014 Commonwealth Games has influenced you in any of the following ways?

Code all that apply

PROBE: What others?

- 1 I have taken up a new sport [ComGam1]
- 2 I am thinking about taking up a new sport [ComGam2]
- 3 I am doing more sport or physical activity [ComGam3]
- 4 I am thinking about doing more sport or physical activity [ComGam4]
- 5 I am more interested in sport and physical activity in general [ComGam5]
- 6 (ON SCREEN ONLY: None of these) [ComGam6]
- 7 (ON SCREEN ONLY: Can't say) [ComGam7]

ASK ALL AGE 16+

[TVWeek]

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

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

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

Record **hours** spent below. Enter 0 if less than 1 hour or never watches screen. Record minutes at next question.

Range: 0..12

[MinTVWk]

RECORD MINUTES HERE.

Range: 0..59

[WkSit2H]³

And how much time on an average **weekday** do you spend sitting down doing any other activity, such as eating a meal, reading, or listening to music or [if over 65] napping in a chair

Please do not include time spent doing these activities while at work.

Interviewer: other examples of these activities include snacking, studying, drawing, doing puzzles/crosswords etc. Do not count time twice e.g. if they watch tv and eat, include that here or at previous question - not both.

¹ New question for 2012

² New question in 2014

³ New question for 2012

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

Record hours spent below. Enter 0 if less than 1 hour. Record minutes at next question: 0..24

[WkSit2M]

RECORD MINUTES HERE:0..59

[TVWkEnd]¹

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

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

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

Range: 0..12

[MinTvWe]

Record minutes here.

Range: :0..59

[WESit2H]

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

Interviewer: other examples of these activities include snacking, studying, drawing, doing puzzles/crosswords etc. Do not count time twice e.g. if they watch tv and eat, include that here or at previous question - not both.

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

Record hours spent below. Enter 0 if less than 1 hour. Record minutes at next question.: 0..24

[WESit2M]

Record minutes here. 0..59

¹ New question for 2012

Child physical activity module (2-15)

ASK IF RESPONDENT IS 4 or 5 YEARS OLD

[ChSch]

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

- 1 Yes
- 2 No

ASK ALL AGED 2-15

[Wik5Ch]

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

- 1 Yes
- 2 No

IF Wik5Ch = Yes THEN

[DwikChb]

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

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

[DayWIKT]

SHOW CARD F1

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

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

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

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

IF DayWikT = 4 hours or more THEN

[WikHrs]

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

Record hours spent below. Record minutes at next question

Range: 4..12

[WikMin]

Record here minutes spent walking.

Range: 0..59

AGED 13-15 AND IF Wik5Ch = Yes

[ChPace]

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

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

ASK ALL AGED 8-15

[HWkCh]

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

- 1 Yes
- 2 No

IF HWkCh = Yes THEN

[DHWkCh]

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

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

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

SHOW CARD F1AGAIN

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

Please give an answer from this card.

IF THWk = 4 hours or more THEN

[HWkHrs]

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

Record hours spend below. Record minutes at next question. Range: 4..12

[HwkMin]

Record here minutes spent doing housework/gardening. Range: 0..59

ASK ALL AGED 2-15

[Sport]*

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

[Spt1ch]

SHOW CARD F2

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

INTERVIEWER: DO NOT COUNT ANYTHING DONE TODAY.

- 1 Yes
- 2 No

ASK ALL AGED 2-15 WHO DID SOME SPORT IN THE PAST 7 DAYS (IF Spt1ch = Yes)

[WESpDo]

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

- 1 Yes
- 2 No

IF WESpDo = Yes THEN

[DWeSpCh]

Was that on Saturday or Sunday or on both days?

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

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

SHOW CARD F1

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

INTERVIEWER: IF IT VARIED, TAKE AVERAGE

IF WeSpor = 4 hours or more THEN

[WeSpH]

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

Record hours spent below. Record minutes at next question.

Range: 4..12

[WeSpM]

RECORD HERE MINUTES SPEND DOING SPORTS OR EXERCISE ACTIVITIES.

Range: 0..59

ASK ALL AGED 2-15 WHO DID SOME SPORT IN THE PAST 7 DAYS (IF Spt1ch = Yes)

[DaySpCh]

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

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

IF DaySpCh = 1 day to 5 days THEN

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

SHOW CARD F1AGAIN

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

IF LWkSp = 4 hours or more THEN

[WkSpH]

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

RECORD HOURS SPENT BELOW. RECORD MINUTES AT NEXT QUESTION

Range: 4..12

[WkSpM]

RECORD HERE MINUTES SPENT DOING SPORTS OR EXERCISE ACTIVITIES

Range: 0..59

ASK ALL AGE 2-15

[WeActCh]

SHOW CARD F3

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

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

- 1 Yes
- 2 No

IF WeActCh = Yes THEN

[DWEActCh]

Was that on Saturday or Sunday or on both days?

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

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

SHOW CARD F1 AGAIN

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

INTERVIEWER: IF IT VARIED, TAKE AVERAGE

IF LWeAct = 4 hours or more THEN

[WeActH]

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

RECORD HOURS SPENT BELOW. RECORD MINUTES AT NEXT QUESTION.

Range: 4..12

[WeActM]

RECORD HERE MINUTES SPENT DOING ACTIVE THINGS LIKE THESE

Range: 0..59

ASK ALL AGE 2-15

[WkActCh]

SHOW CARD F3 AGAIN

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

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

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

IF WkActCh = 1 day to 5 days THEN

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

SHOW CARD F1 AGAIN

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

IF LWkAct = 4 hours or more THEN

[WkActH]

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

RECORD HOURS SPENT BELOW. RECORD MINUTES AT NEXT QUESTION

Range: 4..12

[WkActM]

RECORD HERE MINUTES SPENT DOING ACTIVE THINGS LIKE THESE.

Range: 0..59

ASK ALL AGE 2-15

[DaysTot]

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

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

SCHOOL BASED PHYSICAL ACTIVITY

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

[SchAct]

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

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

- 1 Yes
- 2 No

IF SchAct=Yes THEN

[SchDays]

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

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

[SchTime]

SHOW CARD F1 AGAIN

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

Please give an answer from this card.

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

IF SchTime = 4 hours or more THEN

[SchTmH]

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

INTERVIEWER: RECORD HOURS SPENT BELOW

RECORD MINUTES AT THE NEXT QUESTION

Range: 4..12

[SchTmM]

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

Range: 0..59

ASK ALL 2-15

[Usual]

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

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

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

ASK ALL AGED 2-15

[TVWeek2]

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

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

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

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

Range: 0..12

[MinTVWk2]

RECORD MINUTES HERE.

Range: 0..59

[WkSit2H2]¹

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

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

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

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

[WkSit2M2]

RECORD MINUTES HERE.:0..59

[TVWkEnd2]

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

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

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

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

Range: 0..12

[MinTvWe2]

RECORD MINUTES HERE.

Range::0..59

[WESit2H2]²

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

¹ New question for 2012

² New question for 2012

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

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

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

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

[WESit2M2]

RECORD MINUTES HERE. 0..59

Eating habits module (2-15)

INTERVIEWER: Now follows the Eating Habits module...

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

[UsBred08]¹

What kind of bread do you (*does child's name*) usually eat? Is it ... READ OUT...

CODE ONE ONLY

INTERVIEWER: Soda Bread, Chollah = CODE 1;

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

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

If UsBred08 =Other type of bread

[BreadOth]*

INTERVIEWER: PLEASE SPECIFY...

Text: Maximum [90] characters

ASK ALL WHO EAT BREAD (AT UsBread08)

[BrSlice]

SHOW CARD G1

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

INTERVIEWER: If varies, ask for an average

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

ASK ALL AGED 2-15

[Milk08]¹

What kind of milk do you (*does child's name*) usually use for drinks, in tea or coffee and on cereals?

Is it ... READ OUT...

CODE ONE ONLY

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

¹ The question wording and answer categories changed in 2008.

[Cereal08]¹

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

CODE ONE ONLY FROM CODING LIST 1

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

IF Cereal08 = Other THEN

[CerOth]*

PLEASE SPECIFY

IF Cereal08=1 to 6 OR DON'T KNOW

[Cereals]

SHOW CARD G2

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

DO NOT COUNT BREAKFAST CEREAL BARS

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

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

ASK ALL AGED 2-15

[Chips]

SHOW CARD G2

How often do you eat **chips?**

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

¹ The question wording and answer categories changed in 2008.

[Potatoes]

SHOW CARD G2

Other than chips, how often do you (*does child's name*) eat **potatoes, pasta or rice**?

[Meat03]

SHOW CARD G2

How often do you (*does child's name*) eat **meat such as beef, lamb, pork etc**, not including poultry?

[MeatProd]

SHOW CARD G2

How often do you (*does child's name*) eat **meat products** such as sausages, meat pies, briedies, corned beef, or burgers?

INTERVIEWER: INCLUDE LORNE, SLICED, AND LINKS SAUSAGES

[TFish]

SHOWCARD G2

How often do you (*does child's name*) eat **canned tuna fish**? Please don't count fresh or frozen tuna.

[WFish03]

SHOW CARD G2

How often do you (*does child's name*) eat **white fish** such as cod, haddock, whiting, sole or plaice, including fresh or frozen fish?

[FshOil03]

SHOW CARD G2

How often do you (*does child's name*) eat **other types of fish** such as herring, mackerel, salmon or kippers, including fresh, frozen or canned fish?

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

[Cheese]

SHOWCARD G2

How often do you (*does child's name*) eat **cheese** not including cottage cheese and other reduced fat cheeses?

[Confec]

SHOW CARD G2

How often do you (*does child's name*) eat **sweets or chocolates**?

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

[IceCream]

SHOW CARD G2

How often do you (*does child's name*) eat **ice cream**?

[Crisps]

SHOW CARD G2

How often do you (*does child's name*) eat **crisps or other savoury snacks**?

[SoftDr]

SHOW CARD G2

How often do you (*does child's name*) drink **soft drinks, not** including diet or low-calorie drinks?

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

[DietDr]

SHOW CARD G2

How often do you (*does child's name*) drink diet or low-calorie **soft drinks**?

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

ASK ALL 2-15

[MilkDr]

SHOW CARD G2

How often do you (*does child's name*) drink milk, **not** including milk used for tea, coffee and cereals, or in milkshakes or other flavoured milks?

INTERVIEWER: include soya / goat's milk.

ASK ALL AGED 2-15

[CakesEtc]

SHOWCARD G2

How often do you (*does child's name*) eat **cakes, scones, sweet pies or pastries**?

[Biscuits]

SHOWCARD G2

How often do you (*does child's name*) eat **biscuits**?

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

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

[Biscuit]

SHOW CARD G1 AGAIN

How many **biscuits** do you (*does child's name*) usually eat on any one day?

INTERVIEWER: If varies, ask for an average

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

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

[CakeScon]

SHOW CARD G1 AGAIN

How many **cakes, scones, sweet pies or pastries** do you (*does child's name*) usually eat on any one day?

INTERVIEWER: If varies, ask for an average

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

Fruit and vegetable module ALL VERSIONS (2+)

INTERVIEWER: Now follows the Fruit & Vegetable module...

ASK ALL AGED 2+

[VFInt]*

I'd like to ask you a few questions about some of the things you (*child's name*) 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 (*child's name*) eaten.

1 Continue

[VegSal]

Did you (*child's name*) eat any salad yesterday? Don't count potato, pasta or rice salad or salad in a sandwich.

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

1 Yes

2 No

IF VegSal = Yes THEN

[VegSalQ]

How many cereal bowlfuls of salad did you (*child's name*) eat yesterday?

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

Range: 0.5 ..50.0

ASK ALL AGED 2+

[VegPul]

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

1 Yes

2 No

IF VegPul = Yes THEN

[VegPulQ]

SHOW CARD G3

How many tablespoons of pulses did you (*child's name*) eat yesterday?

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

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

Range: 0.5.. 50.0

ASK ALL AGED 2+

[VegVeg]

Not counting potatoes, did you (*child's name*) eat any vegetables yesterday?

Include fresh, raw, tinned and frozen vegetables.

1 Yes

2 No

IF VegVeg = Yes THEN

[VegVegQ]

SHOW CARD G3

How many tablespoons of vegetables did you (*child's name*) eat yesterday?

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

Range: 0.5...50.0

ASK ALL AGED 2+

[VegDish]

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

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

- 1 Yes
- 2 No

IF VegDish = Yes THEN

[VegDishQ]

SHOW CARD G3

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

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

Range: 0.5 - 50.0

ASK ALL AGED 2+

[VegUsual]

Compared with the amount of vegetables, salads and pulses you usually eat, would you say that yesterday you (*child's name*) ate...

...READ OUT...

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

[FrtDrk09]

Did you (*child's name*) drink any pure fruit juice yesterday? Don't count diluting juice, squashes, cordials or fruit-drinks.

INTERVIEWER: Include pure fruit juice from concentrate.

- 1 Yes
- 2 No

IF FrtDrk09 = Yes THEN

[FrtDrnkQ]

How many small glasses of pure fruit juice did you (*child's name*) drink yesterday?

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

Range: 0.5-.50.0

ASK ALL AGED 2+

[Frt]

Did you (*child's name*) eat any fresh fruit yesterday? Don't count fruit salads, fruit pies, etc.

- 1 Yes
- 2 No

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

[FrtC]* (Variable names: *FrtC01-FrtC15*)¹

What kind of fresh fruit did you eat yesterday?

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

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

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

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

[FrtQ] (Variable names: *FrtQ01-FrtQ15*)

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

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

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

Range: 0.5-.50.0

IF (FrtC = Not on coding list)

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

What was the name of this fruit?

Text: Maximum 50 characters

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

How much of this fruit did you eat?

Text: Maximum 50 characters

REPEAT FOR UP TO 15 ADDITIONAL FRUITS

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

Did you (*child's name*) eat any other fresh fruit yesterday?

- 1 Yes
- 2 No

ASK ALL AGED 2+

[FrtDry]

Did you (*child's name*) eat any dried fruit yesterday? Don't count dried fruit in cereal, cakes, etc.

- 1 Yes
- 2 No

IF FrtDry = Yes THEN

[FrtDryQ] SHOW CARD WITH SPOON PICTURES)

SHOW CARD G3

How many tablespoons of dried fruit did you (*child's name*) eat yesterday?

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

Range: 0.5-.50.0

¹ Empty variables are not on the data file

ASK ALL AGED 2+

[FrtFroz]

Did you (*child's name*) eat any frozen or tinned fruit yesterday?

- 1 Yes
- 2 No

IF FrtFroz = Yes THEN

[FrtFrozQ] SHOW CARD WITH SPOON PICTURES)

SHOW CARD G3

How many tablespoons of frozen or tinned fruit did you (*child's name*) eat yesterday?

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

Range: 0.5-.50.0

ASK ALL AGED 2+

[FrtDish]

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

- 1 Yes
- 2 No

IF FrtDish = Yes THEN

[FrtDishQ]

SHOW CARD G3

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

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

Range: 0.5-.50.0

ASK ALL AGED 2+

[FrtUsual]

Compared with the amount of fruit and fruit juice you usually eat and drink, would you (*child's name*) say that yesterday you ate and drank...

...READ OUT...

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

Vitamin supplements

ASK ALL

[VitTake]

At present, are you (*is child's name*) taking any vitamins, fish oils, iron supplements, calcium, other minerals or anything else to supplement your (*his/her*) diet or improve your (*his/her*) health, other than those prescribed by your (*his/her*) doctor?

INTERVIEWER: Only include supplements which are taken over a long period of time. do not include anything taken on a more temporary basis. e.g. to cure a cold.

- 1 Yes
- 2 No

IF VitTake = Yes THEN

[VitaminD]¹

Are you (*is child's name*) currently taking vitamin D supplements, including as part of a multi-vitamin supplement?

- 1 Yes
- 2 No

IF AGE 16-49 AND SEX= female THEN

[PregNTJ]

Can I check, are you pregnant at the moment?

- 1 Yes
- 2 No

[Folic]

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

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

- 1 Yes
- 2 No

IF PreNTJ = Yes AND Folic = Yes THEN

[FolPreg]

Did you start taking folic acid supplements before becoming pregnant?

- 1 Yes
- 2 No

IF FolPreg = Yes THEN

[FolPrg12]

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

- 1 Yes
- 2 No

¹ New question in 2015

IF PreNTJ = No AND Folic = Yes THEN

[FolHelp]

People can take folic acid for various health reasons.

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

1 Yes

2 No

Smoking module

IF Age of Respondent is 18 or 19 years THEN

[BookChk]

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

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

[SmokPreAm]*¹

The next few questions ask about whether you smoke tobacco products. This means tobacco products which you light and smoke, and include, for example, cigarettes or hand-rolling tobacco.

Press <1> and <Enter> to continue.

When answering these questions please do **NOT** include:

- cigarettes that include no tobacco, or
- electronic cigarettes

INTERVIEWER: PRESS 1 AND ENTER TO CONTINUE

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

[SmokEv][§]

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

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

[SmokEver][§]

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

- 1 Yes
- 2 No

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

IF SmokEver = Yes THEN

[SmokeNow]^{§2}

Do you smoke cigarettes nowadays?

- 1 Yes
- 2 No

¹ Preamble was introduced in 2015

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

² Question wording was revised in 2012

IF SmokeNow = Yes THEN

[DlySmoke]^{\$}

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

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

IF LESS THAN ONE A DAY, ENTER 0

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

Range: 0..97

IF DlySmoke = 97 THEN

[DlyEst]^{\$}

How much tobacco do you usually smoke on weekdays?

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

ENTER THE AMOUNT AT THE NEXT QUESTION:

- 1 Grams
- 2 Ounces

IF DlyEst = Grams THEN

[DlyG]^{\$}

ENTER AMOUNT IN GRAMS

Range: 0..100

IF DlyEst = Ounces OR Don't know THEN

[DlyOz]

ENTER AMOUNT IN OUNCES

Range: 0.00..100.00

IF SmokeNow = Yes THEN

[WkndSmok]^{\$}

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

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

IF LESS THAN ONE A DAY, ENTER 0

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

Range : 0..97

IF WkndSmok = 97 THEN

[WkndEst]^{\$}

How much tobacco do you usually smoke on weekends?

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

ENTER THE AMOUNT AT THE NEXT QUESTION

- 1 Grams
- 2 Ounces

IF WkndEst = Grams THEN

[WkndG]^{\$}

ENTER AMOUNT IN GRAMS

Range: 0..100

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

IF WkndEst = Ounces THEN

[WkndOz]^{\$}

ENTER AMOUNT IN OUNCES

Range: 0.00..100.00

IF SmokeEv08=Yes AND SmokeNow= No THEN

[SmokeReg]^{\$}

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

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

IF SmokeReg = Smoked cigarettes regularly THEN

[NumSmok]^{\$}

About how many cigarettes did you smoke in a day?

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

IF LESS THAN ONE A DAY, ENTER 0

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

Range: 0..97

IF NumSmok = 97 THEN

[NumEst]^{\$}

About how much tobacco did you smoke a day?

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

ENTER THE AMOUNT AT THE NEXT QUESTION

- 1 Grams
- 2 Ounces

IF NumEst= Grams THEN

[NumG]^{\$}

ENTER AMOUNT IN GRAMS

Range: 0..100

IF NumEst = Ounces THEN

[NumOz]^{\$}

ENTER AMOUNT IN OUNCES

Range: 0.00..100.00

IF SmokeReg = Smoked cigarettes regularly THEN

[SmokYrs]

And for approximately how many years did you smoke regularly?

INTERVIEWER: IF LESS THAN ONE YEAR, CODE 0.

Range: 0..64

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

[EndSmoke]^{\$}

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

How long ago did you stop smoking cigarettes (regularly/occasionally)?
INTERVIEWER: ENTER NO. OF YEARS. IF LESS THAN ONE YEAR AGO, CODE 0.
Range: 0..64

IF EndSmoke = 0 THEN

[LongEnd][§]

How many months ago was that?

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

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

[StartSmk][§]

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

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

Range: 0..97

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

[DrSmoke]

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

- 1 Yes
- 2 No

IF DrSmoke= Yes THEN

[DrSmoke1]

How long ago was that?

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

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

[SmokStop]

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

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

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

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

[StopLong]¹ SHOW CARD H1

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

- 1 Less than a week

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

¹ New question for 2012

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

[StopWant]

Would you like to give up smoking?

- 1 Yes
- 2 No

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

[ECigEv]¹

Have you ever used an electronic cigarette (e-cigarette)?

INTERVIEWER NOTE: AN ELECTRONIC CIGARETTE IS A DEVICE THAT CAN LOOK LIKE A NORMAL CIGARETTE (THOUGH SOME CAN LOOK DIFFERENT) AND THAT USES A BATTERY TO CREATE A VAPOUR THAT CAN LOOK LIKE SMOKE. UNLIKE NORMAL CIGARETTES, THEY DO NOT BURN, NOR CONTAIN TOBACCO. THEY SHOULD NOT BE CONFUSED WITH NICOTINE INHALERS / INHALATORS, WHICH ARE LICENSED NICOTINE REPLACEMENT THERAPY (NRT) PRODUCTS. E-CIGARETTES ARE SOLD AS CONSUMER PRODUCTS AS AN ALTERNATIVE TO SMOKING.

- 1 Yes
- 2 No

IF ECigEv=1 THEN

[ECigNow]²

Do you use e-cigarettes at all nowadays?

- 1 Yes
- 2 No

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

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

[UseNRT...]³⁴

SHOW CARD H2

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

First, have you used any of the following nicotine replacement products?

CODE ALL THAT APPLY

- | | | |
|---|---|-------------------------|
| 1 | Yes, nicotine gum | [UseNRT1b] |
| 2 | Yes, nicotine patches that you stick on your skin | [UseNRT2b] |
| 3 | Yes, nasal spray/nicotine inhaler | [UseNRT3b] |
| 4 | Yes, lozenge/microtab | [UseNRT4b] |
| 5 | Yes, Champix/Varenicline | [UseNRT5b] |
| 6 | Yes, Zyban/Bupropion | [UseNRT6b] |
| 7 | Yes, electronic cigarette | [UseNRT7c] ⁵ |

¹ New question for 2014

² New question for 2014

³ Additional categories added for 2012

⁴ New question wording in 2015, 'the last 3 months' removed from wording

⁵ Additional category added for 2014

- | | | |
|---|------------|------------|
| 8 | Yes, other | [UseNRT8c] |
| 9 | No | [UseNRT9c] |

[NRToth]*

What other products did you use?

IF NOT 'NO' in USENRT

[NRTSupp...]

Was this accompanied by smoking cessation support?

INTERVIEWER: IF YES: From Whom?

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

[SuppOth]*

What other type of support did you receive?

[NRTpresc]¹

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

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

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

[Passive...]^{\$}

SHOW CARD H1²

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

PROBE: Where else?

CODE ALL THAT APPLY

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

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

[Bother]^{\$}

Does this bother you at all?

- 1 Yes
- 2 No

¹ New question for 2012

² Additional categories added for 2012

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

Drinking module (All Versions)

INTERVIEWER: Now follows the Drinking module...

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

[Drink]^{\$}

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

- 1 Yes
- 2 No

IF Drink = No THEN

[DrinkAny]^{\$}

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

- 1 Very occasionally
- 2 Never

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

[AlwaysTT]^{\$}

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

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

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

[Intro]*

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

[Nbeer]^{\$}

SHOW CARD J1

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

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

- 1 Almost every day
- 2 Five or six days a week
- 3 Three or four days a week
- 4 Once or twice a week
- 5 Once or twice a month
- 6 Once every couple of months
- 7 Once or twice a year

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

8 Not at all in the last 12 months

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

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

[NbeerM...][§]

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

INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

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

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

[NbeerQ1][§]

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

Range: 1..97

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

[NbeerQ2][§]

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

Range: 1..97

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

[NbeerQ3][§]

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

Range: 1..97

IF NbeerM = Bottles (IF NbeerM4=1) THEN

[nberqbt][§]

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

Range: 1..97

[Nbottle]*

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

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

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

Text: Maximum 21 characters

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

¹ No equivalent in self-completion questionnaire

[NcodeEq]

EDIT ONLY:

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

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

ENTER 9.99 IF CANNOT CODE

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

[Sbeer][§]

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

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

Tennent's Super, Special Brew,). How often have you had a drink of **strong** BEER, LAGER,

STOUT or CIDER during the last 12 months? (STRONG=6% and over Alcohol by volume)

INTERVIEWER: IF RESPONDENT DOES NOT KNOW WHETHER BEER ETC DRUNK IS

STRONG OR NORMAL, INCLUDE AS NORMAL STRENGTH AT [Nbeer] ABOVE.

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

[SbeerM...][§]

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

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

IF SbeerM = Half pints THEN

[SbeerQ1][§]

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

Range: 1..97

IF SbeerM = Small cans THEN

[SbeerQ2][§]

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

Range: 1..97

IF SbeerM = Large cans THEN

[SbeerQ3][§]

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

Range: 1..97

IF SbeerM = Bottles THEN

[sberqbt][§]

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

Range: 1..97

¹ No equivalent in self-completion questionnaire

[Sbottle]*

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

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

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

Text: Maximum 21 characters

[ScodeEq][§]

EDIT ONLY:

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

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

ENTER 9.99 IF CANNOT CODE

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

[Spirits][§]

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

How often have you had a drink of spirits or liqueurs, such as gin, whisky, brandy, rum, vodka, advocaat or cocktails during the last 12 months?

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

[SpiritsQ][§]

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

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

Range: 1..97

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

[Sherry]^{§ 1}

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

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

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

[SherryQ]^{§ 1}

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

CODE THE NUMBER OF GLASSES

Range: 1..97

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

¹ Buckfast was added to this question in 2008

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

[Wine]^{\$}

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

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

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

[WineQ]^{\$ 1}

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

INTERVIEWER: Code the measure the respondent used.

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

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

Please code the relevant option.

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

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

¹ Question wording was revised in 2008.

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

[WQBt]^{\$}

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

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

Press <F9> for more information.

Interviewer information screen:

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

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

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

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

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

Press <Esc> to close.

Range: 1.0..97.9

IF WineQ = Glasses OR Both bottles and glasses

[WQGI]^{\$}

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

Range: 1.0..97.9

]WQGiz]^{\$}

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

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

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

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

IF WQGiz1 = mentioned THEN

[Q250Giz]^{\$}

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

Range: 1.0..97.9

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

IF WQGlz2 = mentioned THEN

[QI75Glz]^{\$}

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

Range: 1.0..97.9

IF WQGlz3 = mentioned THEN

[Q125Glz]^{\$}

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

Range: 1.0..97.9

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

[Pops03]^{\$}

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

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

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

[PopsM03]^{\$ 1}

How much alcopops or pre-mixed alcoholic drink have you usually drunk on any one day?

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

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

IF PopsM03 = Small cans THEN

[PopsQ031]^{\$}

ASK OR CODE: How many small cans alcopops or pre-mixed drink have you usually drunk on any one day?

Range: 1..97

IF PopsM03 = Standard Bottles THEN

[PopsQ032]^{\$}

ASK OR CODE: How many standard sized bottles of alcopops or pre-mixed drink have you usually drunk on any one day?

Range: 1..97

IF PopsM03 = Large Bottles THEN

[PopsQ033]^{\$}

ASK OR CODE: How many large bottles of alcopops or pre-mixed drink have you usually drunk on any one day?

Range: 1..97

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

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

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

[AlcotA]*

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

- 1 Yes
- 2 No

IF AlcotA = Yes THEN

[OthDrnkA]*

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

CODE FIRST MENTIONED ONLY.

Text: Maximum 30 characters

[FreqA]*

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

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

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

[OthQMA]*

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

INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

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

IF OthQMA = Other THEN

[OthQOA]*

WHAT OTHER MEASURE? Text: Maximum 12 characters

[OthQA]*

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

Range: 0..97

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

[AlcotB]*

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

- 1 Yes
- 2 No

IF AlcotB = Yes THEN

[OthDrnkB]*

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

CODE FIRST MENTIONED ONLY.

Text: Maximum 30 characters

[FreqB]*

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

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

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

[OthQMB]*

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

INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

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

IF OthQMB = Other THEN

[OthQOB]*

WHAT OTHER MEASURE?

Text: Maximum 12 characters

[OthQB]*

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

Range: 0..97

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

[AlcotC]*

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

- 1 Yes
- 2 No

IF AlcotC = Yes THEN

[OthDrnkC]*

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

CODE FIRST MENTIONED ONLY.

Text: Maximum 30 characters

[FreqC]*

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

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

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

[OthQMC]*

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

INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

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

IF OthQMC = Other THEN

[OthQOC]*

WHAT OTHER MEASURE?

Text: Maximum 12 characters

[OthQC]*

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

Range: 0..97

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

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

[DrinkOft][§]

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

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

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

[DrinkL7][§]

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

- 1 Yes
- 2 No

IF DrinkL7=Yes THEN

[DrnkDay][§]

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

Range: 1..7

IF DrnkDay = 2 to7 days THEN

[DrnkSame][§]

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

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

IF DrinkL7=Yes THEN

[WhichDay][§]

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

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

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

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

[DrnkTy]^{\$ 1}

SHOW CARD J2

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

CODE ALL THAT APPLY.

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

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

[NBrL7]^{\$}

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

INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

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

IF NBrL7=Half pints (IF NBrL71 mentioned) THEN

[NBrL7Q1]^{\$}

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

Range: 1..97

IF NBrL7=Small cans (IF NBrL72 mentioned) THEN

[NBrL7Q2]^{\$}

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

Range: 1..97

IF NBrL7=Large cans (IF NBrL73 mentioned) THEN

[NBrL7Q3]^{\$}

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

Range: 1..97

¹ Buckfast added to DrnkTy04 in 2008

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

IF NBrL7=Bottles (IF NBrL74 mentioned) THEN

[nberqbt7]^{\$ 1}

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

Range: 1..97

[Nbotl7]*

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

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

Text: Maximum 21 characters

[L7NcodEq]^{\$}

EDIT ONLY:

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

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

ENTER 9.99 IF CANNOT CODE

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

[SBrL7]^{\$}

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

INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

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

IF SBrL7=Half pints (IF SBrL71 mentioned) THEN

[SBrL7Q1]^{\$}

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

Range: 1..97

IF SBrL7=Small cans (IF SBrL72 mentioned) THEN

[SBrL7Q2]^{\$}

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

Range: 1..97

IF SBrL7=Large cans (IF SBrL73 mentioned) THEN

[SBrL7Q3]^{\$}

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

Range: 1..97

IF SBrL7=Bottles (IF SBrL74 mentioned) THEN

¹ No equivalent in self-completion questionnaire

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

[sberqbt7]^{§ 1}

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

Range: 1..97

[Sbotl7]*

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

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

Text: Maximum 21 characters

[L7ScodEq][§]

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

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

ENTER 9.99 IF CANNOT CODE

IF DrnkTy=Spirits (IF DrnkTy03 mentioned) THEN

[SpirL7][§]

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

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

Range: 1..97

IF DrnkTy=Sherry (IF DrnkTy04 mentioned) THEN

[ShryL7]^{§ 2}

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

CODE THE NUMBER OF GLASSES.

Range: 1..97

IF DrnkTy=Wine (IF DrnkTy05 mentioned) THEN

[WineL7][§]

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

INTERVIEWER: Code the measure the respondent used.

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

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

Please code the relevant option.

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

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

[WL7Bt]

¹ No equivalent in self-completion questionnaire

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

² Buckfast added in 2008

INTERVIEWER: Code the number of 125ml glasses drunk **from the bottle** by the respondent.
 E.g. If they drank half a bottle, code 3 glasses.
 Press <F9> for more information.
 Range: 1.0..97.9

Interviewer information screen:

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

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

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

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

IF WineL7 = Glasses OR Both bottles and glasses

[WL7GI]^{\$}

INTERVIEWER: Code the number of glasses (**drunk as glasses**).
 Range: 1.0..97.9

[WL7Giz]^{\$}

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

INTERVIEWER SHOW WINE GLASS CARDS

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

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

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

IF WL7Giz1=mentioned THEN

[ml250Giz]^{\$}

How many large glasses (250ml) did you drink?
 Range: 1.0..97.9

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

IF WL7Glz2=mentioned THEN

[ml175Glz]^{\$}

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

Range: 1.0..97.9

IF WL7Glz3=mentioned THEN

[ml125Glz]^{\$}

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

Range: 1.0..97.9

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

[PopsL7]^{\$ 1}

Still thinking about last (*answer to Which Day*), how much alcopos or pre-mixed alcoholic drinks such as WKD, Smirnoff Ice, Bacardi Breezer etc. did you drink on that day?

INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

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

IF PopsL7=Small cans (IF PopsL71 mentioned) THEN

[PopsL7Q1]^{\$}

ASK OR CODE: How many small cans of alcopops or pre-mixed alcoholic drinks did you drink on that day?

Range: 1..97

IF PopsL703=Standard Bottles (IF PopsL72 mentioned) THEN

[PopsL7Q2]^{\$}

ASK OR CODE: How many standard bottles of alcopops or pre-mixed alcoholic drinks did you drink on that day?

Range: 1..97

IF PopsL703=Large Bottles (IF PopsL73 mentioned) THEN

[PopsL7Q3]^{\$}

ASK OR CODE: How many large bottles of alcopops or pre-mixed alcoholic drinks did you drink on that day?

Range: 1..97

IF DrnkType=Other (IF DrnkTy07 mentioned) THEN

[OthL7TA]*

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

CODE FIRST MENTIONED ONLY

Text: Maximum 30 characters

[OthL7QA]*

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

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

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

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

Text: Maximum 30 characters

[OthL7B]*

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

- 1 Yes
- 2 No

IF OthL7B=Yes THEN

[OthL7TB]*

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

CODE FIRST MENTIONED ONLY.

Text: Maximum 30 characters

[OthL7QB]*

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

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

Text: Maximum 30 characters

[OthL7C]*

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

- 1 Yes
- 2 No

IF OthL7C=Yes THEN

[OthL7TC]*

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

CODE FIRST MENTIONED ONLY.

Text: Maximum 30 characters

[OthL7QC]*

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

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

Text: Maximum 30 characters

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

[DrWher1]^{\$ 1}

SHOW CARD J3

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

CODE ONE ONLY.

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

IF DrWher1=Somewhere else

[DrWher1E]*

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

ENTER PLACE

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

[DrWith1]^{\$ 2}

SHOW CARD J4

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

CODE ONE ONLY.

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

IF DrWith1=Someone else

[DrWith1E]*

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

ENTER NAME

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

² Prior to 2008 participants were asked who they usually drink with when they drink alcohol. In 2008 the wording was revised and participants were asked who they are usually with when they drink the most alcohol and a follow up question asking who next. For 2012 onward the follow up question was dropped.

Dental Health¹ (16+)

INTERVIEWER: Now follows the Dental Health module...

ASK ALL AGED 16+

[NatTeeth]

SHOW CARD K1

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

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

IF NatTeeth = 'Fewer than 10' ... '20 or more' or DK/REF THEN

[TthApp]

SHOW CARD K2

How happy or unhappy are you with the appearance of your teeth at present?

- 1 Very happy
- 2 Fairly happy
- 3 Fairly unhappy
- 4 Very unhappy

[TthPain]

Have you had any toothache or pain in your mouth within the last month, or are you having any at present?

- 1 Yes
- 2 No

[TthProb]

SHOW CARD K3

Do you have any problems or difficulties biting or chewing food?

IF ASKED: include problems with biting or chewing food because of sensitive teeth.

- 1 Yes, often
- 2 Yes, occasionally
- 3 No, never

[GumBld]

SHOW CARD K3 AGAIN

Do your gums bleed when you eat, brush your teeth or floss?

- 1 Yes, often
- 2 Yes, occasionally
- 3 No, never

[DenTreat]

If you went to the dentist tomorrow, do you think you would need treatment?

- 1 Yes
- 2 No

¹ The questions in this module were introduced to SHeS in 2008.

Dental services Module Version A Only

INTERVIEWER: Now follows the Dental Services module...

ASK ALL AGED 16+ in Version A

[Denture]

Have you ever had any kind of denture? (False teeth which you can take out)

- 1 Yes
- 2 No

IF DENTURE=Yes THEN

[DenType]*

SHOW CARD K4

What kind of denture do you have? Please include any denture that you have but do not wear. Do not include any old dentures you have that have since been replaced.

CODE ALL THAT APPLY

- | | | |
|---|-----------------------|------------|
| 1 | Full upper denture | [Dentype1] |
| 2 | Full lower denture | [Dentype2] |
| 3 | Partial upper denture | [Dentype3] |
| 4 | Partial lower denture | [Dentype4] |

ASK FOR EACH DENTURE RECORDED AT DenType

[DenWear]*

Do you wear your (*insert type*) denture? (Yes/No)

- | | | |
|---|-----------------------------|------------|
| 1 | Wears full upper denture | [DenWear1] |
| 2 | Wears full lower denture | [DenWear2] |
| 3 | Wears partial upper denture | [DenWear3] |
| 4 | Wears Partial lower denture | [DenWear4] |

ASK ALL AGED 16+ in Strand A (SG ROTATING MODULE)

[DentVst]

SHOW CARD K5

About how long ago was your last visit to the dentist?

- 1 Less than a year ago
- 2 More than 1 year, up to 2 years ago
- 3 More than 2 years, up to 5 years ago
- 4 More than 5 years ago
- 5 Never been to the dentist

IF DentVst = (1 'Less than a year ago' ... 4 'More than 5 years ago') THEN

[DentNHS]

Did you get your treatment on the NHS or was it private?

IF ASKED FOR CLARIFICATION: Dentists can be both private and NHS. For instance - you might see your dentist privately while your children are treated on the NHS for free by the same dentist. Most people are required to pay something towards treatment on the NHS but there are some exceptions. Expectant or nursing mothers or those receiving family tax credit, income support or incapacity benefit are entitled to free dental care on the NHS. If you have received your treatment on the NHS, you need to sign a form called a GP17 form. Some people who pay privately are treated under a dental insurance plan (e.g. Denplan)."

- 1 NHS
- 2 Private
- 3 Both
- 4 Don't know

ASK ALL AGED 16+ in Strand A (SG ROTATING MODULE)

[DentFee]

SHOWCARD K6

Which of the options on this card best describe how you feel about visiting the dentist?

- 1 I don't feel nervous at all
- 2 I feel a bit nervous
- 3 I feel very nervous

IF DentVst NOT = "Never been to the dentist"

[DentProb]*

SHOW CARD K7

When visiting the dentist, do any of the following apply to you?

CODE ALL THAT APPLY

- 1 Difficulty in getting time off work [DentPro1]
- 2 Difficulty in getting an appointment that suits me [DentPro2]
- 3 Dental treatment too expensive [DentPro3]
- 4 Long way to go to the dentist [DentPro4]
- 5 I have not found a dentist I like [DentPro5]
- 6 I cannot get dental treatment under the NHS [DentPro6]
- 7 I have difficulty in getting access, e.g. steps, wheelchair access [DentPro7]
- 8 Other [DentPro8]
- 9 (None of these) [DentPro9]

IF DentProb = 8 'Other reason'

[DentProbO]*

INTERVIEWER: Enter other answer

ASK ALL AGED 16+ in Strand A (SG ROTATING MODULE)

[DentHlth]*

SHOW CARD K8

Which of the following do you do **daily** to improve your dental and oral health?

CODE ALL THAT APPLY.

INTERVIEWER: If respondent is unsure whether the toothpaste they use is fluoride or not, assume that it is and code 1.

- | | | |
|---|---|------------|
| 1 | Brush my teeth with fluoride toothpaste | [DentHlt1] |
| 2 | Use dental floss | [DentHlt2] |
| 3 | Use a mouth rinse | [DentHlt3] |
| 4 | Restrict my intake of sugary foods and drinks | [DentHlt4] |
| 5 | Clean my dentures (including soaking with a sterilising tablet) | [DentHlt5] |
| 6 | Leave my dentures out at night | [DentHlt6] |
| 7 | None of these | [DentHlt7] |

Social capital module Version A Only

INTERVIEWER: Now follows the Social Capital module...

ASK ALL AGED 16+

Now I'd like you some questions about social issues.

[PTrust]

Generally speaking, would you say that most people can be trusted, or that you can't be too careful in dealing with people?

- 1 Most people can be trusted
- 2 Can't be too careful in dealing with people
- 3 (SPONTANEOUS: It depends on people/circumstances)

[NTrust]

Now I'd like to ask you a question about your immediate neighbourhood, by which I mean your street or block. Would you say that ...READ OUT...

- 1 ...most of the people in your neighbourhood can be trusted
- 2 some can be trusted
- 3 a few can be trusted
- 4 or, that no-one can be trusted?
- 5 (SPONTANEOUS: Just moved here)

[Involve]

SHOW CARD L1

How involved do you feel in the local community?

- 1 A great deal
- 2 A fair amount
- 3 Not very much
- 4 Not at all

[Particip]

SHOW CARD L2

To what extent do you agree or disagree with the following statement: I can influence decisions affecting my local area?

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 6 (SPONTANEOUS - Don't have an opinion)
- 7 (SPONTANEOUS - Don't know)

[Contact]

SHOW CARD L3

Not counting the people you live with, how often do you personally contact your relatives, friends or neighbours either in person, by phone, letter, email or through the internet?

- 1 On most days
- 2 Once or twice a week
- 3 Once or twice a month
- 4 Less often than once a month
- 5 Never

[PCrisis]

If you had a serious personal crisis, how many people, if any, do you feel you could turn to for comfort and support?

INTERVIEWER: If more than 15, code as 15.

Range: 0..15

Discrimination and harassment (Version A Only)

INTERVIEWER: Now follows the Discrimination module...

ASK ALL AGED 16+

The next questions are about whether you have been unfairly treated in any aspect of your life, because you belong to a particular group.

[Disc]*

SHOW CARD M1

Have you personally been **unfairly treated** or **discriminated** against in the last 12 months, that is since (*date 12 months ago*), for any of the reasons on this card?

Please just tell me the letter next to the reasons that apply.

PROBE: What else?

- | | | | |
|----|---|---|----------|
| 1 | D | (Your accent) | [Disc1] |
| 2 | K | (Your ethnicity) | [Disc2] |
| 3 | W | (Your age) | [Disc3] |
| 4 | T | (Your language) | [Disc4] |
| 5 | G | (Your colour) | [Disc5] |
| 6 | L | (Your nationality) | [Disc6] |
| 7 | B | (Your mental ill-health) | [Disc7] |
| 8 | H | (Any other health problems or disability) | [Disc8] |
| 9 | A | (Your sex) | [Disc9] |
| 10 | C | (Your religious beliefs or faith) | [Disc10] |
| 11 | P | (Your sexual orientation) | [Disc11] |
| 12 | E | (Where you live) | [Disc12] |
| 13 | O | (Other reason) | [Disc13] |
| 14 | N | (I have not experienced this) | [Disc14] |

[Harass]*

SHOW CARD M1 AGAIN

Have you personally experienced harassment or abuse in the last 12 months, that is since (*date 12 months ago*), for any of the reasons on this card?

Please just tell me the letter next to the reasons that apply.

PROBE: What else?

- | | | | |
|----|---|---|------------|
| 1 | D | (Your accent) | [Harass1] |
| 2 | K | (Your ethnicity) | [Harass2] |
| 3 | W | (Your age) | [Harass3] |
| 4 | T | (Your language) | [Harass4] |
| 5 | G | (Your colour) | [Harass5] |
| 6 | L | (Your nationality) | [Harass6] |
| 7 | B | (Your mental ill-health) | [Harass7] |
| 8 | H | (Any other health problems or disability) | [Harass8] |
| 9 | A | (Your sex) | [Harass9] |
| 10 | C | (Your religious beliefs or faith) | [Harass10] |
| 11 | P | (Your sexual orientation) | [Harass11] |
| 12 | E | (Where you live) | [Harass12] |
| 13 | O | (Other reason) | [Harass13] |
| 14 | N | (I have not experienced this) | [Harass14] |

Economic Activity module

IF RESPONDENT IS AGED 16+ AND NOT HOUSEHOLD REFERENCE PERSON or IF RESPONDENT IS HOUSEHOLD REFERENCE PERSON BUT DID NOT ANSWER OCCUPATION QUESTIONS IN HOUSEHOLD QUESTIONNAIRE¹ (IF (Age of Respondent is >=16) AND NOT (PerNum=PHRPNo AND PHRPOcc=Yes))

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

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

INTERVIEWER: Code **all that apply**.

- | | | |
|---|---|------------|
| 1 | Working as an employee (or temporarily away) | [NWrkemp] |
| 2 | On a Government sponsored training scheme (or temporarily away) | [NGvtSchm] |
| 3 | Self employed or freelance (or temporarily away) | [NSelfEmp] |
| 4 | Working unpaid for your own family's business (or temporarily away) | [NWrkFam] |
| 5 | Doing any other kind of paid work | [NthWrk] |
| 6 | None of the above | [NNoneabv] |

IF (HRP Age 16 to 64) AND NOT (NGvtSchm=1) THEN [EducCou]

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

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

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

- 1 Yes
- 2 No

IF ((NWrkFam=1) OR (NNoneabv=1))

AND NOT ((NWrkemp=1) OR (NGvtSchm=1) OR (NSelfEmp=1) OR (NthWrk=1)) THEN [Wk4Lk12]

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

- 1 Yes
- 2 No

IF Wk4Lk12 = No THEN

[WaitJb12]

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

- 1 Yes
- 2 No

¹ Economic activity questions changed in 2012

IF (Wk4Lk12 = Yes OR WaitJb12 = Yes) THEN

[Wk2St12]

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

- 1 Yes
- 2 No

IF (NNoneabv =1) AND (Wk4Lk12 = No) AND (WaitJb12 = No) THEN

[YNotWrk]

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

INTERVIEWER: CODE ONE ONLY

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

IF (NNoneabv =1) AND (WaitJb12 <> Yes) THEN

[EverJob]

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

- 1 Yes
- 2 No

IF (WaitJb12 = Yes) THEN

[OthPaid]

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

- 1 Yes
- 2 No

IF (Everjob=Yes) or (OthPaid = Yes) THEN

[PayLast]

Which year did you leave your last paid job?

WRITE IN.

Range: 1920..2015

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

[PayMon]

Which month in that year did you leave?

- 1 January
- 2 February
- 3 March
- 4 April
- 5 May
- 6 June
- 7 July
- 8 August

- 9 September
- 10 October
- 11 November
- 12 December
- 98 Can't remember

[PayAge]

Computed: Age when last had a paid job.

ASK ALL WHO HAVE EVER WORKED (EverJob=Yes), OR CURRENTLY IN PAID WORK / SELF-EMPLOYED / ON A GOVERNMENT SCHEME / WORKING UNPAID IN OWN OR RELATIVE'S BUSINESS / WAITING TO TAKE UP PAID WORK ALREADY OBTAINED (Nactiv09=3 to 6), OR WORKED IN PAST WEEK (StWork=Yes)

[JobTitle]*

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

Text: Maximum 60 characters

[FtPTime]

Are you *(were you/will you be)* working full-time or part-time?

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

- 1 Full-time
- 2 Part-time

[WtWork]*

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

Text: Maximum 50 characters

[MatUsed]*

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

IF NONE USED, WRITE IN 'NONE'.

Text: Maximum 50 characters

[SkillNee]*

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

Text: Maximum 120 characters

[Employe]

Are you *(were you/will you be)* ...READ OUT...

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

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

IF Employe = Self-employed THEN

[Dirctr]

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

- 1 Yes
- 2 No

IF Employe=an employee OR Dirctr=Yes THEN

[EmpStat]

Are you (*were you/will you be*) a ...READ OUT...

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

[NEmplee]

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

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

IF Employe = Self-employed AND Dirctr=No THEN

[SNEmplee]

Do (*did/will*) you have any employees?

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

IF Employe=Employee THEN

[Ind]*

What does (*did*) your employer make or do at the place where you (*usually worked/will work*)?

Text: Maximum 100 characters

IF Employe=Self-employed THEN

[SifWtMad]*

What (*did/will*) you make or do in your business?

Text: Maximum 100 characters

Stress at Work (Version A Only)

INTERVIEWER: Now follows the Stress module...

ASK ALL VERSION AGED 16+ AND IN WORK

[StrWork]

SHOW CARD P2

In general, how do you find your job?"

- 1 Not at all stressful
- 2 Mildly stressful
- 3 Moderately stressful
- 4 Very stressful
- 5 Extremely stressful

[WorkBal]

SHOW CARD P3

How satisfied are you with the balance between the time you spend on your paid work and the time you spend on other aspects of your life? Please take your answer from this card.

- 1 0- Extremely dissatisfied,
- 2 1,
- 3 2,
- 4 3,
- 5 4,
- 6 5,
- 7 6,
- 8 7,
- 9 8,
- 10 9,
- 11 10- Extremely satisfied

SHOW CARD P4

I'm going to read out some statements about working conditions in your main job. Each statement refers to your current job and I would like you to use this card to say how often certain circumstances or conditions apply at work.

[Demand]

SHOW CARD P4

I have unrealistic time pressures at work.

- 1 Always,
- 2 Often,
- 3 Sometimes,
- 4 Seldom,
- 5 Never

[Contrl]

SHOW CARD P4 AGAIN

I have a choice in deciding how I do my work.

(Please use this card to say how much this applies to you).

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Seldom
- 5 Never

[Role]

SHOW CARD P4 AGAIN

I am clear what my duties and responsibilities are at work.

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Seldom
- 5 Never

[Support1]

SHOW CARD P5

Please use this card to say how much you agree or disagree with each of the following statements.

Firstly, my line manager encourages me at work."

- 1 Strongly agree,
- 2 Tend to agree,
- 3 Neutral,
- 4 Tend to disagree,
- 5 Strongly disagree
- 6 (Does not apply)

[Support2]

SHOW CARD P5 AGAIN

I get the help and support I need from colleagues at work."

- 1 Strongly agree,
- 2 Tend to agree,
- 3 Neutral,
- 4 Tend to disagree,
- 5 Strongly disagree

[RelStrai]

SHOW CARD P5 AGAIN

Relationships at work are strained.

(How much do you agree or disagree?)"

- 1 Strongly agree,
- 2 Tend to agree,
- 3 Neutral,
- 4 Tend to disagree,
- 5 Strongly disagree

[Change]

SHOW CARD P5 AGAIN

Staff are consulted about change at work.

- 1 Strongly agree,
- 2 Tend to agree,
- 3 Neutral,
- 4 Tend to disagree,
- 5 Strongly disagree

Education module

INTERVIEWER: Now follows the Education module...

ASK ALL AGED 16+

[EducEnd]

At what age did you finish your continuous full-time education at school or college?

- 1 Not yet finished
- 2 Never went to school
- 3 14 or under
- 4 15
- 5 16
- 6 17
- 7 18
- 8 19 or over

[TopQua]^{1*}

SHOW CARD Q1

Please look at this card and tell me which, if any, of the following educational qualifications you have.

CODE ALL THAT APPLY.

None of these qualifications = Code 12

- 1 School Leaving Certificate, NQ Unit [TopQua1]
- 2 O Grade, Standard Grade, GCSE, GCE O Level, CSE, National Qualification
Access 3 Cluster, Intermediate 1 or 2, Senior Certificate or equivalent [TopQua2]
- 3 GNVQ/GSVQ Foundation or Intermediate, SVQ Level 1 or 2,
SCOTVEC/National Certificate Module, City and Guilds Craft, RSA Diploma or
equivalent [TopQua3]
- 4 Higher grade, Advanced Higher, CSYS, A level, AS Level, Advanced Senior
Certificate or equivalent [TopQua4]
- 5 GNVQ/GSVQ Advanced, SVQ Level 3, ONC, OND, SCOTVEC National Diploma,
City and Guilds Advanced Craft, RSA Advanced Diploma or equivalent [TopQua5]
- 6 HNC, HND, SVQ Level 4, RSA Higher Diploma or equivalent [TopQua6]
- 7 First Degree, Higher degree, SVQ Level 5 or equivalent [TopQua7]
- 8 Professional qualifications e.g. teaching, accountancy [TopQua8]
- 9 Other school examinations not already mentioned [TopQua9]
- 10 Other post-school but pre Higher education examinations not already mentioned
[TopQua10]
- 11 Other Higher education qualifications not already mentioned [TopQua11]
- 12 No qualifications [TopQua12]

¹ Qualification categories were revised in 2008

National Identity, ethnic background and religion module(All)

INTERVIEWER: Now follows the Ethnic Background, National Identity and Religion module...

ASK ALL (0+)

[BirthPla]^{*12}

What is your (*child's name's*) country of birth?

- 1 Scotland
- 2 England
- 3 Wales
- 4 Northern Ireland
- 5 Republic of Ireland
- 6 Elsewhere (write in)

[BirthPlaO]^{*}

INTERVIEWER: Write in place of birth

[Ethnic12]^{*34}

SHOW CARD Q3

What is your (*child's name's*) ethnic group?

INTERVIEWER READ OUT: Choose **ONE** from A to F on the card, then tell me which of the options in that section **best describes** your (*child's name's*) ethnic group or background.

CODE ONE ONLY

- 1 A - White: Scottish
- 2 A - White: Other British
- 3 A - White: Irish
- 4 A - White: Gypsy/Traveller
- 5 A - White: Polish
- 9 A - White: Other (WRITE IN)
- 10 B - Mixed: Any mixed or multiple ethnic groups (WRITE IN)
- 11 C - Asian: Pakistani, Pakistani Scottish or Pakistani British
- 12 C - Asian: Indian, Indian Scottish or Indian British
- 13 C - Asian: Bangladeshi, Bangladeshi Scottish or Bangladeshi British
- 14 C - Asian: Chinese, Chinese Scottish or Chinese British
- 15 C - Asian: Other (WRITE IN)
- 16 D - African: African, African Scottish or African British
- 17 D - African: Other (WRITE IN)
- 17 E - Caribbean or Black: Caribbean, Caribbean Scottish or Caribbean British
- 18 E - Caribbean or Black: Black, Black Scottish or Black British
- 19 E - Caribbean or Black: Other (WRITE IN)
- 20 F - Other ethnic group: Arab, Arab Scottish or Arab British
- 21 F - Other ethnic group: other (WRITE IN)

¹ New question in 2012

² From 2014 onwards, Birthpla3 will replace Birthpla in the archived dataset

³ This variable was called 'Ethnic1' in 2008; it was renamed in 2009 when the list of answer categories was expanded. It was renamed again in 2012 when the list of answer categories was revised.

⁴ From 2014 onwards, ethnic05 will replace ethnic12 in the archived dataset

IF Ethnic12=Other white background

[Othwhit]*

WRITE IN ETHNIC GROUP

Text: Maximum 60 characters

IF Ethnic12=Mixed background

[Othmix]*

WRITE IN ETHNIC GROUP

Text: Maximum 60 characters

IF Ethnic12=Other Asian background

[OthAsi]*

WRITE IN ETHNIC GROUP

INTERVIEWER: Write in.

Text: Maximum 60 characters

IF Ethnic12=Other African background

[OthAfr]*

WRITE IN ETHNIC GROUP

INTERVIEWER: Write in.

Text: Maximum 60 characters

IF Ethnic12=Other Caribbean or Black background

[OthBlk]

WRITE IN ETHNIC GROUP

INTERVIEWER: Write in.

Text: Maximum 60 characters

IF Ethnic12=Other

[Otheth]*

WRITE IN ETHNIC GROUP

Text: Maximum 60 characters

Note: All other ethnic group answers recorded under Othwhit- Otheth backcoded into Ethnic12

ASK ALL AGED 16+

[Religi09]*¹²

What religion, religious denomination or body do you belong to? DO NOT PROMPT

- 0 None
- 1 Church of Scotland
- 2 Roman Catholic
- 3 Other Christian
- 4 Muslim
- 5 Buddhist
- 6 Sikh
- 7 Jewish
- 8 Hindu
- 9 Pagan
- 10 Another religion (SPECIFY)
- 97 Refused

¹ This variable was called ReligioS in 2008; the new name reflects the reduced number of answer categories.

² From 2014 onwards, Religi04 will replace Religi09 in the archived dataset

**IF Religi09=3 'Other Christian' THEN
[Religio2]***

How would you describe your religion?

INTERVIEWER: Write in

**IF Religi09=10 'another religion' THEN
[Religio3]***

What is the name of the religion, religious denomination or body you belong to?

INTERVIEWER: Write in

Note: All other religion answers recorded under Religio2-Religio3 backcoded into Religio9

Parental History

INTERVIEWER: Now follows the Parental Job Details..

[PaIntro]*

There has been a lot of talk about health and people's family background. If you wouldn't mind, I would now like to ask some more general questions about what your parents did when you were a child. If you were not living with, and had no contact with one or both of your parents at that time, please tell me about the people who did care for you. But if you did have even occasional contact with your parents, please tell me about them. Press '1' and Enter to continue.

ASK ALL AGED 16+ NOT LIVING WITH FATHER

[FathOcc]

What was the name or title of the job your father did, when you were about 14 years old?

This would have been in the year (*year respondent was 14*).

INTERVIEWER CODE 1 IF FATHER'S JOB TITLE IS KNOWN.

- 1 FATHER'S **JOB TITLE KNOWN**
- 2 Did not know father / no contact with father at the time
- 3 Father was dead
- 4 Caring for home / not working
- 5 Don't know

IF FathOcc = Job title known THEN

[FathTitl]*

PROBE FULLY AND WRITE IN FATHER'S JOB TITLE.

Text: Maximum 60 characters

[FathSup]

CARD Q3

And which of the descriptions on this card best describes the responsibility he had for staff at that time?

CODE ONE ONLY

- 1 Self-employed, with a business with 25 or more employees
- 2 Self-employed, with a business with fewer than 25 employees
- 3 Self-employed, in a business with no employees
- 4 A manager of 25 or more staff
- 5 A manager of fewer than 25 staff
- 6 Foreman/supervisor
- 7 An employee, not manager

ASK ALL 16+ NOT LIVING WITH THEIR MOTHER

[MothOcc]

What was the name or title of the job your mother did, when you were about 14 years old?

This would have been in the year (*year respondent was 14*).

INTERVIEWER CODE 1 IF MOTHER'S JOB TITLE IS KNOWN.

1 MOTHER'S JOB TITLE KNOWN

2 Did not know mother / no contact with mother at the time

3 Mother was dead

4 Caring for home / not working

5 Don't know

IF MothOcc = Job title known THEN

[MothTitl]*

PROBE FULLY AND WRITE IN MOTHER'S JOB TITLE.

Text: Maximum 60 characters

[MothSup]

CARD Q3

And which of the descriptions on this card best describes the responsibility she had for staff at that time?

CODE ONE ONLY

1 Self-employed, with a business with 25 or more employees

2 Self-employed, with a business with fewer than 25 employees

3 Self-employed, in a business with no employees

4 A manager of 25 or more staff

5 A manager of fewer than 25 staff

6 Foreman/supervisor

7 An employee, not manager

ASK ALL 16+

INTERVIEWER: Now follows the Parental Health History..

We are interested in the way that some health conditions seem to run in families. The next set of questions relate to your natural parents and to other family members.

ASK ALL AGED 16+ NOT LIVING WITH THEIR MOTHER

[LiveMaB]

(Can I just check), is your natural mother still alive?

1 Yes

2 No

IF (LiveMaB = Yes) THEN

[AgeMA]

How old is your natural mother?

Range: 1..120

IF (LiveMaB = No) THEN

[ConsMaB]

SHOW CARD Q5

Did your natural mother die from any of the conditions on the card?

CODE ONE ONLY

- 1 High blood pressure (sometimes called hypertension)
- 2 Angina
- 3 Heart attack (including myocardial infarction and coronary thrombosis)
- 4 Stroke
- 5 Other heart trouble (incl. heart murmur, damaged heart valves, tachycardia or rapid heart)
- 6 Diabetes
- 7 None of the above conditions

[AgeMaB]

How old was your natural mother when she died?

Range: 10..120

ASK ALL AGED 16+ NOT LIVING WITH THEIR FATHER

[LivePaB]

Is your natural father still alive?

- 1 Yes
- 2 No

IF (LivePaB=Yes) THEN

[AgePa]

How old is your natural father?

Range: 10..120

IF (LivePaB=No) THEN

[ConsPaB]

SHOW CARD Q5

Did your natural father die from any of the conditions on the card?

CODE ONE ONLY

- 1 High blood pressure (sometimes called hypertension)
- 2 Angina
- 3 Heart attack (including myocardial infarction and coronary thrombosis)
- 4 Stroke
- 5 Other heart trouble (incl. heart murmur, damaged heart valves, tachycardia or rapid heart)
- 6 Diabetes
- 7 None of the above conditions

[AgePaB]

How old was your natural father when he died?

Range: 1..120

ASK ALL 16+

We are interested in the way some health conditions seem to run in families. I am going to ask you about some conditions which may have been experienced by your own relatives, including those living and any who are deceased.

[FamDB]¹

Have any of your parents, children or your brothers or sisters, ever had Type 1 or Type 2 diabetes?

INTERVIEWER: IF ASKED, INCLUDE RELATIVES WHO HAVE DIED BUT EXCLUDE NON-BLOOD RELATIVES E.G. STEP-BROTHERS, PARENTS-IN-LAW.

IF ADOPTED: IF POSSIBLE ANSWER ABOUT BIRTH PARENTS, IF NOT ANSWER ABOUT ADOPTIVE FAMILY

- 1 Yes
- 2 No

[ParCVD]²

Have either of your parents developed heart disease or had a stroke before the age of 60?

INTERVIEWER: EXCLUDE CONGENITAL HEART DISEASE (I.E. HEART CONDITIONS PEOPLE ARE BORN WITH)

- 1 Yes
- 2 No

[SibCVD]³

Have any of your brothers or sisters developed heart disease or had a stroke before the age of 60?

INTERVIEWER: EXCLUDE CONGENITAL HEART DISEASE (I.E. HEART CONDITIONS PEOPLE ARE BORN WITH)

- 1 Yes
- 2 No
- 3 Only child - no brothers/sisters

[RelCVD]⁴

Have any of your aunts, uncles or first cousins developed heart disease or had a stroke before the age of 60?

INTERVIEWER: EXCLUDE CONGENITAL HEART DISEASE (I.E. HEART CONDITIONS PEOPLE ARE BORN WITH)" INTERVIEWER: IF ASKED, THIS QUESTION IS ABOUT BLOOD RELATIVES

- 1 Yes,
- 2 No,
- 3 `Does not have any aunts, uncles or first cousins

IF RelCVD = Yes THEN

[RelNum]

How many of them?: 1..97

¹ New question in 2012

² New question in 2012

³ New question in 2012

⁴ New question in 2012

Self-completion booklets admin

INTERVIEWER: Now follows the Presentation of Self-Completion Booklets.
You can assemble you scales and stadiometer while the participants are filling in their self-completions.

IF Age of Respondent is 13 years or over THEN

[SCIntro]*

PREPARE (*PINK/BLUE/LILAC*) SELF-COMPLETION BOOKLET BY ENTERING SERIAL NUMBERS. CHECK YOU HAVE CORRECT PERSON NUMBER.

IF Age of Respondent is 18 or over AND IF (DrinkAny = Never) OR (DrinkOf=Once or twice a year OR Not at all in the last twelve months) (From Drinking module) THEN

[PagEx]*

INTERVIEWER NOTE: This respondent does not drink (or drinks once or twice a year or less). Cross out the Drinking Experiences questions before handing over the self-completion booklet.

IF Age of Respondent is 13 years or over THEN

[SComp2]*

I would now like you to answer some questions by completing this booklet on your own. The questions cover (*smoking, drinking and general health / general health*).

INTERVIEWER: Explain how to complete booklet.

(*If asked, show booklet to parent(s)*).

IF Age of any respondent in household = 4-12 years THEN

[ParSDQ]

INTERVIEWER: Ask parent to complete mint green booklet for parents of children 4-12.

This child's parent(s) are: (*Names of parents*)

Code person number of the parent who is completing the booklet, or enter code:

95 = Parent not present at time of interview

96 = Booklet refused

IF (ParSDQ IN [1..10]) THEN

[PrepSDQ]*

INTERVIEWER: Prepare booklet for parents of children 4-12 by entering serial numbers.

Check you have the correct person number.

Explain how to complete the booklet.

IF Age of respondent is 13 years or over THEN

[SCCheck]*

INTERVIEWER: Wait until respondent(s) have finished and then check each booklet completed.

If not, ask if questions missed in error.

If in error, ask respondent to complete.

[SComp3]

INTERVIEWER CHECK: Was the (*pink/lilac/pale blue*) booklet (*for 13-15 year olds/for young adults/for adults*) completed?

1 Fully completed

2 Partially completed

3 Not completed

IF SComp3=Partially completed OR Not completed THEN

[SComp6]

INTERVIEWER: Record why booklet not completed / partially completed.

CODE ALL THAT APPLY

- | | | |
|---|---|-----------|
| 1 | Eyesight problems | [SComp61] |
| 2 | Language problems | [SComp62] |
| 3 | Reading/writing/comprehension problems | [SComp63] |
| 4 | Respondent bored/fed up/tired | [SComp64] |
| 5 | Questions too sensitive/invasion of privacy | [SComp65] |
| 6 | Too long/too busy/taken long enough already | [SComp66] |
| 7 | Refused to complete booklet (no other reason given) | [SComp67] |
| 8 | Other (SPECIFY) | [SComp68] |

IF SComp6=Other THEN

[SComp6O]*

PLEASE SPECIFY OTHER REASON:

Text: Maximum 60 characters

IF Age of any respondent in household = 4-12 years AND IF (ParSDQ IN [1..10]) THEN

[SDQChk]

INTERVIEWER: Was the mint green booklet for parents completed?

- | | |
|---|---------------------|
| 1 | Fully completed |
| 2 | Partially completed |
| 3 | Not completed |

IF SDQChk =Partially completed OR Not completed THEN

[SDQComp] INTERVIEWER: Record why booklet not completed / partially completed.

CODE ALL THAT APPLY

- | | | |
|---|---|------------|
| 0 | Child away from home during fieldwork period | [SDQComp0] |
| 1 | Eyesight problems | [SDQComp1] |
| 2 | Language problems | [SDQComp2] |
| 3 | Reading/writing/comprehension problems | [SDQComp3] |
| 4 | Respondent bored/fed up/tired | [SDQComp4] |
| 5 | Questions too sensitive/invasion of privacy | [SDQComp5] |
| 6 | Too long/too busy/taken long enough already | [SDQComp6] |
| 7 | Refused to complete booklet (no other reason given) | [SDQComp7] |
| 8 | Other (SPECIFY) | [SDQComp8] |

Measurements module (All Versions) (Height 2+ & Weight 2+)

ASK ALL AGED 2+

[Intro]*

PREAMBLE: I would now like to measure height and weight. There is interest in how people's weight, given their height, is associated with their health.

INTERVIEWER: Select appropriate information leaflet and fill in:

INTERVIEWER: Remember to wipe the head plate and base plate of the stadiometer as well as the scales with Milton wipes between households.

Press <1> and <Enter> to continue

ASK ALL WOMEN AGED 16-49

PregNowB

May I check, are you pregnant now?

- 1 Yes
- 2 No

ASK ALL AGED 2+

[RespHts]

INTERVIEWER: Measure height and code.

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

- 1 Height measured
- 2 Height refused
- 3 Height attempted, not obtained
- 4 Height not attempted

IF RespHts = Height measured THEN

[Height]

INTERVIEWER: Enter height.

Range: 60.0..244.0

[RelHiteB]

INTERVIEWER CODE ONE ONLY

- 1 No problems experienced reliable height measurement obtained
- 2 Problems experienced - measurement likely to be: Reliable
- 3 Problems experienced - Unreliable

IF RelHiteB = Unreliable THEN

[HiNRel]

INTERVIEWER: What caused the height measurement to be unreliable?

- 1 Hairstyle or wig
- 2 Turban or other religious headgear
- 3 Respondent stooped
- 4 Child respondent refused stretching
- 5 Respondent would not stand still
- 6 Respondent wore shoes
- 7 Other, please specify
- 8 Difficulty standing

IF HiNRel = Other THEN

[OHiNRel]*

PLEASE SPECIFY WHAT CAUSED UNRELIABLE HEIGHT MEASUREMENT.

Text: Maximum 49 characters

IF RespHts = Height refused THEN

[ResNHi]

GIVE REASONS FOR REFUSAL.

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

IF RespHts = Height attempted, not obtained OR Height not attempted THEN

[NoHitM]*

INTERVIEWER: Code reason for not obtaining height.

CODE ALL THAT APPLY.

- | | | |
|---|--|-----------|
| 1 | Away from home during fieldwork period (specify in a Note) | [NoHitM0] |
| 2 | Respondent is unsteady on feet | [NoHitM1] |
| 3 | Respondent cannot stand upright/too stooped | [NoHitM2] |
| 4 | Respondent is chairbound | [NoHitM3] |
| 5 | Child: subject would not stand still | [NoHitM4] |
| 6 | Ill or in pain | [NoHitM5] |
| 7 | Stadiometer faulty or not available | [NoHitM6] |
| 8 | Other – specify | [NoHitM7] |

IF (NoHitM = Other) THEN

[NoHitMO]*

PLEASE SPECIFY OTHER REASON.

Text: Maximum 60 characters

IF RespHts=Height refused, Height attempted, not obtained OR Height not attempted THEN
[EHtCh]

INTERVIEWER: Ask (*respondent*) for an estimated height. Will it be given in metres or in feet and inches?

If respondent doesn't know height use <Ctrl K>, if respondent isn't willing to give height use <Ctrl R>.

- 1 Metres
- 2 Feet and inches

IF EHtCh = Metres THEN

[EHtm]

INTERVIEWER: Please record estimated height in metres. Range: 0.01..2.44

IF EHtCh = Feet and inches THEN

[EHtFt]

INTERVIEWER: Please record estimated height. Enter feet. Range: 0..7

[EHtIn]

INTERVIEWER: Please record estimated height. Enter inches. Range: 0..11

[EMHeight] Final measured or estimated height (cm).

ASK ALL AGED 2+ UNLESS AGED 16-49 AND PREGNANT (IF PregNowB<>Yes)

[RespWts]

INTERVIEWER: Measure weight and code.

If respondent weighs more than 200 kg (31 ½ stone) if you are using Seca 877 scales and 130 kg if you are using the Tanita THD-305 scales, do not weigh. Code as weight not attempted.

Include 'disguised' refusals such as 'it will take too long', 'i have to go out' etc. at code 2: weight refused.

- 0 *If Age 0-5 years: Weight obtained (child held by adult)/If Age over 5 years: DO NOT USE THIS CODE*
- 1 Weight obtained
- 2 Weight refused
- 3 Weight attempted, not obtained
- 4 Weight not attempted

IF RespWts=Weight obtained (subject on own)

[Weight]

INTERVIEWER: Record weight.

Range: 10.0..130.0

IF RespWts = Weight obtained (child held by adult) THEN

[WtAdult]

INTERVIEWER: Enter weight of adult on his/her own.

Range: 15.0..130.0

[WtChAd]

INTERVIEWER: Enter weight of adult holding child.

Range: 15.0..130.0

[FWeight] Measured weight, either Weight or WtChAd-WtAdult
Range: 0.0..140.0

IF RespWts=Weight obtained (subject on own) OR Weight obtained (child held by adult)

[FloorM]

INTERVIEWER: Were the scales placed on..."

- | | | |
|---|------------------|-----------|
| 1 | ...uneven floor, | [FloorM1] |
| 2 | carpet, | [FloorM2] |
| 3 | or neither? | [FloorM3] |

[RelWaitB]

INTERVIEWER: Code one only.

- 1 No problems experienced, reliable weight measurement obtained

Problems experienced - measurement likely to be:

- 2 Reliable
3 Unreliable

IF RespWts = Weight refused THEN

[ResNWt]

INTERVIEWER: Give reasons for refusal.

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

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

[NoWaitM]*

INTERVIEWER: Code reason for not obtaining weight.

CODE ALL THAT APPLY.

- | | | |
|---|---|------------|
| 1 | Child: away from home during fieldwork period (specify in a Note) | [NoWaitM0] |
| 2 | Respondent is unsteady on feet | [NoWaitM1] |
| 3 | Respondent cannot stand upright | [NoWaitM2] |
| 4 | Respondent is chairbound | [NoWaitM3] |
| 5 | Respondent weighs more than 200kg (Seca scales) or
more than 130kg (Tanita scales)130 kg | [NoWaitM4] |
| 6 | Ill or in pain | [NoWaitM5] |
| 7 | Scales not working | [NoWaitM6] |
| 8 | Parent unable to hold child | [NoWaitM7] |
| 9 | Other – specify | [NoWaitM8] |

IF NoWaitM = Other THEN

[NoWaitMO]*

PLEASE SPECIFY OTHER REASON. Text: Maximum 60 characters

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

[EWtCh]

INTERVIEWER: Ask (*respondent*) for an estimated weight. Will it be given in kilograms or in stones and pounds?

If respondent doesn't know weight use <Ctrl K>, if respondent isn't willing to give weight use <Ctrl R>.

- 1 Kilograms
- 2 Stones and pounds

IF EWtCh = Kilograms THEN

[EWtkg]

INTERVIEWER: Please record estimated weight in kilograms. Range: 1.0..210.0

IF EWtCh = Stones and pounds THEN

[EWtSt]

INTERVIEWER: Please record estimated weight. Enter stones. Range: 1..32

[EWtL]

INTERVIEWER: Please record estimated weight. Enter pounds. Range: 0..13

[EMweight] Final measured or estimated weight (kg), computed

Consents

INTERVIEWER: Now follows the Consents module...

ASK ALL AGED 16 + [NHSCanA]*¹

We would like your consent for us to send your name, address and date of birth to the Information Services Division of NHS Scotland so they can link it with your NHS health records. These records hold data on you about medical diagnoses and in-patient and out-patient visits to hospital. They are linked with other information about cancer registration, GP registration and mortality. Please read this form, it explains more about what is involved.

INTERVIEWER: Give the respondent/s the pale green consent form (Scottish health records) and allow them time to read the information.

INTERVIEWER: Press <1> and <Enter> to continue.

ASK ALL AGED 13-15 [NHSCanY]*

We would like your consent for us to send your name, address and date of birth to the Information Services Division of NHS Scotland so they can link it with your NHS health records. These records hold data on you about medical diagnoses and in-patient and out-patient visits to hospital. They are linked with other information about cancer registration, GP registration and mortality. Please read this form, it explains more about what is involved.

Please read this form, it explains more about what is involved.

INTERVIEWER: Give the *child* the **lemon** consent form (Scottish Health Records) and allow them time to read the information.

ASK PARENT/GUARDIAN OF CHILD AGED 0-13 [NHSCanC]*

We would like your consent for us to send (*child's*) name, address and date of birth to the Information Services Division of NHS Scotland so they can link it with your NHS health records. These records hold data on you about medical diagnoses and in-patient and out-patient visits to hospital. They are linked with other information about cancer registration, GP registration and mortality. Please read this form, it explains more about what is involved.

Please read this form, it explains more about what is involved.

INTERVIEWER: Give the *parent/guardian* the **lemon** consent form (Scottish Health Records) and allow them time to read the information.

Press <1> and <Enter> to continue.

ASK ALL [NHSCon]

INTERVIEWER: Did *respondent* give consent (*on behalf of child's name/children's names*)?

- 1 Consent given
- 2 Consent not given

¹ Wording for consents revised in 2012

IF NHSCon = Consent given THEN

[NHSSig]

Before I can pass on (*your /name of child's*) details, I have to obtain written consent from you.

INTERVIEWER: Enter the respondent's serial number on the top of the consent form.

Ask the (*respondent/parent/guardian*) to sign and date the form. Give the (*respondent/parent/guardian*) the top copy of the form to keep, you keep the white copy. Code whether signed consents obtained.

- 1 Scottish Health records consent signed
- 2 No signed consents

ASK ALL AGED 16+

[ReInterA]*

In the future, the Scottish Government may want to commission follow-up research among particular groups of the public to improve health or health services. Please be assured that any information you provide for this purpose will be released for statistical and research purposes only and carried out by reputable research organisations and that your confidentiality will be protected in the publication of any results given. Would you be willing to have your name, contact details and relevant answers you have given during the interview passed on to the Scottish Government or other research agencies acting on behalf of, or in collaboration with, the Scottish Government for this purpose?

Please read this form, it explains more about what is involved.

INTERVIEWER: Give the respondent the **pale blue** consent form (Scottish Government follow up research) and allow them time to read the information.

Press <1> and <Enter> to continue.

ASK ALL AGED 13-15

[ReInterY]*

In the future, the Scottish Government may want to commission follow-up research among particular groups of the public to improve health or health services. Please be assured that any information you provide for this purpose will be released for statistical and research purposes only and carried out by reputable research organisations and that your confidentiality will be protected in the publication of any results given. Would you be willing to have your name, contact details and relevant answers you have given during the interview passed on to the Scottish Government or other research agencies acting on behalf of, or in collaboration with, the Scottish Government for this purpose?

Please read this form, it explains more about what is involved.

INTERVIEWER: Give the child the **pink** consent form (Scottish Government follow up research) and allow them time to read the information.

ASK PARENT/GUARDIAN OF CHILD AGED 0-13

[ReInterC]*¹

In the future, the Scottish Government may want to commission follow-up research among particular groups of the public to improve health or health services. Please be assured that any information you provide for this purpose will be released for statistical and research purposes only and carried out by reputable research organisations and that your confidentiality will be protected in the publication of any results given. Would you be willing to have (*child's name*) name, contact details and relevant answers you have given during the interview passed on to the Scottish Government or other research agencies acting on behalf of, or in collaboration with, the Scottish Government for this purpose? Please read this form, it explains more about what is involved.

INTERVIEWER: Give the parent/guardian the **pink** consent form (Scottish Government follow up research) and allow them time to read the information.

1 Continue

ASK ALL

[ReIntCon]

INTERVIEWER: Did *respondent* give consent (*on behalf of child's name/children's names*)?

- 1 Consent given
- 2 Consent not given

IF ReIntCon = Consent given THEN

[ReIntSig]

Before I can pass on (*your /name of child's/children's*) details, I have to obtain written consent from you.

INTERVIEWER: Enter the respondent's serial number on the top of the consent form.

Ask (*respondent / parent / guardian*) to sign and date the form. Give the respondent the white copy of the form, you keep the top copy. Code whether signed consents obtained.

- 1 Signed consents obtained
- 3 No signed consents

¹ The brackets around the text in this question only appear in main sample households where adults are also asked the preceding consent question.

Health Measurements and Samples

ALL 16+ IN SAMPLE B HOUSEHOLDS

[BimodInt]*

I am now going to ask you a few more questions and take some more measurements. Some people find these sensitive and prefer them to be carried out in private

[BioTurn]*

I need to go through the these next questions with each of you in turn so which of you would like to go first? INTERVIEWER: GET THE RESPONDENTS TO DECIDE AMONG THEMSELVES WHO IS GOING TO GO FIRST)

Prescribed Medicines and Drug Coding

ASK ALL SAMPLE B 16+

[MedCNJD]

Are you taking or using any medicines, pills, syrups, ointments, puffers or injections prescribed for you by a doctor or a nurse?

- 1 Yes
- 2 No

IF (MedCNJD = Yes) AND ([MEDCINBP=yes] OR [MedHeart=yes]) THEN

[MedIntro]*

Could I take down the names of the medicines, including pills, syrups, ointments, puffers or injections, prescribed for you by a doctor?

INTERVIEWER: Include the contraceptive pill

- 1 Continue

Questions MedBI-MedBIC repeated for up to 22 drugs

IF (MedCNJD = Yes) AND ([MEDCINBP=yes] OR [MedHeart=yes]) THEN

[MedBI] (Variable names: Medbi01b – Medbi22b)

Enter name of drug number (*number*).

Ask if you can see the containers for all prescribed medicines currently being taken.

If Aspirin, record dosage as well as name.

Text: maximum 50 characters

[YTake] (Variable names: MedBIAB-MedBIA22B)

Do you take (name of drug) because of a heart problem, high blood pressure or for some other reason?

- 1 Heart problem [YTake011-YTake221]
- 2 High blood pressure [YTake012-YTake222]
- 3 Other reason [YTake013-YTake223]

[MedBIA] (Variable names: MedBIAB-MedBIA22B)

Have you taken or used (name of drug) in the last 7 days?

- 1 Yes
- 2 No

[MedBIC]*

INTERVIEWER CHECK: Any more drugs to enter?

- 1 Yes
- 2 No

Blood Pressure

ALL SAMPLE B Age 16+ (EXCEPT PREGNANT WOMEN)

I would now like to measure your blood pressure, which is an important indicator of cardiovascular health. Blood pressure is measured using a monitor and a cuff which I will secure around your right arm. When we are ready to begin I'll press the start button and the cuff will inflate and deflate automatically three times. You will feel some pressure on your arm when the cuff inflates.

Once I have completed the recordings I will tell you what they are

Are you willing to have your blood pressure measured?

PRESS <1> AND <ENTER> TO CONTINUE.

[BPConst]

INTERVIEWER Does the respondent agree to blood pressure measurement?

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

IF BPConst = Yes, agrees THEN

[ConSubX]

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

CODE ALL THAT APPLY.

- | | | |
|---|------------------------|------------|
| 1 | Eaten | [ConSubX1] |
| 2 | Smoked | [ConSubX2] |
| 3 | Drunk alcohol | [ConSubX3] |
| 4 | Done vigorous exercise | [ConSubX4] |
| 5 | (None of these) | [ConSubX5] |

[OMRONNo]*

INTERVIEWER RECORD BLOOD PRESSURE EQUIPMENT SERIAL NUMBER:

Range:001..999

[CufSize]

SELECT CUFF AND ATTACH TO THE RESPONDENT'S RIGHT ARM. ASK THE RESPONDENT TO SIT STILL FOR FIVE MINUTES.

READ OUT: Before I start the measurement I'd like you to sit quietly and relax for 5 minutes. During that time you shouldn't talk or read and your legs should be uncrossed with your feet flat on the floor.

After the 5 minutes, I will start the monitor. It will automatically take three readings, with a minute between each one. While I am doing these recording I will not speak to you, and you shouldn't speak to me either.

(I'm just going to put away some of my equipment and complete some paperwork while we wait.)

RECORD CUFF SIZE CHOSEN.

- 1 Small adult (17-25 cm)
- 2 Adult (22-32 cm)
- 3 Large adult (32-42 cm)

[BPReady]*

INTERVIEWER: ONCE RESPONDENT HAS SAT STILL FOR 5 MINUTES YOU ARE READY TO TAKE THE MEASUREMENTS.

INTERVIEWER: Check that the MODE selector is set to AVG (average) and P-SET Volume (pressure setting) is set to auto

ENSURE THE [READY TO MEASURE] SYMBOL IS SHOWING BEFORE PRESSING THE [START] BUTTON TO START THE MEASUREMENTS.

Sys to BPWait repeated for up to 3 blood pressure measurements and average is also recorded

[Sys] (variable names sys1om – sys4om)

INTERVIEWER: Take three measurements from right arm.

ENTER (AVERAGE/FIRST/SECOND/THIRD) SYSTOLIC READING (mmHg).

IF READING NOT OBTAINED, ENTER 999.

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

Range:001..999

[Dias] (variable names dias1om – dias4om)

ENTER (AVERAGE/FIRST/SECOND/THIRD) DIASTOLIC READING (mmHg).

IF READING NOT OBTAINED, ENTER 999.

Range:001..999

[Pulse] (variable names pulse1om –pulse4om)

ENTER (AVERAGE/FIRST/SECOND/THIRD) PULSE READING (bpm).

IF READING NOT OBTAINED, ENTER 999.

Range:001..999

[MAP] (variable names map1om –map4om)

IF NO FULL MEASUREMENT OBTAINED (at least one '999' reading in all 3 sets of 3 readings) THEN

[YNoBP]

ENTER REASON FOR NOT RECORDING ANY FULL BP READINGS

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

ALL SAMPLE B Age 16+ (EXCEPT PREGNANT WOMEN)

[RespBPS]

Response to Blood Pressure measurements:

- 1 Three Blood pressure measurements
- 2 Two Blood pressure measurements
- 3 One Blood pressure measurements
- 4 Tried
- 5 Not tried
- 6 Refused

IF BLOOD PRESSURE MEASUREMENT REFUSED OR NOT ATTEMPTED, OR FEWER THAN THREE FULL READINGS OBTAINED (IF RespBPS in [Two ... Refused]) OR (BPCConst = Refused) THEN

[NAttBPD]

RECORD WHY (ONLY TWO READINGS OBTAINED/ONLY ONE READING OBTAINED/READING NOT OBTAINED/READING NOT ATTEMPTED/READING REFUSED/UNABLE TO TAKE READING).

CODE ALL THAT APPLY.

Problems with PC	[NAttBPD0]
Respondent upset/anxious/nervous	[NAttBPD1]
Error reading	[NAttBPD2]
Problems with cuff fitting/painful	[NAttBPD3]
Problems with equipment (not error reading)	[NAttBPD4]
Other reason(s) (specify at next question)	[NAttBPD9]

IF NattBP = Other THEN

[OthNBP]*

ENTER FULL DETAILS OF OTHER REASON(S) FOR NOT OBTAINING/ATTEMPTING THREE BP READINGS:

Text: Maximum 140 characters

IF ONE, TWO OR THREE FULL BLOOD PRESSURE READINGS OBTAINED (IF RespBPS in [Three ... One]) THEN

[DifBPC]

RECORD ANY PROBLEMS TAKING READINGS. CODE ALL THAT APPLY.

No problems taking blood pressure	[DifBPC1]
Reading taken on left arm because right arm not suitable	[DifBPC2]
Respondent was upset/anxious/nervous	[DifBPC3]
Problems with cuff fitting/painful	[DifBPC4]
Problems with equipment (not error reading)	[DifBPC5]
Error reading	[DifBPC6]
Other problems (SPECIFY AT NEXT QUESTION)	[DifBPC95]

IF DifBP=Other THEN

[OthDifBP]*

RECORD FULL DETAILS OF OTHER PROBLEM(S) TAKING READINGS.

Text: Maximum 140 characters

[BPOffer]*

INTERVIEWER: CHECK YOU'VE WRITTEN DOWN BLOOD PRESSURE RESULTS ONTO (RESPONDENT'S) MEASUREMENT RECORD CARD CORRECTLY.

Avg)	(Average Systolic reading)	(Average Diastolic reading)	(Average Pulse reading)
i)	(First Systolic reading)	(First Diastolic reading)	(First Pulse reading)
ii)	(Second Systolic reading)	(Second Diastolic reading)	(Second Pulse reading)
iii)	(Third Systolic reading)	(Third Diastolic reading)	(Third Pulse reading)

ENTER THESE ON RESPONDENT'S MEASUREMENT RECORD CARD (COMPLETE NEW RECORD CARD IF REQUIRED).

IF Systolic reading >179 OR Diastolic reading >114 THEN:

TICK THE CONSIDERABLY RAISED BOX AND READ OUT TO RESPONDENT: Your blood pressure is high today. Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure. You are strongly advised to visit your GP within 5 days to have a further blood pressure reading to see whether this is a once-off finding or not.

PLEASE REPORT THIS READING TO THE SURVEY DOCTOR WHEN YOU LEAVE THE PARTICIPANT'S HOME

Just to let you know we pass on blood pressure results to our survey doctor. She may contact you to check if you have any queries or concerns.

IF Systolic reading 160-179 OR Diastolic reading 100-114 THEN:

TICK THE RAISED BOX AND READ OUT TO RESPONDENT: Your blood pressure is a bit high today. Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure. You are advised to visit your GP within 2-3 weeks to have a further blood pressure reading to see whether this is a once-off finding or not.

IF Systolic reading 140-159 OR Diastolic reading 85-99 THEN:

TICK THE MILDLY RAISED BOX AND READ OUT TO RESPONDENT: Your blood pressure is a bit high today. Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure. You are advised to visit your GP within 2 months to have a further blood pressure reading to see whether this is a once-off finding or not.

IF Systolic reading <140 AND Diastolic reading <85 THEN:

TICK THE NORMAL BOX AND READ OUT TO RESPONDENT: Your blood pressure is normal.

Waist Circumference

ASK ALL SAMPLE B 16+ (EXCEPT PREGNANT WOMEN)

[WHMod]*

INTERVIEWER: NOW FOLLOWS THE WAIST CIRCUMFERENCE MEASUREMENT. MODULE. EQUIPMENT: MEASURING TAPE.

INTERVIEWER: Remember to wipe the measurement tape with Milton wipes between households.

PRESS <1> AND <ENTER> TO CONTINUE

1 Continue

[WIntro]

Now I would like to measure the circumference of your waist. The waist circumference is a measure of the distribution of body fat, provides important additional information and is a predictor of health risk. You will need to be standing for this measurement. I will ask you to identify where on your body your tummy button is, and I will then ask you to place this measuring tape around your waist, over your clothing, at the level of your tummy button.

Once the tape measure is level around your waist I will ask you to take a normal breath and then breathe out. I will then record the measurement. I will take at least two measurements.

Are you willing for me to take this measurement?

INTERVIEWER CODE:

- 1 Respondent agrees to have waist measured
- 2 Respondent refuses to have waist measured
- 3 Unable to measure waist for reason other than refusal

IF (WIntro=Agree) THEN

Repeat for up to three waist measurements.

Third measurement taken only if difference between first two measurements is greater than 3cm.

[Waist] (variable names Waist1 to Waist3)

INTERVIEWER: MEASURE THE WAIST CIRCUMFERENCES TO THE NEAREST MM.

ENTER (FIRST/SECOND/THIRD) WAIST MEASUREMENT IN CENTIMETRES (Remember to include the decimal point).

IF MEASUREMENT NOT OBTAINED, ENTER '999.9'.

Range: 45.0..1000.0

IF WIntro in [1..3] THEN

(computed from WIntro, Waist)

[RespW]

Response to waist measurements:

- 1 Both measurements obtained
- 2 One measurement obtained
- 3 Refused
- 4 Not tried

IF (Waist1 = 999.9) OR (Waist2 = 999.9) THEN

[YNoW]

ENTER REASON FOR NOT GETTING BOTH MEASUREMENTS

- 1 Both measurements refused
- 2 Attempted but not obtained
- 3 Measurement not attempted

IF NO OR ONE MEASUREMENT OBTAINED ((WHIntro=Refuse OR Unable) OR Only one waist measurement obtained) THEN

[WPNABM]

GIVE REASON(S) (FOR REFUSAL/WHY UNABLE/FOR NOT OBTAINING MEASUREMENT/FOR NOT ATTEMPTING/WHY ONLY ONE MEASUREMENT OBTAINED).CODE ALL THAT APPLY.

- | | | |
|---|---|-----------|
| 1 | Respondent is in a wheelchair | [WPNABM1] |
| 2 | Respondent is confined to bed | [WPNABM2] |
| 3 | Respondent is too stooped | [WPNABM3] |
| 4 | Respondent did not understand the procedure | [WPNABM4] |
| 5 | Respondent is embarrassed/sensitive about their size | [WPNABM5] |
| 6 | No time/busy/already spent enough time on this survey | [WPNABM6] |
| 7 | Other (SPECIFY AT NEXT QUESTION) | [WPNABM7] |

IF WHPNABM = Other THEN

[OthWH]*

GIVE FULL DETAILS OF 'OTHER' REASON(S) FOR NOT GETTING FULL WAIST MEASUREMENT:

Text: Maximum 140 characters

IF AT LEAST ONE WAIST MEASUREMENT OBTAINED (IF (Waist1 <> 999.9 AND Waist1 <> EMPTY) OR (Waist2 <> 999.9 AND Waist2 <> EMPTY)) THEN

[WJRel]

INTERVIEWER: 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 THEN

[ProbWJ]

INTERVIEWER: RECORD WHETHER PROBLEMS EXPERIENCED ARE LIKELY TO INCREASE OR DECREASE THE WAIST MEASUREMENT.

- 1 Increases measurement (e.g. bulky clothing)
- 2 Decreases measurement (e.g. very tight clothing)
- 3 Measurement not affected

IF ONE OR TWO WAIST MEASUREMENTS OBTAINED THEN

[WHRes]*

INTERVIEWER: OFFER TO WRITE RESULTS OF WAIST MEASUREMENTS, WHERE APPLICABLE, ONTO RESPONDENT'S MEASUREMENT RECORD CARD.

Waist: (Write in waist measurements 1 and 2)

PRESS <1> AND <ENTER> TO CONTINUE.

1 Continue

Saliva sample

ASK ALL SAMPLE B 16+ (EXCEPT PREGNANT WOMEN)

[SalInt1]*

INTERVIEWER: NOW FOLLOWS THE SALIVA SAMPLE.

1 Continue

[Smoke]

Can I just check, do you smoke cigarettes, cigars or a pipe at all these days?

CODE ALL THAT APPLY

INTERVIEWER: If respondent used to smoke but does not any more, code 'No'.

- | | | |
|---|-----------------|----------|
| 1 | Yes, cigarettes | [Smoke1] |
| 2 | Yes, cigars | [Smoke2] |
| 3 | Yes, pipe | [Smoke3] |
| 4 | No | [Smoke4] |

IF Smoke = No THEN

[SmokeYr]

Have you smoked in the last 12 months?

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

[UseNRTB]¹

SHOW CARD R1

Have you used any of the following products in the last seven days?

CODE ALL THAT APPLY

- | | | |
|---|---|-------------|
| 1 | Yes, nicotine gum | [UseNRTB1] |
| 2 | Yes, nicotine patches that you stick on your skin | [UseNRTB2] |
| 3 | Yes, nasal spray/nicotine inhaler | [UseNRTB3] |
| 4 | Yes, lozenge/microtab | [UseNRTB4] |
| 5 | Yes, Champix/Varenicline | [UseNRTB5] |
| 6 | Yes, Zyban/Bupropion | [UseNRTB6] |
| 7 | Yes, electronic cigarette | [UseNRTB7b] |
| 7 | Yes, other | [UseNRTB8b] |
| 8 | No | [UseNRTB9b] |

IF UseNRTB = Yes, other THEN

[NRTOthB]*

What other products did you use?

Text: Maximum 140 characters

¹ Additional categories for 2014 and question asked of ALL

[SalIntr1]

INTERVIEWER: ASK RESPONDENT FOR A SALIVA SAMPLE.

READ OUT: I would like to take a sample of saliva (spit). This simply involves chewing on some dental roll. The sample will be analysed for cotinine, which is related to the intake of tobacco smoke and is of particular interest to see if non-smokers may have raised levels as a result of 'passive' smoking

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

IF SalIntr1=Agree THEN

[SalWrit]*

INTERVIEWER CHECKLIST FOR CONSENT BOOKLET:

1. Enter Serial No at top of page 1 and 3.
2. Obtain respondent signature on page 3.
3. Sign and date page 3 yourself.
4. Complete interviewer and respondent details on page 1.
5. Circle code 01 at question 7 on page 1 of the Consent Booklet.
6. Turn to lab dispatch note and at Smoking status code (1/2)¹

Continue

[SalInst]*

ASK RESPONDENT TO CHEW ON DENTAL ROLL (DRIBBLE INTO TUBE)

WRITE THE SERIAL NUMBER AND DATE OF BIRTH ON THE BLUE LABEL USING A BLUE BIRO

SERIAL NO (Displays serial number)

PERSON NO (Displays person number)

DATE OF BIRTH (Displays date of birth)

INTERVIEWER: The saliva label goes around the outer tube (not lengthways)

- 1 Continue

[SalObt1]

INTERVIEWER CHECK

- 1 Saliva sample obtained
- 2 Saliva sample refused
- 3 Saliva sample not attempted
- 4 Attempted but not obtained

IF SalObt1 = Obtained THEN

[SalCod1]*

INTERVIEWER: PLEASE CIRCLE CODE 1 'YES' AT QUESTION 8 IN THE CONSENT BOOKLET

[SalHow]

INTERVIEWER: Code the method used to obtain the saliva sample.

- 1 Dribbled into tube
- 2 Dental Roll

¹ 1 for smokers and 2 for non-smokers

IF (SalObt1= Not attempted or Attempted, not obtained) OR (SalIntr1=Unable) THEN
[SalNObt]

RECORD WHY SALIVA SAMPLE NOT OBTAINED. CODE ALL THAT APPLY.

- | | | |
|---|---|------------|
| 3 | Respondent not able to produce any saliva | [SalNObt3] |
| 4 | Other (SPECIFY AT NEXT QUESTION) | [SalNObt4] |

IF SalNObt = Other THEN

[OthNObt]*

GIVE FULL DETAILS OF REASON(S) WHY SALIVA SAMPLE NOT OBTAINED.

Text: Maximum 140 characters

[SalCode]*

INTERVIEWER: Circle 02 at question 7 on page 1 of the Consent Booklet.

INTERVIEWER: Please ensure you complete all of page 1 in the Consent Booklet.

The respondent's date of birth is (displays DOB)

- 1 Continue

IF SalIntr1=Refused THEN

[SalYRef]

- | | | |
|-----|---|------------|
| 1. | Embarrassed/sensitive about providing a samples | [SalYRef1] |
| 2. | Knows they would have difficulty providing a sample | [SalYRef2] |
| 3. | No time/busy/already spent enough time on this survey | [SalYRef3] |
| 4. | Doesn't like the thought of doing it | [SalYRef4] |
| 5. | Concerns about how sample will be used/store | [SalYRef5] |
| 6. | Respondent did not understand the procedure | [SalYRef6] |
| 95. | Other (SPECIFY AT NEXT QUESTION) | [SalYRef9] |

IF SalYRef = other THEN

INTERVIEWER: WRITE IN OTHER REASON FOR REFUSAL

Text: Maximum 140 characters

[SalCode]*

INTERVIEWER: Circle code 02 at question 7 on page 1 of the Consent Booklet.

INTERVIEWER: Please ensure you complete all of page 1 in the consent booklet.

The respondent's date of birth is (displays DOB)

- 1 Continue

Urine Sample

ASK ALL SAMPLE B 16+ (EXCEPT PREGNANT WOMEN)

[UriDisp]*

INTERVIEWER: NOW FOLLOWS THE URINE SAMPLE.

[UriIntro]

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

Would you be willing to provide a urine sample?

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

IF UriIntr1=Agree THEN

[UriWrit]*

INTERVIEWER CHECKLIST FOR CONSENT BOOKLET:

1. Enter Serial No at top of page 1 and 4
 2. Obtain respondent signature on page 4
 3. Sign and date page 4 yourself.
 4. Complete interviewer and respondent details on page 1
 5. Circle code 03 at question 7 on page 1 of the Consent Booklet
- 1 Continue

[UriSamp]*

ASK RESPONDENT TO TAKE CONTAINER AND PROVIDE URINE SAMPLE.
WRITE THE SERIAL NUMBER AND DATE OF BIRTH ON A BLOOD LABEL USING A BLUE BIRO.

SERIAL NO: (Displays serial no)

PERSON NO (Displays person no)

DATE OF BIRTH: (Displays date of birth)

INTERVIEWER: The urine label goes lengthways on the tube (not around it)

[UriObt1]

CHECK

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

IF (UriObt1=Not attempted or Attempted, not obtained) OR (UriIntr1=Unable) THEN

[UriNObt]

RECORD WHY URINE SAMPLE NOT OBTAINED. CODE ALL THAT APPLY.

- | | | |
|---|--|------------|
| 1 | Respondent not able to produce any urine | [UriNObt3] |
| 2 | Other (SPECIFY AT NEXT QUESTION) | [UriNObt4] |

IF UriNObt = Other THEN

[OthNObt]*

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

Text: Maximum 140 characters

[UriCod2]*

INTERVIEWER: PLEASE CIRCLE CODE 2 'NO' AT QUESTION 9 IN THE CONSENT BOOKLET.

- 1 Continue

IF UriIntr1=Refused OR UriObt1=Refused THEN

[UriYRef]

- | | | |
|-----|--|------------|
| 1. | Embarrassed/sensitive about providing sample | [UriYRef1] |
| 2. | Went to toilet too recently to provide sample | [UriYRef2] |
| 3. | Knows they would have difficulty providing a sample for reason other than having just been to toilet | [UriYRef3] |
| 4. | No time/busy/already spent enough time on this survey | [UriYRef4] |
| 5. | Doesn't like the thought of doing it | [UriYRef5] |
| 6. | Concerns about how sample will be used/store | [UriYRef6] |
| 7. | Respondent did not understand the procedure | [UriYRef7] |
| 95. | Other (SPECIFY AT NEXT QUESTION) | [UriYRef9] |

IF UriYRef = Other THEN

[UriYRefO]*

INTERVIEWER: WRITE IN OTHER REASON FOR REFUSAL

Text: Maximum 140 characters

INTERVIEWER: PLEASE CIRCLE CODE CODE 2 'NO' AT QUESTION 9 IN THE CONSENT BOOKLET

[UriEnd]

INTERVIEWER: That's the end of the Urine Sample collection module.

Press <1> and <Enter> to continue.

ASK ALL SAMPLE B 16+

[CASInt]*

I now have some questions for you to answer yourself, on the computer. The questions cover topics to do with depression, anxiety and self-harm. When you have finished the computer will lock away your answers and no one else will be able to see them, including me.

Instructions about which keys to press will be shown on the computer screen. If you press the wrong key I can tell you how to change the answer. When you get to the end, please tell me and we will complete the rest of the interview with me asking you questions again.

INTERVIEWER: Only where necessary, ask respondent if they would like you to read the questions out to them.

Please code whether the self-completion is accepted or not

- 1 Self-completion accepted by respondent
- 2 Self-completion to be read out by interviewer
- 3 Self-completion refused

If CASInt=3 (refused)

[SCompNH]

INTERVIEWER: Record why the computer self-completion was not completed.

CODE ALL THAT APPLY

- | | | |
|---|---|------------|
| 1 | Eyesight problems | [SCompNH1] |
| 2 | Language problems | [SCompNH2] |
| 3 | Reading/writing/comprehension problems | [SCompNH3] |
| 4 | Doesn't like computers | [SCompNH4] |
| 5 | Respondent bored/fed up/tired | [SCompNH5] |
| 6 | Questions too sensitive/invasion of privacy | [SCompNH6] |
| 7 | Too long/too busy/taken long enough already | [SCompNH7] |
| 8 | Refused to complete self-completion (no other reason given) | [SCompNH8] |
| 9 | Other (SPECIFY) | [SCompNH9] |

{If CASI NOT REFUSED}

[CASInst]*

INTERVIEWER: If the respondent is happy to do the self-completion themselves - hand over the computer now. Otherwise keep interviewing.

[DashInt]*

The next questions are for you to answer yourself. They all ask you to choose an answer from those listed on the screen. Please choose your answer by pressing the number next to the answer you want to give and then press the large key with the red sticker (the enter key).

You don't have to answer every question - if you want to skip one the interviewer will tell you how to do this. Please ask the interviewer if you want any help. Now press 1 and then the key with the red sticker to continue.

[AnxInt]*

The next few questions ask about how you've been feeling lately and if you've been feeling depressed, worried or anxious.

Press 1 and then the key with the red sticker to continue.

Anxiety

[J1SC]

Have you been feeling anxious or nervous in the past month?

- 1 Yes, anxious or nervous
- 2 No

IF J1SC = No THEN

[J2SC]

In the past month, did you ever find your muscles felt tense or that you couldn't relax?

- 1 Yes
- 2 No

ALL

[J3SC]

Some people have phobias; they get nervous or uncomfortable about specific things or situations when there is no real danger. For instance they may get extremely anxious when in confined spaces, or they may have a fear of heights. Others become nervous at the sight of things like blood or spiders.

In the past month have you felt anxious, nervous or tense about any specific things when there was no real danger?

- 1 Yes
- 2 No

IF RESPONDENT HAS EXPERIENCED ANXIETY AND PHOBIA ((IF J1SC=Yes AND J3SC=Yes) OR (J2SC=Yes AND J3SC=Yes)) THEN

[J5SC]

In the past month, when you felt anxious/nervous/tense, was this always brought on by the phobia about some specific situation or thing or did you sometimes feel generally anxious/nervous/tense?

- 1 Always brought on by phobia
- 2 Sometimes generally anxious

IF J5SC = Sometimes generally anxious THEN

[J6SC]

The next questions are concerned with general anxiety/nervousness/tension only.

On how many of the past seven days have you felt generally anxious/nervous/tense?

- 1 4 days or more
- 2 1 to 3 days
- 3 None

IF RESPONDENT HAS EXPERIENCED GENERAL ANXIETY ONLY (IF (J1SC=Yes AND J3SC=No) OR (J2SC=Yes AND J3SC=No)) THEN

[J7SC]

On how many of the past seven days have you felt generally anxious/nervous/tense?

- 1 4 days or more
- 2 1 to 3 days
- 3 None

IF RESPONDENT HAS EXPERIENCED ANXIETY FOR AT LEAST 1 DAY (IF J6SC IN [1..2] OR J7SC IN [1..2]) THEN

[J8SC]

In the past week, has your anxiety/nervousness/tension been:

RUNNING PROMPT

- 1 ...very unpleasant
- 2 ...a little unpleasant
- 3 ...or not unpleasant?

[J9SC]

In the past week, when you've been anxious/nervous/tense, have you had any of the symptoms shown below?

- 1 Heart racing or pounding
- 2 Hands sweating or shaking
- 3 Feeling dizzy
- 4 Difficulty getting your breath
- 5 Butterflies in stomach
- 6 Dry mouth
- 7 Nausea or feeling as though you wanted to vomit

IF RESPONDENT HAS EXPERIENCED ANY OF THE SYMPTOMS LISTED IF J9SC=Yes) THEN

[J9A...]

Which of these symptoms did you have when you felt anxious/nervous/tense?

CODE ALL THAT APPLY

- | | | |
|---|---|----------|
| 1 | Heart racing or pounding | [J9A1SC] |
| 2 | Hands sweating or shaking | [J9A2SC] |
| 3 | Feeling dizzy | [J9A3SC] |
| 4 | Difficulty getting your breath | [J9A4SC] |
| 5 | Butterflies in stomach | [J9A5SC] |
| 6 | Dry mouth | [J9A6SC] |
| 7 | Nausea or feeling as though you wanted to vomit | [J9A7SC] |

IF RESPONDENT HAS EXPERIENCED ANXIETY FOR AT LEAST 1 DAY (IF J6SC IN [1..2] OR J7SC IN [1..2]) THEN

[J10SC]

Have you felt anxious/nervous/tense for more than 3 hours in total on any one of the past seven days?

- 1 Yes
- 2 No

[J11SC]

How long have you had these feelings of general anxiety/nervousness/tension as you described?

- 1 Less than 2 weeks
- 2 2 weeks but less than 6 months
- 3 6 months but less than 1 year
- 4 1 year but less than 2 years
- 5 2 years or more

Depression

[G1SC]

Almost everyone becomes sad, miserable or depressed at times.

Have you had a spell of feeling sad, miserable or depressed in the past month?

- 1 Yes
- 2 No

[G2SC]

During the past month, have you been able to enjoy or take an interest in things as much as you usually do?

- 1 Yes
- 2 No/no enjoyment or interest

IF G1SC = Yes THEN

[G4SC]

In the past week have you had a spell of feeling sad, miserable or depressed?

- 1 Yes
- 2 No

IF G2SC= No THEN

[G5SC]

In the past week have you been able to enjoy or take an interest in things as much as usual?

- 1 Yes
- 2 No/no enjoyment or interest

IF (G4SC = Yes) OR (G5SC = No/no enjoyment or interest) THEN

[G6SC]

Since last [Sunday / Monday / Tuesday / Wednesday / Thursday / Friday / Saturday] on how many days have you felt [depressed or unable to take an interest in things / sad, miserable or depressed / unable to enjoy or take an interest in things]?

- 1 4 days or more
- 2 1 to 3 days
- 3 None

[G7SC]

Have you felt [depressed or unable to take an interest in things / sad, miserable or depressed /unable to enjoy or take an interest in things] for more than 3 hours in total (on any day in the past week)?

- 1 Yes
- 2 No

[G9SC]

In the past week when you felt sad, miserable or depressed/unable to enjoy or take an interest in things, did you ever become happier when something nice happened, or when you were in company?

- 1 Yes, at least once
- 2 No

[G10SC]

How long have you been feeling sad, miserable or depressed/unable to enjoy or take an interest in things as you have described?

- 1 Less than 2 weeks
- 2 2 weeks but less than 6 months
- 3 6 months but less than 1 year
- 4 1 year but less than 2 years
- 5 2 years but less than 5 years
- 6 5 years but less than 10 years
- 7 10 years or more

Self Harm

[DSHIntro]*

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

Press 1 and **then** the key with the **red** sticker to continue.

[DSH4SC]

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

- 1 Yes
- 2 No

IF DSH4SC = Yes THEN

[DSH4aSC]

When was this? Please tell us about the most recent time

- 1 In the last week?
- 2 In the last year?
- 3 Some other time?

ALL

[DSH5SC]

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

- 1 Yes
- 2 No

IF DSH5SC = Yes THEN

[DSH5aSC]

When was this? Please tell us about the most recent time

- 1 In the last week?
- 2 In the last year?
- 3 Some other time?

DISPLAY IF DSH4aSC = 'in the last week' OR 'in the last year' THEN

[DSHExit]*

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

[DCEndY]

Please hand the computer back to the interviewer.

INTERVIEWER: PRESS <1> AND <ENTER> TO CONTINUE.

ASK ALL

[DashLeaf]*

INTERVIEWER: PLEASE HAND OVER THE USEFUL CONTACTS LEAFLET TO RESPONDENTS BEFORE CONTINUING. IF THE RESPONDENT APPEARS UPSET OR DISTRESSED THEN YOU MIGHT NEED TO GIVE THEM SOME TIME TO COMPOSE THEMSELVES BEFORE CARRYING ON WITH THE REST OF THE INTERVIEW.

Final

[BioEnd]*

Those are all the questions I wanted to ask you.

INTERVIEWER: MAKE SURE THE RESPONDENT HAS:

- COPIES OF THEIR CONSENT FORMS
- MEASUREMENT RECORD CARD
- USEFUL CONTACTS LEAFLET

[BioEnd2]*

INTERVIEWER: Before you leave make sure you have:

1. Office copies of consent forms
2. Labeled the samples
3. Completed the dispatch note
4. Included dispatch note in envelope with samples

INTERVIEWER: PRESS <Ctrl Enter> RETURN TO THE INDIVIDUAL SESSION TO COLLECT PHONE NUMBER BEFORE FINISHING OR TO OPEN ANOTHER BIOMODULE SESSION FOR THE NEXT RESPONDENT.

[EndReach]*

INTERVIEWER: End of questionnaire reached.

Press <1> and <Enter> to continue.

- 1 Continue

[Thank]*

INTERVIEWER: Thank respondent for his/her co-operation.

Then press <1> and <Enter> to finish.

- 1 Continue

P97192.01

Yr	Samp type	Point	Address	HHL D	CKL	Person no
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>

First name

Card

Batch

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

Survey month

Scottish Health Survey 2015

Booklet for Adults

How to fill in this questionnaire

- A Most of the questions on the following pages can be answered by simply ticking the box below or alongside the answer that applies to you. You do not have to answer every question.

Example:

Tick ONE box

Very healthy life	Fairly healthy life	Not very healthy life	An unhealthy life
----------------------	------------------------	--------------------------	----------------------

Do you feel that you lead a

- B On most pages you should answer ALL the questions but sometimes you will find an instruction next to the box you have ticked telling you to go to another question. By following the instructions carefully you will miss out questions which do not apply to you.

Example:

Tick ONE box

Yes → Go to Q4

No → Go to Q5

DRINKING EXPERIENCES

PLEASE READ THIS CAREFULLY

Q1 How often do you have a drink containing alcohol?

Tick **ONE** box *DXOFT*

Never	<input type="checkbox"/>	1	→ Go to Q12 on pg 4 →	
Monthly or less	<input type="checkbox"/>	2		
2-4 times a month	<input type="checkbox"/>	3		Go to Q2 ↓
2-3 times a week	<input type="checkbox"/>	4		
4 or more times a week	<input type="checkbox"/>	5		

Q2 How many drinks containing alcohol do you have on a typical day when you are drinking?

Tick **ONE** box *DXNUM*

1 or 2	<input type="checkbox"/>	1
3 or 4	<input type="checkbox"/>	2
5 or 6	<input type="checkbox"/>	3
7 to 9	<input type="checkbox"/>	4
10 or more	<input type="checkbox"/>	5

Q3 How often do you have six or more drinks on one occasion?

Tick **ONE** box

DXBINGE

Never	<input type="checkbox"/>	1
Less than monthly	<input type="checkbox"/>	2
Monthly	<input type="checkbox"/>	3
Weekly	<input type="checkbox"/>	4
Daily or almost daily	<input type="checkbox"/>	5

Q4 How often during the last year have you found that you were not able to stop drinking once you had started?

Tick ONE box

DXNSTOP

- Never 1
- Less than monthly 2
- Monthly 3
- Weekly 4
- Daily or almost daily 5

Q5 How often during the last year have you failed to do what was normally expected of you because of drinking?

Tick ONE box

DXFAIL

- Never 1
- Less than monthly 2
- Monthly 3
- Weekly 4
- Daily or almost daily 5

Q6 How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

Tick ONE box

DXFIRST

- Never 1
- Less than monthly 2
- Monthly 3
- Weekly 4
- Daily or almost daily 5

Q7 How often during the last year have you had a feeling of guilt or remorse after drinking? **Tick ONE box** ***DXGUILT***

Never ₁

Less than monthly ₂

Monthly ₃

Weekly ₄

Daily or almost daily ₅

Q8 How often during the last year have you been unable to remember what happened the night before because of your drinking? **Tick ONE box** ***DXUNABLE***

Never ₁

Less than monthly ₂

Monthly ₃

Weekly ₄

Daily or almost daily ₅

Q9 Have you or someone else been injured because of your drinking? **Tick ONE box** ***DXINJURE***

No ₁

Yes, but not in the last year ₂

Yes, during the last year ₃

Q10 Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down? **Tick ONE box** ***DXCUT***

No ₁

Yes, but not in the last year ₂

Yes, during the last year ₃

Q11 I have been drunk at least once a week, on average, in the last three weeks **Tick ONE box** ***DRUNK1***

Yes ₁

No ₂

GENERAL HEALTH OVER THE LAST FEW WEEKS

Please read this carefully:

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

HAVE YOU RECENTLY:

Tick ONE box

GHQCONC

	Better than usual	Same as usual	Less than usual	Much less than usual
Q12 Been able to concentrate on whatever you're doing?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

GHQSLEEP

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q13 Lost much sleep over worry?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

GHQUSE

	More so than usual	Same as usual	Less useful than usual	Much less useful
Q14 Felt you were playing a useful part in things?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

GHQDECIS

	More so than usual	Same as usual	Less so than usual	Much less capable
Q15 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

GHQSTRAI

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q16 Felt constantly under strain?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

GHQOVER

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q17 Felt you couldn't overcome your difficulties?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

HAVE YOU RECENTLY:

GHQENJOY

Q18 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"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

GHQFACE

Q19 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

GHQUNHAP

Q20 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

GHQCONFI

Q21 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

GHQWORTH

Q22 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

GHQHAPPY

Q23 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

Please read this carefully:

Below are some statements about feelings and thoughts.

Please tick the box that best describes your experience of each over the last **2 weeks**

OPTIM

Q24 I've been feeling optimistic about the future

None of the time

 1

Rarely

 2

Some of the Time

 3

Often

 4

All of the time

 5

Tick **ONE** box

USE

Q25 I've been feeling useful

None of the time

 1

Rarely

 2

Some of the time

 3

Often

 4

All of the time

 5

Tick **ONE** box

RELAX

Q26 I've been feeling relaxed

None of the time

 1

Rarely

 2

Some of the time

 3

Often

 4

All of the time

 5

Tick **ONE** box

INTREST

Q27 I've been feeling interested in other people

None of the time

 1

Rarely

 2

Some of the time

 3

Often

 4

All of the time

 5

Tick **ONE** box

ENERGY

Q28 I've had energy to spare

None of the time

 1

Rarely

 2

Some of the time

 3

Often

 4

All of the time

 5

Tick **ONE** box

DEAL

Q29 I've been dealing with problems well

None of the time

 1

Rarely

 2

Some of the time

 3

Often

 4

All of the time

 5

Tick **ONE** box

THINK

Q30 I've been thinking clearly

None of the time

 1

Rarely

 2

Some of the time

 3

Often

 4

All of the time

 5

Tick **ONE** box

Please read this carefully:

Below are some statements about feelings and thoughts.

Please tick the box that best describes your experience of each over the last **2 weeks**

GOOD

Q31 I've been feeling good about myself

None of the time

 1

Rarely

 2

Some of the time

 3

Often

 4

All of the time

 5

Tick **ONE** box

CLOSE

Q32 I've been feeling close to other people

None of the time

 1

Rarely

 2

Some of the time

 3

Often

 4

All of the time

 5

Tick **ONE** box

CONFID2

Q33 I've been feeling confident

None of the time

 1

Rarely

 2

Some of the time

 3

Often

 4

All of the time

 5

Tick **ONE** box

MIND

Q34 I've been able to make up my own mind about things

None of the time

 1

Rarely

 2

Some of the time

 3

Often

 4

All of the time

 5

Tick **ONE** box

LOVE

Q35 I've been feeling loved

None of the time

 1

Rarely

 2

Some of the time

 3

Often

 4

All of the time

 5

Tick **ONE** box

INTRST2

Q36 I've been interested in new things

None of the time

 1

Rarely

 2

Some of the time

 3

Often

 4

All of the time

 5

Tick **ONE** box

CHEER

Q37 I've been feeling cheerful

None of the time

 1

Rarely

 2

Some of the time

 3

Often

 4

All of the time

 5

Tick **ONE** box

Please read this carefully:

We should like to know about certain treatments or procedures you may have had. Please answer **ALL** the questions by ticking the box below the answer which you think most applies to you.

Tick **ONE** box

		Yes	No	
Q38	Have you <u>ever</u> had laser eye surgery?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	LASEREYE

Q39 Have you ever had any of the following dental treatments?

Please tick one box for each treatment.

Tick **ONE** box per treatment

		Yes	No	
	Professional tooth whitening	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	COSEDENT1
	Veneers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	COSEDENT2
	Dental implants	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	COSEDENT3
	Tooth straightening (e.g. braces)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	COSEDENT4
	White or gold fillings	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	COSEDENT5
	Other cosmetic dental treatment (please write below)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	COSEDENT6

Q39b Please write in other cosmetic dental treatment:

COSEDENTO*

Backcoding only: Reconstructive work to teeth **COSEDENT11***

Q40 Have you ever had any of the following skin or soft tissue treatments?

Please exclude treatments done at home.

Please tick one box for each treatment.

Tick **ONE** box per treatment

		Yes	No	
	Chemical peel	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	COSSKIN1
	Microdermabrasion	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	COSSKIN2
	Laser skin resurfacing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	COSSKIN3
	Injectable cosmetic treatments such as Botox®	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	COSSKIN4
	Injectable cosmetic treatments such as dermal fillers / soft tissue fillers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	COSSKIN5
	Other cosmetic skin or soft tissue treatment (please write below)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	COSSKIN6

Q40b Please write in other cosmetic skin or soft tissue treatment:

COSSKINO*

**IF YOU TICKED 'YES' FOR ANY OF THE TREATMENTS AT Q40, PLEASE GO TO Q41 BELOW
OTHERWISE GO TO Q42.**

Q41 Thinking about all occasions you have had any of the treatments mentioned in Q40 above, did you have any of the problems listed on the card as a result of the procedure?
Please tick one box for each problem.

	Tick ONE box per treatment		
	Yes	No	
Excessive or unexpected bleeding	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	SKINPRO1
Infection	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	SKINPRO2
Slow healing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	SKINPRO3
Nerve damage	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	SKINPRO4
Burns	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	SKINPRO5
Extended pain	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	SKINPRO6
Other cosmetic skin or soft tissue treatment (please write below)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	SKINPRO7

Q41b Please write in other cosmetic skin or soft tissue treatment:

SKINPROBO*

EVERYONE PLEASE ANSWER

Q42 Have you ever had any of the following procedures?
Please tick one box for each procedure.

	Tick ONE box per procedure		
	Yes	No	
Face or neck lift	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	COSFACE1
Eye brow lift	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	COSFACE2
Nose job	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	COSFACE3
Other cosmetic or reconstructive work done to the face or neck (please write below)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	COSFACE4

Q42b Please write in other cosmetic or reconstructive work done to the face or neck:

COSFACEO*

Backcoding only: Reconstructive work to face or neck COSFACE11*

Q43 Have you ever had any of the following surgical procedures?
Please tick one box for each procedure.

	Tick ONE box per procedure		
	Yes	No	
Breast enlargement	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<i>COSBRST1</i>
Breast reduction	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<i>COSBRST2</i>
Breast reconstruction	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<i>COSBRST3</i>

Q44 Have you ever had any of the following procedures?
Please tick one box for each procedure.

	Tick ONE box per procedure		
	Yes	No	
Liposuction	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<i>COSFAT1</i>
Tummy tuck	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<i>COSFAT2</i>
Gastric band	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<i>COSFAT3</i>
Any other surgical procedure to reduce fat or aid weight loss (please write below)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<i>COSFAT4</i>

Q44b Please write in other surgical procedure to reduce fat or aid weight loss:

<i>COSFATO*</i>

EVERYONE PLEASE ANSWER

Q45 Have you spent any money on any of the following activities in the **last 12 months?**

Please tick **ONE** box for each activity

	Tick ONE box per activity		
	Yes	No	
Tickets for the National Lottery Draw, including Thunderball and Euromillions and tickets bought online	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	GALA
Scratchcards (but not online or newspaper or magazine scratchcards)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	GALB
Tickets for any <u>other</u> lottery, including charity lotteries	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	GALC
The football pools	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	GALE
Bingo cards or tickets, including playing at a bingo hall (not online)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	GALD
Fruit or slot machines	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	GALF
Virtual gaming machines <u>in a bookmakers</u> to bet on virtual roulette, poker, blackjack or other games	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	GALG
Table games (roulette, cards or dice) <u>in a casino</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	GALS
Playing poker in a pub tournament/ league or at a club	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	GALH
Online gambling like playing poker, bingo, instant win/scratchcard games, slot machine style games or casino games <u>for money</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	GALI
Online betting <u>with a bookmaker</u> on any event or sport	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	GALT
Betting exchange <i>This is where you lay or back bets against other people using a betting exchange. There is no bookmaker to determine the odds. This is sometimes called 'peer to peer' betting.</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	GALU
Betting on horse races <u>in a bookmaker's, by phone or at the track</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	GALK
Betting on dog races <u>in a bookmaker's, by phone or at the track</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	GALLX
Betting on sports events <u>in a bookmaker's, by phone or at the venue</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	GALM
Betting on other events <u>in a bookmaker's, by phone or at the venue</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	GALN
Spread-betting <i>In spread-betting you bet that the outcome of an event will be higher or lower than the bookmaker's prediction. The amount you win or lose depends on how right or wrong you are.</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	GALO
Private betting, playing cards or games for money with friends, family or colleagues	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	GALP
Another form of gambling in the last 12 months	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	GALQ

IF YOU TICKED 'YES' FOR ANY OF THE ACTIVITIES AT Q45, PLEASE GO TO Q46 ON PAGE 12 OTHERWISE GO TO Q66 ON PAGE 14.

**IF YOU TICKED 'YES' FOR ANY OF THE ACTIVITIES AT Q45, PLEASE GO TO Q46 BELOW
OTHERWISE GO TO Q66 ON PAGE 14.**

Q46 Thinking about all the activities covered in the previous question would you say you spend money on these activities:

Tick **ONE** box

- | | | | |
|---|--------------------------|--------------|---------------|
| Two or more times a week | <input type="checkbox"/> | ₁ | GAMFRE |
| Once a week | <input type="checkbox"/> | ₂ | |
| Less than once a week, more than once a month | <input type="checkbox"/> | ₃ | |
| Once a month | <input type="checkbox"/> | ₄ | |
| Every 2-3 months | <input type="checkbox"/> | ₅ | |
| Once or twice a year | <input type="checkbox"/> | ₆ | |

For the next set of questions about gambling, please indicate the extent to which each one has applied to you in the last 12 months.

Tick **ONE** box

- | | Every time I
lost | Most of the
time | Some of the
time (less than
half the time I
lost) | Never | |
|--|--------------------------|--------------------------|--|--------------------------|-----------|
| Q47 When you gamble, how often do you go back another day to win back money you lost? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | D1 |
| | ₁ | ₂ | ₃ | ₄ | |

Tick **ONE** box for each question

- | | Very often | Fairly often | Occasionally | Never | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|-----------|
| Q48 How often have you found yourself thinking about gambling (that is reliving past gambling experiences, planning the next time you will play, or thinking of ways to get money to gamble)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | D2 |
| | ₁ | ₂ | ₃ | ₄ | |
| Q49 Have you needed to gamble with more and more money to get the excitement you are looking for? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | D3 |
| | ₁ | ₂ | ₃ | ₄ | |
| Q50 Have you felt restless or irritable when trying to cut down gambling? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | D4 |
| | ₁ | ₂ | ₃ | ₄ | |
| Q51 Have you gambled to escape from problems or when you are feeling depressed, anxious or bad about yourself? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | D5 |
| | ₁ | ₂ | ₃ | ₄ | |
| Q52 Have you lied to family, or others, to hide the extent of your gambling? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | D6 |
| | ₁ | ₂ | ₃ | ₄ | |

In the past 12 months, how often...

Tick **ONE** box for each question

	Very often	Fairly often	Occasionally	Never	
Q53 Have you made unsuccessful attempts to control, cut back or stop gambling?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	D7
Q54 Have you committed a crime in order to finance gambling or to pay gambling debts?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	D8
Q55 Have you risked or lost an important relationship, job, educational or work opportunity because of gambling?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	D9
Q56 Have you asked others to provide money to help with a financial crisis caused by gambling?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	D10

In the past 12 months, how often...

Tick **ONE** box for each question

	Almost always	Most of the time	Sometimes	Never	
Q57 ...have you bet more than you could really afford to lose?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	P1
Q58 ...have you needed to gamble with larger amounts of money to get the same excitement?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	P2
Q59 ...have you gone back another day to try to win back the money you'd lost?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	P3
Q60 ...have you borrowed money or sold anything to get money to gamble?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	P4
Q61 ...have you felt that you might have a problem with gambling?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	P5
Q62 ...have you felt that gambling has caused you any health problems, including stress or anxiety?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	P6
Q63 ...have people criticised your betting, or told you that you have a gambling problem, whether or not you thought it is true?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	P7
Q64 ...have you felt your gambling has caused financial problems for you or your household?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	P8
Q65 ...have you felt guilty about the way you gamble or what happens when you gamble?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	P9

CONTRACEPTION

Q66 Are you currently sexually active?

Tick **ONE** box

Yes ₁ — Go to Q67 ↓

No ₂ — Go to Q71 on page 15 →

*SXACTIVE**

Q67 Which method of contraception are you or your partner currently using? Please include permanent methods like sterilization.

Tick up to **3** methods

Tick **up to 3** methods

Not using any contraception (myself or my partner) ₀₁ — Go to Q69 on page 15 →

I have been sterilized/My partner has been sterilized (this includes male vasectomy) ₀₂

Mini pill ₀₃

Combined pill ₀₄

Pill – not sure which ₀₅

Mirena coil (hormone releasing coil) ₀₆

Coil/other device ₀₇

Condom/male sheath/Durex ₀₈

Femidom (female sheath) ₀₉

Cap/diaphragm ₁₀

Foams, gels, sprays, pessaries (spermicides) ₁₁

Contraceptive sponge ₁₂

Persona ₁₃

Safe period/rhythm method (other than Persona) ₁₄

Withdrawal ₁₅

Injection ₁₆

Implant ₁₇

Emergency contraception ₁₈

Going without sex ₁₉

Another method of contraception ₂₀ — Go to Q68 ↓

*MTHCON1**
*MTHCON2**
*MTHCON3**

Go to Q71 →
on page 15

Q68 What other method of contraception do you or your partner use? Write in:

*MTHCONO**

ANSWER IF YOU ARE CURRENTLY SEXUALLY ACTIVE BUT YOU OR YOUR PARTNER ARE NOT USING CONTRACEPTION CURRENTLY

Q69 Here is a list of reasons why people do not use any method of contraception. Which is the **main** reason that currently applies to you or your partner?

*NOCON**

Tick ONE box

I am / my partner is trying to become pregnant or is already pregnant	<input type="checkbox"/>	01	
I am / my partner is unlikely to conceive because of the menopause	<input type="checkbox"/>	02	
I am / my partner is unlikely to conceive because of infertility	<input type="checkbox"/>	03	
Against my faith/beliefs	<input type="checkbox"/>	04	
I am having sex with someone of the same sex	<input type="checkbox"/>	05	Go to Q71 ↓
I don't like contraception / find methods unsatisfactory	<input type="checkbox"/>	06	
My partner doesn't like – or won't use – contraception	<input type="checkbox"/>	07	
Don't know where to obtain contraceptives / advice	<input type="checkbox"/>	08	
Find access to contraceptive services difficult	<input type="checkbox"/>	09	
Some other reason	<input type="checkbox"/>	10	Go to Q70 ↓

Q70 Please write in other reason:

*NOCONO**

Now go to Q71 ↓

EVERYONE PLEASE ANSWER

Q71 And now a question about physical activity. The government **advises people to spend** a certain amount of time doing moderate physical activity to help them stay healthy. This includes brisk walking, heavy gardening or any other activity that makes you breathe slightly faster than usual. How much time **per week** do you **think** people **your age** are **advised to spend** doing this?

Please write in time (You can either write your answers in minutes, hours or both).

Hours	Minutes
<i>SCQpaAdH</i>	<i>SCQpaAdM</i>

EVERYONE PLEASE ANSWER

Q72 Which of the following options best describes how you think of yourself? **Tick ONE box**

SXORIEN

Heterosexual or Straight	<input type="checkbox"/>	1
Gay or Lesbian	<input type="checkbox"/>	2
Bisexual	<input type="checkbox"/>	3
Other	<input type="checkbox"/>	4

P97192.01

Yr	Samp type	Point	Address	HHL D	CKL	Person no
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>

First name

Card

Batch

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

Survey month

Scottish Health Survey 2015

Booklet for Young Adults

How to fill in this questionnaire

A Most of the questions on the following pages can be answered by simply ticking the box below or alongside the answer that applies to you. You do not have to answer every question.

Tick **ONE** box

Example:

	Very healthy life	Fairly healthy life	Not very healthy life	An unhealthy life
Do you feel that you lead a	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Example:

Write in no.

6

C On most pages you should answer ALL the questions but sometimes you will find an instruction next to the box you have ticked telling you to go to another question. By following the instructions carefully you will miss out questions which do not apply to you.

Tick **ONE** box

Example:

Yes	<input checked="" type="checkbox"/>	→	Go to Q4
No	<input type="checkbox"/>	→	Go to Q5

SMOKING

The first few questions in the booklet ask about whether you smoke tobacco products.

This means tobacco products which you light and smoke and can include, for example, cigarettes or hand-rolling tobacco.

When answering these questions please do NOT include:

- cigarettes that contain no tobacco
- electronic cigarettes

Q1 Have you ever smoked a cigar or a pipe?

Tick ALL that apply

DSMKEV081-3

Yes – cigar

1

Yes – pipe

2

No

3

Go to Q2 ↓

Q2 Have you ever smoked a cigarette?

Tick ONE box

DSMOKCIG

Yes

1

Go to Q3 ↓

No

2

Go to Q7 on page 2 →

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

DCIGAGE

Write in how old you were then

Go to Q4 ↓

Q4 Do you smoke cigarettes nowadays?

Tick ONE box

DSmokNow

Yes

1

Go to Q6a ↓

No

2

Go to Q5 ↓

Q5 Did you smoke cigarettes regularly or occasionally?

Tick ONE box

DSmokReg

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 Q7 on page 2 →

CURRENT SMOKERS

Q6a About how many cigarettes a day do you usually smoke on weekdays?

DDlySmok

Write in number smoked a day

Go to Q6b ↓

Q6b And about how many cigarettes a day do you usually smoke at weekends?

DWkndSmo

Write in number smoked a day

Go to Q7 on page 2 →

EVERYONE PLEASE ANSWER

Q7 Have you ever used an electronic cigarette (e-cigarette)?

Tick **ONE** box *DECigEv*

Yes ₁ — Go to Q8 ↓

No ₂ — Go to Q9 ↓

Q8 Do you use electronic cigarettes (e-cigarettes) at all nowadays?

Tick **ONE** box *DECigNow*

Yes ₁ — Go to Q9 ↓

No ₂ — Go to Q9 ↓

Q9 Are you regularly exposed to other people’s tobacco smoke in any of these places?

Please tick **all** boxes which apply

Tick **ALL** that apply

NoSmoke1

At home ₁

NoSmoke2

At work ₂

NoSmoke3a

In other people’s homes ₃

NoSmoke4a

In cars, vans etc ₄

NoSmoke5a

Outside of buildings (e.g. pubs, shops, hospitals) ₅

NoSmoke6a

In other public places ₆

NoSmoke7a

No, none of these ₇

Go to Q10 ↓

Go to Q11 on page 3 →

Q10 Does this bother you at all?

Tick **ONE** box

Yes ₁ *BothSmo*

No ₂

NOW GO TO THE QUESTIONS ON THE NEXT PAGE →

DRINKING

Q11 Do you ever drink alcohol nowadays, including drinks you brew or make at home?

DDrink

Tick ONE box

Yes

1

Go to Q14 ↓

No

2

Go to Q12 ↓

Q12 Just to check, does that mean you never have an alcoholic drink nowadays, or do you have an alcoholic drink very occasionally, perhaps for medicinal purposes or on special occasions like Christmas and New Year?

DDrinkan

Tick ONE box

Very occasionally

1

Go to Q14 ↓

Never

2

Go to Q13 ↓

Q13 Have you always been a non-drinker or did you stop drinking for some reason?

DAIwayTT

Always a non-drinker

1

Go to Q39 on page 15 →

Used to drink but stopped

2

Q14 How old were you the first time you ever had a proper alcoholic drink – a whole drink, not just a sip?

DDrkAg08

Write in how old you were then

Go to the next page →

The next few questions are concerned with different types of alcoholic drink.
 Please tick the box underneath the answer that best describes how often you usually drank each of them in the **last 12 months**. For the ones you drank, write in how much you usually drank on any one day.
EXCLUDE ANY NON-ALCOHOLIC OR LOW-ALCOHOL DRINKS, EXCEPT SHANDY.

EXAMPLE

A How often have you had this type of drink in the past year?

Tick ONE box

Almost every day	Five or six days a week	Three or four days a week	Once or twice a week	Once or twice a month	Once every couple of months	Once or twice in the last 12 months	Never in the last 12 months
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

Go to QB

How much did you usually drink on any one day? WRITE IN NUMBER

2	Half-pints
AND/OR	<input style="width: 100px; height: 20px;" type="text"/> Large cans or bottles
AND/OR	<input style="width: 100px; height: 20px; text-align: center; border: 1px solid black; padding: 2px 10px;"/> 1 Small cans or bottles

NOW PLEASE ANSWER Q15-Q22

Q15 Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol) - exclude bottles/cans of shandy.

How often have you had this type of drink in the past year?

Tick ONE box

Almost every day	Five or six days a week	Three or four days a week	Once or twice a week	Once or twice a month	Once every couple of months	Once or twice in the last 12 months	Never in the last 12 months
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

Go to Q16 on page 5 →

DNBeer

How much did you usually drink on any one day? WRITE IN NUMBER

	Half-pints	DNBeerQ0
AND/OR	<input style="width: 100px; height: 20px;" type="text"/> Large cans or bottles	DNBeerQ2
AND/OR	<input style="width: 100px; height: 20px;" type="text"/> Small cans or bottles	DNBeerQ3

Q16 Strong beer, lager, stout, cider (6% alcohol or more, such as Tennant's Super, Special Brew)

How often have you had this type of drink in the past year?

Tick **ONE** box

Almost every day	Five or six days a week	Three or four days a week	Once or twice a week	Once or twice a month	Once every couple of months	Once or twice in the last 12 months	Never in the last 12 months
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

DSBeer

Go to Q17 ↓

How much did you usually drink on any one day? WRITE IN NUMBER

	<input type="text"/>	Half-pints	<i>DSBeerQ0</i>
AND/OR	<input type="text"/>	Large cans or bottles	<i>DSBeerQ2</i>
AND/OR	<input type="text"/>	Small cans or bottles	<i>DSBeerQ3</i>

Q17 Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails

How often have you had this type of drink in the past year?

Tick **ONE** box

Almost every day	Five or six days a week	Three or four days a week	Once or twice a week	Once or twice a month	Once every couple of months	Once or twice in the last 12 months	Never in the last 12 months
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

DSpirits

Go to Q18 on page 6 →

How much did you usually drink on any one day? WRITE IN NUMBER

<input type="text"/>	Glasses (count doubles as 2 singles)
----------------------	--------------------------------------

Q18 Sherry or martini (including port, vermouth, cinzano, dubonnet) or Buckfast

How often have you had this type of drink in the past year?

DShery08

Tick ONE box

Almost every day	Five or six days a week	Three or four days a week	Once or twice a week	Once or twice a month	Once every couple of months	Once or twice in the last 12 months	Never in the last 12 months
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

How much did you usually drink on any one day? WRITE IN NUMBER

DShryQ08

Glasses (count doubles as 2 singles)

Go to Q19 ↓

Q19 Wine (including babycham and champagne)

How often have you had this type of drink in the past year?

DWine08

Tick ONE box

Almost every day	Five or six days a week	Three or four days a week	Once or twice a week	Once or twice a month	Once every couple of months	Once or twice in the last 12 months	Never in the last 12 months
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

How much did you usually drink on any one day? WRITE IN NUMBER You can write in parts of a bottle, e.g. half a bottle

If you drink small bottles (e.g. 250ml or 175ml) enter the number of glasses you drank from the bottle

<input type="text"/>	Large Glasses (250ml)	<i>DWin08Q0</i>
<input type="text"/>	Standard Glasses (175ml)	<i>DWin08Q2</i>
<input type="text"/>	Small Glasses (125ml)	<i>DWin08Q3</i>
<input type="text"/>	Bottles (750ml)	<i>DWin08Q4</i>

Go to Q20 on page 7 →

Q20 Alcoholic soft drinks or 'alcopops' (such as WKD, Smirnoff Ice, Bacardi Breezer etc)

How often have you had this type of drink in the past year?

DPops08

Tick **ONE** box

Almost every day	Five or six days a week	Three or four days a week	Once or twice a week	Once or twice a month	Once every couple of months	Once or twice in the last 12 months	Never in the last 12 months
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

Go to Q21 ↓

How much did you usually drink on any one day? WRITE IN NUMBER

<input type="text"/>	Small cans	<i>DPop08Q0</i>
<input type="text"/>	Standard bottles (275ml)	<i>DPop08Q2</i>
<input type="text"/>	Large bottles (700ml)	<i>DPop08Q3</i>

Q21 Have you had any other kinds of alcoholic drink in the last 12 months?

Tick **ONE** box

DAlcotA

No

 1

Go to Q23 on page 9 →

Yes

 2

WRITE IN NAME OF DRINK

*DALTYPA**

How often have you had this type of drink in the past year?

*DALFREQA**

Tick **ONE** box

Almost every day	Five or six days a week	Three or four days a week	Once or twice a week	Once or twice a month	Once every couple of months	Once or twice in the last 12 months
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

How much did you usually drink on any one day? WRITE IN NUMBER

<input type="text"/>	<i>DGLASSA*</i>	Glasses (count doubles as 2 singles)	
AND/OR	<input type="text"/>	<i>DPINTSA*</i>	Half-pints
AND/OR	<input type="text"/>	<i>DLARGE*</i>	Large cans or bottles
AND/OR	<input type="text"/>	<i>DSMALLA*</i>	Small cans or bottles

Go to Q22 on page 8 →

Q22 Have you had any other kinds of alcoholic drink in the last 12 months?

Tick ONE box

No

1

Go to Q23 on page 9 →

Yes

2

DALCOTB*

WRITE IN NAME OF DRINK

DALTYPB*

How often have you had this type of drink in the past year?

Tick ONE box

Almost every day

Five or six days a week

Three or four days a week

Once or twice a week

Once or twice a month

Once every couple of months

Once or twice in the last 12 months

DALFREQB*

1

2

3

4

5

6

7

How much did you usually drink on any one day? WRITE IN NUMBER

DGLASSB*

Glasses (count doubles as 2 singles)

AND/OR

DPINTSB*

Half-pints

AND/OR

DLARGE*

Large cans or bottles

AND/OR

DSMALLB*

Small cans or bottles

Go to Q23 on page 9 →

Q23 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 1
- Five or six days a week 2
- Three or four days a week 3
- Once or twice a week 4
- Once or twice a month 5
- Once every couple of months 6
- Once or twice a year 7
- Not all in the last 12 months 8

DDRINKOF

Go to Q24 ↓

Q24 Did you have an alcoholic drink in the seven days ending yesterday?

Tick ONE box

DDRINKL7

- Yes 1 — Go to Q25 ↓
- No 2 — Go to Q27a on page 11 →

Q25 On how many days out of the last seven did you have an alcoholic drink?

Tick ONE box

DDRNKDAY

- One 1
- Two 2
- Three 3
- Four 4
- Five 5
- Six 6
- Seven 7

Go to Q26 on page 10 →

Q26 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.

DDRNKDAY		WRITE IN HOW MUCH DRUNK ON THAT DAY			
TICK ALL DRINKS DRUNK ON THAT DAY		Glasses (count doubles as 2 singles)	Half-pints	Large cans or bottles	Small cans or bottles
<p>Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol)-exclude bottles/cans of shandy.</p>	<input type="text"/> ⁰¹ DDKTYP1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DNBL7Q0	DNBL7Q2	DNBL7Q3			
<p>Strong beer, lager, stout or cider (6% alcohol or more, such as Tennent's Super, Special Brew)</p>	<input type="text"/> ⁰² DDKTYP2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DSBL7Q0	DSBL7Q2	DSBL7Q3			
<p>Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails</p>	<input type="text"/> ⁰³ DDKTYP3	<input type="text"/>			
DSPIRL7Q					
<p>Sherry or martini (including port, vermouth, cinzano, dubonnet) or Buckfast</p>	<input type="text"/> ⁰⁴ DDKTYP4	<input type="text"/>			
DSR08L7Q					
<p>Wine (including babycham and champagne) You can write in parts of a bottle, e.g. half a bottle If you drank <u>small</u> bottles (e.g. 250ml or 175ml) enter the number of glasses drunk from the bottle</p>	<input type="text"/> ⁰⁵ DDKTYP5	Large glasses (250ml) <input type="text"/>	Standard glasses (175ml) <input type="text"/>	Small glasses (125ml) <input type="text"/>	Bottles (750ml) <input type="text"/>
DW08L7Q0	DW08L7Q2	DW08L7Q3	DW08L7Q4		
<p>Alcoholic soft drinks or 'alcopops' (such as WKD, Smirnoff Ice, Bacardi Breezer)</p>	<input type="text"/> ⁰⁶ DDKTYP6	Small cans <input type="text"/>	Standard bottles (275ml) <input type="text"/>	Large bottles (700ml) <input type="text"/>	
DP08L7Q0	DP08L7Q2	DP08L7Q3			
<p>Other kinds of alcoholic drink WRITE IN NAME OF DRINK</p>	DDKTYP7	Glasses (count doubles as 2 singles)	Half-pints	Large cans or bottles	Small cans or bottles
1. <input type="text"/>	<input type="text"/> ⁰⁷	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DALL7Q1A*	DALL7Q2A*	DALL7Q3A*	DALL7Q4A*		
2. <input type="text"/>	<input type="text"/> ⁰⁸	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DALL7Q1B*	DALL7Q2B*	DALL7Q3B*	DALL7Q4B*		
DDKTYP8					

Go to next page →

DRINKING EXPERIENCES

PLEASE READ THIS CAREFULLY

Q27a How often do you have a drink containing alcohol?

Tick ONE box

DXOFT

- | | | | |
|------------------------|--------------------------|---|-------------------------|
| Never | <input type="checkbox"/> | 1 | Go to Q39 on
pg 15 → |
| Monthly or less | <input type="checkbox"/> | 2 | |
| 2-4 times a month | <input type="checkbox"/> | 3 | Go to Q27b ↓ |
| 2-3 times a week | <input type="checkbox"/> | 4 | |
| 4 or more times a week | <input type="checkbox"/> | 5 | |

Q27b How many drinks containing alcohol do you have on a typical day when you are drinking?

Tick ONE box

- | | | |
|------------|--------------------------|---|
| 1 or 2 | <input type="checkbox"/> | 1 |
| 3 or 4 | <input type="checkbox"/> | 2 |
| 5 or 6 | <input type="checkbox"/> | 3 |
| 7 to 9 | <input type="checkbox"/> | 4 |
| 10 or more | <input type="checkbox"/> | 5 |

DXNUM

Q28 How often do you have six or more drinks on one occasion?

Tick ONE box

- | | | |
|-----------------------|--------------------------|---|
| Never | <input type="checkbox"/> | 1 |
| Less than monthly | <input type="checkbox"/> | 2 |
| Monthly | <input type="checkbox"/> | 3 |
| Weekly | <input type="checkbox"/> | 4 |
| Daily or almost daily | <input type="checkbox"/> | 5 |

DXBINGE

Q29 How often during the last year have you found that you were not able to stop drinking once you had started?

Tick ONE box

- Never 1
- Less than monthly 2
- Monthly 3
- Weekly 4
- Daily or almost daily 5

DXNSTOP

Q30 How often during the last year have you failed to do what was normally expected of you because of drinking?

Tick ONE box

- Never 1
- Less than monthly 2
- Monthly 3
- Weekly 4
- Daily or almost daily 5

DXFAIL

Q31 How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

Tick ONE box

- Never 1
- Less than monthly 2
- Monthly 3
- Weekly 4
- Daily or almost daily 5

DXFIRST

Q32 How often during the last year have you had a feeling of guilt or remorse after drinking? **Tick ONE box**

- Never 1
- Less than monthly 2
- Monthly 3
- Weekly 4
- Daily or almost daily 5

DXGUILT

Q33 How often during the last year have you been unable to remember what happened the night before because of your drinking? **Tick ONE box**

- Never 1
- Less than monthly 2
- Monthly 3
- Weekly 4
- Daily or almost daily 5

DXUNABLE

Q34 Have you or someone else been injured because of your drinking? **Tick ONE box**

- No 1
- Yes, but not in the last year 2
- Yes, during the last year 3

DXINJURE

Q35 Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down? **Tick ONE box**

- No 1
- Yes, but not in the last year 2
- Yes, during the last year 3

DXCUT

Q36 I have been drunk at least once a week, on average, in the last three weeks **Tick ONE box**

- Yes 1
- No 2

DRUNK1

Q37a In which of these places would you say you drink the **most** alcohol?

Please tick one box only

Tick ONE box

In a pub or bar	<input type="checkbox"/>	1	DDRWR08	
In a restaurant	<input type="checkbox"/>	2		
In a club or disco	<input type="checkbox"/>	3		
At a party with friends	<input type="checkbox"/>	4		→ Go to Q38a ↓
At my home	<input type="checkbox"/>	5		
At someone else's home	<input type="checkbox"/>	6		
Out on the street, in a park or other outdoor area	<input type="checkbox"/>	7		
Somewhere else	<input type="checkbox"/>	8		Go to Q37b ↓

Q37b In which place do you drink the **most** alcohol? **Write in:**

DDRWR080*

Q38a Who are you usually with when you drink the **most** alcohol?

Please tick one box only

Tick ONE box

My boyfriend or girlfriend/partner/husband or wife	<input type="checkbox"/>	1	DDRWT08	
Male friends	<input type="checkbox"/>	2		
Female friends	<input type="checkbox"/>	3		
Male and female friends together	<input type="checkbox"/>	4		→ Go to Q39 on page 15 →
Work colleagues	<input type="checkbox"/>	5		
Members of my family / relatives	<input type="checkbox"/>	6		
On my own	<input type="checkbox"/>	7		
Someone else	<input type="checkbox"/>	8		Go to question 38b ↓

Q38b Who are you usually with when you drink the **most** alcohol? **Write in:**

DDRWT080

GENERAL HEALTH OVER THE LAST FEW WEEKS

EVERYONE PLEASE ANSWER

Please read this carefully:

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

HAVE YOU RECENTLY:

Tick **ONE** box

	Better than usual	Same as usual	Less than usual	Much less than usual
Q39 Been able to concentrate on whatever you're doing? <i>GHQCONC</i>	<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
Q40 Lost much sleep over worry? <i>GHQSLEEP</i>	<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
Q41 Felt you were playing a useful part in things? <i>GHQUSE</i>	<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
Q42 Felt capable of making decisions about things? <i>GHQDECIS</i>	<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
Q43 Felt constantly under strain? <i>GHQSTRAI</i>	<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
Q44 Felt you couldn't overcome your difficulties? <i>GHQOVER</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

HAVE YOU RECENTLY:

Tick ONE box

	More so than usual	Same as usual	Less so than usual	Much less than usual	
Q45	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

GHQENJOY

Tick ONE box

	More so than usual	Same as usual	Less able than usual	Much less able	
Q46	Been able to face up to your problems?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

GHQFACE

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual	
Q47	Been feeling unhappy and depressed?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

GHQUNHAP

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual	
Q48	Been losing confidence in yourself?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

GHQCONFI

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual	
Q49	Been thinking of yourself as a worthless person?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

GHQWORTH

Tick ONE box

	More so than usual	About same as usual	Less so than usual	Much less than usual	
Q50	Been feeling reasonably happy, all things considered?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

GHQHAPPY

Please read this carefully:

Below are some statements about feelings and thoughts.

Please tick the box that best describes your experience of each over the last **2 weeks**

Tick ONE box

	None of the time	Rarely	Some of the Time	Often	All of the time
Q51 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

OPTIM

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q52 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

USE

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q53 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

RELAX

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q54 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

INTREST

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q55 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

ENERGY

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q56 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

DEAL

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q57 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

THINK

Please read this carefully:

Below are some statements about feelings and thoughts.

Please tick the box that best describes your experience of each over the last **2 weeks**

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q58 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
GOOD					

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q59 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
CLOSE					

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q60 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
CONFID2					

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q61 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
MIND					

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q62 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
LOVE					

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q63 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
INTRST2					

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q64 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
CHEER					

EVERYONE PLEASE ANSWER

Q65 Have you spent any money on any of the following activities in the **last 12 months?**
Please tick **ONE** box for each activity

	Tick ONE box		
	Yes	No	
Tickets for the National Lottery Draw, including Thunderball and Euromillions and tickets bought online	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	GALA
Scratchcards (but not online or newspaper or magazine scratchcards)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	GALB
Tickets for any <u>other</u> lottery, including charity lotteries	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	GALC
The football pools	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	GALE
Bingo cards or tickets, including playing at a bingo hall (not online)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	GALD
Fruit or slot machines	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	GALF
Virtual gaming machines <u>in a bookmakers</u> to bet on virtual roulette, poker, blackjack or other games	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	GALG
Table games (roulette, cards or dice) <u>in a casino</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	GALS
Playing poker in a pub tournament/ league or at a club	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	GALH
Online gambling like playing poker, bingo, instant win/scratchcard games, slot machine style games or casino games <u>for money</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	GALI
Online betting <u>with a bookmaker</u> on any event or sport	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	GALT
Betting exchange <i>This is where you lay or back bets against other people using a betting exchange. There is no bookmaker to determine the odds. This is sometimes called 'peer to peer' betting.</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	GALU
Betting on horse races <u>in a bookmaker's, by phone or at the track</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	GALK
Betting on dog races <u>in a bookmaker's, by phone or at the track</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	GALX
Betting on sports events <u>in a bookmaker's, by phone or at the venue</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	GALM
Betting on other events <u>in a bookmaker's, by phone or at the venue</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	GALN
Spread-betting <i>In spread-betting you bet that the outcome of an event will be higher or lower than the bookmaker's prediction. The amount you win or lose depends on how right or wrong you are.</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	GALO
Private betting, playing cards or games for money with friends, family or colleagues	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	GALP
Another form of gambling in the last 12 months	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	GALQ

IF YOU TICKED 'YES' FOR ANY OF THE ACTIVITIES AT Q65, PLEASE GO TO Q66 OTHERWISE GO TO Q86 ON PAGE 22

**IF YOU TICKED 'YES' FOR ANY OF THE ACTIVITIES AT Q65, PLEASE GO TO Q66
OTHERWISE GO TO Q86 ON PAGE 22**

Q66 Thinking about all the activities covered in the previous question would you say you spend money on these activities: **Tick ONE box**

Two or more times a week	<input type="checkbox"/>	1	GAMFRE
Once a week	<input type="checkbox"/>	2	
Less than once a week, more than once a month	<input type="checkbox"/>	3	
Once a month	<input type="checkbox"/>	4	
Every 2-3 months	<input type="checkbox"/>	5	
Once or twice a year	<input type="checkbox"/>	6	

For the next set of questions about gambling, please indicate the extent to which each one has applied to you in the last 12 months.

Tick ONE box

	Every time I lost	Most of the time	Some of the time (less than half the time I lost)	Never
Q67 When you gamble, how often do you go back another day to win back money you lost? D1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4

Tick ONE box for each question

	Very often	Fairly often	Occasionally	Never
Q68 How often have you found yourself thinking about gambling (that is reliving past gambling experiences, planning the next time you will play, or thinking of ways to get money to gamble)? D2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4
Q69 Have you needed to gamble with more and more money to get the excitement you are looking for? D3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4
Q70 Have you felt restless or irritable when trying to cut down gambling? D4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4
Q71 Have you gambled to escape from problems or when you are feeling depressed, anxious or bad about yourself? D5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4
Q72 Have you lied to family, or others, to hide the extent of your gambling? D6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4

In the past 12 months, how often...

Tick **ONE** box for each question

	Very often	Fairly often	Occasionally	Never	
Q73 Have you made unsuccessful attempts to control, cut back or stop gambling?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	D7
Q74 Have you committed a crime in order to finance gambling or to pay gambling debts?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	D8
Q75 Have you risked or lost an important relationship, job, educational or work opportunity because of gambling?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	D9
Q76 Have you asked others to provide money to help with a financial crisis caused by gambling?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	D10

In the past 12 months, how often...

Tick **ONE** box for each question

	Almost always	Most of the time	Sometimes	Never	
Q77 ...have you bet more than you could really afford to lose?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	P1
Q78 ...have you needed to gamble with larger amounts of money to get the same excitement?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	P2
Q79 ...have you gone back another day to try to win back the money you'd lost?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	P3
Q80 ...have you borrowed money or sold anything to get money to gamble?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	P4
Q81 ...have you felt that you might have a problem with gambling?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	P5
Q82 ...have you felt that gambling has caused you any health problems, including stress or anxiety?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	P6
Q83 ...have people criticised your betting, or told you that you have a gambling problem, whether or not you thought it is true?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	P7
Q84 ...have you felt your gambling has caused financial problems for you or your household?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	P8
Q85 ...have you felt guilty about the way you gamble or what happens when you gamble?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	P9

CONTRACEPTION

Q86 Are you currently sexually active?

Tick **ONE** box

- Yes ₁ — Go to Q87 ↓
- No ₂ — Go to Q91 on page 23 →

SXACTIVE*

Q87 Which method of contraception are you or your partner currently using? Please include permanent methods like sterilization.

Tick **up to 3** methods

Tick up to 3 methods

Not using any contraception (myself or my partner) ₀₁ — Go to Q89 on page 23 →

I have been sterilized/My partner has been sterilized (this includes male vasectomy) ₀₂

Mini pill ₀₃

Combined pill ₀₄

Pill – not sure which ₀₅

Mirena coil (hormone releasing coil) ₀₆

Coil/other device ₀₇

Condom/male sheath/Durex ₀₈

Femidom (female sheath) ₀₉

Cap/diaphragm ₁₀

Foams, gels, sprays, pessaries (spermicides) ₁₁

Contraceptive sponge ₁₂

Persona ₁₃

Safe period/rhythm method (other than Persona) ₁₄

Withdrawal ₁₅

Injection ₁₆

Implant ₁₇

Emergency contraception ₁₈

Going without sex ₁₉

Another method of contraception ₂₀ — Go to Q88 ↓

MTHCON1*
MTHCON2*
MTHCON3*

Go to Q91 on page 23 →

Q88 What other method of contraception do you or your partner use? Write in:

MTHCONO*

Now go to Q91 on page 23 →

ANSWER IF YOU ARE CURRENTLY SEXUALLY ACTIVE BUT YOU OR YOUR PARTNER ARE NOT USING CONTRACEPTION CURRENTLY

Q89 Here is a list of reasons why people do not use any method of contraception. Which is the **main** reason that currently applies to you or your partner?

NOCON*

Tick ONE box

- I am / my partner is trying to become pregnant or is already pregnant 01
- I am / my partner is unlikely to conceive because of the menopause 02
- I am / my partner is unlikely to conceive because of infertility 03
- Against my faith/beliefs 04
- I am having sex with someone of the same sex 05 **Go to Q91 ↓**
- I don't like contraception / find methods unsatisfactory 06
- My partner doesn't like – or won't use – contraception 07
- Don't know where to obtain contraceptives / advice 08
- Find access to contraceptive services difficult 09
- Some other reason 10 **Go to Q90 ↓**

Q90 Please write in other reason:

NOCONO*

Now go to Q91 ↓

EVERYONE PLEASE ANSWER

Q91 And now a question about physical activity. The government **advises people to spend** a certain amount of time doing moderate physical activity to help them stay healthy. This includes bike riding, swimming, playing tennis or any other activity that makes them breathe slightly faster. How much time **per day** do you **think** people **your age** are **advised to spend** doing this?

Please write in time (You can either write your answer in minutes, hours or both).

Hours	Minutes
SCQpaYAH	SCQpaYAM

EVERYONE PLEASE ANSWER

Q92 Which of the following options best describes how you think of yourself?

Tick ONE box

- Heterosexual or Straight 1 **SXORIEN**
- Gay or Lesbian 2
- Bisexual 3
- Other 4

P97192.01

Yr	Samp type	Point	Address	HHLID	CKL	Child no
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>

First name

Card

<input type="text" value="3"/>	<input type="text" value="1"/>	<input type="text" value="3"/>
--------------------------------	--------------------------------	--------------------------------

Batch

Survey month

Scottish Health Survey 2015

Booklet for 13-15 year olds

- Here are some questions for you to answer on your own.
- We are interested in your honest answers.
- We will not tell anyone what your answers are.
- You do not have to answer all the questions. If you want to miss a question, please just leave it out and move to the next one.
- Look at the instructions on the next page and read what to do.
- Ask the interviewer for help if you do not understand a question or are not sure what to do.

Thank you for taking part in this survey

How to answer these questions

- Please read each question carefully
- All of the questions can be answered by putting a tick in the box next to the answer that applies to you like this

Yes 1

No 2

General health over the last few weeks

Please read this carefully:

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

HAVE YOU RECENTLY:

Tick ONE box

	Better than usual	Same as usual	Less than usual	Much less than usual
Q1. Been able to concentrate on whatever you're doing?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<i>GHQCONC</i>				

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q2. Lost much sleep over worry?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<i>GHQSLEEP</i>				

Tick ONE box

	More so than usual	Same as usual	Less useful than usual	Much less useful
Q3. Felt you were playing a useful part in things?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<i>GHQUSE</i>				

Tick ONE box

	More so than usual	Same as usual	Less so than usual	Much less capable
Q4. Felt capable of making decisions about things?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<i>GHQDECIS</i>				

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q5. Felt constantly under strain?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<i>GHQSTRAI</i>				

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q6. Felt you couldn't overcome your difficulties?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<i>GHQOVER</i>				

HAVE YOU RECENTLY:

Tick **ONE** box

Q7. Been able to enjoy your normal day-to-day activities?

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

GHQENJOY

Tick **ONE** box

Q8. 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

GHQFACE

Tick **ONE** box

Q9. 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

GHQUNHAP

Tick **ONE** box

Q10. 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

GHQCONFI

Tick **ONE** box

Q11. 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

GHQWORTH

Tick **ONE** box

Q12. 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

GHQHAPPY

Please read this carefully:

Below are some statements about feelings and thoughts.

Please tick the box that best describes your experience of each over the last **2 weeks**

Tick ONE box

	None of the time	Rarely	Some of the Time	Often	All of the time
Q13 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

OPTIM

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q14 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

USE

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q15 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

RELAX

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q16 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

INTREST

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q17 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

ENERGY

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q18 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

DEAL

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q19 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

THINK

Please read this carefully:

Below are some statements about feelings and thoughts.

Please tick the box that best describes your experience of each over the last **2 weeks**

Tick **ONE** box

	None of the time	Rarely	Some of the time	Often	All of the time
Q20 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

GOOD

Tick **ONE** box

	None of the time	Rarely	Some of the time	Often	All of the time
Q21 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

CLOSE

Tick **ONE** box

	None of the time	Rarely	Some of the time	Often	All of the time
Q22 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

CONFID2

Tick **ONE** box

	None of the time	Rarely	Some of the time	Often	All of the time
Q23 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

MIND

Tick **ONE** box

	None of the time	Rarely	Some of the time	Often	All of the time
Q24 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

LOVE

Tick **ONE** box

	None of the time	Rarely	Some of the time	Often	All of the time
Q25 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

INTRST2

Tick **ONE** box

	None of the time	Rarely	Some of the time	Often	All of the time
Q26 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

CHEER

Now go to Q27 on page 5 ↓

And now a question about physical activity.

Q27 The government **advises people to spend** a certain amount of time doing moderate physical activity to help them stay healthy. This includes bike riding, swimming, playing tennis or any other activity that makes them breathe slightly faster.

How much time **per day** do you **think** people **your age** are **advised to spend** doing this?

Please write in time (you can either write your answer in minutes, hours or both).

Hours
SCQpaTeH

Minutes
SCQpaTeM

**Thank you for answering these questions.
Please give the booklet back to the interviewer.**

P97192.01

Yr	Samp type	Point	Address	HHL D	CKL	Child no
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>

Person no of parent

First name
of **child**

Card

Batch

First name of **parent**
completing booklet

Survey month

Scottish Health Survey 2015

Booklet for parents of 4-12 year olds

How to fill in this questionnaire.

The questions in this booklet can be answered by ticking the box below the answer that applies. You do not have to answer every question.

Example:

Tick **ONE** box on each row

	Very healthy life	Fairly healthy life	Not very healthy life	An unhealthy life
Do you feel that you lead a...	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Strengths and Difficulties Questionnaire

For each item, please mark the box for **Not True**, **Somewhat True** or **Certainly True**. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft!

Please give your answers on the basis of the child's behaviour over the last six months.

Tick **ONE** box on each row

	Not true	Somewhat true	Certainly true	
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>SDQFEEL</i>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>SDQHYPER</i>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>SDQACHES</i>
Shares readily with other children (treats, toys, pencils etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>SDQSHARE</i>
Often has temper tantrums or hot tempers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>SDQTEMPR</i>
Rather solitary, tends to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>SDQALONE</i>
Generally obedient, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>SDQOBEYS</i>
Many worries, often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>SDQWORRY</i>
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>SDQHELP</i>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>SDQFIDGT</i>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>SDQPAL</i>
Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>SDQFIGHT</i>
Often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>SDQSAD</i>
Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>SDQLIKED</i>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>SDQDAZE</i>
Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>SDQCLING</i>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>SDQKIND</i>
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>SDQLIES</i>
Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>SDQBULLD</i>
Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>SDQVOLS</i>
Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>SDQTHINK</i>
Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>SDQSTEAL</i>
Gets on better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>SDQADULT</i>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>SDQFEARS</i>
Sees tasks through to the end, good attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>SDQTEND</i>

Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

SDQDiff

No	<input type="checkbox"/>	→ Go to questions on page 3
Yes – minor difficulties	<input type="checkbox"/>	} Go to next question
Yes – definite difficulties	<input type="checkbox"/>	
Yes – severe difficulties	<input type="checkbox"/>	

If you have answered “Yes”, please answer the following questions about these difficulties:

How long have these difficulties been present?

SDQDDur

Less than a month	1-5 months	6-12 months	Over a year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do the difficulties upset or distress your child?

SDQDDist

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do the difficulties interfere with your child’s everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal	
Home life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>SDQDHome</i>
Friendships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>SDQDFrnd</i>
Classroom learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>SDQDClss</i>
Leisure activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>SDQDLeis</i>

Do the difficulties put a burden on you or the family as a whole?

Not at all	Only a little	Quite a lot	A great deal	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>SDQDBurd</i>

And now some questions about physical activity

The **government advises** that young children of pre-school age who are capable of walking without help should spend a certain amount of time being physically active. This includes light or more energetic activities such as walking or skipping, riding a bike, and running and chasing games.

How much time **per day** do you **think** under fives who are able to walk are **advised to spend** doing this?

Please write in time (You can either write your answer in minutes, hours or both)

Hours	Minutes	Do not have a child this age
<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>SCQpaP1H</i>	<i>SCQpaP1M</i>	<i>SCQpaP1N</i>

The **government also advises** that children and young people (aged 5 – 18) should spend a certain amount of time doing moderate physical activity to help them stay healthy. This includes bike riding, playground activities, swimming, playing tennis or any other activity that makes them breathe slightly faster than usual.

How much time **per day** do you **think** those aged 5-18 are **advised to spend** doing this?

Please write in time (You can either write your answer in minutes, hours or both)

Hours	Minutes	Do not have a child this age
<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>SCQpaP2H</i>	<i>SCQpaP2M</i>	<i>SCQpaP2N</i>

**Thank you for answering these questions.
Please give the booklet back to the interviewer.**

SCOTTISH HEALTH SURVEY 2015

SHOWCARDS

CARD A1

MARITAL STATUS

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

CARD A2

RELATIONSHIP

- 1 Husband / Wife
- 2 Legally recognised civil partner
- 3 Partner / Cohabitee

- 4 Natural son / daughter
- 5 Adopted son / daughter
- 6 Foster son / daughter
- 7 Stepson / Stepdaughter / Child of partner
- 8 Son-in-law / Daughter-in-law

- 9 Natural parent
- 10 Adoptive parent
- 11 Foster parent
- 12 Step-parent / Parent's partner
- 13 Parent-in-law

- 14 Natural brother / Natural sister (ie. both natural parents the same)
- 15 Half-brother / Half-sister (ie. one natural parent the same)
- 16 Step-brother / Step-sister (ie. no natural parents the same)
- 17 Adopted brother / Adopted sister
- 18 Foster brother / Foster sister
- 19 Brother-in-law / Sister-in-law

- 20 Grandchild
- 21 Grandparent

- 22 Other relative
- 23 Other non-relative

CARD A3

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

CARD A4

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

CARD A5

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

CARD A6

- 1 Earnings from employment or self-employment (including overtime, tips, bonuses)
- 2 State retirement pension
- 3 Pension from former employer
- 4 Personal pensions
- 5 Child Benefit
- 6 Job-Seekers Allowance
- 7 Income Support
- 8 Working Tax Credit, Child Tax Credit or any other Tax Credit
- 9 Housing Benefit
- 10 Other state benefits
- 11 Student grants and bursaries (but not loans)
- 12 Interest from savings and investments (eg. stocks and shares)
- 13 Rent from property (after expenses)
- 14 Other kinds of regular income (eg. maintenance or grants)
- 15 No source of income

CARD A7

GROSS INCOME FROM ALL SOURCES

(before any deductions for taxes, National Insurance contributions, health insurance payments, superannuation payments etc.)

WEEKLY	or	MONTHLY	or	ANNUAL
Less than £10 1		Less than £40 1		Less than £520 1
£10 less than £30 2		£40 less than £130 2		£520 less than £1,600 2
£30 less than £50 3		£130 less than £220 3		£1,600 less £2,600 3
£50 less than £70 4		£220 less than £300 4		£2,600 less than £3,600 4
£70 less than £100 5		£300 less than £430 5		£3,600 less than £5,200 5
£100 less than £150 6		£430 less than £650 6		£5,200 less than £7,800 6
£150 less than £200 7		£650 less than £870 7		£7,800 less than £10,400 7
£200 less than £250 8		£870 less than £1,100 8		£10,400 less than £13,000 8
£250 less than £300 9		£1,100 less than £1,300 9		£13,000 less than £15,600 9
£300 less than £350 10		£1,300 less than £1,500 10		£15,600 less than £18,200 10
£350 less than £400 11		£1,500 less than £1,700 11		£18,200 less than £20,800 11
£400 less than £450 12		£1,700 less than £2,000 12		£20,800 less than £23,400 12
£450 less than £500 13		£2,000 less than £2,200 13		£23,400 less than £26,000 13
£500 less than £550 14		£2,200 less than £2,400 14		£26,000 less than £28,600 14
£550 less than £600 15		£2,400 less than £2,600 15		£28,600 less than £31,200 15
£600 less than £650 16		£2,600 less than £2,800 16		£31,200 less than £33,800 16
£650 less than £700 17		£2,800 less than £3,000 17		£33,800 less than £36,400 17
£700 less than £800 18		£3,000 less than £3,500 18		£36,400 less than £41,600 18
£800 less than £900 19		£3,500 less than £3,900 19		£41,600 less than £46,800 19
£900 less than £1,000 20		£3,900 less than £4,300 20		£46,800 less than £52,000 20
£1,000 less than £1,150 21		£4,300 less than £5,000 21		£52,000 less than £60,000 21
£1,150 less than £1,350 22		£5,000 less than £5,800 22		£60,000 less than £70,000 22
£1,350 less than £1,500 23		£5,800 less than £6,500 23		£70,000 less than £78,000 23
£1,500 less than £1,750 24		£6,500 less than £7,500 24		£78,000 less than £90,000 24
£1,750 less than £1,900 25		£7,500 less than £8,300 25		£90,000 less than £100,000 25
£1,900 less than £2,100 26		£8,300 less than £9,200 26		£100,000 less than £110,000 26
£2,100 less than £2,300 27		£9,200 less than £10,000 27		£110,000 less than £120,000 27
£2,300 less than £2,500 28		£10,000 less than £10,800 28		£120,000 less than £130,000 28
£2,500 less than £2,700 29		£10,800 less than £11,700 29		£130,000 less than £140,000 29
£2,700 less than £2,900 30		£11,700 less than £12,500 30		£140,000 less than £150,000 30
£2,900 or more 31		£12,500 or more 31		£150,000 or more 31

CARD A8

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

CARD A9

HOURS SPENT PROVIDING CARE

- 1 Up to 4 hours a week
- 2 5 - 19 hours a week
- 3 20 - 34 hours a week
- 4 35 - 49 hours a week
- 5 50 or more hours a week

CARD A10

- 1 Less than one year
- 2 One year but less than 5 years
- 3 5 years but less than 10 years
- 4 10 years but less than 20 years
- 5 20 years or more

CARD A11

- 1 Been unable to take up employment
- 2 Worked fewer hours
- 3 Reduced responsibility at work
- 4 Flexible employment agreed
- 5 Changed to work at home
- 6 Reduced opportunities for promotion
- 7 Took new job
- 8 Left employment altogether
- 9 Took early retirement
- 10 Other (Please say what)
- 11 Employment not affected/never had a job

CARD A12

- 1 Short breaks or respite e.g. day time breaks, overnight breaks or emergency respite
- 2 Advice and information
- 3 Practical support (e.g. transport, equipment/adaptations)
- 4 Counselling or emotional support
- 5 Training and learning
- 6 Advocacy services
- 7 Personal assistant/ support worker/ community nurse/ home help
- 8 Help from family, friends or neighbours
- 9 Carer's allowance
- 10 Other (Please say what)
- 11 Receive no help or support

CARD A13

- 1 Short breaks or respite e.g. day time breaks, overnight breaks or emergency respite
- 2 Advice and information
- 3 Practical things, e.g. putting hand rails in the bathroom, transport to a day centre
- 4 Talking to someone for support, e.g. family member, friend, counsellor
- 5 Having a befriender or a peer mentor
- 6 Advocacy services
- 7 Personal assistant/ support worker/ community nurse/ home help
- 8 Help from family, friends or neighbours
- 9 Help from teachers at school, e.g. talking or extra help with homework
- 10 Social activities and support, e.g. young carers' groups or day trips
- 11 Other (Please say what)
- 12 Receive no help or support

CARD A14

**Extremely
dissatisfied**

**Extremely
satisfied**

0

1

2

3

4

5

6

7

8

9

10

CARD B2

- 1 Regular check-up with GP / hospital / clinic
- 2 Taking medication (tablets / inhalers)
- 3 Advice or treatment to stop smoking
- 4 Using oxygen
- 5 Immunisations against flu / pneumococcus
- 6 Exercise or physical activity
- 7 Advice or treatment to lose weight
- 8 Other (Please say what)

CARD D1

- 1 On a pavement or a pedestrian area
- 2 On a road
- 3 In a home or garden (either your own or someone else's)
- 4 In a place used for sports, play or recreation (including sports facility at a school or college)
- 5 In some other part of a school or college
- 6 In an office, factory, shop, pub, restaurant or other public building
- 7 Somewhere else (PLEASE SAY WHERE)

CARD D2

1. Broken bone
2. Dislocated joints
3. Losing consciousness
4. Straining or twisting a part of the body
5. Cutting, piercing or grazing a part of the body
6. Bruising, pinching or crushing a part of the body
7. Swelling or tenderness in some part of the body
8. Getting something stuck in the eye, throat, ear or other part of the body
9. Burning or scalding
10. Poisoning
11. Other injury to internal parts of the body
12. Animal or insect bite or sting
13. Other (PLEASE SAY WHAT)

CARD D3

1. Hospital
2. GP/Family Doctor
3. Nurse at GP surgery
4. Nurse at place of work, school or college
5. Doctor at place of work, school or college
6. Other doctor or nurse
7. Ambulance staff
8. Volunteer first aider
9. Chemist or pharmacist
10. Family, friends, colleagues, passers-by
11. Looked after self
12. Other person/s

CARD E1

HOUSEWORK

Done during the last 4 weeks -

Hoovering

Dusting

Ironing

General tidying

Washing floors and paint work

CARD E2

HEAVY HOUSEWORK

Done during the last 4 weeks -

Moving heavy furniture

Spring cleaning

Walking with heavy shopping
(for more than 5 minutes)

Cleaning windows

Scrubbing floors with a scrubbing brush

CARD E3

GARDENING, DIY AND BUILDING WORK

Done during the last 4 weeks -

Hoeing, weeding, pruning

Mowing with a power mower

Planting flowers/seeds

Decorating

Minor household repairs

Car washing and polishing

Car repairs and maintenance

CARD E4

HEAVY MANUAL WORK

Done during the last 4 weeks -

Digging, clearing rough ground

Building in stone/bricklaying

Mowing large areas with a hand mower

Felling trees, chopping wood

Mixing/laying concrete

Moving heavy loads

Refitting a kitchen or bathroom

CARD E5

Done during the last 4 weeks -

- 1 Swimming
- 2 Cycling
- 3 Workout at a gym / Exercise bike / Weight training
- 4 Aerobics / Keep fit / Gymnastics / Dance for Fitness
- 5 Any other type of dancing
- 6 Running / Jogging
- 7 Football / Rugby
- 8 Badminton / Tennis
- 9 Squash
- 10 Exercises (e.g. press-ups, sit-ups)

Please also include teaching, coaching and training/practice sessions

CARD E6

- 1 Bowls
- 2 Fishing / angling
- 3 Golf
- 4 Hillwalking / rambling
- 5 Snooker / billiards / pool
- 6 Aqua-robics / aquafit / exercise class in water
- 7 Yoga / pilates
- 8 Athletics
- 9 Basketball
- 10 Canoeing / Kayaking
- 11 Climbing
- 12 Cricket
- 13 Curling
- 14 Hockey
- 15 Horse riding
- 16 Ice skating
- 17 Martial arts including Tai Chi
- 18 Netball
- 19 Powerboating / jet skiing
- 20 Rowing
- 21 Sailing / windsurfing
- 22 Shinty
- 23 Skateboarding / inline skating
- 24 Skiing/ snowboarding
- 25 Subaqua
- 26 Surfing / body boarding
- 27 Table tennis
- 28 Tenpin bowling
- 29 Volleyball
- 30 Waterskiing

0 No – none of these

CARD E11

- 1 I have taken up a new sport
- 2 I am thinking about taking up a new sport
- 3 I am doing more sport or physical activity
- 4 I am thinking about doing more sport or physical activity
- 5 I am more interested in sport and physical activity in general

CARD F1

- 1 Less than 5 minutes
- 2 5 minutes, less than 15 minutes
- 3 15 minutes, less than 30 minutes
- 4 30 minutes, less than 1 hour

- 5 1 hour, less than 1 ½ hours
- 6 1 ½ hours, less than 2 hours
- 7 2 hours, less than 2 ½ hours
- 8 2 ½ hours, less than 3 hours

- 9 3 hours, less than 3 ½ hours
- 10 3 ½ hours, less than 4 hours
- 11 4 hours or more (please say how long)

CARD F2

SPORTS AND EXERCISE ACTIVITIES

INCLUDE any sports and exercise activities like:

Playing football, rugby or netball in a team,
or any other organised team games

Playing tennis, squash or badminton

*include playing in:
a practice session
a match
a club
out-of-school lesson*

Going swimming or swimming lessons

Gymnastics (include Toddler Gym, Tumble Tots etc)

Dance lessons, ballet lessons, ice skating

Horse riding

Disco dancing

Any other organised sports, team sports or exercise activities

CARD F3

Other active things like:

Ride a bike

Kick a ball around

Run about (outdoors or indoors)

Play active games

Jump around

Any other things like these

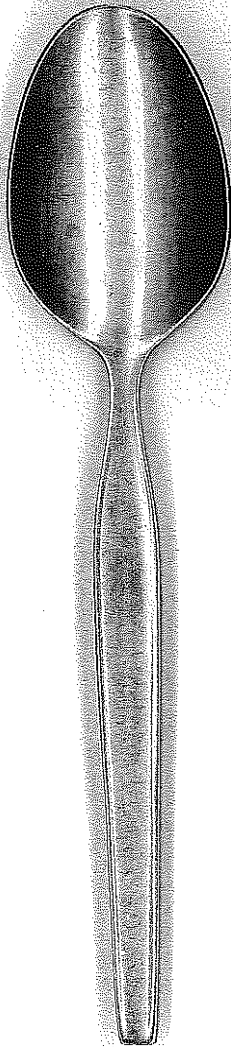
CARD G1

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

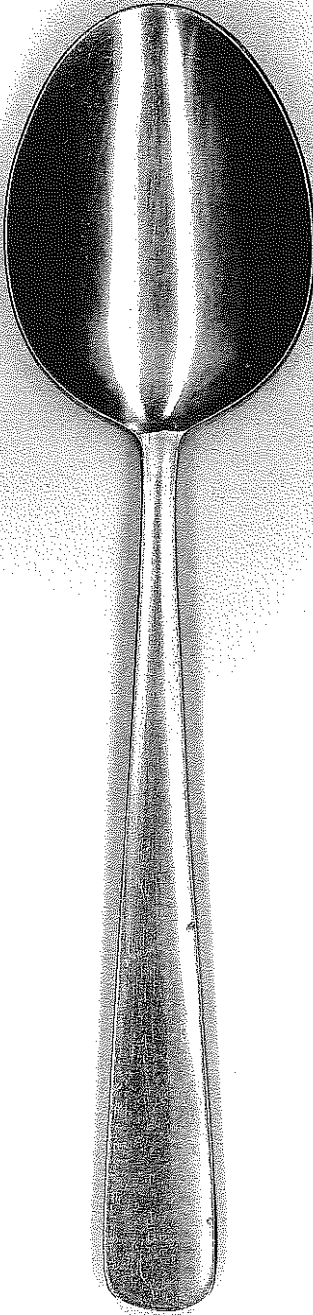
CARD G2

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

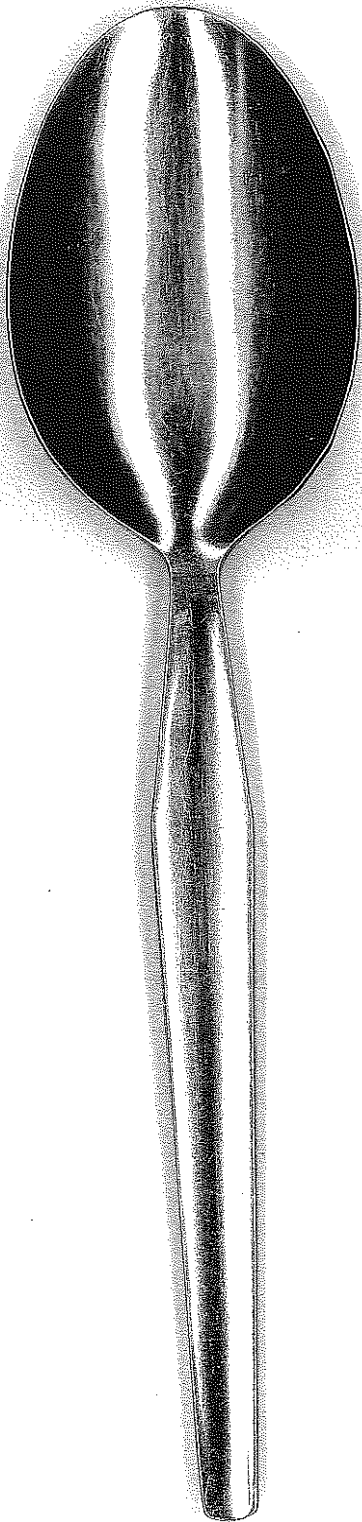
CARD G3



Teaspoon



Dessertspoon



Tablespoon

CARD H1

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

CARD H2

- 1 Nicotine gum
- 2 Nicotine patches that you stick on your skin
- 3 Nasal spray/nicotine inhaler
- 4 Lozenge / microtab
- 5 Champix / Varenicline
- 6 Zyban / Bupropion
- 7 Electronic cigarette
- 8 Other (Please say what)
- 9 No products used

CARD H3

- 1 At own home
- 2 At work
- 3 In other people's homes
- 4 In cars, vans etc
- 5 Outside of buildings (e.g. pubs, shops, hospitals)
- 6 In other public places

CARD J1

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

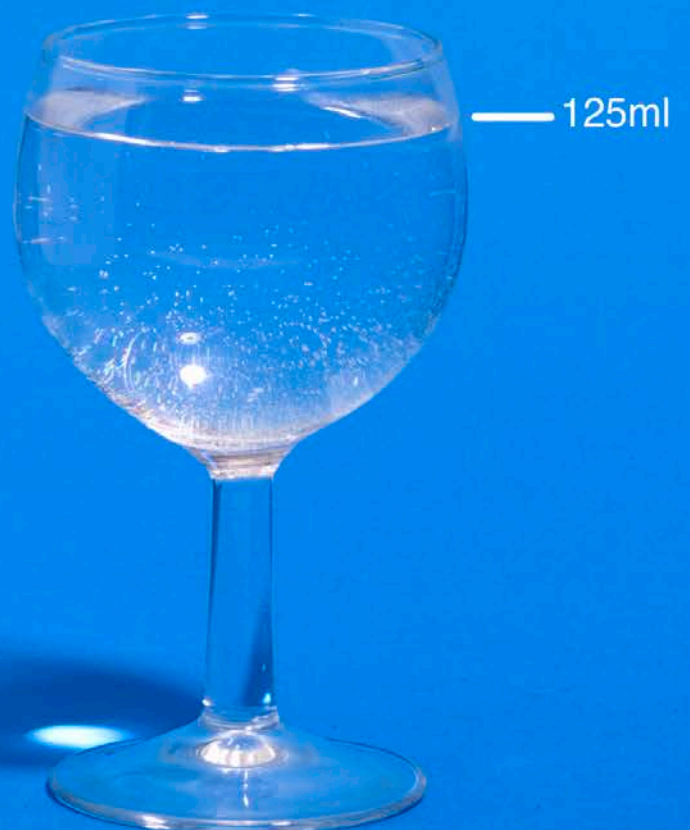


— 250 ml

250ml wine glass



175ml wine glass



125ml wine glass

CARD J2

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

CARD J3

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

CARD J4

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

CARD K1

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

CARD K2

- 1 Very happy
- 2 Fairly happy
- 3 Fairly unhappy
- 4 Very unhappy

CARD K3

- 1 Yes, often
- 2 Yes, occasionally
- 3 No, never

CARD K4

- 1 Full upper denture
- 2 Full lower denture
- 3 Partial upper denture
- 4 Partial lower denture

CARD K5

- 1 Less than a year ago
- 2 More than 1 year, up to 2 years ago
- 3 More than 2 years, up to 5 years ago
- 4 More than 5 years ago
- 5 Never been to the dentist

CARD K6

- 1 I don't feel nervous at all
- 2 I feel a bit nervous
- 3 I feel very nervous

CARD K7

- 1 Difficulty in getting time off work
- 2 Difficulty in getting an appointment that suits me
- 3 Dental treatment too expensive
- 4 Long way to go to the dentist
- 5 I have not found a dentist I like
- 6 I cannot get dental treatment under the NHS
- 7 I have difficulty getting access, e.g. steps, wheelchair access
- 8 Other (Please say what)

CARD K8

- 1 Brush my teeth with a fluoride toothpaste
- 2 Use dental floss
- 3 Use a mouth rinse
- 4 Restrict my intake of sugary foods and drinks
- 5 Clean my dentures (including soaking with a sterilising tablet)
- 6 Leave my dentures out at night

CARD L1

- 1 A great deal
- 2 A fair amount
- 3 Not very much
- 4 Not at all

CARD L2

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

CARD L3

- 1 On most days
- 2 Once or twice a week
- 3 Once or twice a month
- 4 Less often than once a month
- 5 Never

CARD M1

- D Your accent
- K Your ethnicity
- W Your age
- T Your language
- G Your colour
- L Your nationality
- B Your mental ill-health
- H Any other health problems or disability
- A Your sex
- C Your religion, faith or beliefs
- P Your sexual orientation
- E Where you live
- O Other reason
- N I have not experienced this

CARD P1

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

CARD P2

- 1 Not at all stressful
- 2 Mildly stressful
- 3 Moderately stressful
- 4 Very stressful
- 5 Extremely stressful

CARD P3

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

CARD P4

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Seldom
- 5 Never

CARD P5

- 1 Strongly agree
- 2 Tend to agree
- 3 Neutral
- 4 Tend to disagree
- 5 Strongly disagree

CARD Q1

- 1 School Leaving Certificate, National Qualification Access Unit
- 2 O Grade, Standard Grade, GCSE, GCE O Level, CSE, National Qualification Access 3 Cluster, Intermediate 1 or 2, Senior Certificate or equivalent
- 3 GNVQ/GSVQ Foundation or Intermediate, SVQ Level 1 or 2, SCOTVEC / National Certificate Module, City and Guilds Craft, RSA Diploma or equivalent
- 4 Higher Grade, Advanced Higher, CSYS, A level, AS level, Advanced Senior Certificate or equivalent
- 5 GNVQ/GSVQ Advanced, SVQ Level 3, ONC, OND, SCOTVEC National Diploma, City and Guilds Advanced Craft, RSA Advanced Diploma or equivalent
- 6 HNC, HND, SVQ Level 4, RSA Higher Diploma or equivalent
- 7 First Degree, Higher Degree, SVQ Level 5 or equivalent
- 8 Professional qualifications e.g. teaching, accountancy
- 9 Other school examinations not already mentioned
- 10 Other post-school but pre Higher education examinations not already mentioned
- 11 Other Higher education qualifications not already mentioned
- 12 No qualifications

CARD Q2

Choose **ONE** section from A to F, then choose **ONE** option which best describes your ethnic group or background.

A White

Scottish

Other British

Irish

Gypsy/Traveller

Polish

Other white ethnic group (please say what)

B Mixed or multiple ethnic group

Any mixed or multiple ethnic groups (please say what)

C Asian, Asian Scottish or Asian British

Pakistani, Pakistani Scottish or Pakistani British

Indian, Indian Scottish or Indian British

Bangladeshi, Bangladeshi Scottish or Bangladeshi British

Chinese, Chinese Scottish or Chinese British

Other (please say what)

D African

African, African Scottish or African British

Other (please say what)

E Caribbean or Black

Caribbean, Caribbean Scottish or Caribbean British

Black, Black Scottish or Black British

Other (please say what)

F Other ethnic group

Arab, Arab Scottish or Arab British

Other, (please say what)

CARD Q3

- 1 Self-employed, with a business with 25 or more employees
- 2 Self-employed, with a business with fewer than 25 employees
- 3 Self-employed, in a business with no employees
- 4 A manager of 25 or more staff
- 5 A manager of fewer than 25 staff
- 6 Foreman or supervisor
- 7 An employee, not a manager

CARD Q4

- 1 High Blood Pressure
- 2 Angina
- 3 Heart Attack
- 4 Stroke
- 5 Other Heart Trouble
- 6 Diabetes

CARD R1

- 1 Nicotine gum
- 2 Nicotine patches that you stick on your skin
- 3 Nasal spray/nicotine inhaler
- 4 Lozenge / microtab
- 5 Champix / Varenicline
- 6 Zyban / Bupropion
- 7 Electronic cigarette
- 8 Other (Please say what)
- 9 No products used