

Health Survey for England

2015

**Questionnaires and
showcards**

P3527

The Health Survey for England 2015

Program Documentation

Household Questionnaire

Questionnaire

Point

SAMPLE POINT NUMBER.

Range: 1..997

Address

ADDRESS NUMBER.

Range: 1..97

Hhold

HOUSEHOLD NUMBER.

Range: 1..9

First

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

Point no: (Point number)

Address no: (Address number)

Household no: (Household number)

DateOK

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

- 1 Yes
- 2 No

WhoHere

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

HHSize

Derived household size.

Range: 1..12

SizeConf

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

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

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

Person

Person number in Household Grid

Range: 1..12

Name

First name from WhoHere

Sex

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

- 1 Male
- 2 Female

DoB

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

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

AgeOf

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

Range: 0..120

{IF AgeOf = NONRESPONSE}

AgeEstB

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 12 years
- 3 13-15 years
- 4 16 to 64 years
- 5 65 and over

IF DOB=non response and AgeOf=non response and AgeEst=non response

WhtAge

INTERVIEWER: PLEASE GIVE YOUR BEST ESTIMATE AS TO WHETHER (*name of respondent*) is: IF YOU ARE UNSURE WHETHER A CHILD FALLS INTO THE INFANT/CHILD CATEGORY - CODE AS CHILD (2-15 years old).

- 1 an infant (under 2 years)
- 2 a child (2-15 years)
- 3 an adult (16+)

{IF Aged 16 or over}

MarStatD

Are you (is he/she)

ASK OR RECORD. CODE FIRST THAT APPLIES.

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

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

Couple

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

ASK OR RECORD

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

{IF AgeOf = 16 – 17}

LegPar

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

- 1 Yes
- 2 No

{IF Aged 0 – 15}

Par1

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

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

Range: 1...97

{IF Par1 = 1..12}

Par2

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

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

Range: 1...97

SelCh

INTERVIEWER: Is this child selected for an individual interview?

UP TO 4 CHILDREN CAN BE SELECTED. TWO AGED 0-12 AND TWO AGED 13-15.

- 1 Yes
- 2 No

Nat1Par

SHOW CARD A2

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

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

{IF (Par2 IN 1..12)}

Nat2Par

SHOW CARD A2

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

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

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

RELATIONSHIP BETWEEN HOUSEHOLD MEMBERS COLLECTED FOR ALL

SHOW CARD A1

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

ARRAY [1..12]

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

{If spouse = same sex}

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

ASK ALL

HHldr

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

CODE ALL THAT APPLY.

(Codeframe of all household members)

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

HHResp

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

(Codeframe of adult household members)

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

{IF More than one person coded at HHldr}

HiHNum

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

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

(Codeframe of joint householders)

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

{IF 2 people have the same income}

JntEldA

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

ASK OR RECORD.

(Codeframe of joint householders)

- 1-12 Person numbers of household members

{IF Don't know or Refused Person with highest income}

JntEldB

ENTER PERSON NUMBER OF THE ELDEST JOINT HOUSEHOLDER.

ASK OR RECORD.

(Codeframe of joint householders)

- 1-12 Person numbers of household members

HRP

INTERVIEWER: THE HOUSEHOLD REFERENCE PERSON IS:

(Displays name of Household Reference Person)

DVHRPNum

Person number of Household Reference Person

ASK ALL

Tenure1

SHOW CARD A3

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

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

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

JobAccom

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

- 1 Yes
- 2 No

LandLord

Who is your landlord?

READ OUT AND CODE FIRST THAT APPLIES.

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

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

Furn1

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

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

ASK ALL

Bedrooms

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

Range:0..20

ENDIF

ASK ALL

PasSm

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

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

- 1 Yes
- 2 No

{IF PasSm = Yes}

NumSm

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

Range:1..20

ASK ALL

Car

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

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

- 1 Yes
- 2 No

{IF Car= Yes}

NumCars

How many are available?

- 1 One
- 2 Two
- 3 Three or more

SrcInc

Please look at SHOW CARD A4. There has been a lot of talk about health and income. We would like to get some idea of your household's income. This card shows various possible sources of income.

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

PROBE: FOR ALL SOURCES. CODE ALL THAT APPLY

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

AttDisab

SHOWCARD A5

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

CODE ALL THAT APPLY

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

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

AtDisWho

SHOWCARD A5

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

List people from household grid aged 16+

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

AtDisAmt

SHOWCARD A6

Now looking at this card, which of these rates is (*name of household member selected at AttDisab*) currently receiving? Just tell me the number beside the row that best apply.

CODE ALL THAT APPLY.

Attendance Allowance

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

Disability Living Allowance (DLA) - Care Component

- 3 Highest rate - £81.30
- 4 Middle rate - £54.45.00
- 5 Lowest rate – £21.55

Disability Living Allowance (DLA) - Mobility Component

- 6 Highest rate - £56.75
- 7 Lower rate – £21.55

Personal Independence Payments (PIP) – Care Component

- 8 Highest rate - £81.30
- 9 Middle rate – £54.45

Personal Independence Payments (PIP) – Mobility Component

- 10 Higher rate – £56.75
- 11 Lower rate - £21.55

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

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

NJntInc

SHOW CARD A8

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

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

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

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

OthInc

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

- 1 Yes
- 2 No

{IF Yes THEN}

HHInc

SHOW CARD A8

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

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

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

EMPLOYMENT DETAILS OF HOUSEHOLD REFERENCE PERSON COLLECTED

NHActiv

SHOW CARD A9

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

CODE **FIRST TO APPLY**.

- 1 Going to school or college full-time (including on vacation)
- 2 In paid employment or self-employed (or temporarily away)
- 3 On a Government scheme for employment training
- 4 Doing unpaid work for a business that you own, or that a relative owns
- 5 Waiting to take up paid work already obtained
- 6 Looking for paid work or a Government training scheme
- 7 Intending to look for work but prevented by temporary sickness or injury (CHECK: MAX 28 DAYS)
- 8 Permanently unable to work because of long-term sickness or disability (USE ONLY FOR MEN AGED 16-65 OR WOMEN AGED 16-62)
- 9 Retired from paid work
- 10 Looking after home or family
- 11 Doing something else (SPECIFY)

{IF NHActiv = Doing something else}

NHActivO

OTHER: PLEASE SPECIFY.

Text: Maximum 60 characters

{IF Going to school or college full-time}

HStWork

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

- 1 Yes
- 2 No

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

H4WkLook

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

- 1 Yes
- 2 No

**{IF NHActiv=(Looking for paid work or a government training scheme) OR H4WkLook = Yes}
H2WkStrt**

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

- 1 Yes
- 2 No

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

HEverJob

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

- 1 Yes
- 2 No

{IF Waiting to take up paid employment already obtained}

H0thPaid

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

- 1 Yes
- 2 No

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

HHowLong

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

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

ENDIF

{IF Ever been in paid employment or self employed}

HPayLast

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

WRITE IN YEAR.

Numeric: 1920..2015 Decimals: 0

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{IF Last paid job <= 8 years ago}

HPayMon

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

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

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

HJobTitl

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

Text: Maximum 60 characters

HFtPtime

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

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

- 1 Full-time
- 2 Part-time

HWtWork

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

Text: Maximum 50 characters

HMatUsed

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

IF NONE USED, WRITE IN 'NONE'.

Text: Maximum 50 characters

HSkilNee

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

Text: Maximum 120 characters

HEmploye

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

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

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

{IF HEmploye = self employed}

HDirctr

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

- 1 Yes
- 2 No

{IF Employee OR Director of a limited company}

HEmpStat

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

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

HNEmplee

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

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

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

HSNEmplee

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

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

{IF Employee}

HInd

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

Text: Maximum 100 characters

Sector

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

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

{IF Self Employed}

HSIfWtMa

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

Text: Maximum 100 characters

HRPOcc

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

- 1 Yes
- 2 No

ASK ALL

AnyLD

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

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

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

{IF YES AT AnyLD}

WhoLD

Who in your household has learning difficulties?

Code from household grid.

PROBE: Who else?

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

LDIntro

INTERVIEWER READ OUT:

We are interested in particular types of learning difficulties.

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

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

Adults with these types of learning difficulties usually need some help to go about their lives.

For example help with money and budgeting, understanding things or help with getting dressed.

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

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

{IF YES AT AnyLD}

YSpLD

So, can I just check... *do you/does (name)* have a specific difficulty in learning, for example, dyslexia, dyspraxia or ADHD?

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

YGenLD

Other than a specific difficulty in learning, *do you/does (name)* also have a general difficulty in learning things?

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

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

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

NSpLD

So, can I just check...

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

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

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

NGenLD

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

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

{IF YES AT NGenLD}

WhoGenLD

Who in your household has a general difficulty in learning things?

Code from household grid.

PROBE: Who else?

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{IF Yes AT YGenLD or NGenLD}

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

Did *you/(name)* have this difficulty when *you/he/she were/was* a child?

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

DiffNow

Does this difficulty make life difficult for *you/(name)* now?

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

[LOOP FOR ALL CODED AT WhoLD AND WhoGenLD]

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

HaveLD

INTERVIEWER: Code whether you intend to interview (*person coded as having a LD*).

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

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

LDResp

Can I just check who would usually answer questions on (*name*)'s behalf?

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

- 1-12 [code from HH grid]
- 13 Person does not live in household

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

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Program Documentation

Individual Questionnaire

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General Health

ASK ALL

OwnDoB

What is your date of birth?

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

OwnAge

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

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

{IF OwnDoB = Not known/Refused}

OwnAgeE

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

Range:1..120

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

AgeAEst

INTERVIEWER: ESTIMATE NEAREST AGE

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

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

AgeCEst

INTERVIEWER: ESTIMATE NEAREST AGE:

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

ASK ALL

GenHelf

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

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

ILL12m

Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?

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

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

IllsTxt[i]

What (else) is the matter with you?

INTERVIEWER: RECORD FULLY. PROBE FOR DETAIL.

IF MORE THAN ONE MENTIONED, ENTER ONE HERE ONLY.

'If vague answer given, such as 'bad back', ASK 'can you say a little more about that?'

Open Answer: up to 100 characters

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

More[i]

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

- 1 Yes
- 2 No

{IF ILL12m = Yes}

IIIAff

SHOW CARD B1

Do any of your conditions or illnesses affect you in any of the following areas? Please consider whether you are affected in any of these areas while receiving any treatment or medication or using devices to help you such as a hearing aid for example.

Please read out the number that applies.

CODE ALL THAT APPLY

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

{IF IIIAff = Other}

ILLOth

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

Text : Maximum 100 characters

{If ILL12m = Yes}

ReducAct

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

Please consider whether you are affected while receiving any treatment or medication for your condition or illness and/or using any devices such as a hearing aid, for example.

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

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

AffLng

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

- 1...Less than six months,
2. six months but less than 12 months,
3. or, 12 months or more?

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

RedAct1-10

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

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

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

ASK ALL

LastFort

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

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

- 1 Yes
- 2 No

{IF Lastfort = Yes}

DaysCut

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

Range: 1..14

Varicella (Shingles and Stroke)

ASK ALL 16+

EvrShing

Shingles is a painful blistering rash caused by the same virus that causes chickenpox. Have you ever had shingles?

INTERVIEWER: Include non-doctor diagnosed and doctor diagnosed cases.

1. Yes
2. No

{If EvrShing = Yes}

YrShing

What year did you have shingles?

{If YrShing = Don't Know}

AgeShing

What age were you when you had shingles?

ASK ALL

EvrStrok

Have you ever had a stroke (where symptoms lasted more than 24 hours)?

INTERVIEWER: Do not include transient ischaemic attack (TIA).

1. Yes
2. No

{If EvrStrok = Yes}

YrStrok

What year did you have your first stroke?

INTERVIEWER, IF NECESSARY: Please give your best estimate.

{If YrStrok = Don't Know}

AgeStrok

What age were you when you first had a stroke?

Self-reported height and weight

ASK ALL RESPONDENTS AGED 16+ THEN

IntroHW

Now follows some questions about your height and weight.

Press <1> Enter to Continue.

EHtCh

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

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

- 1 Metres
- 2 Feet and inches

{IF EHtCh = Metres}

EHtM

INTERVIEWER: PLEASE RECORD HEIGHT IN METRES.

Range: 0.01..2.44

{ELSE IF EHtCh = Feet and inches}

EHtFt

INTERVIEWER: PLEASE RECORD HEIGHT. ENTER FEET.

Range: 0..7

EHtIn

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

Range: 0..11

ENDIF

EWtCh

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

INTERVIEWER: RECORD IN KILOGRAMS OR IN STONES AND POUNDS. IF RESPONDENT DOESN'T KNOW WEIGHT USE <CTRL+K>. IF RESPONDENT ISN'T WILLING TO GIVE WEIGHT USE <CTRL+R>.

- 1 Kilograms
- 2 Stones and pounds

{IF EWtCh = Kilograms}

EWtKg

INTERVIEWER: PLEASE RECORD WEIGHT IN KILOGRAMS.

Range: 1.0..210.0

{ELSE IF EWtCh = Stones and pounds}

EWtSt

INTERVIEWER: PLEASE RECORD WEIGHT. ENTER STONES.

Range: 1..32

EWtL

INTERVIEWER: PLEASE RECORD WEIGHT. ENTER POUNDS.

Range: 0..13

ENDIF

Personal Care Plans

{IF Age16+ AND ILL12m = Yes}

ConvDoc

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

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

- 1 Yes
- 2 No
- 3 Not sure

{IF ConvDoc=Yes}

LastYr

Was this in the last 12 months or longer ago?

- 1 In last 12 months
- 2 Longer ago

{IF Age16+ AND ILL12m = Yes}

PlanAg

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

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

IF YES: Is that in the last 12 months or more than 12 months ago?

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

{IF PlanAg = No}

OffPlan

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

- 1 Yes
- 2 No

{IF OffPlan = Yes}

WhyNoPI

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

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

{IF WhyNoPI = Other}

NoPIOth

INTERVIEWER: Specify other reason.

Text: Maximum 50 characters

{IF OffPlan = No}

LikePlan

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

- 1 Yes

- 2 No
- 3 Don't know

{IF PlanAg = Yes}

CareImpr

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

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

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

ASK ALL WHO HAVE A LONG-TERM CONDITION

OptOff

SHOWCARD B3

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

PROBE FULLY: Which others?

CODE ALL THAT APPLY.

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

{IF (OptOff = Other)}

OpOffOt

INTERVIEWER: Please specify.

Text: Maximum 50 characters

OptDone

SHOWCARD B4

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

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

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

{IF (OptDone = Other)}

OpDonOt

INTERVIEWER: Please specify.

Text: Maximum 50 characters

Doctor-Diagnosed Hypertension

ASK ALL AGED 16+

EverBP

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

- 1 Yes
- 2 No

{IF EverBP = Yes}

DocBP

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

- 1 Yes
- 2 No

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

PregBP

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

- 1 Yes
- 2 No

{IF PregBP = Yes}

OthBP

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

- 1 Yes
- 2 No

ENDIF

ENDIF

ENDIF

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

AgeBP

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

Interviewer: Type in age in years.

Numeric: 0..100

MedBP

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

- 1 Yes
- 2 No

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

BPStill

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

- 1 Yes
- 2 No

EverMed

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

- 1 Yes
- 2 No

{IF EverMed = Yes}

StopMed

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

- 1 **Doctor advised me to stop due to:** ...improvement
- 2 ...lack of improvement

- 3 ...other problem
- 4 **Respondent decided to stop:** ...because felt better
- 5 ... for other reason
- 95 **Other reason**

{IF StopMed = Other reason}

StMeOth

INTERVIEWER: Please specify other reason

Text: Maximum 50 characters

ENDIF

ENDIF

ENDIF

OthAdv

SHOWCARD C1

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

REGULAR CHECK-UPS

- 1 Yes
- 2 No

{IF OthAdv = Yes}

WhatTrt

SHOW CARD C1

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

PROBE: What else? CODE ALL THAT APPLY

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

{IF WhatTrt = Other}

WhatTSp

PLEASE SPECIFY...

Text: Maximum 50 characters

ENDIF

ENDIF

ENDIF

Doctor Diagnosed Diabetes

ASK ALL AGED 16+

EverDi

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

1. Yes
2. No

{IF EverDi=YES}

Diabetes

Were you told by a doctor that you had diabetes?

1. Yes
2. No

TypeD

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

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

{IF FEMALE}

DiPreg

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

1. Yes
2. No

{IF Di Preg=Yes}

DiOth

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

1. Yes
2. No

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

DiAge

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

INTERVIEWER: Type in age in years.

Insulin

Do you currently inject insulin for diabetes?

1. Yes
2. No

DiMed

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

1. Yes
2. No

OthDi

SHOW CARD D1

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

INTERVIEWER: Include regular check-ups.

1. Yes
2. No

OtherDi

SHOW CARD D1

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

PROBE: What else?

CODE ALL THAT APPLY.

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

{IF OtherDi = Other}

WhatDSp

INTERVIEWER: SPECIFY OTHER TREATMENT OR ADVICE.

CheckUp

Where do you have your check ups?

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

{IF Eye Screening NOT MENTIONED AT OtherDi}

WhyNoET

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

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

{IF WhyNoET = Other}

OthNoET

INTERVIEWER: PLEASE SPECIFY.

Use of Services

ASK ALL AGED 16+

NDocTalk

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

During the two weeks ending yesterday, apart from any visit to a hospital, have you talked to a doctor on your own behalf, either in person or by telephone? INTERVIEWER: Exclude consultations made on behalf of others.

- 1 Yes
- 2 No

{IF NDocTalk = Yes} THEN

NChats

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

Range: 1..97

GP

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

Was the doctor...READ OUT...

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

DocWher

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

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

ENDIF

{IF NDocTalk = No}

WhenDoc

SHOW CARD E6

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

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

ENDIF

{IF NDocTalk=Yes OR WhenDoc=1-4}

NDcTk12

In the last 12 months, approximately how many times have you talked to, or visited a GP or family doctor about your own health? Please do not include any visits to a hospital. INTERVIEWER: Exclude consultations made on behalf of others.

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

ASK ALL

PNur

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

- 1 Yes
- 2 No

{IF PNur = Yes THEN}

NPNur

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

Range: 1..97

ENDIF

ASK ALL

OutPat

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

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

{If OutPat = 1}

OutNpa

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

ENTER NUMBER 1-50

{If OutPat = 2}

OutNpb

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

ENTER NUMBER 1-50

{If OutPat = 3}

OutNpc

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

ENTER NUMBER 1-50

ENDIF

ASK ALL

InPat

And during the last 12 months, have you been in hospital as an inpatient, overnight or longer?

- 1 Yes
- 2 No

{If Inpat = 1}

InPatNo

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

ENTER NUMBER 1-50

ENDIF

Fruit and vegetable consumption

ASK ALL AGED 5+

VFInt

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

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

- 1 Continue

VegSal

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

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

- 1 Yes
2 No

{IF VegSal = Yes}

VegSalQ

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

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

Range: 0.5 - 50.0

ENDIF

VegPul

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

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

1. Yes
2. No

{IF VegPul = Yes}

VegPulQ

SHOWCARD F1

How many tablespoons of pulses did you eat yesterday?

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

Range: 0.5 - 50.0

ENDIF

VegVeg

Not counting potatoes, did you eat any vegetables yesterday?

Include fresh, raw, tinned and frozen vegetables.

- 1 Yes
2 No

{IF VegVeg = Yes}

VegVegQ

SHOWCARD F1

How many tablespoons of vegetables did you eat yesterday?

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

Range: 0.5 - 50.0

ENDIF

VegDish

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

- 1 Yes
- 2 No

{IF VegDish = Yes}

VegDishQ

SHOWCARD F1

How many tablespoons of vegetables or pulses did you eat in these kinds of dishes yesterday?
IF ASKED: 'Think about a heaped or full tablespoon'.

Range: 0.5 - 50.0

ENDIF

VegUsual

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

...READ OUT...

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

FrtDrnk

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

- 1 Yes
- 2 No

{IF FrtDrnk = Yes}

FrtDrnkQ

How many small glasses of fruit juice did you drink yesterday?
IF ASKED: 'A small glass is about a quarter of a pint'.

Range: 0.5-.50.0

ENDIF

Frt

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

- 1 Yes
- 2 No

{IF Frt = Yes THEN

FOR idx:= 1 TO 15 DO

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

FrtC[idx]

What kind of fresh fruit did you eat yesterday?

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

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

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

IF FrtC[idx] = VLge THEN

much:= 'many average slices'

ELSEIF FrtC[idx] IN [Lge..Sml] THEN

```

        much:= 'much'
        ELSEIF FrtC[idx] = VSml THEN
            much:= 'many average handfuls'
        ENDIF}
FrtQ[idx]
        How much of this fruit did you eat yesterday?
        Range: 0.5.-.50.0

        {ELSEIF FrtC[idx] = NotLst THEN}
            FrtOth[idx]
                What was the name of this fruit?
                Text: Maximum 50 characters

            FrtNotQ[idx]
                How much of this fruit did you eat?
                Text: Maximum 50 characters

        ENDIF

        {IF idx < 15 THEN}
            FrtMor[idx]
                Did you eat any other fresh fruit yesterday?
                1      Yes
                2      No

        ENDIF
    ENDIF
ENDDDO
ENDIF

```

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

FrtDry

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

- 1 Yes
- 2 No

{IF FrtDry = Yes}

FrtDryQ

SHOWCARD F1

How many tablespoons of dried fruit did you eat yesterday?

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

Range: 0.5.-.50.0

ENDIF

FrtFrz

Did you eat any frozen fruit yesterday?

- 1 Yes
- 2 No

{IF FrtFrz = Yes}

FrtFrzQ

SHOWCARD F1

How many tablespoons of frozen fruit did you eat yesterday?

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

Range: 0.5.-.50.0

ENDIF

FrtTin

Did you eat any tinned fruit yesterday?

- 1 Yes

2 No

{IF FrtTin = Yes}

FrtTinQ

SHOWCARD F1

How many tablespoons of tinned fruit did you eat yesterday?

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

Range: 0.5-.50.0

ENDIF

FrtDish

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

1 Yes

2 No

{IF FrtDish = Yes}

FrtDishQ

SHOWCARD F1

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

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

Range: 0.5-.50.0

ENDIF

FrtUsual

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

...READ OUT...

1 less than usual,

2 more than usual,

3 or about the same as usual?

END

Children's Physical Activity

ASK ALL AGED 2-15

FOR CHILDREN AGED 2-12 PARENT WILL ANSWER ON BEHALF OF CHILD. CHILDREN AGED 13-15 TO ANSWER FOR THEMSELVES.

ChIntro

Now I'd like to ask you some questions about things that (*you have /name of child has*) done that involve physical activity. This may be things that (*you have/he has/she has*) done at school, nursery, playgroup or things that (*you have/he has/she has*) done in the evenings and at weekends.

INTERVIEWER: PRESS 1 AND ENTER TO CONTINUE.

1..1

Sch7D

Can I just check, in the last seven days, that is from (*date of interview – 7*) to yesterday, did (*you/name of child*) go to school, nursery or playgroup?

- 1 Yes, school
- 2 Yes, nursery
- 3 Yes, playgroup
- 4 No

Note: If Sch7D = No, route straight to Sports and Activities section (WDIntro).

IF sch7d=1,2 or 3 THEN

SchDays

In the last seven days (that is from (*date of interview - 7*) to yesterday), on how many days did (*you / name of child*) go to (*school / nursery / playgroup*)?

INTERVIEWER: ENTER NUMBER OF DAYS

INTERVIEWER: DO NOT INCLUDE WORK EXPERIENCE OR EXTRA-CURRICULAR ACTIVITIES AS GOING TO SCHOOL

Range: 1..6

END IF

ASK IF SchDays > 0

JWikCyc

Still thinking about the last seven days, (that is from (*date of interview – 7*) to yesterday), did (*you / name of child*) walk or cycle all or part of the way to or from (*school / nursery / playgroup*)?

INTERVIEWER: INCLUDE WALKING TO OR FROM THE BUS STOP OR THE TRAIN STATION, OR WALKING PART OF THE WAY AFTER DRIVING ("PARK AND STRIDE") BUT ONLY WHEN THEY WERE ON THEIR WAY TO OR COMING BACK FROM SCHOOL.

IF A CHILD USES A SCOOTER ON THEIR JOURNEY TO OR FROM SCHOOL, THIS SHOULD BE RECORDED AS WALKING.

- 1 Yes - Walking
- 2 Yes – Cycling
- 3 Yes – Both
- 4 No

IF JWikCyc= 1 OR 3 THEN

JWikDT

In the last seven days on how many days did (*you /name of child*) walk all or part of the way to (*school / nursery / playgroup*)?

Range: 0..6

JWIkDF

And on how many days did (*you / name of child*) walk all or part of the way home from (*school / nursery / playgroup*)?

Range: 0..6

IF JWIkDT > 0 or JWIkDF > 0 THEN

JWIkTim

How long does it usually take (*you / name of child*) to walk to (*school / nursery / playgroup*)?

INTERVIEWER: AN AVERAGE TIME PER DAY IS BEING SOUGHT. IF JOURNEYS TO AND FROM SCHOOL ARE DIFFERENT LENGTHS THEN ENTER AN AVERAGE.

ENTER NUMBER OF MINUTES. IF NONE, ENTER 0

Range: 0..120

END IF

END IF

IF JwIkCyc = 2 OR 3 THEN

JCycDT

In the last seven days, on how many days did (*you / name of child*) cycle all or part of the way to (*school / nursery / playgroup*)?

Range: 0..6

JcycDF

And on how many days did (*you / name of child*) cycle all or part of the way home from (*school / nursery / playgroup*)?

Range: 0..6

IF JcycDT > 0 or JcycDF > 0 THEN

JCycTim

How long does it usually take (*you / name of child*) to cycle to (*school / nursery / playgroup*)?

INTERVIEWER: AN AVERAGE TIME PER DAY IS BEING SOUGHT. IF JOURNEYS TO AND FROM SCHOOL ARE DIFFERENT LENGTHS THEN ENTER AN AVERAGE.

ENTER NUMBER OF MINUTES. IF NONE, ENTER 0

Range: 0..120

END IF

END IF

ASK IF SCH7D = School

SchIBr

SHOW CARD G1

I would like you to think about (*your / name of child's*) school breaks in the last seven days, that is from (*date of interview - 7*) to yesterday. Apart from time spent eating, which activity on this card did (*you / name of child*) do most often in (*your / his / her*) morning, lunchtime and afternoon breaks?

- 1 Sitting down
- 2 Hanging around
- 3 Walking
- 4 Running around or playing games for example skipping, hide and seek, football or netball

IF SchIBr = 3 THEN

WalkPace

Which of the following best describes (*your / name of child's*) usual walking pace ...READ OUT...

- 1 ...a slow pace,
- 2 a steady average pace,
- 3 ...a fairly brisk pace,
- 4 ...or, a fast pace?

END IF

ASK ALL AGED 2-15

WDIntro

SHOW CARDS G2 AND G3

I would now like to ask you some questions about whether (*you have / name of child has*) done any of the physical activities listed on these two showcards in the last 7 days.

INTERVIEWER: SHOW RESPONDENT CARDS G2 AND G3.

I will first ask you about the informal activities on Showcard R and then about the more formal activities on Showcard S.

INTERVIEWER: PRESS 1 AND ENTER TO CONTINUE

1..1

NSWA

SHOW CARD G2

Firstly, please think about **informal** activities. Since last (*day of week seven days ago*), (*have you / has name of child*) done any activities listed on this card on weekdays (*outside school hours*)?

INTERVIEWER: By outside school hours we mean anything not done in lessons and school breaks. The respondent should include activities done in after school clubs.

- 1 Yes
- 2 No

Note: If NSWA = No, route to WendWA2.

IF NSWA = Yes THEN

NSWA2

SHOW CARD G2

Which ones?

CODE ALL THAT APPLY

- 1 Cycling (but not to or from school)
- 2 Walking (but not to or from school / nursery / playgroup)
- 3 Hoovering, cleaning car, gardening, etc
- 4 Hopscotch
- 5 Bouncing on trampoline
- 6 Playing around, e.g. kicking a ball around, catch, hide and seek
- 7 Skating / Skateboarding / using a scooter
- 8 Dancing, including dance lessons
- 9 Skipping rope

FOR ALL NSWA2 [1..9] DO

NSPAD

On which weekdays since last (*day 7 days ago*) did (*you / name of child*) do (*name of activity*)?

CODE ALL THAT APPLY:

- 1 Monday
- 2 Tuesday
- 3 Wednesday
- 4 Thursday
- 5 Friday

FOR ALL NSPAD IN 1..5 DO

NSPATH(i)

How long did (*you / name of child*) spend in total doing (*name of activity*) on (*day*)?

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

Range: 0..20

NSPATM(i)

How long did (you / name of child) spend in total doing (name of activity) on (day)?
ENTER NUMBER OF MINUTES. IF AN EXACT HOUR, ENTER 0 FOR MINUTES

Range: 0..59

END DO

END DO

END IF

Note: **NSPATH(i) and NSPATM(i) repeated for each day coded at NSPAD.**
NSPAD to NSPATM repeated for each activity coded at NSWA2.

WendWA2

SHOW CARD G2

I would now like to ask you about any activities (you / name of child] did (last weekend).
(last weekend) did (you / name of child) do any activities listed on this card?

- 1 Yes
- 2 No

IF WendWA2 = Yes THEN

WEPWA2

SHOW CARD G2

Which ones?

INTERVIEWER: CODE ALL THAT APPLY.

- 1 Cycling (but not to or from school)
- 2 Walking (but not to or from school / nursery / playgroup)
- 3 Hoovering, cleaning car, gardening, etc"
- 4 Hopscotch
- 5 Bouncing on trampoline
- 6 Playing around, e.g. kicking a ball around, catch, hide and seek
- 7 Skating / Skateboarding / using a scooter
- 8 Dancing, including dance lessons
- 9 Skipping rope

FOR ALL WEPWA2 IN [1..9] DO

WEPAD

On which days did (you / name of child) do (name of activity)?

INTERVIEWER: CODE ALL THAT APPLY

- 1 Saturday
- 2 Sunday

FOR ALL WEPAD IN [1..2], i = 1..2 DO

WEPAH(i)

How long did (*you / name of child*) spend in total doing (*name of activity*) on (*day*)?

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

Range: 0..20

WEPAM(i)

How long did (*you / name of child*) spend in total doing (*name of activity*) on (*day*)?

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

Range: 0..59

END DO

END DO

END IF

Note: WEPAH(i) and WEPAM(i) repeated for each day coded at WEPAD.

WEPAD to WEPAM repeated for each activity coded at WEPWA2.

NSWB

SHOW CARD G3

Now, please think about formal activities. Since last (*day of week 7 days ago*), (*have you / has name of child*) done any activities listed on this card on weekdays (*outside school hours*)?

INTERVIEWER: By outside school hours we mean anything NOT done in lessons and school breaks. The respondent SHOULD include activities done in after school clubs.

- 1 Yes
- 2 No

IF NSWB =Yes THEN

NSpWB

SHOW CARD G3

Which ones?

INTERVIEWER: CODE ALL THAT APPLY.

- 1 Football / Rugby / Hockey /Lacrosse
- 2 Netball / Basketball / Handball
- 3 Cricket/ Rounders
- 4 Running, jogging, athletics
- 5 Swimming laps
- 6 Swimming (splashing about)
- 7 Gymnastics
- 8 Workout with gym machines / Weight training
- 9 Aerobics
- 10 Tennis / Badminton / Squash

FOR ALL NSpWB in [1..10], DO

NSWBD

On which weekdays in the last week did (*you / name of child*) do (*name of activity*)?

CODE ALL THAT APPLY:

- 1 Monday
- 2 Tuesday
- 3 Wednesday
- 4 Thursday
- 5 Friday

FOR ALL NSWBD in [1..5] DO

NSWBH(i)

How long did (*you /name of child*) spend in total doing (*name of activity*) on (*day*)?

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

Range: 0..20

NSWBM(i)

How long did (you /name of child) spend in total doing (name of activity) on (day)?

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

Range: 0..59

END DO

END DO

END IF

**Note: NSWBH(i) and NSWBM(i) repeated for each day coded at NSWBD.
NSWBD to NSWBM(i) repeated for each activity coded at NSpWB.**

WendWB2

SHOW CARD G3

I would now like to ask you about any activities (you / name of child) did (last weekend).

(Last weekend) did (you / name of child) do any activities listed on this card?

1 Yes

2 No

IF WendWB2 = Yes THEN

WendWB

SHOW CARD G3

Which ones?

CODE ALL THAT APPLY.

- 1 Football / Rugby / Hockey /Lacrosse
- 2 Netball / Basketball / Handball
- 3 Cricket/ Rounders
- 4 Running, jogging, athletics
- 5 Swimming laps
- 6 Swimming (splashing about)
- 7 Gymnastics
- 8 Workout with gym machines / Weight training
- 9 Aerobics
- 10 Tennis / Badminton / Squash

FOR ALL WendWB IN [1..10] DO

WendWBD

On which days in the last week did *(you /name of child)* do *(name of activity)*?

CODE ALL THAT APPLY

- 1 Saturday
- 2 Sunday

FOR ALL WendWBD in [1..2] DO

WendWBH(i)

How long did *(you / name of child)* spend in total doing *(name of activity)* on *(day)*?

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

Range: 0..20

WendWBM(i)

How long did *(you / name of child)* spend in total doing/playing *(name of activity)* on *(day)*?

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

Range: 0..59

END DO

END DO

END IF

Note: **WendWBH(i) and WendWBM(i) repeated for each day coded at WendWBD.**

WendWBD to WendWBM(i) repeated for each activity coded at WendWB.

ASK IF Total time spent on activities on each day of week >= 480 minutes

Check

Can I check you mentioned that you spent *(number of hours and minutes spent on activities in total on day of week)* doing these activities on *(day of week)*. This seems a lot are you sure this is correct?

[List of activities mentioned and time spent on them]

- 1 Yes
- 2 No

Note: Check repeated for each day of week

ASK ALL AGED 2-15

NSOth2

SHOW CARDS G2 AND G3

In the last seven days, that is from (*date of interview – 7*) to yesterday, (*have you / has name of child*) done any other similar activities not listed on these two cards on weekdays?

INTERVIEWER: DO NOT INCLUDE activities done in lessons and school breaks. The respondent SHOULD include activities done in after school clubs.

INTERVIEWER: IF 'Yes', RECORD BRIEF DETAILS OF ALL OTHER ACTIVITIES IN THE NEXT QUESTION

- 1 Yes
- 2 No

IF NSOth2 = yes THEN

NOSpEx2

INTERVIEWER: Record brief details of the (first / second / third / fourth / fifth) other sport or exercise activity.

Type in first few letters of the sport to enter coding frame.

Type 'other' if the sport is not listed.

Type 'xxx' (for not listed/don't know) if unable to code.

On exiting coding frame press 'Enter' to move to next question.

Text: Maximum 50 characters

Note: repeat NSOth2 and OspEx2 for up to 5 activities.

NSOthD2

On which weekdays during the last seven days did (*you / name of child*) do (*activity*)?

CODE ALL THAT APPLY:

- 1 Monday
- 2 Tuesday
- 3 Wednesday
- 4 Thursday
- 5 Friday

FOR ALL NSOthD2 in [1..5] DO

NSOthT2H(i)

How long did (*you / name of child*) spend doing (*activity*) on (*day*)?

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

Range: 0..20

NSOthT2M

How long did (*you / name of child*) spend doing (*name of sport/activity*) on (*day*)?

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

Range: 0..59

END DO

Inten

When (*you / name of child*) did (*activity*) was it hard enough to make (*you / name of child*) out of breath or sweaty?

- 1 Yes
- 2 No

END IF

Note: NOSpEx2 to Inten repeated for each activity coded at NOSpEx2.

ASK ALL AGED 2-15

WEOth2

Did (*you / name of child*) do any other similar activities not listed on these two cards (*last weekend*)?

INTERVIEWER: IF 'Yes', RECORD BRIEF DETAILS OF ALL OTHER SPORTS AND ACTIVITIES IN THE NEXT QUESTION.

- 1 Yes
- 2 No

IF WEOth2 = yes THEN

WEOspEx2

INTERVIEWER: Record brief details of the (*first / second / third / fourth / fifth*) other physical activity.

Text: Maximum 50 characters

Note: WEOth2 and WEOspEx2 are repeated for up to five activities.

WEOthD

On which days did (*you / name of child*) do (*activity*)?

CODE ALL THAT APPLY

- 1 Saturday
- 2 Sunday

FOR ALL WEOthD IN [1..2] DO

WEOthTH(i)

How long did (*you / name of child*) spend doing/playing (*activity*) on (*day*)?

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

Range: 0..20

WEOthTM(i)

How long did (*you / name of child*) spend doing/playing (*activity*) on (*day*)?

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

Range: 0..59

Inten3

When (*you / name of child*) did/played (*activity*) was it hard enough to make (*you / him / her*) out of breath or sweaty?

- 1 Yes
- 2 No

END DO

END IF

Note: WEOth2 to Inten3 repeated for each activity coded at WEOspEx2..

IF (NSWA2 = 1, 5, 6, 7, 8, or 9) OR (WEPWA2 =1, 5, 6, 7, 8, or 9) THEN

ExcMusCI

You told us that you did [*informal activity recorded at NSWA2, WEPWA2*] last week:

During the last week, was the effort of [*any of these activities/ name of informal activity recorded at NSWA2, WendWA2*] usually enough to make your muscles feel some tension, shake or feel warm?

- 1 Yes
- 2 No

IF (NSpWB = 1-10) OR (WendWB = 1-10) THEN

ExcMusCF

You told us that you did [*formal activity recorded at NSpWB, WendWB*] last week:
During the last week, was the effort of [*any of these activities/ name of formal activity recorded at NSpWB, WendWB*] usually enough to make your muscles feel some tension, shake or feel warm?

- 1 Yes
- 2 No

**Note: ExcMusCI is repeated for each informal activity coded at NSWA2 or WEPWA2.
ExcMusCF is repeated for each formal activity codes at NSpWB or WendWB.**

ACTIVITY IN SCHOOL LESSONS

ASK IF 'Yes, school' AT Sch7D

SchAct

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

- 1 Yes
- 2 No

IF SchAct=Yes

SchLDays

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

CODE ALL THAT APPLY:

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

FOR EACH DAY AT SchLDays

SchLH(i)

How long did (*you /name of child*) spend in total doing activities like walking, sports, exercise or other active things in lessons on (*day*)?

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

Range: 0..20

SchLM(i)

How long did (*you /name of child*) spend in total doing activities like walking, sports, exercise or other active things in lessons on (*day*)? ENTER NUMBER OF MINUTES. IF AN EXACT HOUR, ENTER 0 FOR MINUTES

Range: 0..59

ASK ALL AGED 2-15

IntroST

Now I'd like to ask some questions about time that (*you / name of child*) might have spent sitting down. For these questions, I'd like you to think about what (*you have / name of child has*) done in the last seven days, that is from (*date of interview -7*) to yesterday.

Firstly I would like to ask you about any activities (*you have / name of child has*) done after school on weekdays, from last (*day*) to yesterday.

INTERVIEWER: PRESS 1 AND ENTER TO CONTINUE

1..1

TVWkH

On weekdays from last (*day*) to yesterday, how much time did (*you / name of child*) usually spend each day sitting watching TV including DVDs or videos?

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

Range: 0..20

TVWkM

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

Range: 0..59

SedWkH

Still thinking about weekdays, from last (*day*) to yesterday, how much time did (*you / name of child*) usually spend each day sitting down doing other any other activity?

INTERVIEWER: EXAMPLES OF ACTIVITIES INCLUDE READING, DOING HOMEWORK, DRAWING, USING A COMPUTER OR PLAYING VIDEO GAMES

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

Range: 0..20

SedWkM

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

Range: 0..59

TVWEH

Last weekend how much time did (*you / name of child*) usually spend each day sitting watching TV including DVDs or videos?

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

Range: 0..20

TVWEM

Last weekend how much time did (*you / name of child*) usually spend each day sitting watching TV including DVDs or videos?

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

Range: 0..59

SedWEH

Still thinking of last weekend, how much time did (*you / name of child*) usually spend each day sitting down doing other any other activity?

INTERVIEWER: EXAMPLES OF ACTIVITIES INCLUDE READING, DOING HOMEWORK, DRAWING, USING A COMPUTER OR PLAYING VIDEO GAMES

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

Range: 0..20

SedWEM

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

Range:0..59

Normal

Last week, that is from (*date of interview – 7*) to yesterday (*were you / was name of child*) ...READ OUT...

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

Involve

INTERVIEWER: How involved was (*name of child*) in answering the physical activity questions?

- 1 Child was not present
- 2 Child was present but did not participate
- 3 Child was present and helped proxy answer *a few* questions
- 4 Child was present and helped proxy answer *some* questions
- 5 Child was present and helped proxy answer *most* questions

Social care

A1: Help needed

ASK ALL AGED 65+

Intro

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

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

1 Continue

TasksA

SHOW CARD G1

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

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

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

Tasks [Repeat for tasks B to M]

Still looking at Showcard G1, what about...

(B) washing your face and hands/

(C) having a bath or a shower, including getting in and out of the bath or shower/

(D) dressing or undressing, including putting on shoes and socks/

(E) using the toilet/

(F) eating, including cutting up food/

(G) taking the right amount of medicine at the right times/

(H) getting around indoors/

(I) getting up and down stairs/

(J) getting out of the house, for example to go to the doctors or visit a friend/

(K) shopping for food including getting to the shops, choosing the items, carrying the items home and then unpacking and putting the items away/

(L) doing routine housework or laundry/

(M) doing paperwork or paying bills

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

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

For following tasks include additional instruction:

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

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

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

- 1 I can do this without help from anyone
- 2 I have difficulty doing this but manage on my own
- 3 I can only do this with help from someone

4 I cannot do this

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

TIntro

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

1 Continue

TaskHlpA [Repeat for tasks B to M]

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

- 1 Yes
- 2 No

Subsequent times TaskHlp is asked

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

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

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

- 1 Yes
- 2 No

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

CheckA

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

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

ENDIF

{ASK ALL AGE 65}

BladProb

Do you suffer from problems with your bladder?

SHOWCARD G2

Please tell me the number that best applies to you.

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

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

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

{ASK ALL AGE 65+}

BowelPrb

Do you suffer from problems with controlling your bowels?

SHOWCARD G3

Please tell me the number which best applies to you.

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

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

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

A2 – Who helps with ADL/IADLS

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

1. Having a bath or shower
2. Getting in and out of bed ,washing your face and hands , dressing or undressing, using the toilet, eating, including cutting up food, taking medication, getting around indoors and using stairs
3. Getting out of the house, shopping for food, doing routine housework or laundry, doing paperwork or paying bills

Intro

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

HelpInf

SHOWCARD G4

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

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

INTERVIEWER: Probe fully.

CODE ALL THAT APPLY:

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

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

HelpForm

SHOWCARD G5

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

INTERVIEWER: Probe fully.

CODE ALL THAT APPLY.

- 1 Home care worker / Home help / Personal assistant
- 2 A member of the re-ablement / intermediate care staff team
- 3 Occupational Therapist / Physiotherapist

- 4 Voluntary helper
- 5 Warden / Sheltered housing manager
- 6 Cleaner
- 7 Council's handyman
- 8 Other (please specify)
- 9 None of the above

{IF HelpForm = Other}

HelpFormo

Who was the other person that helped you?

Text: Maximum 100 characters

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

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

{If HelpInf = Response 1-7}

HelpFam

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

- 1 Yes
- 2 No

{IF HelpFam = Yes}

NumFam

Please enter person number

{IF (HelpFam = No) AND (HelpInf = Response 1-10)}

NamFam

What is your (*person who helped*) name?

INTERVIEWER: If the respondent would rather not name an individual they can just use a reference e.g. 'carer 1', 'carer 2', 'daughter 1', 'daughter 2'

Text: Maximum 20 characters

ENDIF

{IF HelpInfo = Response 4 to 10 and Helpfam<>1}

SexFam

INTERVIEWER CODE OR ASK SEX OF PERSON WHO HELPS

- 1 Male
- 2 Female

ENDIF

ENDIF

MoreFam

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

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

Hhelp

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

- 1 One
- 2 More than one

{IF Hhelp = More than one}

Hhelpb

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

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

{IF Hhelpb = Different people help with different things}

Hhelpc1

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

CODE MAIN TASK

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

Hhelpc2

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

CODE MAIN TASK

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

MoreHC

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

- 1 Yes
- 2 No

{IF MoreHC = Yes}

Hhelpc3

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

CODE MAIN TASK

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

A3 – Hours of care (Intensity)

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

{ASK FOR EVERYONE IDENTIFIED AT HelpForm}

HrsForm

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

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

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

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

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

IF RESPONDENT DOES NOT GIVE PRECISE ANSWER, INTERVIEWER CODE <CTRL + K>

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

Press <F9> for help

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

HelpHours

SHOWCARD G6

Thinking about (*helper's role/name*), in the last week how many hours have they helped you in person with these kinds of tasks?

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

INTERVIEWER NOTE:

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

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

Press <F9> for help

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

{IF HelpHours = don't know or refusal}

HelpHourB

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

READ OUT....

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

{For everyone identified at Helpform (FORMAL PROVIDERS) AND HelpInf (INFORMAL PROVIDERS)}

Duration

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

INTERVIEWER EXPLAIN IF NECESSARY: Help from:

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

- Husband/ wife/ partner [other informal helper]

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

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

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

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

A4 – Payment of care

Intro

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

Whodeal

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

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

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

HaveDP

SHOWCARD G7

Local authorities/council/social services offer different ways of arranging payment for people's care. This card describes some of these ways. Please look at the card and tell me whether either of these apply for the care you receive? Only include payments for social care. Do not include other payments for example, pension or Attendance Allowance

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

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

- 1 Direct payments
- 2 Local authority/ council/ social services manages the money
- 3 Neither of these

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

PersB

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

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

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

IncAss

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

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

- 1 Yes, had income assessment
- 2 No

Repeat for each formal care provider at HelpForm

LAhelp[task]

SHOWCARD G8

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

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

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

{IF LAHelp = 2 OR 3}

AnyPay

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

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

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

PayAmt

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

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

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

Enter reference period for payment on next screen.

RESPONSE: _____

Payfreq

INTERVIEWER: ENTER REFERENCE PERIOD FOR THE PAYMENT

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

{IF AnyPay = Yes}

Allcost

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

EXPLAIN IF NECESSARY: the payment for your (*list of relevant formal providers*)

- 1 All
- 2 Some

HowPay

SHOWCARD G9

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

CODE ALL THAT APPLY

I use money from:

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

ENDIF

AddPay

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

INTERVIEWER CODE:

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

{IF AddPay = Yes, the local authority/council/social services}

LAPay

And does the local authority, council or social services pay your (*list of relevant formal providers*) directly or is it through your Direct Payment or a Personal Budget?

CODE ALL THAT APPLY:

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

{IF LOCAL AUTHORITY PAYS ANY MONEY THROUGH A DIRECT PAYMENT OR PERSONAL BUDGET (LAPAY) (LAPAY=2 OR HOWPAY=2)}

LAAmt

How much money is [*list of all formal providers who help*] paid from the direct payment or personal budget for helping you?

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

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

Enter reference period for payment on next screen

LAFreq

INTERVIEWER: RECORD REFERENCE PERIOD.

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

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

Nopay

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

UNPROMPTED RESPONSE:

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

ENDIF

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

Priorities

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

AnyPay

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

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

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

PayAmt

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

INTERVIEWER: Record amount given by respondent (pounds and pence) and reference period.

Enter amount in pounds and pence on this screen. Enter reference period on next screen.

PayFreq

INTERVIEWER: ENTER REFERENCE PERIOD FOR THE PAYMENT

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

{IF AnyPay = Yes}

Allcost

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

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

- 1 All
- 2 Some

HowPay

SHOWCARD E7

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

CODE ALL THAT APPLY

I use money from:

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

ENDIF

AddPay

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

INTERVIEWER CODE:

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

{IF AddPay = Yes, the local authority/council/social services}

LAPay

And does the local authority, council or social services pay your (*relevant provider*) directly or is it through your Direct Payment or a Personal Budget?

CODE ALL THAT APPLY:

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

{IF LOCAL AUTHORITY PAYS ANY MONEY THROUGH A DIRECT PAYMENT OR PERSONAL BUDGET (LAPAY=2 OR HOWPAY=2)}

DPPay

How much money is [*person who helps*] paid from the direct payment or personal budget for helping you?

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

INTERVIEWER: Record amount and reference period given by respondent.

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

Enter reference period for payment on next screen.

DPFreq

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

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

NoPay

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

UNPROMPTED RESPONSE:

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

ENDIF

Whoans

INTERVIEWER: WHO ANSWERED THE QUESTIONS IN THIS SECTION?

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

Comments

INTERVIEWER: Do you have any comments about this section?

- 1 Yes
- 2 No

{IF Comments = Yes}

CommentX

INTERVIEWER: PLEASE ENTER COMMENTS HERE.

Text: Maximum 100 characters

END IF

A5 – Care services use

ASK ALL AGED 65+

Intro

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

- 1 Continue

MealProv

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

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

INTERVIEWER: Don't count meals eaten elsewhere.

- 1 Yes
- 2 No

{IF MealProv = Yes}

Meals

SHOWCARD G10

Who provided your meals? PROBE: Who else?

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

CODE ALL THAT APPLY

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

LnchClub

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

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

DayCen

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

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

B1 – Identifying providers of care and who is helped

ASK ALL AGED 16+

Intro

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

- 1 Continue

ProvHlp

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

INTERVIEWER: Include help for wife/ husband/ partner

- 1 Yes
- 2 No

{IF ProvHlp = Yes}

Checkhlp

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

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

{IF Checkhlp = Yes}

HelpNo

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

Range: 0..97

{IF HelpNo => 2}

Intro

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

- 1 Continue

PrNameA

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

WRITE IN FIRST NAME OF FIRST PERSON CARED FOR

Text: Maximum 50 characters

PrNameB

What are their names?

WRITE IN FIRST NAME OF SECOND PERSON CARED FOR

Text: Maximum 50 characters

PrNameC

What are their names?

WRITE IN FIRST NAME OF THIRD PERSON CARED FOR

Text: Maximum 50 characters

ENDIF

PrRel

SHOWCARD G11

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

They are my...

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

- 13 Somebody I help as a voluntary helper
- 14 Other (PLEASE SPECIFY)

{IF PrRel = Other}

RelOth

Please specify the other relationship.

Text: Maximum 50 characters

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

PrHHold

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

- 1 Same household
- 2 Different household

NumHlp

{If PrHHold=Same household}

Please enter person number.

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

Agehlp

{If PrHHold= Different household}

How old is (*name of person respondent helps*)?

INTERVIEWER: If necessary ask respondent to estimate.

Range: 1..130

Gendhlp

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

- 1 Male
- 2 Female

ENDIF

ENDIF

B2 - Intensity of care (hours)

Repeated for each person respondent helps

IntroB

SHOWCARD G12

I'm going to ask you about the amount of time you spend helping. Please look at SHOWCARD G12, the next question is about the time you spend **in person** helping with tasks like this.

INTERVIEWER: Please ensure respondent has sufficient time to look at Showcard G12.

- 1 Continue

PrHours

SHOWCARD G13

Thinking only about the types of tasks and activities I showed you on card G12 how many hours did you spend helping (*name of person respondent helps*) in the **last week**?

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

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

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

- 1 No help in the last week
- 2 Less than one hour
- 3 1-4 hours
- 4 5-9 hours

- 5 10-19 hours
- 6 20-34 hours
- 7 35-49 hours
- 8 50-99 hours
- 9 100 hours or more

{If PrHours= don't know or refusal}

PrHoursB

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

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

{If PrHours= no help in the last week}

PrUsHrs

SHOWCARD G14

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

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

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

Repeated for each person respondent helps

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

PrAllHour

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

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

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

PrAllRng

{If PrAllHour=Don't know}

SHOW CARD H13

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

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

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

{IF PrHours =>10 hours in the last week}

Prtask

SHOWCARD G15

And looking at card G15, which of the activities do you help or support (*name of person respondent helps*)? Please think only of help or support given because of long-term physical or mental ill-health, disability or problems relating to old age.

CODE ALL THAT APPLY

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

Recpay

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

SHOWCARD G16

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

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

CODE ALL THAT APPLY

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

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

RecPAmt

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

Enter amount in pounds and pence on this screen.

Enter reference period for payment on next screen.

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

RecPFrq

INTERVIEWER: ENTER REFERENCE PERIOD FOR THE PAYMENT

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

B3 - Effects of caring

Repeated for up to 3 people respondent helps

ASK OF EACH PERSON CARED FOR

Intro

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

1. Continue

Support

SHOWCARD G17

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

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

Please read out the numbers that apply from this card

CODE ALL THAT APPLY

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

Repeat for one or all people respondent helps

{IF HelpNo = 1}

HealthA[1]

SHOWCARD G18

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

Please read out the numbers that apply from this card.

CODE ALL THAT APPLY.

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

{IF HelpNo =>2}

HealthA[2]

SHOWCARD G18

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

Please read out the numbers that apply from this card

CODE ALL THAT APPLY

- 1 Feeling tired
- 2 Feeling depressed
- 3 Loss of appetite
- 4 Disturbed sleep
- 5 General feeling of stress
- 6 Physical strain

- 7 Short tempered
- 8 Developed my own health condition
- 9 Made an existing condition worse
- 10 Other
- 11 No, none of these

{IF(HealthA=1 -10) AND (IF HelpNo=1)}

HealthGP[1]

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

- 1 Yes
- 2 No

{IF(HealthA=1 -10) AND (IF HelpNo=2 or more)}

HealthGP[2]

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

- 1 Yes
- 2 No

ASK IF AGE 16-65

{IF HelpNo = 1}

HlthEmp[1]

SHOWCARD G19

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

Please read out the numbers that apply from this card.

CODE ALL THAT APPLY.

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

{IF HelpNo = 2 or more}

HlthEmp[2]

SHOWCARD G19

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

Please read out the numbers that apply from this card

CODE ALL THAT APPLY

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

{ASK ONCE FOR ALL WHO CARE FOR SOMEONE}

{IF HelpNo=1}

LAass

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

- 1 Yes
- 2 No

{IF HelpNo=2 or more}

LAass

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

- 1 Yes
- 2 No

Smoking (Aged 16+) - Revised Questions

{IF Age of Respondent = 18 to 24}

BookChk

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

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

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

SmokEver

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

- 1 Yes
- 2 No

{IF SmokEver = Yes}

SmokeNow

Do you smoke cigarettes at all nowadays?

- 1 Yes
- 2 No

{IF SmokeNow = Yes}

DlySmoke

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

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

Range: 0...97

{IF DlySmoke = 97}

Estim

INTERVIEWER: Ask respondent for an estimated consumption of tobacco on weekdays.

Will it be given in grams or in ounces?

- 1 Grams
- 2 Ounces

{IF Estim = grams}

grams

INTERVIEWER: Please record estimated consumption of tobacco on weekdays in grams

Range: 1...67

{ELSEIF Estim = ounces}

Ounces

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

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

ENDIF

WKndSmok

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

INTERVIEWER: if range given and can't estimate, enter mid point. If respondent smokes roll ups and cannot give number of cigarettes, code 97

Range: 0...97

{IF WkndSmok = 97}

Estim

INTERVIEWER: Ask respondent for an estimated consumption of tobacco at weekends.

Will it be given in grams or in ounces?

- 1 Grams
- 2 Ounces

{IF Estim = grams}

Grams

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

Range: 1...67

{ELSEIF Estim = ounces}

Ounces

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

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

CigType

Do you mainly smoke ...READ OUT...

CODE ONE

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

OthType

SHOW CARD H1

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

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

{IF HAND ROLLED AND OTHER TYPE SMOKED NOWADAYS}

DlyHR

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

WKndHR

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

{IF HAND ROLLED CIGARETTES AT CigType OR OthType}

HRFill

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

1. Always with a filter

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

{IF SmokeNow=Yes}

SmokWher

SHOW CARD H2

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

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

{IF SmokWher = 1 OR 2}

SmokHome

SHOWCARD H3

Where in your home do you usually smoke?

CODE ALL THAT APPLY

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

{IF SmokWher = Outside, other than at home}

SmokOut

SHOWCARD H4

In which of these places, if any, did you smoke during the last 7 days ending yesterday?

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

{IF SmokeNow = Yes}

SmNoDay

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

...READ OUT ...

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

GiveUp

Would you like to give up smoking altogether?

- 1 Yes
- 2 No

{IF SmokeNow=Yes AND GiveUp=Response}

WhenStp2

SHOW CARDH5

Which of the statements on this card best describes you?

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

{IF GiveUp = YES}

GvUpReas

SHOWCARD H6

What are your main reasons for wanting to give up?

CODE ALL THAT APPLY

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

FirstCig

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

PROMPT AS NECESSARY.

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

SmYrAgo

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

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

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

SmokeCig

Have you ever smoked cigarettes?

- 1 Yes
- 2 No

IF (SmokeCig = Yes)

QuitReas

SHOW CARD H7

Why did you decide to give up smoking?

CODE ALL THAT APPLY

- 1 Advice from a GP or health professional
- 2 Advert for a nicotine replacement product

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

{IF SmokeCig = Yes}

SmokeReg

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

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

{IF SmokeReg = Smoked cigarettes regularly}

NumSmok

About how many cigarettes did you smoke in a day?

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

Range: 0..97

{IF NumSmok = 97}

Estim

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

- 1 Grams
- 2 Ounces

{IF Estim = grams}

Grams

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

Range: 1..67

{ELSEIF Estim = ounces}

Ounces

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

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

RoINum

Computed: estimated tobacco consumption in ounces.

Range: 1..97

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

StartSmk

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

INTERVIEWER: IF 'Never smoked regularly' CODE 97.

Range: 1...97

ENDIF

{IF SmokeReg=[Regularly OR Occasionally]}

EndSmoke

How long ago did you stop smoking cigarettes?

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

Range: 0..97

ENDIF

{IF EndSmoke=0}

LongEnd2

How long ago was that?

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

ENDIF

SmokYrs

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

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

Range: 0..97

**AnyProd "DV: Any nicotine replacement product used now or in the past" : YesNo
AnyProd is set to 2 (not used NRP) and is changed to 1 if any nicotine replacement
products are used at NRNow or NREV**

IF (Gum IN NRNow) OR (Lozenge IN NRNow) OR (Patch IN NRNow) OR (Inhaler IN NRNow)

OR (Spray IN NRNow) OR (Nasal IN NRNow) OR (OthNic IN NRNow) OR (Elect IN NRNow) THEN

AnyProd := Yes

IF (Gum IN NREv) OR (Lozenge IN NREv) OR (Patch IN NREv) OR (Inhaler IN NREv)

OR (Spray IN NREv) OR (Nasal IN NREv) OR (OthNic IN NREv) OR (Elect IN NREv) THEN

AnyProd := Yes

ASK ALL

NRNow

SHOW CARD H8

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

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

CODE ALL THAT APPLY

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

{IF NOT (all of 1-7) AT NRNow}

NREv

SHOW CARD H8

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

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

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

ENDIF

ENDIF

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

HelpQuit

SHOWCARD K8

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

PROBE: Which others? CODE ALL THAT APPLY

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

ENDIF

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

CutDwn

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

- 1 Yes
- 2 No

{IF CutDwn = Yes}

NRCut

SHOW CARD H8

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

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

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

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

NRTemp

SHOWCARD H8

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

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

CODE ALL THAT APPLY

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

PastQuit

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

SHOWCARD H8

PROBE: Which others? CODE ALL THAT APPLY

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

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

SmokeTry

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

- 1 Yes
- 2 No

DrSmoke

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

- 1 Yes
- 2 No

{IF DrSmoke = Yes}

DrSmoke1

How long ago was that?

INTERVIEWER: PROMPT AS NECESSARY.

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

{ASK CURRENT OR EX SMOKERS}

AskHlp

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

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

IF SmokeEver=Yes

CigarNow

Do you smoke cigars at all nowadays?

- 1 Yes
- 2 No

{IF CigarNow = Yes}

CigarReg

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

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

{IF Sex = Male THEN

PipeNowA

Do you smoke a pipe at all nowadays?

- 1 Yes
- 2 No

FathSm

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

- 1 Yes
- 2 No

MothSm

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

- 1 Yes
- 2 No

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

ExpSm

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

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

Range: 0..168

ChExpSm

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

- 1 Yes
- 2 No

{IF age >=18}

Passive

SHOW CARD H9

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

PROBE: Where else? CODE ALL THAT APPLY.

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

{IF Passive=1-6}

Bother

Does this bother you at all?

- 1 Yes
- 2 No

Drinking (Aged 18+)

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

Drink

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

- 1 Yes
- 2 No

{IF Drink = No}

DrinkAny

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

- 1 Very occasionally
- 2 Never

{IF DrinkAny = Never}

AlwaysTT

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

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

{IF AlwaysTT = Used to drink but stopped}

WhyTT

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

INTERVIEWER: If respondent says pregnancy, code Yes.

- 1 Yes
- 2 No

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

DrinkOft

SHOW CARD I1

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

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

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

DrinkL7

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

- 1 Yes
- 2 No

{IF DrinkL7 = Yes}

DrnkDay

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

Range: 1..7

{IF DrnkDay = 2 to 7 days}

DrnkSame

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

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

WhichDay

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

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

DrnkType

SHOW CARD I2

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

CODE ALL THAT APPLY

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

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

NBrL7

Still thinking about last (*answer to WhichDay*), how much **normal strength beer, lager, stout, cider or shandy** (excluding cans and bottles of shandy) did you drink that day? INTERVIEWER:

Code measures that you are going to use..

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

{IF NBrL7=Half pints}

NBrL7Q(1)

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

Range: 1..97

{IF NBrL7Q = Small cans}

NBrL7Q(2)

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

Range: 1..97

{IF NBrL7=Large cans}

NBrL7Q(3)

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

Range: 1..97

{IF NBrL7=Bottles}

NBrL7Q(4)

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

Range: 1..97

NBotL7

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

Text: Maximum 21 characters

{IF DrnkType = Strong beer/lager/cider}

SBrL7

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

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

{IF SBRL7=Half pints}

SBrL7Q(1)

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

Range: 1..97

{IF SBrL7=Small cans}

SBrL7Q(2)

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

Range: 1..97

{IF SBrL7=Large cans}

SBrL7Q(3)

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

Range: 1..97

{IF SBrL7=Bottles}

SBrL7Q(4)

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

Range: 1..97

SBotL7

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

Text: Maximum 21 characters

{IF DrnkType = Spirits}

SpirL7

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

Code the number of singles – count doubles as two singles.

Range: 1..97

{IF DrnkType = Sherry}

ShryL7

Still thinking about last (*answer to WhichDay*), how much sherry or martini, including port, vermouth, Cinzano and Dubonnet did you drink on that day? INTERVIEWER: Code the number of glasses.

Range: 1..97

{IF DrnkType = Wine}

WineL7

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

INTERVIEWER: Code the measure the respondent used.

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

Please code the relevant option.

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

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

WL7Bt

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

CODE THE NUMBER OF GLASSES.

1 BOTTLE =6 GLASSES

½ BOTTLE=3 GLASSES

1/3 BOTTLE=2 GLASSES

¼ BOTTLE=1.5 GLASSES

1 LITRE =8 GLASSES

½ LITRE=4 GLASSES

1/3 LITRE=2.5 GLASSES

¼ LITRE=2 GLASSES

Range: 1..97 (ALLOW FRACTIONS)

F9 for WL7Bt

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

{IF WineL7= 2 (Glasses)}

WL7GI

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

Range: 1..97 (ALLOW FRACTIONS)

WL7Giz

SHOWCARD L3 {Picture of WGI125ml, WGI175ml, WGI250ml}

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

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

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

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

{IF WL7G1z=1 and other}

ml250G1z

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

{IF WL7G1z=2 and other}

ml175mG1z1

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

{IF WL7G1z=3 and other}

ml125G1z

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

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

PopsL711

Still thinking about last (*answer to WhichDay*), how much **alcoholic soft drink** ('alcopop') did you drink on that day? INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE

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

{IF PopsL711 = Small cans}

PopsL7Q(1)

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

Range: 1..97

{IF PopsL7= standard sized Bottles}

PopsL7Q(2)

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

Range: 1..97

{IF PopsL7= LargeBottles}

PopsL7Q(3)

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

Range: 1..97

{IF DrnkType=Other}

OthL7TA

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

Text: Maximum 30 characters

OthL7QA

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

INTERVIEWER: Write in how much. Remember to specify half pints/ singles/ glasses/ bottles.

Text: Maximum 30 characters

OthL7B

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

- 1 Yes
- 2 No

{IF OthL7B=Yes}

OthL7TB

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

Text: Maximum 30 characters

OthL7QB

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

INTERVIEWER: Write in how much. Remember to specify half pints/ singles/ glasses/ bottles.

Text: Maximum 30 characters

OthL7C

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

1 Yes

2 No

{IF OthL7C=Yes}

OthL7TC

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

Code first mentioned only.

OthL7QC

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

INTERVIEWER: Write in how much. Remember to specify half pints/ singles/ glasses/ bottles. Text: Maximum 30 characters

DrAmount

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

1 More nowadays

2 About the same

3 Less nowadays

ENDIF

ENDIF

{IF Drink = 1 or DrinkAny = 1}

Intro

I'd like to ask you whether you have drunk different types of alcoholic drink in the **last 12 months**.

I'd like to hear about ALL types of alcoholic drinks you have had.

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

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

NBeer

SHOWCARD I1

I'd like to ask you first about normal strength beer, lager, stout, cider or shandy which has less than 6% alcohol. How often have you had a drink of normal strength beer, lager, stout, cider **or** shandy (excluding cans and bottles of shandy) during the last 12 months?

(NORMAL = LESS THAN 6% ALCOHOL BY VOLUME.)

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

1 Almost every day

2 Five or six days a week

3 Three or four days a week

4 Once or twice a week

- 5 Once or twice a month
- 6 Once every couple of months
- 7 Once or twice a year
- 8 Not at all in last 12 months

{IF NBeer = 1 – 7}

NBeerM

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

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

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

{IF NBeerM=half pints / 2=small cans / 3=large cans / 4=bottles}

NBeerQ

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

Range 1..97

{IF Drinknow = 1 or DrinkAny = 1}

SBeer

SHOWCARD I1

Now I'd like to ask you about STRONG BEER OR CIDER which has 6% or more alcohol (eg Tennant's Extra, Special Brew, Diamond White). How often have you had a drink of strong BEER, LAGER, STOUT or CIDER during the last 12 months? STRONG=6% AND OVER ALCOHOL BY VOLUME. USE HELP SCREEN FOR OTHER DRINKS TO BE INCLUDED HERE.

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

{IF SBeer = 1 – 7}

SBeerM

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

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

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

{IF SBeerM = 1 – 4}

SBeerQ

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

Range: 1..97

{IF Drinknow = 1 or DrinkAny = 1}

Spirits

SHOWCARD I1

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

<F9> FOR OTHER DRINKS TO BE INCLUDED HERE.

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

{IF Spirits = 1 – 7}

SpiritsQ

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

Range: 1..97

{IF Drinknow = 1 or DrinkAny = 1}

Sherry

SHOWCARD I1

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

<F9> FOR OTHER DRINKS TO BE INCLUDED HERE.

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

{IF Sherry = 1 – 7}

SherryQ

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

Range: 1..97

{IF Drinknow = 1 or DrinkAny = 1}

Wine

SHOWCARD I1

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

<F9> FOR OTHER DRINKS TO BE INCLUDED HERE.

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

{IF Wine = 1 – 7}

WineQ

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

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

CODE THE NUMBER OF GLASSES.

1 BOTTLE =6 GLASSES
½ BOTTLE=3 GLASSES
1/3 BOTTLE=2 GLASSES
¼ BOTTLE=1.5 GLASSES

1 LITRE=8 GLASSES
½ LITRE=4 GLASSES
1/3 LITRE=2.5 GLASSES
¼ LITRE=2 GLASSES

Range: 1..97

BWineQ2

SHOW CARD I3

Were those mainly ...READ OUT...

INTERVIEWER: IF RESPONDENT USUALLY DRINKS IN A PUB OR WINE BAR AND HAD A SMALL GLASS, THIS WOULD USUALLY BE 175ML.

- 1 Small Glasses (approx. 125ml)
- 2 Standard (approx. 175ml)
- 3 Or Large Glasses (approx. 250ml)
- 4 Bottles (Spontaneous Only)

{IF Drinknow = 1 or DrinkAny = 1}

Pops

SHOWCARD I1

How often have you had a drink of ALCOPOPS (i.e. alcoholic lemonade, alcoholic colas or other alcoholic fruit-or-herb-flavoured drinks for e.g. Smirnoff Ice, Bacardi Breezer, WKD, Metz etc), during the last 12 months?

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

{IF Pops = 1 – 7 }

PopsLY11

How much ALCOPOPS or pre-mixed alcoholic drinks (i.e. alcoholic lemonade, alcoholic colas or other alcoholic fruit-or-herb-flavoured drinks) have you usually drunk on any one day during the last 12 months?

INTERVIEWER: Code the measure(s) that you are going to use.

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

{IF PopsLY11 = Small cans}

PopsQ11[1]

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

Range: 1..97

{IF PopsLY11=standard Bottles}

PopsQ11[2]

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

Range: 1..97

{IF PopsLY11= large Bottles}

PopsQ11[3]

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

Range: 1..97

Classification (socio-demographic questions)

IF RESPONDENT AGED 16+ AND NOT HOUSEHOLD REFERENCE PERSON or IF RESPONDENT IS HOUSEHOLD REFERENCE PERSON BUT DID NOT ANSWER OCCUPATION QUESTIONS IN HOUSEHOLD QUESTIONNAIRE (IF (Age of Respondent is >=16) AND NOT (PerNum=PHRPNo AND PHRPOcc=Yes))

NActiv

SHOW CARD J1

Which of these descriptions applies to what you were doing last week, that is in the seven days ending (*date seven days ago*)?

CODE FIRST TO APPLY

- 1 Going to school or college full-time (including on vacation)
- 2 In paid employment or self-employment (or away temporarily)
- 3 On a Government scheme for employment training
- 4 Doing unpaid work for a business that you own, or that a relative owns
- 5 Waiting to take up paid work already obtained
- 6 Looking for paid work or a Government training scheme
- 7 Intending to look for work but prevented by temporary sickness or injury (CHECK MAX 28 DAYS)
- 8 Permanently unable to work because of long-term sickness or disability (USE ONLY FOR MEN AGED 16-65 OR WOMEN AGED 16-62)
- 9 Retired from paid work
- 10 Looking after the home or family
- 95 Doing something else (SPECIFY)

{IF NActiv=Doing something else}

NActivO

INTERVIEWER: Please specify

Text: Maximum 60 characters

ENDIF

{IF (NActiv=School)}

StWork

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

- 1 Yes
- 2 No

{IF ((NActiv=Intending to look for work, Retired from paid work, Looking after the home or family or Doing something else OR StWork=No) AND ((Age = 16 to 65 years AND Sex=Male) OR (Age = 16 to 62 years AND Sex=Female)))}

I4WkLook

Thinking now of the four weeks ending (*date last Sunday*). Were you looking for any paid work or Government training scheme at any time in those four weeks?

- 1 Yes
- 2 No

{IF NActiv=Looking for paid work/training scheme OR 4WkLook=Yes}

I2WkStrt

If a job or a place on a Government training scheme had been available in the (*7 days/four weeks*) ending (*date last Sunday*), would you have been able to start within two weeks?

- 1 Yes
- 2 No

{IF (NActiv = [Looking for paid work or a Government training scheme...Doing something else] OR StWork=No)}

EverJob

Have you ever been in paid employment or self-employed?

- 1 Yes
- 2 No

{IF NActiv=Waiting to take up paid work already obtained}

OthPaid

Apart from the job you are waiting to take up, have you ever been in paid employment or self-employed?

- 1 Yes
- 2 No

{IF NActiv=(Waiting to take up paid work OR Looking for work) OR (H4WkLook =Yes)}

HowLong

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

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

PayAge

DV: Age when last had a paid job

{IF (Everjob=Yes)}

PayLast

Which year did you leave your last **paid** job?

WRITE IN.

Range: 1920..2014

{IF Last paid job less than or equal to 8 years ago (from PayLast)}

PayMon

Which month in that year did you leave?

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

PayAge

Computed: Age when last had a paid job.

{IF (EverJob=Yes) OR (NActiv = [In paid employment or self-employment...Waiting to take up paid work already obtained]) OR (StWork = Yes) OR (Respondent is Male and Everjobl=Yes) OR (Respondent is Female and PayAgel>=50)}

JobTitle

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

Text: Maximum 60 characters

FtPTime

Are you *(were you/will you be)* working full-time or part-time?

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

- 1 Full-time
- 2 Part-time

WtWork

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

Text: Maximum 50 characters

MatUsed

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

INTERVIEWER: If none used, write in 'None'.

Text: Maximum 50 characters

SkilNee

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

Text: Maximum 120 characters

Employe

Are you *(were you/will you be)* ...READ OUT...

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

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

{IF Employe = Self-employed}

Dirctr

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

- 1 Yes
- 2 No

ENDIF

{IF Employe=an employee OR Dirctr=Yes}

EmpStat

Are you *(were you/will you be)* a ...READ OUT...

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

NEmplee

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

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

{ELSEIF Employe = Self-employed AND Dirctr=No}

SNEmplee

Do (*did/will*) you have any employees?

- 1 None
- 2 1 or 2
- 3 3-9
- 4 10-24
- 4 25-499
- 5 500+

{IF Employe=self employed AND Dirctr=No }

SifWtMad

What do/did you make or do in your business?"

{IF Employe=Employee}

Ind

What does (*did*) your employer make or do at the place where you (*usually worked/will work*)?

Text: Maximum 100 characters

ISector

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

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

{IF Age of Respondent is 16+ }

EducEnd

At what age did you finish your continuous full-time education at school or college?

- 1 Not yet finished
- 2 Never went to school
- 3 14 or under
- 4 15
- 5 16
- 6 17
- 7 18
- 8 19 or over

Qual

SHOW CARD M2

Do you have any of the qualifications listed on this card? Please look down the whole list before telling me.

- 1 Yes
- 2 No

{IF Qual = Yes }

QualA

Which of the qualifications on this card do you have? Just tell me the number written beside each one.

INTERVIEWER: RECORD ALL THAT APPLY. PROBE: Any others?

- 1 Degree/degree level qualification (including higher degree)
- 2 Teaching qualification

- 3 Nursing qualifications SRN, SCM, SEN, RGN, RM, RHV, Midwife
- 4 HNC/HND, BEC/TEC Higher, BTEC Higher/SCOTTECH Higher
- 5 ONC/OND/BEC/TEC/BTEC not higher
- 6 City and Guilds Full Technological Certificate
- 7 City and Guilds Advanced/Final Level
- 8 City and Guilds Craft/Ordinary Level
- 9 A-levels/Higher School Certificate
- 10 AS level
- 11 SLC/SCE/SUPE at Higher Grade or Certificate of Sixth Year Studies
- 12 O-level passes taken in 1975 or earlier
- 13 O-level passes taken after 1975 GRADES A-C
- 14 O-level passes taken after 1975 GRADES D-E
- 15 GCSE GRADES A*-C
- 16 GCSE GRADES D-G
- 17 CSE GRADE 1/SCE BANDS A-C/Standard Grade LEVEL 1-3
- 18 CSE GRADES 2-5/SCE Ordinary BANDS D-E
- 19 CSE Ungraded
- 20 SLC Lower
- 21 SUPE Lower or Ordinary
- 22 School Certificate or Matric
- 23 NVQ Level 5
- 24 NVQ Level 4
- 25 NVQ Level 3/Advanced level GNVQ
- 26 NVQ Level 2/Intermediate level GNVQ
- 27 NVQ Level 1/Foundation level GNVQ
- 28 Recognised Trade Apprenticeship completed
- 29 Clerical or Commercial Qualification (e.g. typing/book-keeping/commerce)

{If QualA = code 1 OR 2 }

Degree

SHOWCARD J3

And do you have any of the following qualifications listed on this card?

CODE ALL THAT APPLY

1. Doctorate,
2. Masters,
3. An undergraduate or first degree,
4. A foundation degree,
5. Graduate membership of a professional institution,
6. Other post graduate degree or professional qualification

{IF NOT (Degree IN QualA)}

OthQual

Do you have any qualifications not listed on this card?

- 1 Yes
- 2 No

{IF OthQual = Yes}

QualB

What qualifications are these?

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

Text: maximum 60 characters

ASK ALL

NatID

SHOWCARD J4

How would you describe your national identity?

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

INTERVIEWER: RECORD ALL THAT APPLY.

- 1 English

- 2 Welsh
- 3 Scottish
- 4 Irish
- 5 British
- 6 Other (please describe)

{IF National id = Other }

XNational id

Please describe.

Text: Maximum 60 characters

Origin

SHOW CARD J5

What is your ethnic group? Please choose your answer from this card.

- 1 White – English / Welsh / Scottish / Northern Irish / British
- 2 White – Irish
- 3 White – Gypsy or Irish Traveller
- 4 Any other white background (please describe)

Mixed / multiple ethnic groups:

- 5 White and Black Caribbean
- 6 White and Black African
- 7 White and Asian
- 8 Any other mixed / multiple ethnic background (please describe)

Asian / Asian British:

- 9 Indian
- 10 Pakistani
- 11 Bangladeshi
- 12 Chinese
- 13 Any other Asian background (please describe)

Black / African / Caribbean / Black British:

- 14 African
- 15 Caribbean
- 16 Any other Black / African / Caribbean background (please describe)

Other ethnic group

- 17 Arab
- 18 Any other ethnic group (please describe)

{IF Origin = Any other ethnic group}

XOrigWh

Please describe

Self-completion placement (Aged 8+)

IF (PAge >= 13) THEN

SCIntro

PREPARE (colour) SELF-COMPLETION BOOKLET (FOR CHILDREN AGED 8-12/13-15/FOR YOUNG ADULT MEN AND WOMEN/FOR ADULT MEN AND WOMEN AGED 18-44 /FOR ADULTS AGED 45+) BY ENTERING SERIAL NUMBERS. CHECK YOU HAVE CORRECT PERSON NUMBER.

{IF PARENT OF ANY CHILDREN AGED 2-15 INTERVIEWED}

SCIntrA

INTERVIEWER: Turn to the last page of the (colour of adult questionnaire) self completion booklet and explain that this final question is about their child, or children.

Press <1> and <Enter> to continue.

{IF Age of Respondent is 13 years or over}

SComp2

I would now like you to answer some more questions by completing this booklet on your own.

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

{If age <15} If asked, show booklet to parent(s).

IF (Age IN [8..12]) THEN

SCIntCh

"@/Here is a little booklet which I would like to ask

^youname[PNo] to complete for ^himhersf[PNo]. It asks children

if they have ever tried cigarettes or alcohol, and about

their general health. May I explain it to ^himher[PNo]?

@/@/INTERVIEWER: If asked, show @I^Colour booklet for 8-12 year olds@I to parent(s).

If agrees, prepare ^Colour booklet.

@/@/@AName.....Point...Address...Hhold...Check letter...Person number

@/^SCLine

@A@/@/@RINTERVIEWER: Explain to child how to complete and show

example in booklet.@R

@/@/Press <1> and <Enter> to continue."

: 1..1

{IF aged <16, repeat for each child}

ParLD

INTERVIEWER: Ask parent to complete (colour) **Difficulties Questionnaire**.

This child's parent(s) are:

.....

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 ParLD = 1}

PrepLD

INTERVIEWER: Ask parent to complete (colour) **Difficulties Questionnaire**.

This child's parent(s) are:

.....

Code person number of the parent who is completing the booklet, or enter code:

95 = Parent not present at the time of interview

96 = Booklet refused

{IF aged >16 and identified with Learning Difficulty at Household Grid}

ParLDA

INTERVIEWER: Ask respondent to complete (colour) **Difficulties Questionnaire**.

The adult to be asked about is:

.....

Code 1 to continue, or 6 if booklet refused

1. Continue
6. Booklet refused

{IF ParLDA = 1}

PrepLDA

INTERVIEWER: Prepare (colour) **Difficulties Questionnaire** by entering the following details on the front page.

Name of person booklet is about

.....

Name of person completing booklet

.....

Explain how to complete the booklet.

Press <1> and <Enter> to continue.

SCCheck

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

ENDIF

{IF Age of respondent is 8 years or over}

SComp3

INTERVIEWER CHECK: Was the (colour) booklet for adults completed?

- 1 Fully completed
- 2 Partially completed
- 3 Not completed

{IF SComp3 = Fully completed OR Partially completed}

SC3Acc

Was it completed without assistance?

- 1 Completed independently
- 3 Assistance from other household member
- 4 Assistance from interviewer
- 5 Interviewer administered

{IF SComp3 = Fully completed OR Partially completed}

SChldChk

Interviewer: check that child details shown below have been copied correctly onto the black page of the (colour) booklet.

Press <1> and <Enter> to continue.

ENDIF

{IF SComp3 = Partially completed OR Not completed}

SComp6

INTERVIEWER: RECORD WHY BOOKLET NOT COMPLETED / PARTIALLY COMPLETED.

CODE ALL THAT APPLY:

- 1 Eyesight problems
- 2 Language problems
- 3 Reading/writing/comprehension problems
- 4 Respondent bored/fed up/tired
- 5 Questions too sensitive/invasion of privacy
- 6 Too long/too busy/taken long enough already

- 7 Refused to complete booklet (no other reason given)8 Illness/disability (physical or mental)
9 Child asleep
10 Not in/not available (for child 2-13, use codes 0 or 9 if possible)
11 Proxy refusal
12 No self completion booklet available
95 Other (SPECIFY)

{IF SComp6=Other}

SComp6O

PLEASE SPECIFY OTHER REASON.

Text: Maximum 60 characters

{ParLD = 1 (child)}

LDChck

Interviewer: Was the (colour) Difficulties Questionnaire completed?

1. Fully completed
2. Partially completed
3. Not completed

LDComp

Interviewer: Record why Difficulties Questionnaire not completed / partially completed. CODE ALL THAT APPLY:

- 0 Child away from home during fieldwork period
- 1 Eyesight problems
- 2 Language problems
- 3 Reading/writing/comprehension problems
- 4 Respondent bored / fed up / tired
- 5 Questions too sensitive / invasion of privacy
- 6 Too long / too busy / taken long enough already
- 7 Refused to complete booklet (no other reason given)
- 8 Other (SPECIFY)

{If LDComp = Other}

LDCompO

Interviewer: Please specify other reason.

{IF ParLDA = 1 (adult with learning difficulties)}

LDACHk

Interviewer: Was the (colour) Questionnaire for (respondent) completed?

1. Fully completed
2. Partially completed
3. Not completed

{If LDACHk = Not completed or Partially completed}

LDACom

- 0 Child away from home during fieldwork period
- 1 Eyesight problems
- 2 Language problems
- 3 Reading/writing/comprehension problems
- 4 Respondent bored / fed up / tired
- 5 Questions too sensitive / invasion of privacy
- 6 Too long / too busy / taken long enough already
- 7 Refused to complete booklet (no other reason given)
- 8 Other (SPECIFY)

{if LDACom = Other}

LDAComO

Interviewer: Please specify other reason.

{IF SComp3 = Fully completed OR Partially completed}

SComp5A

INTERVIEWER: CODE WHO WAS PRESENT IN ROOM WHILE *(name of respondent)* COMPLETED SELF-COMPLETION. INCLUDE YOURSELF, ANYONE INTERVIEWED AT THE SAME TIME AS RESPONDENT, PARENT ANSWERING ON BEHALF OF 8-12 YEAR OLDS OR OTHERS IN THE ROOM.

CODE ALL THAT APPLY.

- 1 Spouse / partner
- 2 Parent(s) (incl step-/foster-)
- 3 Brother(s)/Sister(s)
- 4 Own/Related child(ren) (incl step-/ foster-/ partner's)
- 5 Other relative(s)
- 6 Unrelated adult(s)
- 7 Unrelated child(ren)
- 8 Interviewer
- 9 Completed alone in room

Measurements

ASK ALL

Intro

PREAMBLE: I would now like to measure your height and weight. There is interest in how people's weight, given their height, is associated with their health.

I know you have already told me but it is really important that we get the most accurate and up to date measurements we can, using the same type of scales and measuring equipment for everybody.

INTERVIEWER: IF ASKED, EXPLAIN: We are interested in exploring the difference between people's perceptions of their own height and weight compared with their actual height and weight.

INTERVIEWER: Make out (colour) MRC for each person.

{IF Age >=2}

RespHts

MEASURE HEIGHT AND CODE. INCLUDE 'DISGUISED' REFUSALS SUCH AS 'IT WILL TAKE TOO LONG', 'I HAVE TO GO OUT' ETC. AT CODE 2: Height refused.

- 1 Height measured
- 2 Height refused
- 3 Height attempted, not obtained
- 4 Height not attempted

{IF RespHts = Height measured}

Height

ENTER HEIGHT.

Range: 60.0..244.0

RelHite

INTERVIEWER CODE ONE ONLY

- 1 No problems experienced reliable height measurement obtained
- 2 Problems experienced - measurement likely to be:
 - 2 Reliable
 - 3 Unreliable

{IF RelHite = Unreliable}

HiNRel

INTERVIEWER: WHAT CAUSED THE HEIGHT MEASUREMENT TO BE UNRELIABLE?

- 1 Hairstyle or wig
- 2 Turban or other religious headgear
- 3 Respondent stooped
- 4 Child respondent refused stretching
- 5 Respondent would not stand still
- 6 Respondent wore shoes
- 95 Other, please specify

{IF HiNRel = Other}

OHiNRel

INTERVIEWER: PLEASE SPECIFY WHAT CAUSED UNRELIABLE HEIGHT MEASUREMENT.

Text: Maximum 60 characters

MBookHt

INTERVIEWER: CHECK HEIGHT RECORDED ON MEASUREMENT RECORD CARD.

HEIGHT: (x) cm OR (x) feet (x) inches.

ELSEIF RespHts = Height refused THEN

ResNHi

GIVE REASONS FOR REFUSAL.

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

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

INTERVIEWER: CODE REASON FOR NOT OBTAINING HEIGHT.

- 1 Child 2-13: away from home during fieldwork period (specify in a Note)
- 2 Respondent is unsteady on feet
- 3 Respondent cannot stand upright/too stooped
- 4 Respondent is unable to get out of a chair/in a wheelchair
- 5 Respondent is unable to get out of bed
- 6 Respondent unable to remove shoes
- 7 Child: subject would not stand still
- 8 Ill or in pain/has disability (physical or mental)
- 9 Stadiometer faulty/not available/couldn't be used
- 10 Child 2-13 asleep
- 11 Not in/not available (for child 2-13, use codes 01 or 10 if possible)
- 12 Proxy refusal
- 95 Other – specify

{IF OTHER IN NoHtBC}

NoHitCO

PLEASE SPECIFY OTHER REASON

Text: Maximum 60 characters

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

PregNowB

May I check, are you pregnant now?

- 1 Yes
- 2 No

ENDIF

ASK ALL

RespWts

INTERVIEWER: Measure weight and code.

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

If respondent weighs more than 200 kg (31 ½ stones) do not weigh. Code as weight not attempted.

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

0. Child Held
1. Weight obtained on own
2. Weight refused
3. Weight attempted, not obtained
4. Weight not attempted

IF RespWts = Weight obtained (subject on own)) THEN

XWeight

RECORD WEIGHT.

Range: 10.0..200.0

{ELSEIF RespWts = Weight obtained (child held by adult)}

WtAdult

ENTER WEIGHT OF ADULT ON HIS/HER OWN.

Range: 15.0..200.0

WtChAd

ENTER WEIGHT OF ADULT HOLDING CHILD.

Range: 15.0..200.0

ENDIF

Weight

Computed: Measured weight, either Weight or WtChAd – WtAdult

Range: 0.0..140.0

FloorC

SCALES PLACED ON?

- 1 Uneven floor
- 2 Carpet
- 3 Neither

RelWaitB

INTERVIEWER CODE ONE ONLY.

- 1 No problems experienced, reliable weight measurement obtained

Problems experienced - measurement likely to be:

- 2 Reliable
- 3 Unreliable

MBookWt

INTERVIEWER: CHECK WEIGHT RECORDED ON MEASUREMENT RECORD CARD.

WEIGHT: (x) kg OR (x) stones (x) pounds. IF WEIGHT LOOKS WRONG, GO BACK TO XWeight' AND REWEIGH.

ENDIF

{IF RespWts = Weight refused}

ResNWt

INTERVIEWER: Give reasons for refusal.

- 2 Cannot see point/Weight already known/Doctor has measurement
- 3 Too busy/Taken long enough already/No time
- 4 Respondent too ill/frail/tired
- 5 Considered intrusive information
- 6 Respondent too anxious/nervous/shy/embarrassed
- 7 Child refused to be held by parent
- 8 Parent refused to hold child
- 9 Refused (no other reason given)
- 10 Other

{IF RespWts = Weight attempted, not obtained OR Weight not attempted}

NoWtBC

INTERVIEWER: Code reason for not obtaining weight.

- 1 Child 0-13: away from home during fieldwork period (specify in a Note)
- 2 Respondent is unsteady on feet
- 3 Respondent cannot stand upright
- 4 Respondent is unable to get out of a chair/in a wheelchair
- 5 Confined to bed
- 6 Respondent unable to remove shoes
- 7 Respondent weighs more than 200 kg
- 8 Ill or in pain/has disability (physical or mental)
- 9 Scales not working/not available/couldn't be used
- 10 Parent unable to hold child

- 11 Child 0-13 asleep
- 12 Not in/not available (for child 0-13, use codes 01 or 11 if possible)
- 13 Proxy refusal
- 95 Other - specify

{IF NoWtBC = Other}

NoWatCO

PLEASE SPECIFY OTHER REASON.

Text: Maximum 60 characters

{IF RESPONDENT IS <16}

Birth

INTERVIEWER: ASK OF (NAME OF CHILD'S) PARENT/LEGAL GUARDIAN:

We are interested in the birth weight of children taking part in this survey. Can you tell me, what was (*name of child's*) weight at birth?

INTERVIEWER: Is weight given in kilograms or in pounds and ounces?

If weight not known use <Ctrl K>, if refused use <Ctrl R>.

- 1 Kilograms
- 2 Pounds and ounces

{IF Birth = Kilograms}

Birthkg

PLEASE RECORD (*name of child's*) BIRTHWEIGHT IN KILOGRAMS.

Range: 1.00..6.75

{ELSEIF Birth = Pounds and ounces}

BirthL

PLEASE RECORD (*name of child's*) BIRTHWEIGHT. ENTER POUNDS.

Range: 2..15

BirthO

PLEASE RECORD (*name of child's*) BIRTHWEIGHT. ENTER OUNCES.

Range: 0..15

BirthWt

Computed: Given birthweight (kg)

Range: 0.00....8.70

{IF BirthWt = [between 0.1kg and 2.5kg]}

Prmature

Was (*name of child*) born prematurely?

- 1 Yes
- 2 No

{IF Prmature = Yes}

PrWeeks

How many weeks early was (*name of child*) born?

ENTER NUMBER OF WEEKS, ROUNDED TO NEAREST WEEK. IF LESS THAN FOUR DAYS, ENTER '0'.

Range: 0..20

Nurse Appointment

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

NurseA

Now follows the Nurse Appointment module. 1 Continue

{ELSE (All other respondents)}

Nurse

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

INTERVIEWER: Check whether the respondent agrees to the nurse visit. **Always** mention the nurse by name (if known). Press <F9> for help explaining about the nurse visit.

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

- 1 Agreed nurse could contact
- 2 Maybe – agreed nurse could contact
- 3 Refused nurse contact

{IF Nurse = Agreed nurse could contact}

NrsAppt

INTERVIEWER: CODE WHETHER YOU HAVE MADE AN APPOINTMENT FOR THE NURSE TO VISIT (OR WHETHER THE NURSE WILL CALL TO MAKE THEIR OWN APPOINTMENT).

- 1 Able to make an appointment for the nurse
- 2 Unable to make an appointment for the nurse

{IF NrsAppt = Agreed nurse could contact OR Maybe – agreed nurse could contact}

NrsDate

INTERVIEWER: ENTER DATE OF THE NURSE APPOINTMENT

NrsTime

INTERVIEWER: ENTER TIME OF THE NURSE APPOINTMENT.

USE 24 HOUR CLOCK. FOR EXAMPLE, 9AM WOULD BE RECORDED AS 09:00.

AptRec

INTERVIEWER: IF YOU HAVE MADE AN APPOINTMENT, RECORD DETAILS OF THE NURSE APPOINTMENT ON THE BACK OF THE **MEASUREMENT RECORD CARD**.

ENTER THE NURSE'S NAME, APPOINTMENT DATE AND TIME.

EVEN IF YOU HAVE NOT MADE AN APPOINTMENT, ALWAYS WRITE DOWN THE NAME OF NURSE ON THE BACK OF THE MEASUREMENT RECORD CARD.

{IF Nurse = Refused nurse contact}

NurseRef

INTERVIEWER: RECORD REASON WHY RESPONDENT REFUSED NURSE CONTACT. CODE BELOW AND RECORD AT **F1** ON A.R.F

- 0 Own doctor already has information
- 1 Given enough time already to this survey/expecting too much
- 2 Too busy, cannot spare the time (if Code 1 does not apply)
- 3 Had enough of medical tests/medical profession at present time
- 4 Worried about what nurse may find out/'might tempt fate'
- 5 Scared/of medical profession/ particular medical procedures (e.g. blood sample)

6 Not interested/Can't be bothered/No particular reason

95 Other (record at next question)

{IF NurseRef=Other reason}

NrsRefO

PLEASE SPECIFY OTHER REASON FOR REFUSAL. CODE BELOW AND RECORD AT **F1** ON A.R.F.

Text: Maximum 60 characters

Data Linkage Consents

ASK ALL AGED 16+

NHSCan

We would like to ask for your consent to link some of your NHS health records with your survey answers. To do this we would need to send your name, address and date of birth to the NHS Central Register. Please read this form, it explains more about what is involved.

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

- 1 Consent given
- 2 Consent not given

{IF NHSCAN = Consent given}

NHSSig

Before I can pass your details on, I have to obtain written consent from you.

INTERVIEWER: Enter the respondent's serial number on the top of the consent form.

Ask the respondent to **initial** the box and sign the form.

Give the white copy of the form to the respondent.

Code whether signed consent obtained.

- 1 Consent signed
- 2 No consent obtained (or only one box initialled)

ASK ALL

ReInter

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

- 1 Yes
- 2 No

NHSSat

SHOW CARD J6

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

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

ASK ALL AGED 16+

OpenCom

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

INTERVIEWER: IF NO COMMENTS, PRESS <ENTER>."

STRING [250]

END

Thank

Thank you for your help. Before we end the interview I need to collect a little more information for our records.

TPhone

Some interviews in a survey are checked to make sure that people like yourself are satisfied with the way the interview was carried out. Just in case yours is one of the interviews that is checked, it would be helpful if we could have your telephone number.

INTERVIEWER: If given, enter telephone number (landline or mobile) as well as writing it on the front of the ARF.

- 1 Number given
- 2 Number refused
- 3 No telephone
- 4 Number unknown

{IF TPhone=Number given}

TelNo

INTERVIEWER: ENTER THE TELEPHONE NUMBER GIVEN

{IF ReInter=Yes}

FstNm

INTERVIEWER: At the Household Grid you recorded the first name of this person as: ^textfill name
Is this the respondent's full, complete, first name (ie not initials, not abbreviated, not a nickname)?

ASK IF NECESSARY: Can I check, is ^textfill name your complete first name?

1. Yes, complete first name recorded at Household Grid
2. No, complete first name not yet recorded

{IF FstNm = 2}

NewNm

INTERVIEWER: Please type in the complete first name of this person.

SurnmChk

INTERVIEWER: Check whether the surname is the same for <respondent>.

Person 1: <Respondent's first name>

Is this the same surname?

END IF

SurNam

Can I check, {^first name from HH grid}, what is your surname?

{IF ReInter=Yes} – Loop until no further numbers to enter

FilTel

Do you have any other number we can contact you on? This would only be used for research purposes and would not be passed on to anyone outside of NatCen.

1. Yes
2. No

{IF FilTel=Yes}

OtherTel

ENTER NUMBER

{IF OtherTel = Number entered}

TypeTel

INTERVIEWER: CODE TYPE OF TELEPHONE NUMBER

1. Home phone
2. Work phone
3. Mobile (any)

{IF PNurse = agree AND (TelNo=response OR OtherTel=response)}

NurCon

Would it be okay to pass these phone numbers(s) on to the nurse that will be contacting you?

1. Yes

2. No

Email

Do you have an email address we can contact you on? This would only be used for research purposes and would not be passed on to anyone outside of NatGen.

1. Yes
2. No

{IF Email = Yes}

EmaAdd

ENTER EMAIL ADDRESS

INTERVIEWER: enter email address or ask respondent to type it in. Check with the respondent that it is correct.

Text: Maximum 100 characters

{IF Email = Yes}

EmaChk

Just to make sure the email address is correct, please enter again.

INTERVIEWER: enter email address or ask respondent to type it in. Check with the respondent that it is correct.

Text: Maximum 100 characters

SOFTCHECK: IF EmaAdd AND EmaChk are different: INTERVIEWER: THE EMAIL ADDRESSES ARE DIFFERENT AT EmaAdd and EmaChk. PLEASE CHECK.

ENDIF

HSE 2015

SHOWCARDS

CARD A1

1. **Husband / Wife**
2. **Partner / Cohabitee**
3. **Natural son / daughter**
4. **Adopted son / daughter**
5. **Foster son / daughter**
6. **Stepson / Stepdaughter / Child of partner**
7. **Son-in-law / Daughter-in-law**
8. **Natural parent**
9. **Adoptive parent**
10. **Foster parent**
11. **Stepparent**
12. **Parent-in-law**
13. **Natural brother / Natural sister** (i.e. both natural parents the same)
14. **Half-brother / Half-sister** (i.e. one natural parent the same)
15. **Step-brother / Step-sister** (i.e. no natural parents the same)
16. **Adopted brother / Adopted sister**
17. **Foster brother / Foster sister**
18. **Brother-in-law / Sister-in-law**
19. **Grandchild**
20. **Grandparent**
21. **Other relative**
22. **Other non-relative**

CARD A2

1. Own natural child

2. Other

(e.g. adopted, foster, child of partner, etc)

CARD A3

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

CARD A4

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

CARD A5

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

Weekly rates from 6th April 2014

CARD A6

Attendance allowance

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

Disability Living Allowance (DLA) - Care Component

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

Disability Living Allowance (DLA) - Mobility Component

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

Personal Independence Payments (PIP) - Daily Living Component

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

Personal Independence Payments (PIP) - Mobility Component

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

Weekly rates from 6th April 2015

CARD A7

Attendance allowance

1. Higher rate for attendance during day AND night £82.30
2. Lower rate for day OR night £55.10

Disability Living Allowance (DLA) - Care Component

3. Highest rate £82.30
4. Middle rate £55.10
5. Lowest rate £21.80

Disability Living Allowance (DLA) - Mobility Component

6. Higher rate £57.45
7. Lower rate £21.80

Personal Independence Payments (PIP) - Daily Living Component

8. Enhanced rate £82.30
9. Standard rate £55.10

Personal Independence Payments (PIP) - Mobility Component

10. Enhanced rate £57.45
11. Standard rate £21.80

GROSS INCOME FROM ALL SOURCES

(before any deductions for tax, national insurance, etc.)

CARD A8 (1 OF 2)

WEEKLY	or	MONTHLY	or	ANNUAL	
Less than £10	57	Less than £40	57	Less than £520	57
£10 less than £30	66	£40 less than £130	66	£520 less than £1,600	66
£30 less than £50	55	£130 less than £220	55	£1,600 less than £2,600	55
£50 less than £70	74	£220 less than £300	74	£2,600 less than £3,600	74
£70 less than £100	62	£300 less than £430	62	£3,600 less than £5,200	62
£100 less than £150	73	£430 less than £650	73	£5,200 less than £7,800	73
£150 less than £200	65	£650 less than £870	65	£7,800 less than £10,400	65
£200 less than £250	51	£870 less than £1,100	51	£10,400 less than £13,000	51
£250 less than £300	78	£1,100 less than £1,300	78	£13,000 less than £15,600	78
£300 less than £350	54	£1,300 less than £1,500	54	£15,600 less than £18,200	54
£350 less than £400	76	£1,500 less than £1,700	76	£18,200 less than £20,800	76
£400 less than £450	81	£1,700 less than £2,000	81	£20,800 less than £23,400	81
£450 less than £500	53	£2,000 less than £2,200	53	£23,400 less than £26,000	53
£500 less than £550	72	£2,200 less than £2,400	72	£26,000 less than £28,600	72
£550 less than £600	58	£2,400 less than £2,600	58	£28,600 less than £31,200	58

CARD A8 (2 OF 2)

£600 less than £650	70	£2,600 less than £2,800	70	£31,200 less than £33,800	70
£650 less than £700	68	£2,800 less than £3,000	68	£33,800 less than £36,400	68
£700 less than £800	75	£3,000 less than £3,500	75	£36,400 less than £41,600	75
£800 less than £900	64	£3,500 less than £3,900	64	£41,600 less than £46,800	64
£900 less than £1,000	71	£3,900 less than £4,300	71	£46,800 less than £52,000	71
£1,000 less than £1,150	69	£4,300 less than £5,000	69	£52,000 less than £60,000	69
£1,150 less than £1,350	80	£5,000 less than £5,800	80	£60,000 less than £70,000	80
£1,350 less than £1,550	79	£5,800 less than £6,700	79	£70,000 less than £80,000	79
£1,550 less than £1,750	60	£6,700 less than £7,500	60	£80,000 less than £90,000	60
£1,750 less than £1,900	52	£7,500 less than £8,300	52	£90,000 less than £100,000	52
£1,900 less than £2,100	67	£8,300 less than £9,200	67	£100,000 less than £110,000	67
£2,100 less than £2,300	59	£9,200 less than £10,000	59	£110,000 less than £120,000	59
£2,300 less than £2,500	77	£10,000 less than £10,800	77	£120,000 less than £130,000	77
£2,500 less than £2,700	61	£10,800 less than £11,700	61	£130,000 less than £140,000	61
£2,700 less than £2,900	56	£11,700 less than £12,500	56	£140,000 less than £150,000	56
£2,900 or more	63	£12,500 or more	63	£150,000 or more	63

CARD A9

- 1. Going to school or college full-time**
(including on vacation)
- 2. In paid employment or self-employment**
(or temporarily away)
- 3. On a Government scheme for employment training**
- 4. Doing unpaid work for a business that you own, or that a relative owns**
- 5. Waiting to take up paid work already obtained**
- 6. Looking for paid work or a Government training scheme**
- 7. Intending to look for work but prevented by temporary sickness or injury**
- 8. Permanently unable to work because of long-term sickness or disability**
- 9. Retired from paid work**
- 10. Looking after the home or family**
- 11. Doing something else (Please say what...)**

CARD B1

1. **Vision** (for example blindness or partial sight)
2. **Hearing** (for example deafness or partial hearing)
3. **Mobility** (for example walking short distances or climbing stairs)
4. **Dexterity** (for example lifting and carrying objects, using a keyboard)
5. **Learning or understanding or concentrating**
6. **Memory**
7. **Mental health**
8. **Stamina or breathing or fatigue**
9. **Socially or behaviourally** (for example associated with autism, Attention Deficit Disorder or Asperger's syndrome)
10. **Other** (Please say what...)

CARD B2

- 1. Within the last month**
- 2. Within the last 1-12 months**
- 3. Within the last 2-5 years**
- 4. Within the last 6-10 years**
- 5. More than 10 years ago**

CARD B3

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

CARD B4

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

CARD C1

- 1. Blood pressure monitored by GP/
other doctor / nurse**
- 2. Advice or treatment to lose weight**
- 3. Blood tests**
- 4. Change diet**
- 5. Stop smoking**
- 6. Reduce stress**
- 7. Other**

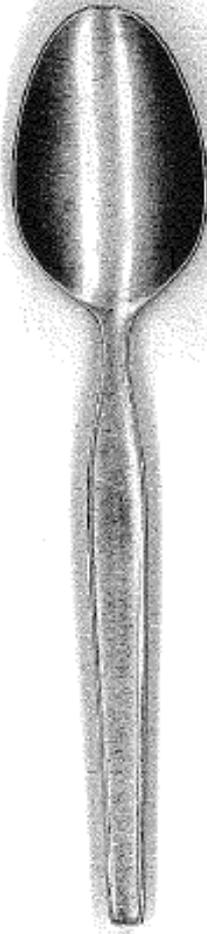
CARD D1

- 1. Special diet**
- 2. Eye screening / regular eye tests**
- 3. Regular check-up with GP / hospital / clinic**
- 4. Other (Please say what...)**

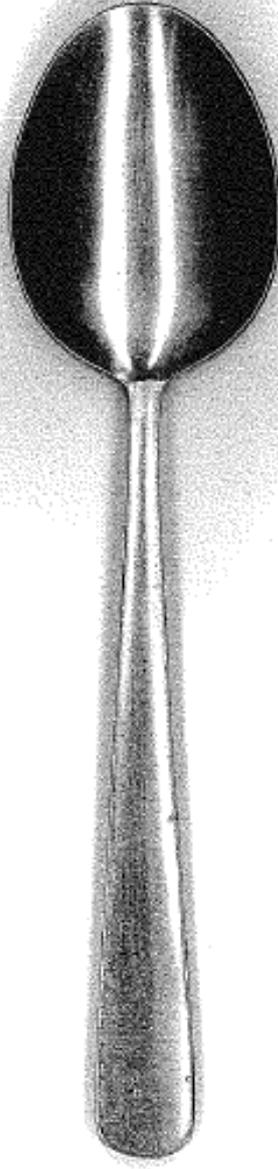
CARD E1

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

CARD F1



Teaspoon



Dessertspoon



Tablespoon

CARD G1

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

CARD G2

This could be things like accidentally having wet pants, leaking urine, needing to go to the toilet frequently or urgently, sometimes not making it to the toilet in time, or problems using aids or appliances to manage bladder problems or incontinence.

If you have a catheter and manage this without problems please select:

'No, no problems'.

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

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

CARD G3

This could be things like accidentally having soiled pants, leakage from the bowel, needing to go to the toilet frequently or urgently, sometimes not making it to the toilet in time, or problems using aids or appliances to manage bowel problems or incontinence.

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

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

CARD G4

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

CARD G5

- 1. Home care worker / Home help / Personal assistant**
- 2. A member of the reablement / Intermediate care staff team**
- 3. Occupational Therapist / Physiotherapist**
- 4. Voluntary helper**
- 5. Warden / Sheltered housing manager**
- 6. Cleaner**
- 7. Council's handyman**
- 8. Other (Please say who...)**
- 9. None of the above**

CARD G6

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

CARD G7

- 1. Direct Payments** where the council gives you a payment to meet some or all of your social care needs. You can then choose how to spend the money.

(This should not be confused with benefits paid directly into a bank account which may also be called direct payments.)

- 2. The local authority, council or social services manages the money** for you to meet all or some of your social care needs, and you may be able to choose which services to use

- 3. Neither of these**

CARD G8

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

CARD G9

I use money from:

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

CARD G10

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

CARD G11

They are my:

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

CARD G12

Tasks you help others with:

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

CARD G13

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

CARD G14

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

CARD G15

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

CARD G16

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

CARD G17

- 1. Help from GP or nurse**
- 2. Access to respite care**
- 3. Help from professional care staff**
- 4. Help from carers' organisation or charity**
- 5. Help from other family members**
- 6. Advice from local authority / social services**
- 7. Help from friends / neighbours**
- 8. No, I don't receive any of these**

CARD G18

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

CARD G19

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

CARD H1

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

CARD H2

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

CARD H3

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

CARD H4

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

CARD H5

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

CARD H6

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

CARD H7

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

CARD H8

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

CARD H9

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

CARD I1

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

CARD I2

- 1. Normal strength beer, lager, stout, cider or shandy** (less than 6 % alcohol)
(excluding cans or bottles of shandy)
- 2. Strong beer, lager, stout or cider**
(6% alcohol or more) (eg. Tennents Super, Special Brew, Diamond White)
- 3. Spirits or Liqueurs**
(e.g. Gin, Whisky, Brandy, Rum, Vodka, Advocaat, Cocktails)
- 4. Sherry or Martini** (including Port, Vermouth, Cinzano and Dubonnet)
- 5. Wine** (including Babycham and Champagne)
- 6. Alcoholic soft drinks, 'alcopops' or pre-mixed alcoholic drinks**
(e.g. Bacardi Breezer, Metz or Smirnoff Ice)
- 7. Other alcoholic drinks**
- 8. Low alcohol drinks only**

CARD I3



CARD J1

- 1. Going to school or college full-time**
(including on vacation)
- 2. In paid employment or self-employment**
(or temporarily away)
- 3. On a Government scheme for employment training**
- 4. Doing unpaid work for a business that you own, or that a relative owns**
- 5. Waiting to take up paid work already obtained**
- 6. Looking for paid work or a Government training scheme**
- 7. Intending to look for work but prevented by temporary sickness or injury**
- 8. Permanently unable to work because of long-term sickness or disability**
- 9. Retired from paid work**
- 10. Looking after the home or family**
- 11. Doing something else (Please say what...)**

CARD J2

1. Degree or degree level qualification (inc. higher degree)
2. Teaching qualification
3. Nursing qualifications SRN, SCM, SEN, RGN, RM, RHV, Midwife
4. HNC/HND, BEC/TEC Higher, BTEC Higher/SCOTTECH Higher
5. ONC/OND, BEC/TEC/BTEC not higher
6. City and Guilds Full Technological Certificate
7. City and Guilds Advanced/Final Level
8. City and Guilds Craft/Ordinary Level
9. A-levels/Higher School Certificate
10. AS levels
11. SLC/SCE/SUPE at Higher Grade or Certificate of Sixth Year Studies
12. O-level passes taken in 1975 or earlier
13. O-level passes taken after 1975 GRADES A-C
14. O-level passes taken after 1975 GRADES D-E
15. GCSE GRADES A*-C
16. GCSE GRADES D-G
17. CSE GRADE 1/SCE BANDS A-C/Standard Grade LEVEL 1-3
18. CSE GRADES 2-5/SCE Ordinary BANDS D-E
19. CSE Ungraded
20. SLC Lower
21. SUPE Lower or Ordinary
22. School Certificate or Matric
23. NVQ Level 5
24. NVQ Level 4
25. NVQ Level 3/Advanced level GNVQ
26. NVQ Level 2/Intermediate level GNVQ
27. NVQ Level 1/Foundation level GNVQ
28. Recognised Trade Apprenticeship completed
29. Clerical or Commercial Qualification (e.g. typing/ bookkeeping/ commerce)

CARD J3

- 1. Doctorate**
- 2. Masters**
- 3. Undergraduate or first degree**
- 4. Foundation degree**
- 5. Graduate membership of a professional institution**
- 6. Other postgraduate degree or professional qualification**

CARD J4

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

CARD J5

White:

1. English/Welsh/Scottish/Northern Irish/British
2. Irish
3. Gypsy or Irish Traveller
4. Any other white background (Please describe...)

Mixed/multiple ethnic groups:

5. White and Black Caribbean
6. White and Black African
7. White and Asian
8. Any other mixed/multiple ethnic background (Please describe...)

Asian/Asian British:

9. Indian
10. Pakistani
11. Bangladeshi
12. Chinese
13. Any other Asian/Asian British background (Please describe...)

Black/African/Caribbean/Black British:

14. African
15. Caribbean
16. Any other Black/African/Caribbean/Black British background (Please describe...)

Other ethnic group:

17. Arab
18. Any other ethnic background (Please describe...)

CARD J6

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

HSE 2015

**INTERVIEWER
SHOWCARDS**

&

Coding Frame

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

HEIGHT CONVERSION CHART

1 inch = 2.54 cm

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

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

WEIGHT CONVERSION CHART

1 kg = 2.2 lbs

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

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

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

WEIGHT CONVERSION CHART

1 kg = 2.2 lbs

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

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

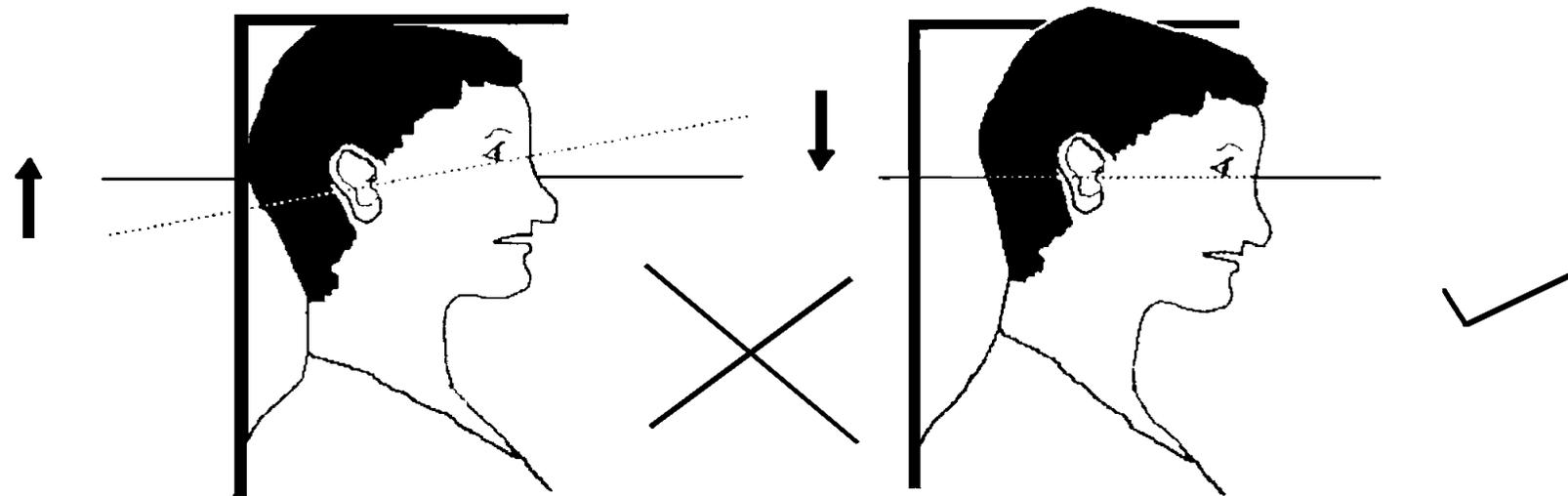
Kg	st	lbs
118.6	18	9
119.1	18	10
119.5	18	11
120.0	18	12
120.5	18	13
120.9	19	0
121.4	19	1
121.8	19	2
122.3	19	3
122.7	19	4
123.2	19	5
123.6	19	6
124.1	19	7
124.5	19	8
125.0	19	9
125.5	19	10
125.9	19	11
126.4	19	12
126.8	19	13
127.3	20	0
127.7	20	1
128.2	20	2
128.6	20	3
129.1	20	4
129.5	20	5
130.0	20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

Long standing illnesses

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

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

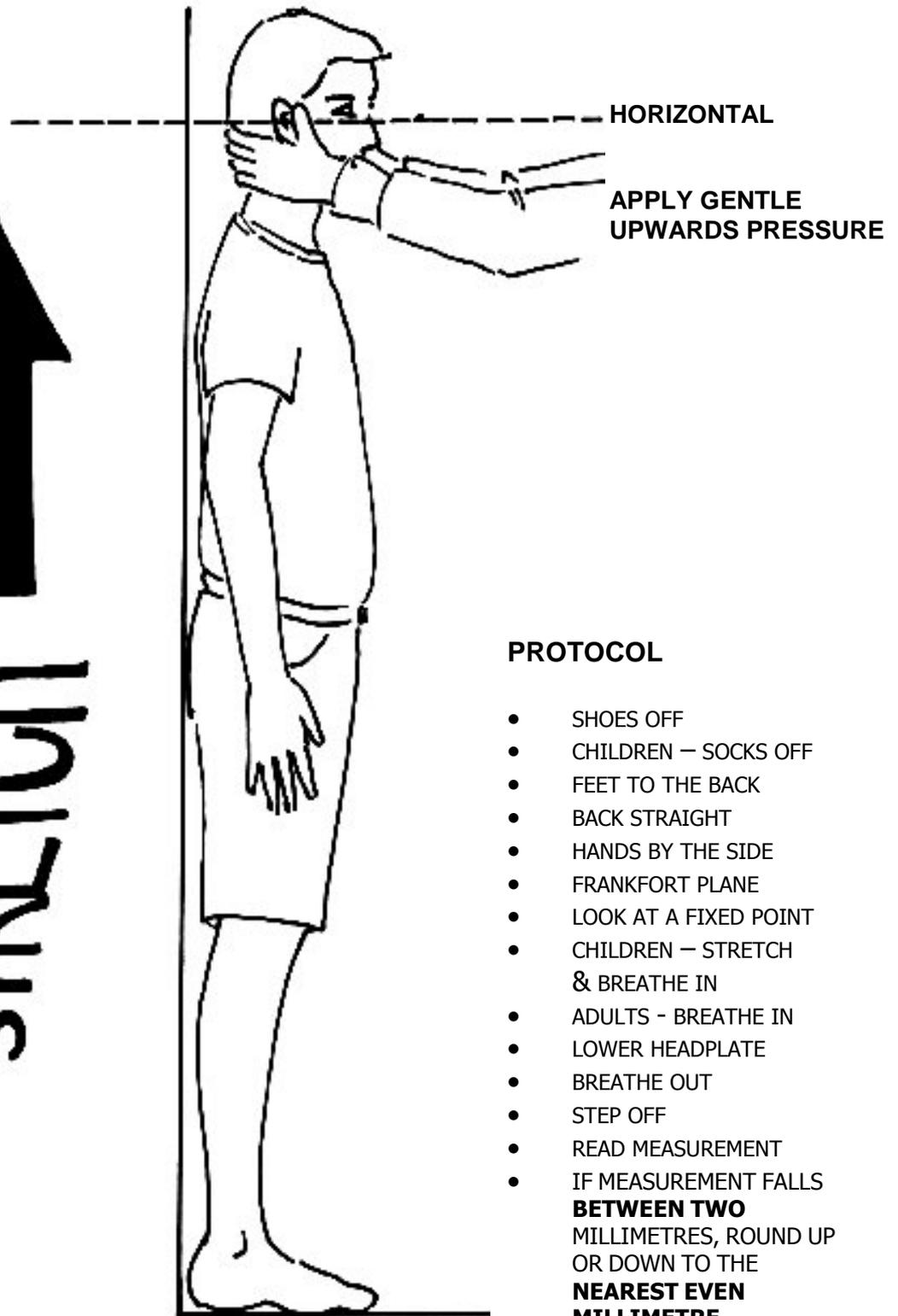
FRANKFORT PLANE - ADULTS



MEASURING CHILDREN'S HEIGHT

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

↑
STRETCH



PROTOCOL

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

For a respondent who is blind or cannot read:

Add at the bottom of the consent form

For the respondent:

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

Respondent’s signature

(write in their name if they cannot sign)

For yourself:

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

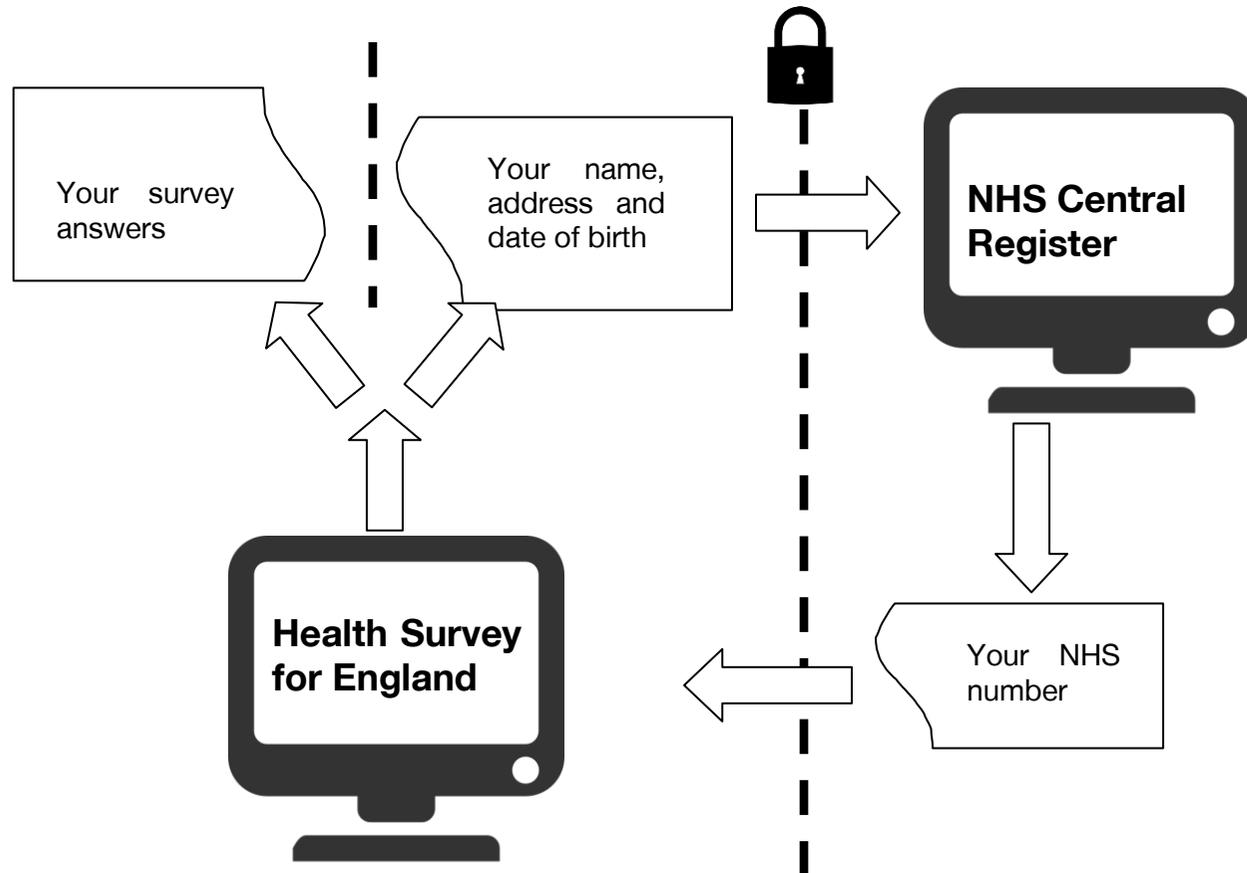
Interviewer signature and date

If someone else is available as a witness:

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

Witness signature and date

Linking survey answers to other information



What happens at this stage?

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

What happens then?

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

P8015

The Health Survey for England 2015

Program Documentation

Nurse Questionnaire

CONTENTS

Introduction	2
Prescribed medicines, drug coding and folic acid	5
Nicotine replacement products	9
Blood Pressure	10
Waist and hip circumference	16
Saliva Sample	19
Blood Sample	21

Introduction

{IF OUTCOME = AGREE TO NURSE VISIT}

Info

You are in the Nurse Schedule for:

Person Number:

Name:

Age:

Sex:

Can you interview this person?

- 1 Yes, I will do the interview now
- 2 No, I will not be able to do this interview

{ELSEIF OUTCOME = REFUSED NURSE VISIT}

RefInfo

NURSE: (*Name of respondent*) IS RECORDED AS HAVING REFUSED A NURSE VISIT.
HAS (*he/she*) CHANGED (*his/her*) MIND?

- 1 Yes, (*now/this person*) agrees nurse visit
- 2 No, (*still refuses/this person will not have a*) nurse visit

ENDIF

{ALL WITH A NURSE VISIT (Info = Yes OR RefInfo = Yes, agrees nurse visit)}

NurDate

NURSE: ENTER THE DATE OF THIS INTERVIEW.

St2Leaf

NURSE: Ask respondent whether they have read the [insert colour] stage 2 leaflet (Information for participants). If the respondent is unable to read the leaflet, please ensure that you have covered the information in it.

- 1 Respondent/parent had read leaflet
- 2 Respondent/parent has not read leaflet but nurse has explained the information

NDoBD

Can I just check your date of birth?

NURSE: Enter day, month and year of (*name of respondent*)'s date of birth separately.
Enter the **day** here.

NDoBM

NURSE: Enter the code for the **month** of (*name of respondent*)'s date of birth.

NDoBY

NURSE: Enter the **year** of (*name of respondent*)'s date of birth.

DispAge

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

- 1 Yes
- 2 No

{IF Age of Respondent is 0 to 15 years}

CParInt

NURSE: A CHILD CAN **ONLY** BE INTERVIEWED WITH THE PERMISSION OF, AND IN THE PRESENCE OF, THEIR PARENT OR A PERSON WHO HAS (PERMANENT) LEGAL PARENTAL RESPONSIBILITY, ('PARENT').

NO MEASUREMENTS SHOULD BE CARRIED OUT WITHOUT THE AGREEMENT OF BOTH THE PARENT **AND** THE CHILD.

Press <1> and <Enter> to continue.

CParNo

NURSE CHECK: WHICH PARENT (OR "PARENT") IS GIVING PERMISSION FOR MEASUREMENTS TO BE TAKEN AND ANSWERING QUESTIONS FOR THIS CHILD?

- 1 (Name of Parent 1)
- 2 (Name of Parent 2)

ENDIF

{IF (Age of respondent is 16 to 49 years) AND (Sex = Female)}

PregNTJ

Can I check, are you pregnant at the moment?

- 1 Yes
- 2 No

ENDIF

{ASK ALL ADULTS (16+) IN WINTER MONTHS}

FluVac

Can I check, have you ever been vaccinated for any type of flu (influenza)?

- 1 Yes
- 2 No
- 3 Not sure

{IF (FluVac = Yes)}

VacWhn

When was your most recent flu vaccination? Was it ...READ OUT...

- 1 Within the last 12 months,
- 2 More than one year, up to 2 years ago,
- 3 More than two years, up to 3 years ago,
- 4 More than 3 years, up to 5 years ago,
- 5 More than 5, up to 10 years ago,
- 6 or, More than 10 years ago?

{IF (VacWhn = Within the last 12 months OR More than one year, up to 2 years ago)}

VacMth

In which month did you have your most recent vaccination for flu?

NURSE: If respondent is unsure in which month they had their vaccination but knows it was either one month or another, code the earlier of the 2 months (e.g. if 'January or February', code January).

RECORD MONTH:

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

VacYr

In which year did you have your most recent flu vaccination?

RECORD YEAR:

ENDIF

ENDIF

Prescribed medicines, drug coding and folic acid

ALL WITH A NURSE VISIT

MedCNJD

Are you taking or using any medicines, pills, syrups, ointments, puffers or injections prescribed for you by a doctor or nurse?

NURSE: IF STATINS HAVE BEEN PRESCRIBED BY A DOCTOR PLEASE CODE THEM HERE. IF THEY HAVE BEEN BOUGHT WITHOUT A PRESCRIPTION CODE AT THE STATINS QUESTION.

- 1 Yes
- 2 No
- 3 Yes, but unable to code as name of drug(s) not available.

{IF MedCNJD = Yes}

MedIntro

Could I take down the names of the medicines, including pills, syrups, ointments, puffers or injections, prescribed for you by a doctor or nurse?

NURSE: Including the contraceptive pill.

- 1 Continue

Collect details of up to 22 prescribed medicines

{FOR i:= 1 TO 22 DO

IF (i = 1) OR (MedBIC[i-1] = Yes)}

MedBI[i]

NURSE: Enter name of drug number (1,2,3..etc.).

Ask if you can see the containers for all prescribed medicines currently being taken.

If Aspirin, record dosage as well as name.

Text: Maximum 50 characters

MedBIA[i]

Have you taken/used (*name of medicine*) in the last 7 days?

- 1 Yes
- 2 No

MedBIC[i]

NURSE CHECK: Any more drugs to enter?

- 1 Yes
- 2 No

ENDIF

ENDDO

ENDIF

{IF age>=16 AND MedCNJD = No OR MedBic = No}

Statins

Are you taking statins (drugs to lower cholesterol) bought over the counter from a pharmacist, without prescription from a doctor?

NURSE: Here are some examples of common statins, which may be bought over the counter:

Atorvastatin (Lipitor)
Fluvastatin (Lescol, Lescol XL)
Pravastatin (Lipostat)
Rosuvastatin (Crestor) and Simvastatin (Zocor)

- 1 Yes
- 2 No

{IF Statins = Yes}

StatinA

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

- 1 Yes
- 2 No

ENDIF

ENDIF

ASK ALL

MedLng

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

1. Yes
2. No

{IF MedLng = Yes}

MedLngN

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

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

Text .

{IF MedLngN = Yes}

MedLngH

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

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

{IF MedLngN = Yes & MedLngH = Other}

MedOth

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

{IF MedLngN = Yes}

MedLngW

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

1. Yes
2. No

{IF MedLngN = Yes}

MedLngO

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

1. Yes
2. No

END IF

END IF

END IF

END IF

END IF

{IF MedCNJD = Yes}

Drug coding block

Dintro

NURSE: PLEASE COMPLETE DRUG CODING FOR

Person (*person no.*) (*person name*).

PRESS 1 AND <Enter> TO CONTINUE.

- 1 Continue

Repeat for up to 22 drugs coded

{FOR j:= 1 TO (Number of drugs recorded) DO}

DrC1

NURSE: ENTER CODE FOR (*name of drug*) ENTER 999999 IF UNABLE TO CODE

Text: Maximum 6 characters

{IF (Age of Respondent is over 15 years) AND (Drug code begins 02)}

YTake1

Do you take (*name of drug*) because of a heart problem, high blood pressure or for some other reason?

- 1 Heart problem
- 2 High blood pressure
- 3 Other reason

{IF YTake1 = Other}

TakeOth1

NURSE: GIVE FULL DETAILS OF REASON(S) FOR TAKING (*name of drug*):

Text: Maximum 255 characters

ENDIF

ENDIF

ENDDO

ENDIF

{IF Sex=Female and Age=16-49}

Folic

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

- 1 Yes
- 2 No

{IF PreNTJ = Yes AND Folic = Yes}

FolPreg

Did you start taking folic acid supplements before becoming pregnant?

- 1 Yes
- 2 No

{IF FolPreg = Yes}

FolPreg12

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

- 1 Yes
- 2 No

ENDIF

ENDIF

{IF PreNTJ = No AND Folic = Yes}

FolPregHR

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

- 1 Yes
- 2 No

ENDIF

ENDIF

Nicotine replacement products

ASK IF RESPONDENT AGED 16 AND OVER

Smoke

Can I ask, do you smoke cigarettes, cigars or a pipe at all these days?

CODE ALL THAT APPLY.

IF RESPONDENT USED TO SMOKE BUT DOES NOT ANY MORE, CODE 'NO'.

- 1 Yes, cigarettes
- 2 Yes, cigars
- 3 Yes, pipe
- 4 No

{IF (Smoke = No)}

SmokEvrN

May I just check, have you ever regularly smoked a cigarette, a cigar or a pipe, that is at least one a day?

- 1 Yes
- 2 No

ENDIF

{IF (Smoke = Yes, cigarettes) OR (Smoke = Yes, cigars) OR (Smoke = Yes, pipe)}

LastSmok

How long is it since you last smoked a (*cigarette, (and/or a) cigar, (and/or a) pipe*)?

- 1 Within the last 30 minutes
- 2 Within the last 31-60 minutes
- 3 Over an hour ago, but within the last 2 hours
- 4 Over two hours ago, but within the last 24 hours
- 5 More than 24 hours ago

ENDIF

ASK ALL

NR7Day

SHOW CARD A1

Some people who have never smoked sometimes use nicotine replacement products. Can I just check, have you used any of these products in the last 7 days?

PROBE FULLY: Which others? CODE ALL THAT APPLY

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

Blood Pressure

{IF Age of Respondent 0 to 4 years}

NoBP

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

1 Continue

ENDIF

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

PregMes

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

1 Continue

ENDIF

{ALL AGED 5+ (EXCEPT PREGNANT WOMEN)}

BPMod

NURSE: NOW FOLLOWS THE BLOOD PRESSURE MODULE.

PRESS <1> AND <ENTER> TO CONTINUE.

{IF Age of Respondent is over 15 years}

BPIntro

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

1 Continue

NameTChk

NURSE: Explain the need for the consent booklet to the respondent and the importance of having the correct name on the consent booklet.

What is the name by which letters are usually addressed to you?

EXPLAIN IF NECESSARY: We may send your results to you.

Record title here.

NameSChk

NURSE: Record surname here

{ELSE (Respondent aged 5-15)}

BPBlurb

READ OUT TO PARENT/PARENTS:(As I mentioned earlier) we would like to measure (*name of child's*) blood pressure. If you wish, I will write the results on (*his/her*) Measurement Record Card. I will not, however, be able to tell you what the results mean. This has to be calculated using (*his/her*) age, sex and height. Also blood pressure can vary from day to day and throughout the day, so one high reading would not necessarily mean that your child has a high blood pressure. However if you would like us to, we will send (*his/her*) results to (*his/her*) GP who is better placed to interpret them. In the unlikely event that your child should be found to have a high blood pressure for (*his/her*) age and height, we shall advise (*his/her*) GP (with your permission) that (*name of child's*) blood pressure should be measured again.

NURSE: Show [child's name] the 'Blood Pressure' section of the **purple** child information sheet.

1 Continue

ENDIF

BPCConst

NURSE: Does the respondent agree to blood pressure measurement?

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

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

ConSubX

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

CODE ALL THAT APPLY.

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

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

Con60Sb

May I just check, have you eaten, smoked, drunk alcohol or done any vigorous exercise in the past 60 minutes?

CODE ALL THAT APPLY.

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

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

ConSubX2

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

CODE ALL THAT APPLY.

- 1 Eaten
- 2 Done vigorous exercise
- 3 Neither

ENDIF

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

Con60S2

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

CODE ALL THAT APPLY.

- 1 Eaten
- 2 Done vigorous exercise
- 3 Neither

ENDIF

OMRONNo

NURSE: RECORD BLOOD PRESSURE EQUIPMENT SERIAL NUMBER:

Range: 001..999

CufSize

SELECT CUFF AND ATTACH TO THE RESPONDENT'S **RIGHT** ARM.
ASK THE RESPONDENT TO SIT STILL FOR FIVE MINUTES.

READ OUT: 'I am going to leave you to sit quietly now for 5 minutes. During that time you must not read and your legs are to remain uncrossed. After the 5 minutes, I will carry out 3 recordings with a minute between them. While I am doing these recordings I will not speak to you, and you must not speak to me. Once I have completed the recordings I will tell you what they are'.

RECORD CUFF SIZE CHOSEN.

- 1 Child (15-22 cm)
- 2 Adult (22-32 cm)
- 3 Large adult (32-42 cm)

AirTemp

NURSE: RECORD THE AMBIENT AIR TEMPERATURE.
ENTER THE TEMPERATURE **IN CENTIGRADES** TO ONE DECIMAL PLACE.

Range: 00.0..40.0

BPReady

NURSE: ONCE RESPONDENT HAS SAT STILL FOR 5 MINUTES YOU ARE READY TO TAKE THE MEASUREMENTS.

ENSURE THE **READY TO MEASURE** SYMBOL IS LIT BEFORE PRESSING THE **START** BUTTON TO THE START THE MEASUREMENTS.

- 1 Continue

Sys to Dias repeated for up to 3 blood pressure measurements.

{FOR I:= 1 TO 3 DO}

BPRead1-BPRead3

NURSE: TAKE THREE MEASUREMENTS FROM RIGHT ARM.

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

IF READING NOT OBTAINED, ENTER 999.

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

Range: 001..999

Sys[i]

ENTER (*FIRST/SECOND/THIRD*) SYSTOLIC READING (mmHg).

IF READING NOT OBTAINED, ENTER 999.

Range: 001..999

Dias[i]

ENTER (*FIRST/SECOND/THIRD*) DIASTOLIC READING (mmHg).

IF READING NOT OBTAINED, ENTER 999.

Range: 001..999

Pulse[i]

ENTER (*FIRST/SECOND/THIRD*) PULSE READING (bpm).

IF READING NOT OBTAINED, ENTER 999.

Range: 001..999

ENDDO

{IF NO FULL MEASUREMENT OBTAINED (IF AT LEAST ONE '999' RESPONSE IN ALL THREE SETS OF FOUR READINGS)}

YNoBP

NURSE: ENTER REASON FOR NOT RECORDING ANY FULL BP READINGS

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

ENDIF

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

NAttBPD

NURSE: RECORD WHY (ONLY TWO READINGS OBTAINED/ONLY ONE READING OBTAINED/READING NOT OBTAINED/READING NOT ATTEMPTED/READING REFUSED/UNABLE TO TAKE READING). CODE ALL THAT APPLY.

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

{IF NattBP = Other}

OthNBP

NURSE: ENTER FULL DETAILS OF OTHER REASON(S) FOR NOT OBTAINING/ATTEMPTING THREE BP READINGS:

Text: Maximum 140 characters

ENDIF

ENDIF

{IF ONE, TWO OR THREE FULL BLOOD PRESSURE READINGS OBTAINED}

DifBPC

RECORD ANY PROBLEMS TAKING READINGS. CODE ALL THAT APPLY.

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

{IF DifBPC=Other}

OthDifBP

NURSE: RECORD FULL DETAILS OF OTHER PROBLEM(S) TAKING READINGS.

Text: Maximum 140 characters

ENDIF

ENDIF

BPOffer

NURSE: OFFER BLOOD PRESSURE RESULTS TO RESPONDENT.

- | | | |
|--------------------------------------|-----------------------------------|-------------------------------|
| i) <i>(First Systolic reading)</i> | <i>(First Diastolic reading)</i> | <i>(First Pulse reading)</i> |
| ii) <i>(Second Systolic reading)</i> | <i>(Second Diastolic reading)</i> | <i>(Second Pulse reading)</i> |
| iii) <i>(Third Systolic reading)</i> | <i>(Third Diastolic reading)</i> | <i>(Third Pulse reading)</i> |

ENTER ON THEIR **MEASUREMENT RECORD CARD** (COMPLETE NEW RECORD CARD IF REQUIRED).

ADVICE TO RESPONDENTS ON BLOOD PRESSURE READING

{IF Systolic reading >179 OR Diastolic reading >109}

TICK THE CONSIDERABLY RAISED BOX AND READ OUT TO RESPONDENT: Your blood pressure is high today. Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure. You are strongly advised to visit your GP within 5 days to have a further blood pressure reading to see whether this is a one-off finding or not.

NURSE: IF RESPONDENT IS ELDERLY, ADVISE HIM/HER TO CONTACT GP WITHIN NEXT 7-10 DAYS.

Please report this to the Survey Doctor when you get home

{IF Systolic reading 160-179 OR Diastolic reading 100-109 (Men aged 16-49 OR Women aged 16+) OR IF Systolic reading 170-179 OR Diastolic reading 105-109 (Men aged 50+)}

TICK THE RAISED BOX AND READ OUT TO RESPONDENT: Your blood pressure is a bit high today. Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure. You are advised to visit your GP within 2 weeks to have a further blood pressure reading to see whether this is a one-off finding or not.

{IF Systolic reading 140-159 OR Diastolic reading 85-99 (Men aged 16-49 OR Women aged 16+) OR IF Systolic reading 160-169 OR Diastolic reading 96-104 (Men aged 50+)}

TICK THE MILDLY RAISED BOX AND READ OUT TO RESPONDENT: Your blood pressure is a bit high today. Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure. You are advised to visit your GP within 2 months to have a further blood pressure reading to see whether this is a one-off finding or not.

{IF Systolic reading <140 AND Diastolic reading <85 (Men aged 16-49 OR Women aged 16+) OR IF Systolic reading <160 AND Diastolic reading <95 (Men aged 50+)}

TICK THE NORMAL BOX AND READ OUT TO RESPONDENT: Your blood pressure is normal.

ENDIF
ENDIF
ENDIF
ENDIF

{IF ONE, TWO OR THREE FULL BLOOD PRESSURE READINGS OBTAINED}**GPreGB**

Are you registered with a GP?

- 1 Yes
- 2 No

{IF GPreG = Yes}

GPreG

May we send your blood pressure readings to your GP?

- 1 Yes
- 2 No

{IF GPreG = No}

GPreM

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

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

{IF GPreM = Other}

OthPreM

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

Text: Maximum 140 characters

ENDIF

ENDIF

ENDIF

{IF (GPreG <> Yes) OR (GPreG = No)}

NoBPreG

CIRCLE CONSENT CODE 02 ON FRONT OF CONSENT BOOKLET.

Cross a line through the 'Blood pressure to GP' section inside the consent booklet to make clear that the respondent has not consented to this.

- 1 Continue

{ELSEIF GPreG = Yes THEN}

ConsFrm1

In order to send your blood pressure results to your GP, I have to obtain written consent from you.

NURSE:

A) [IF ADULT] ASK RESPONDENT TO READ AND INITIAL THE 'BLOOD PRESSURE TO GP' SECTION OF THE (COLOUR) CONSENT BOOKLET.

A) [IF CHILD UNDER 16] ASK RESPONDENT'S PARENT/"PARENT" TO READ AND INITIAL THE 'BLOOD PRESSURE TO GP' SECTION OF THE (COLOUR) CONSENT BOOKLET. ASK [CHILD'S NAME] TO INITIAL THE 'BLOOD PRESSURE TO GP' ASSENT BOX IF THEY CAN. IF NOT, ASK RESPONDENT'S PARENT/"PARENT" TO INITIAL THE BOX ON [CHILD'S NAME] BEHALF.

B) CHECK THAT GP NAME, ADDRESS AND PHONE NO. ARE RECORDED ON THE CONSENT FORM.

C) CHECK THE NAME BY WHICH GP KNOWS RESPONDENT.

D) CIRCLE CONSENT CODE 01 ON FRONT OF CONSENT BOOKLET.

- 1 Continue

ENDIF

Waist and hip circumference

ASK ALL Respondents aged 11+ AND PregNTJ=No

WHMod

NURSE: NOW FOLLOWS THE WAIST AND HIP CIRCUMFERENCE MEASUREMENT.

- 1 Continue

WHIntro

I would now like to measure your waist and hips. The waist relative to hip measurement is very useful for assessing the distribution of weight over the body.

- 1 Respondent agrees to have waist/hip ratio measured
- 2 Respondent refuses to have waist/hip ratio measured
- 3 Unable to measure waist/hip ratio for reason other than refusal

{IF WHIntro=Agree}

Repeat for up to three waist-hip measurements. Third measurement taken only if difference between first two measurements is greater than 3cm.

{FOR Loop:= 1 TO 3 DO}

{IF (Loop IN [1..2]) OR ((Loop = 3) AND (Measure[1].Waist <> 999.9) AND (Measure[2].Waist <> 999.9) AND (ABS(Measure[1].Waist - Measure[2].Waist) > 3))}

Waist

NURSE: MEASURE THE WAIST AND HIP CIRCUMFERENCES TO THE NEAREST MM. ENTER (FIRST/SECOND/THIRD) WAIST MEASUREMENT IN CENTIMETRES (Remember to include the decimal point).

IF MEASUREMENT NOT OBTAINED, ENTER '999.9'.

Range: 45.0..1000.0

ENDIF

{IF (Loop IN [1..2]) OR ((Loop = 3) AND (Measure[1].Hip <> 999.9) AND (Measure[2].Hip <> 999.9) AND (ABS(Measure[1].Hip - Measure[2].Hip) > 3))}

Hip

NURSE: MEASURE THE WAIST AND HIP CIRCUMFERENCES TO THE NEAREST MM. ENTER (FIRST/SECOND/THIRD) MEASUREMENT OF HIP CIRCUMFERENCE IN CENTIMETRES (Remember to include the decimal point).

IF MEASUREMENT NOT OBTAINED, ENTER '999.9'.

Range: 75.0..1000.0

ENDIF

ENDDO

{IF (Waist1 = 999.9) OR (Waist2 = 999.9) OR (Hip1 = 999.9) OR (Hip2 = 999.9)}

YNoWH

ENTER REASON FOR NOT GETTING BOTH MEASUREMENTS

- 1 Both measurements refused
- 2 Attempted but not obtained
- 3 Measurement not attempted

ENDIF

ENDIF

{IF NO OR ONE MEASUREMENT OBTAINED ((WHIntro=Refuse OR Unable) OR only one waist/hip measurement obtained)}

WHPNABM

GIVE REASON(S) (FOR REFUSAL/WHY UNABLE/FOR NOT OBTAINING MEASUREMENT/FOR NOT ATTEMPTING/WHY ONLY ONE MEASUREMENT OBTAINED). CODE ALL THAT APPLY.

- 1 Respondent is in a wheelchair
- 2 Respondent is confined to bed
- 3 Respondent is too stooped
- 4 Respondent did not understand the procedure
- 5 Respondent is embarrassed / sensitive about their size
- 6 No time/ busy/ already spent enough time on this survey
- 95 Other (SPECIFY AT NEXT QUESTION)

{IF WHPNABM = Other}

OthWH

GIVE FULL DETAILS OF 'OTHER' REASON(S) FOR NOT GETTING FULL WAIST/HIP MEASUREMENT:

Text: Maximum 140 characters

ENDIF

ENDIF

{IF AT LEAST ONE WAIST MEASUREMENT OBTAINED}

WJRel

Record any problems with **waist** measurement (include here restrictions from type of clothing worn such as saris or religious/cultural items worn on the body):

- 1 No problems experienced, **reliable** waist measurement
- 2 Problems experienced - waist measurement **likely to be reliable**
- 3 Problems experienced - waist measurement likely to be **slightly unreliable**
- 4 Problems experienced - waist measurement **likely to be unreliable**

{IF WJRel = Problems experienced}

ProbWst

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
- 4 Other (Specify at next question)

{IF ProbWst = Other}

ProbWstO

NURSE: Enter full details of other way problems experienced are likely to affect **waist** measurement.

ENDIF

ENDIF

{IF AT LEAST ONE HIP MEASUREMENT OBTAINED (IF (Hip1 <> 999.9 AND Hip1 <> EMPTY) OR (Hip2 <> 999.9 AND Hip2 <> EMPTY))}

HJRel

RECORD ANY PROBLEMS WITH **HIP** MEASUREMENT (include here restrictions from type of clothing worn such as saris or religious/cultural items worn on the body):

- 1 No problems experienced, **reliable** hip measurement
- 2 Problems experienced - hip measurement **likely to be reliable**
- 3 Problems experienced - hip measurement likely to be **slightly unreliable**
- 4 Problems experienced - hip measurement **likely to be unreliable**

{IF HJRel = Problems experienced}

ProbHip

RECORD WHETHER PROBLEMS EXPERIENCED ARE LIKELY TO INCREASE OR DECREASE THE HIP MEASUREMENT.

- 1 Increases measurement (e.g. bulky clothing)
- 2 Decreases measurement (e.g. very tight clothing)
- 3 Measurement not affected
- 4 Other (Specify at next question)

{IF ProbHip = Other}

ProbHipO

NURSE: Enter full details of other way problems experienced are likely to affect hip measurement.

ENDIF

ENDIF

{IF ONE OR TWO WAIST/HIP MEASUREMENTS OBTAINED}

WHRes

NURSE: OFFER TO WRITE RESULTS OF WAIST AND HIP MEASUREMENTS, WHERE APPLICABLE, ONTO RESPONDENT'S MEASUREMENT RECORD CARD.

Waist: (*Waist measurements cm and inches*)

Hip: (*Hip measurements cm and inches*)

Press <1> and <Enter> to continue.

ENDIF

ENDIF

Saliva Sample

IF Respondent aged 4 + AND PregNTJ=No

SalInt1

NURSE: NOW FOLLOWS THE SALIVA SAMPLE.

- 1 Continue

SalIntr1

NURSE: ASK RESPONDENT FOR A SALIVA SAMPLE.

READ OUT: I would like to take a sample of saliva (spit). This simply involves... (If Age=16+) keeping an absorbent swab in your mouth for a few minutes (If Age=under 16) using a straw to dribble saliva into a tube.

The sample will be analysed for cotinine, which is related to the intake of tobacco smoke and is of particular interest to see if non-smokers may have raised levels as a result of 'passive' smoking.

(If Age=16+) IF NECESSARY: Offer respondent straw method if they are not comfortable with using the absorbent swab.

IF CHILD: NURSE: Show ' + Respondent name ' the "Saliva sample" section of the @COLOUR@I child information sheet.'

NURSE CODE:

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

ENDIF

{IF SalIntr1=Agree AND Age=over 16}

SalWrit

"/NURSE:

Ask the respondent to read and complete the 'Saliva sample' section of the ^colour adult consent booklet.

Circle code 03 on front of the Consent Booklet.

Turn to the lab despatch note and at Smoking status circle 'One' (If smoke=1-3) or 'Two' (If smoke=4).

Press <1> and <Enter> to continue."

{IF SalIntr1=Agree AND Age=under 16}

SalWritC

READ OUT: In order to take a saliva sample I need to obtain written consent from you

NURSE:

- Ask the parent to read and initial the 'Saliva sample' section of the child consent booklet. Ask respondent's parent to initial the box on [participant's name] behalf.
- Circle code 03 on front of the Consent Booklet.
- Turn to the lab despatch note and at Smoking status circle 1.

Press <1> and <Enter> to continue.

ENDIF

{IF SalIntr1=Refuse}

SalCode

NURSE: Circle code 04 on front of the Consent Booklet

Cross a line through the 'Saliva sample' section inside the consent booklet to make clear that the respondent has not consented to this.

Press <1> and <Enter> to continue.

ENDIF

{IF SalIntr1=Agree}

SalInst

NURSE: Ask respondent to... (If age=over 16) keep swab in her mouth for a few minutes (If age=under16) dribble through straw into the tube.

Write the serial number and date of birth on the (colour) label using a biro.

Serial number:

Date of birth:

Make sure the serial number and date of birth are recorded on the **dispatch note** on the inside of the back cover of the (colour) adult consent booklet.

Press <1> and <Enter> to continue.

ENDIF

SalObt1

NURSE CHECK:

- 1 Saliva sample obtained
- 2 Saliva sample refused
- 3 Saliva sample not attempted
- 4 Attempted but not obtained

SalHow

NURSE: Code the method used to obtain the saliva sample.

1. Dribbled into tube
2. Absorbent swab

ENDIF

{IF (SalObt1= Not attempted or Attempted, not obtained) OR (SalIntr1=Unable)}

SalNObt

NURSE: Record why saliva sample not obtained.

CODE ALL THAT APPLY.

- 1 Respondent not able to produce any saliva
- 95 Other (specify at next question)

{IF SalNObt = Other}

OthNObt

NURSE: Give full details of reason(s) why saliva sample not obtained.

Text: Maximum 140 characters

ENDIF

ENDIF

ENDIF

Blood Sample

ASK ALL aged 16+ (EXCEPT PREGNANT WOMEN)

BIIntro

NURSE: NOW FOLLOWS THE BLOOD SAMPLE MODULE.
PRESS <1> AND <ENTER> TO CONTINUE.

- 1 Continue

ClotB

The next part of my visit is a blood sample. Before I can take blood, I need to ask you a couple of questions and I will then explain what is involved.

May I just check, do you have a clotting or bleeding disorder or are you currently on anti-coagulant drugs such as Warfarin?

(NURSE: ASPIRIN THERAPY IS NOT A CONTRAINDICATION FOR BLOOD SAMPLE. See F9 for more information)

- 1 Yes
- 2 No

{IF ClotB = No}

Fit

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

- 1 Yes
- 2 No

ENDIF

CBSCnst

Ask Parent: (*name*) Are you willing for your child to have a blood sample taken?

1. Yes
2. No

{IF Fit = No}

BSWill

NURSE: EXPLAIN PURPOSE AND PROCEDURE FOR TAKING BLOOD.

Would you be willing to have a blood sample taken?

- 1 Yes
- 2 No
- 3 Respondent unable to give blood sample for reason other than refusal (PLEASE SPECIFY)

{IF BSWill = No}

RefBSC

NURSE: RECORD WHY BLOOD SAMPLE REFUSED. CODE ALL THAT APPLY.

- 1 Previous difficulties with venepuncture
- 2 Dislike/fear of needles
- 3 Respondent recently had blood test/health check
- 4 Refused because of current illness
- 5 Worried about HIV or AIDS
- 95 Other (SPECIFY AT NEXT QUESTION)

{IF RefBS = Other THEN}

OthRefBS

NURSE: GIVE FULL DETAILS OF OTHER REASON(S) FOR REFUSING BLOOD SAMPLE.

Text: Maximum 135 characters

ENDIF

{ELSEIF BSWill = Yes}

BSConsC

NURSE: EXPLAIN NEED FOR WRITTEN CONSENT: Before I can take any blood, I have to obtain written consent from you.

PRESS <1> AND <ENTER> TO CONTINUE.

1 Continue

ENDIF

ENDIF

{IF BSWill = Yes}

BSCons

NURSE:

- ASK THE RESPONDENT TO READ AND INITIAL POINT NUMBER ONE IN THE 'BLOOD SAMPLE' SECTION OF THE (COLOUR) **ADULT** CONSENT BOOKLET.

- CIRCLE CONSENT CODE **05** ON THE FRONT OF THE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

GPSam

NURSE CHECK:

- 1 Respondent registered with GP
- 2 Respondent not registered with GP

{IF GPRegB = Yes OR GPSam = GP}

SendSam

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

- 1 Yes
- 2 No

{IF SendSam = Yes}

BSSign

NURSE:

-ASK THE RESPONDENT TO READ AND INITIAL POINT NUMBER TWO IN THE 'BLOOD SAMPLE' SECTION OF THE (COLOUR) **ADULT** CONSENT BOOKLET.

-CHECK NAME BY WHICH GP KNOWS RESPONDENT.

-CHECK GP NAME, ADDRESS AND PHONE NO. ARE RECORDED ON FRONT OF THE CONSENT BOOKLET.

-CIRCLE CONSENT CODE **07** ON FRONT OF THE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

{ELSEIF SendSam = No}

SenSam

Why do you not want your blood sample results sent to your GP?

- 1 Hardly/never sees GP
- 2 GP recently took blood sample
- 3 Does not want to bother GP
- 95 Other (SPECIFY AT NEXT QUESTION)

{IF SenSam = Other}

OthSam

NURSE: GIVE FULL DETAILS OF REASON(S) FOR NOT WANTING RESULTS SENT TO GP.

Text: Maximum 140 characters

ENDIF

ENDIF

{IF (GPSam = No GP OR SendSam = No)}

NoBSGP

NURSE: CIRCLE CONSENT CODE **08** ON FRONT OF THE CONSENT BOOKLET.

Cross a line through point number 2 of the 'Blood sample' section inside the consent booklet to make clear that the respondent has not consented to this.

PRESS <1> AND <ENTER> TO CONTINUE.

ENDIF

ConStorB

ASK RESPONDENT: May we have your consent to store any remaining blood for future analysis?

- 1 Storage consent given
- 2 Consent refused

{IF ConStorB = Yes}

BSStor

NURSE:

-ASK THE RESPONDENT TO READ AND COMPLETE POINT NUMBER THREE IN THE 'BLOOD SAMPLE' SECTION OF THE (COLOUR) ADULT CONSENT BOOKLET.

-CIRCLE CONSENT CODE **09** ON FRONT OF THE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

{ELSEIF ConStorB = No}

NoBSStr

NURSE: CIRCLE CONSENT **CODE 10** ON FRONT OF THE CONSENT BOOKLET.

Cross a line through point number 3 of the 'Blood sample' section inside the consent booklet to make clear that the respondent has not consented to this.

PRESS <1> AND <ENTER> TO CONTINUE.

ENDIF

TakeSam

{NOTE – In winter months AND IF (VacWhn = Within the last 12 months OR More than one year, up to 2 years ago) AND (ConStorB = storage consent given) THEN <text fill> below = 2 plain red tubes, else = 1 plain red tube}

NURSE:

-CHECK YOU HAVE ALL APPLICABLE SIGNATURES.

-TAKE BLOOD SAMPLES:

FILL <1 OR 2> PLAIN (RED) TUBE AND 1 EDTA (PURPLE) TUBE.

-WRITE THE SERIAL NUMBER AND DATE OF BIRTH ONTO THE COLOUR LABEL USING A BIRO. (ONE LABEL PER TUBE.)

Serial number: *(displays serial number)*

Date of birth: *(displays date of birth)*

-MAKE SURE THE SERIAL NUMBER AND DATE OF BIRTH ARE RECORDED ON THE DISPATCH NOTE ON THE INSIDE OF THE BACK COVER OF THE GREEN CONSENT BOOKLET

-CHECK THE DATE OF BIRTH AGAIN WITH THE RESPONDENT.

-STICK THE COLOUR LABEL OVER THE LABEL WHICH IS ALREADY ON THE TUBE.

PRESS <1> AND <ENTER> TO CONTINUE.

SampF1

CODE IF PLAIN **RED** TUBE WAS FILLED (INCLUDE PARTIALLY FILLED TUBE):

- 1 Yes
- 2 No

SampF2CODE IF EDTA **PURPLE** TUBE WAS FILLED (INCLUDE PARTIALLY FILLED TUBE):

- 1 Yes
- 2 No

{IF SampF1 = Yes OR SampF2 = Yes}**SampTak:= Yes****ELSEIF****SampTak:= No****ENDIF****SampTak****Computed: Blood sample outcome.**

- 1 Blood sample obtained
- 2 No blood sample obtained

{IF SampTak = Yes}**SampArm**

NURSE: CODE FROM WHICH ARM THE BLOOD WAS TAKEN:

- 1 Right
- 2 Left
- 3 Both

SamDifC

NURSE: RECORD ANY PROBLEMS IN TAKING BLOOD SAMPLE. CODE ALL THAT APPLY.

- 1 No problem
- 2 Incomplete sample
- 3 Collapsing/poor veins
- 4 Second attempt necessary
- 5 Some blood obtained, but respondent felt faint/fainted
- 6 Unable to use tourniquet
- 95 Other (SPECIFY AT NEXT QUESTION)

{IF SamDif = Other}**OthBDif**

NURSE: GIVE FULL DETAILS OF OTHER PROBLEM(S) IN TAKING BLOOD SAMPLE.

Text: Maximum 140 characters

ENDIF**SnDrSam**

Would you like to be sent the results of your blood sample analysis?

- 1 Yes
- 2 No

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

PRESS <1> AND <ENTER> TO CONTINUE.

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

PRESS <1> AND <ENTER> TO CONTINUE.

ENDIF

{ELSEIF SampTak = No}**NoBSM**

NURSE: CODE REASON(S) NO BLOOD OBTAINED. CODE ALL THAT APPLY.

- 1 No suitable or no palpable vein/collapsed veins
- 2 Respondent was too anxious/nervous
- 3 Respondent felt faint/fainted
- 4 Other (SPECIFY AT NEXT QUESTION)

{IF NoBSM = Other}**OthNoBSM**

NURSE: GIVE FULL DETAILS OF REASON(S) NO BLOOD OBTAINED.

Text: Maximum 140 characters

ENDIF

NoBObt

NURSE: CROSS OUT CONSENT CODES **05, 07, 09, AND 11** IF ALREADY CIRCLED ON THE FRONT OF THE CONSENT BOOKLET. REPLACE WITH CONSENT CODES **06, 08, 10, AND 12** ON THE FRONT OF THE CONSENT BOOKLET. Complete the venepuncture information box on the inside cover of the consent booklet. PRESS <1> AND <ENTER> TO CONTINUE.

ENDIF

ENDIF

ENDIF

{IF (SampF1 = yes) AND (ConStorB= storage consent given)}**RespIII**

In the last month, have you had a cough, cold or flu which gave you a temperature or made you feel feverish?

- 1 Yes
- 2 No

DisNote

NURSE: Complete the details on the *green* laboratory dispatch note:

- Serial number: ^SerStr
- Date of birth: ^NDoB
- Sex: ^sextxt
- Region: ^LACode
- Date of last flu vaccination: ^FluTxt
- Respiratory illness: ^IIITxt

- check the date of birth again with the respondent

Press <1> and <Enter> to continue

ENDIF

Venepuncture checklist**VpSys**

NURSE: Which system did you use to take blood?

- 1 Vacutainer needle
- 2 Butterfly needle

VpHand

NURSE: Was the respondent left handed or right handed?

- 1 Left handed
- 2 Right handed

VpArm

NURSE: Which arm did you use to take blood?

- 1 Right arm
- 2 Left arm
- 3 Both

VpSkin

NURSE: Code the skin condition of the arm used.

- 1 Skin intact
- 2 Skin not intact

VpAlco

NURSE: Did you use an alcohol wipe?

- 1 Yes
- 2 No – water based wipe used
- 3 No wipe used

VpSam

NURSE: Code the number of attempts made to take blood.

- 1 Sample taken on first attempt
- 2 Sample taken on second attempt
- 3 Both attempts failed
- 4 First attempt failed, did not make second attempt

VpPress

NURSE: Code who applied pressure to the puncture site.

CODE ALL THAT APPLY

- 1 Nurse
- 2 Respondent
- 3 Partner or spouse

VpSens

NURSE: Was the respondent sensitive to the tape or plaster?

- 1 Sensitive to tape/plaster
- 2 **Not** sensitive to tape/plaster
- 3 (Did not check)

VpProb

NURSE: Was there any abnormality noted after 5 minutes?

(Please remember to recheck the site after completion of the blood sample module)

CODE ALL THAT APPLY

- 1 Sensory deficit
- 2 Haematoma
- 3 Swelling
- 95 Other (describe at next question)
- 96 None

{IF VpProb = Other}**VpOther**

NURSE: Record the details of the other abnormality fully.

Text: Maximum 140 characters

ENDIF

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

NURSE: You have coded that an abnormality was noted after 5 minutes.

Please record the action you took when you noticed this abnormality on the office despatch note.

There is a space provided on the inside front cover of the adult consent booklet for you to write up these details fully.

PRESS <1> AND <ENTER> TO CONTINUE.

ENDIF

VpCheck

NURSE: Did you recheck the puncture site after completion of the blood sample module?

- 1 Yes, site was re-checked
- 2 No, site was not re-checked

ASK ALL**AllCheck****CHECK BEFORE LEAVING THE RESPONDENT:**

1. PUNCTURE SITE AFTER TAKING BLOOD (IF APPLICABLE)
2. CONSENT BOOKLET PRESENT IF APPLICABLE
3. CHECK BOOKLET FOR:
 - A. INITIALS FOR ALL SECTIONS RESPONDENT AGREED TO
 - B. SIGNATURES
 - C. FULL GP AND RESPONDENT DETAILS
 - D. CONSENT CODES [for measures agreed/not agreed] ARE CIRCLED ON THE FRONT
 - E. TEAR OUT THE WHITE COPY OF THE CONSENT BOOKLET PAGES AND LEAVE WITH THE RESPONDENT

PRESS <1> AND <ENTER> TO CONTINUE.

For a respondent who is blind or cannot read:

Add at the bottom of the consent form

For the respondent:

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

Respondent’s signature

(write in their name if they cannot sign)

For yourself:

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

Interviewer signature and date

If someone else is available as a witness:

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

Witness signature and date

CARD A1

- 1 Nicotine chewing gum
- 2 Nicotine lozenges/mini lozenges
- 3 Nicotine patches
- 4 Nicotine inhaler or inhalator
- 5 Nicotine mouthspray
- 6 Nicotine nasal spray
- 7 Another nicotine product
- 8 Electronic cigarette
- 9 None of these

P3527
YELLOW

Point

--	--	--	--

Address

--	--

HHL D

--

CKL

--

Person No

--	--

First
name

--

Interviewer

--	--	--	--

Survey
month

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3	1	4
---	---	---

Health Survey for England 2015

Booklet for Adults

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

Thank you for taking part in this survey

How to fill in this questionnaire

- A. Most of the questions on the following pages can be answered by simply ticking the box below or alongside the answer that applies to you.

Example:

Tick **ONE** box

	Very healthy life	Fairly healthy life	Not very healthy life	An unhealthy life
Do you feel that you lead a ...	<input type="checkbox"/> ₁	<input checked="" type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

- B. Sometimes you are asked to write in a number or the answer in your own words. Please enter numbers as figures rather than words.

Example:

Write in no.

Difficulties

EVERYONE PLEASE ANSWER

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

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

Tick ONE box

Yes ₁ → Go to Q2

No ₂ → Go to Q4

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

Tick ONE box

Mild ₁

Moderate ₂

Severe ₃

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

Tick ONE box

Always ₁

Often ₂

Sometimes ₃

Rarely ₄

Never ₅

Q4

Do you have an intellectual difficulty or developmental delay?

This may not have a name but please include things like Down's syndrome, autism and other conditions.

Tick ONE box

Yes ₁ → Go to Q5

No ₂ → Go to Q7

Q5

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

Tick ONE box

Mild ₁

Moderate ₂

Severe ₃

Q6

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

Tick ONE box

Always ₁

Often ₂

Sometimes ₃

Rarely ₄

Never ₅

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
I I've been feeling close to other people	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
J I've been feeling confident	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
K I've been able to make up my own mind about things	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
L I've been feeling loved	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
M I've been interested in new things	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
N I've been feeling cheerful	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)

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Q8 Are you currently in paid employment?

Tick ONE box

Yes ₁ → Go to Q9

No ₂ → Go to Q13

Q9

How much do you agree or disagree with the statement that
'My job requires that I work very hard'?

Tick ONE box

Strongly agree 1

Agree 2

Neither agree nor disagree 3

Disagree 4

Strongly disagree 5

Q10

Do you have a choice in deciding **how** you go about your work?

Tick ONE box

Never 1

Occasionally 2

Some of the time 3

Much of the time 4

Most of the time 5

All of the time 6

Q11

Do you get help and support from your line manager?

Tick ONE box

Often 1

Sometimes 2

Seldom 3

Never/ almost never 4

Does not apply/ have no manager 5

Q12

How likely is it that you will lose your job and become unemployed within the next twelve months?

Please estimate the probability of such a change on a scale from 0 to 100.

- **0** means that such a change will definitely **not** take place.

- **100** means that such a change definitely will take place.

Circle ONE box

0	10	20	30	40	50	60	70	80	90	100
---	----	----	----	----	----	----	----	----	----	-----

EVERYONE PLEASE ANSWER

Q13

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
Scratchcards (but not online or newspaper or magazine scratchcards)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Tickets for any <u>other</u> lottery, including charity lotteries	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
The football pools	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Bingo cards or tickets, including playing at a bingo hall (not online)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Fruit or slot machines	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
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
Table games (roulette, cards or dice) <u>in a casino</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Playing poker in a pub tournament/ league or at a club	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
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
Online betting <u>with a bookmaker</u> on any event or sport	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
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
Betting on horse races <u>in a bookmaker's, by phone or at the track</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Betting on dog races <u>in a bookmaker's, by phone or at the track</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Betting on sports events <u>in a bookmaker's, by phone or at the venue</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Betting on other events <u>in a bookmaker's, by phone or at the venue</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
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
Private betting, playing cards or games for money with friends, family or colleagues	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Another form of gambling in the last 12 months	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

**IF YOU TICKED 'YES' FOR ANY OF THE ACTIVITIES AT Q13, PLEASE GO TO Q14
OTHERWISE GO TO Q34.**

Q14 Thinking about all the activities covered in the previous question, would you say you spend money on these activities...

Tick ONE box

- 2 or more times a week ₁
- Once a week ₂
- Less than once a week, more than once a month ₃
- Once a month ₄
- Every 2-3 months ₅
- Once or twice a year 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**.

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 |
|--|---------------------------------------|---------------------------------------|--|---------------------------------------|
| Q15 When you gamble, how often do you go back another day to win back money you lost? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

In the last 12 months...

Tick ONE box for each question

- | | Very often | Fairly often | Occasionally | Never |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Q16 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"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| Q17 Have you needed to gamble with more and more money to get the excitement you are looking for? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| Q18 Have you felt restless or irritable when trying to cut down gambling? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

In the last 12 months...

Tick **ONE** box for each question

Very often Fairly often Occasionally Never

Q19	Have you gambled to escape from problems or when you are feeling depressed, anxious or bad about yourself?	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>
Q20	Have you lied to family, or others, to hide the extent of your gambling?	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>
Q21	Have you made unsuccessful attempts to control, cut back or stop gambling?	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>
Q22	Have you committed a crime in order to finance gambling or to pay gambling debts?	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>
Q23	Have you risked or lost an important relationship, job, educational or work opportunity because of gambling?	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>
Q24	Have you asked others to provide money to help with a desperate financial situation caused by gambling?	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>

In the past 12 months, how often...

Tick **ONE** box for each question

Almost always Most of the time Sometimes Never

Q25	...have you bet more than you could really afford to lose?	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>
Q26	...have you needed to gamble with larger amounts of money to get the same excitement?	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>
Q27	...have you gone back to try to win back the money you'd lost?	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>
Q28	...have you borrowed money or sold anything to get money to gamble?	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>
Q29	...have you felt that you might have a problem with gambling?	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>
Q30	...have you felt that gambling has caused you any health problems, including stress or anxiety?	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>
Q31	...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"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>
Q32	...have you felt your gambling has caused financial problems for you or your household?	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>
Q33	...have you felt guilty about the way you gamble or what happens when you gamble?	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>

Your activities

EVERYONE PLEASE ANSWER

We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The questions will ask you about the time you spent being physically active in the **last 7 days**. Please answer each question even if you do not consider yourself to be an active person.

Please think about the activities you do:

- At **work**,
- As part of your **housework** or **gardening**,
- To **get from place to place**,
- In your spare time for **recreation, exercise** or **sport**.

Q34 Think about the time you spent **walking** in the **last 7 days**.

This includes at work and at home, walking to travel from place to place, and any other walking that you have done solely for recreation, sport, exercise, or leisure.

During the **last 7 days**, on which days did you **walk** for at least 10 minutes at a time?

Tick ALL days that apply

 ₁
Mon ₂
Tues ₃
Wed ₄
Thur ₅
Fri ₆
Sat ₇
Sun

→ Go to Q35

OR TICK

No walking in the last 7 days ₂ → Go to Q38

Q35 How much time did you usually spend walking on **one** of those days?

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

Write in hours
per day

Write in minutes
per day

Q36 Which of the following best describes your **usual** walking pace? Tick ONE box

Slow pace ₁

Average pace ₂

Fairly brisk pace ₃

Fast pace - at least 4 miles per hour ₄

Q37

During the **last 7 days**, was the effort of walking for 10 minutes or more usually enough to make you breathe faster, feel warmer or sweat?

Tick ONE box

Yes ₁

No ₂

EVERYONE PLEASE ANSWER

Q38

Think about all the **moderate** activities that you did in the **last 7 days**.

Moderate activities refer to activities that take moderate physical effort and make you breathe **somewhat harder** than normal.

Think *only* about those physical activities that you did for **at least 10 minutes** at a time.

During the **last 7 days**, on which days did you do **moderate** physical activities like:

- Digging in the garden,
- Spring cleaning or other heavy housework,
- Gentle swimming or cycling?

Do not include walking.

Tick ALL days that apply

₁
Mon

₂
Tues

₃
Wed

₄
Thur

₅
Fri

₆
Sat

₇
Sun

➔ Go to Q39

OR TICK

No moderate physical activities in the last 7 days ₂

➔ Go to Q40

Q39

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

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

Write in hours
per day

▪

Write in minutes
per day

Q40

Think about all the **vigorous** activities that you did in the **last 7 days**.

Vigorous physical activities refer to activities that take hard physical effort and make you breathe **much harder** than normal.

Think *only* about those physical activities that you did for at least 10 minutes at a time.

During the **last 7 days**, on which days did you do **vigorous** physical activities like:

- Running,
- Fast cycling,
- A workout at the gym that makes you out of breath or sweaty?

Tick ALL days that apply

₁
Mon

₂
Tues

₃
Wed

₄
Thur

₅
Fri

₆
Sat

₇
Sun

➔ Go to Q41

OR TICK

No vigorous physical activities in the last 7 days ₂

➔ Go to Q42

Q41

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

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

Write in hours
per day

:

Write in minutes
per day

Q42

This question is about the time you spent sitting on weekdays during the **last 7 days**. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent:

- Sitting at a desk
- Visiting friends
- Reading
- Sitting or lying down to watch television

During the **last 7 days**, how much time did you spend **sitting** on an **average week day**?

Please answer in hours and minutes. For example, if you spent 90 minutes sitting per day that would be 1 hour 30 minutes.

Write in hours
per day

:

Write in minutes
per day

Information about yourself

EVERYONE PLEASE ANSWER

Q43

Which of the following options best describes how you think of yourself?

Tick ONE box

Heterosexual or Straight 1

Gay or Lesbian 2

Bisexual 3

Other 4

Prefer not to say 5

Q44

What is your religion or belief?

Tick ONE box

No religion 01

Christian - Catholic 02

Christian – all other denominations
including Church of England, Protestant 03

Buddhist 04

Hindu 05

Jewish 06

Muslim 07

Sikh 08

Any other religion
(please write in the box below) 09

Your weight

EVERYONE PLEASE ANSWER

Q45

Given your age and height, would you say that you are...

Tick ONE box

About the right weight 1

too heavy 2

or too light? 3

Not sure 8

Q46

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

Tick ONE box

Trying to lose weight 1

Trying to gain weight 2

Not trying to change weight 3

PLEASE ANSWER IF YOU ARE A PARENT/GUARDIAN OF A CHILD AGED 2-15 TAKING PART IN THE INTERVIEW

Q47

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

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

About the right weight	<input type="checkbox"/>	1	<input type="checkbox"/>	1
too heavy	<input type="checkbox"/>	2	<input type="checkbox"/>	2
or too light?	<input type="checkbox"/>	3	<input type="checkbox"/>	3
Not sure	<input type="checkbox"/>	8	<input type="checkbox"/>	8

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

About the right weight	<input type="checkbox"/>	1	<input type="checkbox"/>	1
too heavy	<input type="checkbox"/>	2	<input type="checkbox"/>	2
or too light?	<input type="checkbox"/>	3	<input type="checkbox"/>	3
Not sure	<input type="checkbox"/>	8	<input type="checkbox"/>	8

Thank you for answering these questions.

Please give the booklet back to the interviewer.

P3527
PINK

Point

--	--	--	--

Address

--	--

HHLD

--

CKL

--

Person No

--	--

First
name

--

Interviewer

--	--	--	--

Survey
month

--

Card

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

Health Survey for England 2015

Booklet for Young Adults

- Please look at the instructions on the next page for information on how to fill in this questionnaire.
- Ask the interviewer for help if you do not understand a question or are not sure what to do.

Thank you for taking part in this survey

How to fill in this questionnaire

- A. Most of the questions on the following pages can be answered by simply ticking the box below or alongside the answer that applies to you.

Example:

Tick **ONE** box

	Very healthy life	Fairly healthy life	Not very healthy life	An unhealthy life
Do you feel that you lead a ...	<input type="checkbox"/> ₁	<input checked="" type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

- B. Sometimes you are asked to write in a number or the answer in your own words. Please enter numbers as figures rather than words.

Example:

Write in no.

Smoking

Q1 Have you ever smoked a cigarette, a cigar or a pipe?

Tick ONE box

Yes ₁ → Go to next question

No ₂ → Go to Q18

Q2 Have you ever smoked a cigarette?

Tick ONE box

Yes ₁ → Go to next question

No ₂ → Go to Q18

Q3 How old were you when you first tried smoking a cigarette, even if it was only a puff or two?

Write in how old you were then

Q4 Do you smoke cigarettes at all nowadays?

Tick ONE box

Yes ₁ → Go to Q7

No ₂ → Go to next question

Q5

Why did you decide to give up smoking?

Tick ALL that apply

- Advice from a GP/health professional 01
- Advert for a nicotine replacement product 02
- Government or NHS advert on TV, radio or press 03
- Hearing about a new stop smoking treatment 04
- Financial reasons/ can't afford it 05
- Being faced with the smoking ban in public places and at work 06
- I knew someone else who was stopping 07
- Seeing a health warning on a cigarette packet 08
- Family or friends wanted me to stop 09
- Being contacted by my local NHS Stop Smoking Services 10
- Health problems I had at the time 11
- Worried about future health problems 12
- Pregnancy 13
- Worried about the effect on my children 14
- Worried about the effect on other family members 15
- My own motivation 16
- Something else 17
- Can't remember 98

Q6

Did you smoke cigarettes regularly or occasionally?

Tick ONE box

- Regularly, that is at least one cigarette a day 1
 - Occasionally 2
 - I never really smoked cigarettes, just tried them once or twice 3
- **Go to Q18**

ANSWER IF YOU ARE A CURRENT SMOKER. IF NOT, PLEASE GO TO Q18.

Q7 About how many cigarettes a day do you usually smoke on **weekdays**?

Write in number smoked a day

Q8 And about how many cigarettes a day do you usually smoke at **weekends**?

Write in number smoked a day

Q9 Do you **mainly** smoke ...

Tick ONE box

Filter-tipped cigarettes 1

Plain or untipped cigarettes 2

Hand-rolled cigarettes 3

Q10 Do you ever smoke any other type of cigarettes nowadays?

Tick ALL that apply

Filter-tipped cigarettes 1

Plain or untipped cigarettes 2

Hand-rolled cigarettes 3

No 4

ANSWER IF YOU SMOKE HAND-ROLLED AND OTHER CIGARETTES. IF NOT, PLEASE GO TO Q13.

Q11 About how many of the cigarettes you smoke on a **weekday** are hand-rolled?

Hand-rolled cigarettes smoked on a **weekday**

Write in

Q12 About how many of the cigarettes you smoke on a **weekend** day are hand-rolled?

Hand-rolled cigarettes smoked on a **weekend** day

Write in

ANSWER IF YOU SMOKE HAND-ROLLED CIGARETTES. IF NOT, PLEASE GO TO Q14.

Q13 Do you smoke hand-rolled cigarettes with a filter, or without a filter?

Tick ONE box

Always with a filter 1

Always without a filter 2

Sometimes a filter, sometimes not 3

ANSWER IF YOU ARE A CURRENT SMOKER. IF NOT, PLEASE GO TO Q18.

Q14 Would you like to give up smoking altogether?

Tick ONE box

Yes 1

No 2

Q15 Which of the following statements best describes you?

Tick ONE box

I REALLY want to stop smoking and intend to in the next month 1

I REALLY want to stop smoking and intend to in the next 3 months 2

I want to stop smoking and hope to soon 3

I REALLY want to stop smoking but I don't know when I will 4

I want to stop smoking but haven't thought about when 5

I think I should stop smoking but don't really want to 6

I don't want to stop smoking 7

→ Go to next question

→ Go to Q17

Q16

What are your main reasons for wanting to give up?

Tick ALL that apply

Because of a health problem I have at present 01

Better for my health in general 02

Less risk of getting smoking related illnesses 03

Because of the smoking ban in public places and at work 04

Family/friends want me to stop 05

Financial reasons/ can't afford it 06

Worried about the effect on my children 07

Worried about the effect on other family members 08

Other reason 09

Q17

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

Tick ONE box

Same as a year ago 1

More than a year ago 2

Fewer than a year ago 3

EVERYONE PLEASE ANSWER

Q18

Are you using any of these products nowadays?

Tick ALL that apply

- Nicotine chewing gum 01
- Nicotine lozenges/mini lozenges 02
- Nicotine patch 03
- Nicotine inhaler/inhalator 04
- Nicotine mouthspray 05
- Nicotine nasal spray 06
- Another nicotine product 07
- Electronic cigarette 08
- None of these 09

Q19

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

Tick ALL that apply

- Nicotine chewing gum 01
- Nicotine lozenges/mini lozenges 02
- Nicotine patch 03
- Nicotine inhaler/inhalator 04
- Nicotine mouthspray 05
- Nicotine nasal spray 06
- Another nicotine product 07
- Electronic cigarette 08
- None of these 09

IF YOU HAVE GIVEN UP SMOKING AND YOU HAVE USED NICOTINE REPLACEMENT PRODUCTS, PLEASE GO TO Q20.

IF YOU CURRENTLY SMOKE AND HAVE USED NICOTINE REPLACEMENT PRODUCTS PLEASE GO TO Q21

OTHERWISE, PLEASE GO TO Q25a

IF YOU HAVE GIVEN UP SMOKING

Q20 Did you use any of these products to help you stop smoking?

Tick ALL that apply

- Nicotine chewing gum 01
- Nicotine lozenges/mini lozenges 02
- Nicotine patch 03
- Nicotine inhaler/inhalator 04
- Nicotine mouthspray 05
- Nicotine nasal spray 06
- Another nicotine product 07
- Electronic cigarette 08
- None of these 09

→ Go to Q25a

IF YOU CURRENTLY SMOKE

Q21 Are you currently trying to cut down on how much you smoke but not currently trying to stop?

Tick ONE box

- Yes 1 → Go to next question
- No 2 → Go to Q23

Q22

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

Tick ALL that apply

- Nicotine chewing gum 01
- Nicotine lozenges/mini lozenges 02
- Nicotine patch 03
- Nicotine inhaler/inhalator 04
- Nicotine mouthspray 05
- Nicotine nasal spray 06
- Another nicotine product 07
- Electronic cigarette 08
- None of these 09

Q23

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

Tick ALL that apply

- Nicotine chewing gum 01
- Nicotine lozenges/mini lozenges 02
- Nicotine patch 03
- Nicotine inhaler/inhalator 04
- Nicotine mouthspray 05
- Nicotine nasal spray 06
- Another nicotine product 07
- Electronic cigarette 08
- None of these 09

Q24

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

Tick ALL that apply

Nicotine chewing gum 01

Nicotine lozenges/mini lozenges 02

Nicotine patch 03

Nicotine inhaler/inhalator 04

Nicotine mouthspray 05

Nicotine nasal spray 06

Another nicotine product 07

Electronic cigarette 08

None of these 09

EVERYONE PLEASE ANSWER

Q25a

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

Tick ONE box

Yes 1

No 2

Don't know 8

Q25b

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

Tick ONE box

Yes 1

No 2

Don't know 8

Q26

In most weeks, how many hours a week are you exposed to other people's tobacco smoke?

Number of hours a week

Write in

Q27

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

Please tick all the places where you are often exposed to other people's smoke

Tick ALL that apply

- At home 1
 - At work 2
 - In other people's homes 3
 - Travelling by car/van 4
 - Outdoor areas of pubs or cafes or restaurants 5
 - In other places 6
 - No, none of these 7
- Go to Q28
- Go to Q29

Q28

Does this bother you?

Tick ONE box

- Yes 1
- No 2

Drinking

EVERYONE PLEASE ANSWER

Q29 Do you ever drink alcohol nowadays, including drinks you brew or make at home?

Tick ONE box

- Yes ₁ → Go to Q32
- No ₂ → Go to next question

Q30 Just to check, does that mean you never have an alcoholic drink nowadays, or do you have an alcoholic drink very occasionally, perhaps for medicinal purposes or on special occasions like Christmas and New Year?

Tick ONE box

- Very occasionally ₁ → Go to Q32
- Never ₂ → Go to next question

Q31 Have you always been a non-drinker or did you stop drinking for some reason?

Tick ONE box

- Always a non-drinker ₁
- Used to drink but stopped ₂
- Go to Q49

Q32 How old were you the first time you ever had a proper alcoholic drink?

Write in how old you were then

Q33

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

Tick ONE box

- Almost every day 01
 - Five or six days a week 02
 - Three or four days a week 03
 - Once or twice a week 04
 - Once or twice a month 05
 - Once every couple of months 06
 - Once or twice a year 07
 - Not at all in the last 12 months 08
- Go to next question
- Go to Q49

Q34

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

Tick ONE box

- Yes 1 → Go to next question
- No 2 → Go to Q37

Q35

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

Tick ONE box

- One 1
- Two 2
- Three 3
- Four 4
- Five 5
- Six 6
- Seven 7

Q36

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

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

TICK ALL DRINKS YOU DRANK ON THAT DAY	WRITE IN HOW MUCH YOU DRANK ON THAT DAY			
	Glasses (count doubles as 2 singles)	Pints	Large cans or bottles	Small cans or bottles
Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol)-exclude bottles/cans of shandy. <input type="checkbox"/> <small>01</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Strong beer, lager, stout or cider (6% alcohol or more, such as Tennents Super, Special Brew, Diamond White) <input type="checkbox"/> <small>02</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails <input type="checkbox"/> <small>03</small>	<input type="text"/>			
Sherry or martini (including port, vermouth, Cinzano, Dubonnet) <input type="checkbox"/> <small>04</small>	<input type="text"/>			
Wine (including Babycham and champagne) <input type="checkbox"/> <small>05</small>	Large glasses (250ml) <input type="text"/>	Standard glasses (175ml) <input type="text"/>	Small glasses (125ml) <input type="text"/>	Bottles (750ml) <input type="text"/>
Alcoholic soft drink ('alcopop') or a pre-mixed alcoholic drink such as Bacardi Breezer, WKD or Smirnoff Ice <input type="checkbox"/> <small>06</small>		Large bottles (700ml) <input type="text"/>	Standard bottles (275ml) <input type="text"/>	Small cans <input type="text"/>
Other kinds of alcoholic drink WRITE IN NAME OF DRINK				
1. <input type="text"/> <input type="checkbox"/> <small>07</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/> <input type="checkbox"/> <small>08</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please now think about whether you have drunk different types of alcoholic drink in the **last 12 months**. Please think about **all** types of alcoholic drinks you have had. Each type of alcoholic drink will be asked about separately.

EXCLUDE NON-ALCOHOLIC OR LOW-ALCOHOL DRINKS, EXCEPT SHANDY.

Q37

Thinking about **normal strength beer, lager, stout, cider or shandy** which has less than 6% alcohol. How often have you had a drink of normal strength beer, lager, stout, cider or shandy (excluding cans and bottles of shandy) during the last 12 months?

Tick ONE box

- Almost every day 01
 - Five or six days a week 02
 - Three or four days a week 03
 - Once or twice a week 04
 - Once or twice a month 05
 - Once every couple of months 06
 - Once or twice a year 07
 - Not at all in the last 12 months 08
- Go to next question
- Go to Q39

Q38

How much **normal strength beer, lager, stout, cider or shandy** (excluding cans and bottles of shandy) have you usually drunk on any one day during the last 12 months?

	Large cans or bottles	Small cans or bottles
WRITE IN HOW MUCH YOU HAVE USUALLY DRUNK ON ANY ONE DAY	<input type="text"/>	<input type="text"/>
	Pints	

Q39

Now thinking about **strong beer, lager, stout or cider** which has 6% or more alcohol (e.g. Tennents Super, Special Brew, Diamond White). How often have you had a drink of **strong beer, lager, stout or cider** during the last 12 months?

Tick ONE box

- Almost every day 01
 - Five or six days a week 02
 - Three or four days a week 03
 - Once or twice a week 04
 - Once or twice a month 05
 - Once every couple of months 06
 - Once or twice a year 07
 - Not at all in the last 12 months 08
- Go to next question
- Go to Q41

Q40

How much **strong beer, lager, stout or cider** have you usually drunk on any one day during the last 12 months?

	Pints	Large cans or bottles	Small cans or bottles
WRITE IN HOW MUCH YOU HAVE USUALLY DRUNK ON ANY ONE DAY	<input type="text"/>	<input type="text"/>	<input type="text"/>

Q41

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

Tick ONE box

- Almost every day 01
 - Five or six days a week 02
 - Three or four days a week 03
 - Once or twice a week 04
 - Once or twice a month 05
 - Once every couple of months 06
 - Once or twice a year 07
 - Not at all in the last 12 months 08
- Go to next question
- Go to Q43

Q42

How much **spirits or liqueurs** such as gin, whisky, brandy, rum, vodka, advocaat or cocktails have you usually drunk on any one day during the last 12 months?

Glasses
(count doubles
as 2 singles)

**WRITE IN HOW MUCH YOU HAVE
USUALLY DRUNK ON ANY ONE DAY**

Q43

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

Tick ONE box

- Almost every day 01
 - Five or six days a week 02
 - Three or four days a week 03
 - Once or twice a week 04
 - Once or twice a month 05
 - Once every couple of months 06
 - Once or twice a year 07
 - Not at all in the last 12 months 08
- Go to next question
- Go to Q45

Q44

How much **sherry or martini** including port, vermouth, Cinzano and Dubonnet have you usually drunk on any one day during the last 12 months?

Small glasses
(count doubles
as 2 singles)

**WRITE IN HOW MUCH YOU HAVE
USUALLY DRUNK ON ANY ONE DAY**

Q45

How often have you had a drink of **wine**, including Babycham and champagne, during the last 12 months?

Tick ONE box

- Almost every day 01
 - Five or six days a week 02
 - Three or four days a week 03
 - Once or twice a week 04
 - Once or twice a month 05
 - Once every couple of months 06
 - Once or twice a year 07
 - Not at all in the last 12 months 08
- Go to next question
- Go to Q47

Q46

How much **wine**, including Babycham and champagne, have you usually drunk on any one day during the last 12 months?

	Large glasses (250ml)	Standard glasses (175ml)	Small glasses (125ml)	Bottles (750ml)
WRITE IN HOW MUCH YOU HAVE USUALLY DRUNK ON ANY ONE DAY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Q47

How often have you had a drink of **alcopops** (i.e. alcoholic lemonade, alcoholic colas or other alcoholic fruit-or-herb-flavoured drinks e.g. Smirnoff Ice, Bacardi Breezer, WKD, Metz etc), during the last 12 months?

Tick ONE box

- Almost every day 01
 - Five or six days a week 02
 - Three or four days a week 03
 - Once or twice a week 04
 - Once or twice a month 05
 - Once every couple of months 06
 - Once or twice a year 07
 - Not at all in the last 12 months 08
- Go to next question
- Go to Q49

Q48

How many **alcopops** (i.e. alcoholic lemonade, alcoholic colas or other alcoholic fruit-or-herb-flavoured drinks) have you usually drunk on any one day during the last 12 months?

	Large bottles (700ml)	Standard bottles (275ml)	Small cans or bottles
WRITE IN HOW MUCH YOU HAVE USUALLY DRUNK ON ANY ONE DAY	<input type="text"/>	<input type="text"/>	<input type="text"/>

Difficulties

EVERYONE PLEASE ANSWER

Q49 Do you have a difficulty learning, for example at school, college, work or in other places?

This may be due to a condition such as dyslexia, dyspraxia or ADHD (Attention Deficit Hyperactivity Disorder) or it may not have a name.

Tick ONE box

Yes ₁ → Go to Q50

No ₂ → Go to Q52

Q50 How would you describe the level of severity of this difficulty?

Tick ONE box

Mild ₁

Moderate ₂

Severe ₃

Q51 How often does this limit the amount or kind of activities that you can do?

Tick ONE box

Always ₁

Often ₂

Sometimes ₃

Rarely ₄

Never ₅

Q52

Do you have an intellectual difficulty or developmental delay?

This may not have a name but please include things like Down's syndrome, autism and other conditions.

Tick ONE box

Yes ₁ → **Go to Q53**

No ₂ → **Go to Q55**

Q53

How would you describe the level of severity of this difficulty?

Tick ONE box

Mild ₁

Moderate ₂

Severe ₃

Q54

How often does this limit the amount or kind of activities that you can do?

Tick ONE box

Always ₁

Often ₂

Sometimes ₃

Rarely ₄

Never ₅

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
I I've been feeling close to other people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
J I've been feeling confident	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
K I've been able to make up my own mind about things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
L I've been feeling loved	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
M I've been interested in new things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
N I've been feeling cheerful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)

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Q56 Are you currently in paid employment?

Tick ONE box

Yes	<input type="checkbox"/> 1	➔ Go to Q57
No	<input type="checkbox"/> 2	➔ Go to Q61

Q57

How much do you agree or disagree with the statement that 'My job requires that I work very hard'?

Tick ONE box

Strongly agree 1

Agree 2

Neither agree nor disagree 3

Disagree 4

Strongly disagree 5

Q58

Do you have a choice in deciding **how** you go about your work?

Tick ONE box

Never 1

Occasionally 2

Some of the time 3

Much of the time 4

Most of the time 5

All of the time 6

Q59

Do you get help and support from your line manager?

Tick ONE box

Often 1

Sometimes 2

Seldom 3

Never/ almost never 4

Does not apply/ have no manager 5

Q60

How likely is it that you will lose your job and become unemployed within the next twelve months?

Please estimate the probability of such a change on a scale from 0 to 100.

- **0** means that such a change will definitely **not** take place.

- **100** means that such a change definitely will take place.

Circle ONE box

0

10

20

30

40

50

60

70

80

90

100

EVERYONE PLEASE ANSWER

Q61

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
Scratchcards (but not online or newspaper or magazine scratchcards)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Tickets for any <u>other</u> lottery, including charity lotteries	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
The football pools	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Bingo cards or tickets, including playing at a bingo hall (not online)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Fruit or slot machines	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
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
Table games (roulette, cards or dice) <u>in a casino</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Playing poker in a pub tournament/ league or at a club	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
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
Online betting <u>with a bookmaker</u> on any event or sport	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
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
Betting on horse races <u>in a bookmaker's, by phone or at the track</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Betting on dog races <u>in a bookmaker's, by phone or at the track</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Betting on sports events <u>in a bookmaker's, by phone or at the venue</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Betting on other events <u>in a bookmaker's, by phone or at the venue</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
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
Private betting, playing cards or games for money with friends, family or colleagues	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Another form of gambling in the last 12 months	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

**IF YOU TICKED 'YES' FOR ANY OF THE ACTIVITIES AT Q61, PLEASE GO TO Q62
OTHERWISE GO TO Q82.**

Q62 Thinking about all the activities covered in the previous question, would you say you spend money on these activities...

Tick ONE box

- 2 or more times a week ₁
- Once a week ₂
- Less than once a week, more than once a month ₃
- Once a month ₄
- Every 2-3 months ₅
- Once or twice a year 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**.

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 |
|--|---------------------------------------|---------------------------------------|--|---------------------------------------|
| Q63 When you gamble, how often do you go back another day to win back money you lost? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

In the last 12 months...

Tick ONE box for each question

- | | Very often | Fairly often | Occasionally | Never |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Q64 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"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| Q65 Have you needed to gamble with more and more money to get the excitement you are looking for? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| Q66 Have you felt restless or irritable when trying to cut down gambling? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

In the last 12 months...

Tick **ONE** box for each question

Very often Fairly often Occasionally Never

Q67	Have you gambled to escape from problems or when you are feeling depressed, anxious or bad about yourself?	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>
Q68	Have you lied to family, or others, to hide the extent of your gambling?	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>
Q69	Have you made unsuccessful attempts to control, cut back or stop gambling?	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>
Q70	Have you committed a crime in order to finance gambling or to pay gambling debts?	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>
Q71	Have you risked or lost an important relationship, job, educational or work opportunity because of gambling?	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>
Q72	Have you asked others to provide money to help with a desperate financial situation caused by gambling?	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>

In the past 12 months, how often...

Tick **ONE** box for each question

Almost always Most of the time Sometimes Never

Q73	...have you bet more than you could really afford to lose?	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>
Q74	...have you needed to gamble with larger amounts of money to get the same excitement?	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>
Q75	...have you gone back to try to win back the money you'd lost?	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>
Q76	...have you borrowed money or sold anything to get money to gamble?	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>
Q77	...have you felt that you might have a problem with gambling?	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>
Q78	...have you felt that gambling has caused you any health problems, including stress or anxiety?	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>
Q79	...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"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>
Q80	...have you felt your gambling has caused financial problems for you or your household?	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>
Q81	...have you felt guilty about the way you gamble or what happens when you gamble?	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>

Your activities

EVERYONE PLEASE ANSWER

We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The questions will ask you about the time you spent being physically active in the **last 7 days**. Please answer each question even if you do not consider yourself to be an active person.

Please think about the activities you do:

- At **work**,
- As part of your **housework** or **gardening**,
- To **get from place to place**,
- In your spare time for **recreation, exercise** or **sport**.

Q82

Think about the time you spent **walking** in the **last 7 days**.

This includes at work and at home, walking to travel from place to place, and any other walking that you have done solely for recreation, sport, exercise, or leisure.

During the **last 7 days**, on which days did you **walk** for at least 10 minutes at a time?

Tick ALL days that apply

 ₁
Mon ₂
Tues ₃
Wed ₄
Thur ₅
Fri ₆
Sat ₇
Sun

→ Go to Q83

OR TICK

No walking in the last 7 days ₂ → Go to Q86

Q83

How much time did you usually spend walking on **one** of those days?

Please answer in hours and minutes, for example, if you did something for 90 minutes that would be 1 hour 30 minutes

Write in hours
per day

·

Write in minutes
per day

Q84

Which of the following best describes your **usual** walking pace? Tick ONE box

Slow pace 1

Average pace 2

Fairly brisk pace 3

Fast pace - at least 4 miles per hour 4

Q85

During the **last 7 days**, was the effort of walking for 10 minutes or more usually enough to make you breathe faster, feel warmer or sweat?

Tick ONE box

Yes 1

No 2

EVERYONE PLEASE ANSWER

Q86

Think about all the **moderate** activities that you did in the **last 7 days**.

Moderate activities refer to activities that take moderate physical effort and make you breathe **somewhat harder** than normal.

Think *only* about those physical activities that you did for **at least 10 minutes at a time**.

During the **last 7 days**, on which days did you do **moderate** physical activities like:

- Digging in the garden,
- Spring cleaning or other heavy housework,
- Gentle swimming or cycling?

Do not include walking.

Tick ALL days that apply

1
Mon

2
Tues

3
Wed

4
Thur

5
Fri

6
Sat

7
Sun

➔ Go to Q87

OR TICK

No moderate physical activities in the last 7 days 2

➔ Go to Q88

Q87

How much time did you usually spend doing **moderate** physical activities on one of those days?

Please answer in hours and minutes. For example, if you did something for 90 minutes that would be 1 hour 30 minutes

Write in hours
per day

·
·

Write in minutes
per day

Q88

Think about all the **vigorous** activities that you did in the **last 7 days**.

Vigorous physical activities refer to activities that take hard physical effort and make you breathe **much harder** than normal.

Think *only* about those physical activities that you did for at least 10 minutes at a time.

During the **last 7 days**, on which days did you do **vigorous** physical activities like:

- Running,
- Fast cycling,
- A workout at the gym that makes you out of breath or sweaty?

Tick ALL days that apply

 ₁
Mon ₂
Tues ₃
Wed ₄
Thur ₅
Fri ₆
Sat ₇
Sun

→ Go to Q89

OR TICK

No vigorous physical activities in the last 7 days

 ₂

→ Go to Q90

Q89

How much time did you usually spend doing **vigorous** physical activities on **one** of those days?

Please answer in hours and minutes. For example, if you did something for 90 minutes that would be 1 hour 30 minutes

Write in hours
per day

·
·

Write in minutes
per day

Q90

This question is about the time you spent sitting on weekdays during the **last 7 days**. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent:

- Sitting at a desk
- Visiting friends
- Reading
- Sitting or lying down to watch television

During the **last 7 days**, how much time did you spend **sitting on an average week day**?

Please answer in hours and minutes. For example, if you spent 90 minutes sitting per day that would be 1 hour 30 minutes.

Write in hours
per day

▪

Write in minutes
per day

Information about yourself

EVERYONE PLEASE ANSWER

Q91

Which of the following options best describes how you think of yourself?

Tick ONE box

Heterosexual or Straight 1

Gay or Lesbian 2

Bisexual 3

Other 4

Prefer not to say 5

Q92

What is your religion or belief?

Tick ONE box

No religion 01

Christian - Catholic 02

Christian – all other denominations
including Church of England, Protestant 03

Buddhist 04

Hindu 05

Jewish 06

Muslim 07

Sikh 08

Any other religion
(please write in the box below) 09

Your weight

EVERYONE PLEASE ANSWER

Q93

Given your age and height, would you say that you are...

Tick ONE box

About the right weight 1

too heavy 2

or too light? 3

Not sure 8

Q94

At the present time are you trying to **lose** weight, trying to **gain** weight, or are you **not trying** to change your weight?

Tick ONE box

Trying to lose weight 1

Trying to gain weight 2

Not trying to change weight 3

PLEASE ANSWER IF YOU ARE A PARENT/GUARDIAN OF A CHILD AGED 2-15 TAKING PART IN THE INTERVIEW

Q95

Given your child's age and height, would you say that your child is...

INTERVIEWER to complete child name and person number	Child Name	Child Person No	Child Name	Child Person No
➔				

About the right weight		1		1
too heavy		2		2
or too light?		3		3
Not sure		8		8

INTERVIEWER to complete child name and person number	Child Name	Child Person No	Child Name	Child Person No
➔				

About the right weight		1		1
too heavy		2		2
or too light?		3		3
Not sure		8		8

Thank you for answering these questions.

Please give the booklet back to the interviewer.

P3527
ORANGE

Point

--	--	--	--

Address

--	--

HHL D

--

CKL

--

Person No

--	--

First
name

--

Interviewer

--	--	--	--

Survey
month

--

Card

3	1	2
---	---	---

Health Survey for England 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 your answers to anyone you know.
- Look at the instructions on the next page and read what to do.
- Ask the interviewer for help if you do not understand a question or are not sure what to do.

Thank you for taking part in this survey

Completing the questionnaire

- Please read each question carefully
- Most of the questions can be answered by putting a tick in the box next to the answer that applies to you.

Example:

Tick ONE box

Yes ₁

No ₂

- Sometimes you have to write a number in the box.

Example:

I was years old

write in

- Next to some of the boxes are arrows and instructions.
They show or tell you which question to answer next.
If there are no special instructions, just answer the next question.

Example:

Tick ONE box

No ₂ → Go to question 2

Yes ₁ ↓

I was years old

Write in

When you have finished answering the questionnaire, please seal it in the brown envelope and hand it back to the interviewer. If you have any questions or need help, please ask the interviewer.

THANK YOU AGAIN FOR YOUR HELP

Cigarette Smoking

Q1 Have you ever tried smoking a cigarette, even if it was only a puff or two?

Tick ONE box

Yes ₁
 No ₂
 → Go to next question

Q2 Now read all the following sentences very carefully and tick the box next to the one which best describes you.

Tick ONE box

I have never smoked ₁ → Go to Q6
 I have only smoked once or twice ₂
 I used to smoke sometimes, but I never smoke a cigarette now ₃
 I sometimes smoke, but I don't smoke every week ₄ → Go to next question
 I smoke between one and six cigarettes a week ₅
 I smoke more than six cigarettes a week ₆

Q3 How old were you when you tried smoking a cigarette, even if it was only a puff or two?

I was years old → Go to next question

Write in

Q4 Did you smoke any cigarettes last week?

Tick ONE box

Yes ₁ → Go to next question
 No ₂ → Go to Q6

Q5 How many cigarettes did you smoke last week?

I smoked cigarettes → Go to next question

Write in

EVERYONE PLEASE ANSWER

Q6

Are you using any of these products nowadays?

Tick ALL that apply

- Nicotine chewing gum 01
- Nicotine lozenges/mini lozenges 02
- Nicotine patch 03
- Nicotine inhaler/inhalator 04
- Nicotine mouthspray 05
- Nicotine nasal spray 06
- Another nicotine product 07
- Electronic cigarette 08
- None of these 09

Q7

Have you ever used any of these products in the past that you are not using nowadays?

Tick ALL that apply

- Nicotine chewing gum 01
- Nicotine lozenges/mini lozenges 02
- Nicotine patch 03
- Nicotine inhaler/inhalator 04
- Nicotine mouthspray 05
- Nicotine nasal spray 06
- Another nicotine product 07
- Electronic cigarette 08
- None of these 09

Q8

Do you find that you are often near people who are smoking in any of these places?

Please tick all the places where you are often near people who are smoking

Tick ALL that apply

- At home 01
- In other people's homes 02
- In a car 03
- In the street 04
- Outdoor areas of pubs or cafes or restaurants 05
- In the park or playing fields 06
- Other public places 07
- In school 08
- In other places 09
(please write these other places in the box below)

→ **Go to next question**

No, none of these 97 → **Go to Q10**

Q9

Does this bother you?

Tick ONE box

- Yes 1
- No 2

→ **Go to next question**

Drinking

Q10

Have you ever had a proper alcoholic drink – a whole drink, not just a sip? **Please don't count drinks labelled low alcohol.**

Tick ONE box

Yes ₁ → **Go to Q12**

No ₂ → **Go to next question**

Q11

Have you ever drunk alcopops (such as Bacardi Breezer, Smirnoff Ice, WKD etc)?

Tick ONE box

Yes ₁ → **Go to next question**

No ₂ → **Go to Q21**

Q12

How old were you the first time you had a proper alcoholic drink or an alcopop?

I was years old → **Go to next question**

Write in

Q13

How often do you usually have an alcoholic drink or alcopop?

Tick ONE box

Almost every day ₁

About twice a week ₂

About once a week ₃

About once a fortnight ₄

About once a month ₅

Only a few times a year ₆

I never drink alcohol now ₇

→ **Go to next question**

Q14

When did you **last** have an alcoholic drink or alcopop?

Tick ONE box

Today	<input type="checkbox"/>	1	} → Go to next question
Yesterday	<input type="checkbox"/>	2	
Some other time during the last week	<input type="checkbox"/>	3	
1 week, but less than 2 weeks ago	<input type="checkbox"/>	4	} → Go to Q21
2 weeks, but less than 4 weeks ago	<input type="checkbox"/>	5	
1 month, but less than 6 months ago	<input type="checkbox"/>	6	
6 months ago or more	<input type="checkbox"/>	7	

Q15

Which, if any, of the drinks shown below, have you drunk in the last 7 days?

Please (✓) either yes or no for each kind of drink.

For each kind of drink, write in the box how much you drank in the last 7 days.

**Beer, lager, cider or shandy
(exclude bottles or cans of shandy)**

Have you drunk this in the last 7 days?

Tick ONE box

No	<input type="checkbox"/>	2	→ Go to Q16
Yes	<input type="checkbox"/>	1	↓

How much did you drink in the last 7 days?

Write in:

<input type="text"/>	Pints (if half a pint, write in 1/2)
AND/OR <input type="text"/>	Large cans or bottles
AND/OR <input type="text"/>	Small cans or bottles

Q16 Spirits or liqueurs, such as gin, vodka, whisky, rum, brandy or cocktails

Have you drunk this in the last 7 days?

Tick ONE box

No ₂ → Go to Q17

Yes ₁ ↓

How much did you drink in the last 7 days?

Write in:

Glasses (count doubles as two glasses)

Q17 Sherry or martini (including port, vermouth, cinzano, dubonnet)

Have you drunk this in the last 7 days?

Tick ONE box

No ₂ → Go to Q18

Yes ₁ ↓

How much did you drink in the last 7 days?

Write in:

Glasses (count doubles as two glasses)

Q18 Wine (including babycham and champagne)

Have you drunk this in the last 7 days?

Tick ONE box

No ₂ → Go to Q19

Yes ₁ ↓

How much did you drink in the last 7 days?

Write in:

Glasses

Q19

Alcopop (such as Bacardi Breezer, Smirnoff Ice, WKD, etc.)

Have you drunk this in the last 7 days?

Tick ONE box

No ₂ → **Go to Q20**

Yes ₁ ↓

How much did you drink in the last 7 days?

Write in:

Large cans or bottles

AND/OR **Small cans or bottles**

Q20

Other kinds of alcoholic drink?

Have you drunk this in the last 7 days?

Tick ONE box

No ₂ → **Go to Q21**

Yes ₁ → **Complete details below**

Write in name of drink

How much did you drink in the last 7 days?

Write in:



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
I I've been feeling close to other people	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
J I've been feeling confident	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
K I've been able to make up my own mind about things	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
L I've been feeling loved	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
M I've been interested in new things	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
N I've been feeling cheerful	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)

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Here are four questions about your feelings on aspects of your life. There are no right or wrong answers. For each of these questions I'd like you to give an answer on a scale of 0 to 10 where 0 is 'not at all' and 10 is 'completely'.

Q22 Overall, how satisfied are you with your life nowadays, where 0 is 'not at all satisfied' and 10 is 'completely satisfied'?

Not at all Tick ONE box Completely

0 1 2 3 4 5 6 7 8 9 10

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Q23 Overall, to what extent do you feel that the things you do in your life are worthwhile, where 0 is 'not at all worthwhile' and 10 is 'completely worthwhile'?

Not at all Tick ONE box Completely

0 1 2 3 4 5 6 7 8 9 10

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Q24 Overall, how happy did you feel yesterday, where 0 is 'not at all happy' and 10 is 'completely happy'?

Not at all Tick ONE box Completely

0 1 2 3 4 5 6 7 8 9 10

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Q25 On a scale where 0 is 'not at all anxious' and 10 is 'completely anxious', overall, how anxious did you feel yesterday?

Not at all Tick ONE box Completely

0 1 2 3 4 5 6 7 8 9 10

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Physical Activity

EVERYONE PLEASE ANSWER

Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time.

Physical activity can be done in sports, school activities, playing with friends, or walking to school. Some examples of physical activity are running, brisk walking, rollerblading, biking, dancing, skateboarding, swimming, football, basketball & surfing.

For this next question, add up all the time you spent in physical activity each day.

Q26 Over the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day?

Tick ONE box

0	1	2	3	4	5	6	7
<input type="checkbox"/> _0	<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

Q27 Outside school hours: How often do you usually exercise in your free time so much that you get out of breath or sweat?

Tick ONE box

Every day	<input type="checkbox"/> _1
4 to 6 times a week	<input type="checkbox"/> _2
2 to 3 times a week	<input type="checkbox"/> _3
Once a week	<input type="checkbox"/> _4
Once a month	<input type="checkbox"/> _5
Less than once a month	<input type="checkbox"/> _6
Never	<input type="checkbox"/> _7

Q28

Outside school hours: How many hours a week do you usually exercise in your free time so much that you get out of breath or sweat?

Tick ONE box

- None 1
- About half an hour 2
- About an hour 3
- About 2 to 3 hours 4
- About 4 to 6 hours 5
- About 7 hours or more 6

Your weight

EVERYONE PLEASE ANSWER

Q29

Given your age and height, would you say that you are...

Tick ONE box

- About the right weight 1
- too heavy 2
- or too light? 3
- Not sure 4

→ **Go to next question**

Q30

At the present time are you trying to **lose** weight, trying to **gain** weight, or are you **not trying** to change your weight?

Tick ONE box

- Trying to lose weight 1
- Trying to gain weight 2
- Not trying to change weight 3

About you

EVERYONE PLEASE ANSWER

Q31 Which of these would you say you are?

Tick ALL that apply

English 1

Welsh 2

Scottish 3

Irish 4

British 5

Or something else?
(Please write in the box below) 6

→ Go to next question

Q32 What is your religion or belief?

Tick ONE box

No religion 01

Christian - Catholic 02

Christian – all other denominations including
Church of England, Protestant 03

Buddhist 04

Hindu 05

Jewish 06

Muslim 07

Sikh 08

Any other religion
(please write in the box below) 09

Thank you for answering these questions.

Please give the booklet back to the interviewer.

P3527
LILAC

Point

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Address

--	--

HHL D

--

CKL

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Person No

--	--

First
name

--

Interviewer

--	--	--	--

Survey
month

--

Card

3	1	1
---	---	---

Health Survey for England 2015

Booklet for 8-12 year olds

- Here are some questions for you to answer on your own.
- We are interested in your honest answers.
- We will not tell your answers to anyone you know.
- Look at the instructions on the next page and read what to do.
- Ask the interviewer for help if you do not understand a question or are not sure what to do.

Thank you for taking part in this survey

Completing the questionnaire

- Please read each question carefully
- Most of the questions can be answered by putting a tick in the box next to the answer that applies to you.

Example:

Tick ONE box

Yes ₁

No ₂

- Sometimes you have to write a number in the box.

Example:

I was years old

write in

- Next to some of the boxes are arrows and instructions.
They show or tell you which question to answer next.
If there are no special instructions, just answer the next question.

Example:

Tick ONE box

No ₂ → Go to Q2

Yes ₁ ↓

I was years old

Write in

When you have finished answering the questionnaire, please seal it in the brown envelope and hand it back to the interviewer. If you have any questions or need help, please ask the interviewer.

THANK YOU AGAIN FOR YOUR HELP

Cigarette Smoking

Q1 Have you ever tried smoking a cigarette, even if it was only a puff or two?

Tick ONE box

Yes 1

No 2

→ Go to next question

Q2 Now read all the following sentences very carefully and tick the box next to the one which best describes you.

Tick ONE box

I have never smoked 1 → Go to Q6

I have only smoked once or twice 2

I used to smoke sometimes, but I never smoke a cigarette now 3

I sometimes smoke, but I don't smoke every week 4 → Go to next question

I smoke between one and six cigarettes a week 5

I smoke more than six cigarettes a week 6

Q3 How old were you when you tried smoking a cigarette, even if it was only a puff or two?

I was years old → Go to next question

Write in

Q4 Did you smoke any cigarettes last week?

Tick ONE box

Yes 1 → Go to next question

No 2 → Go to Q6

Q5 How many cigarettes did you smoke last week?

I smoked cigarettes → Go to next question

Write in

EVERYONE PLEASE ANSWER

Q6

Do you find that you are often near people who are smoking in any of these places?

Please tick all the places where you are often near people who are smoking

Tick ALL boxes that apply

- At home 01
- In other people's homes 02
- In a car 03
- In the street 04
- Outdoor areas of pubs or cafes or restaurants 05
- In the park or playing fields 06
- Other public places 07
- In school 08
- In other places 09
(please write these other places in the box below)

→ Go to next question

No, none of these 97 **→ Go to Q8**

Q7

Does this bother you?

Tick ONE box

- Yes 1
- No 2

→ Go to next question

Drinking

Q8

Have you ever had a proper alcoholic drink – a whole drink, not just a sip? **Please don't count drinks labelled low alcohol.**

Tick ONE box

Yes ₁ → **Go to Q10**

No ₂ → **Go to next question**

Q9

Have you ever drunk alcopops (such as Bacardi Breezer, Smirnoff Ice, WKD etc)?

Tick ONE box

Yes ₁ → **Go to next question**

No ₂ → **Go to Q13**

Q10

How old were you the first time you had a proper alcoholic drink or alcopop?

I was years old → **Go to next question**

Write in

Q11

How often do you usually have an alcoholic drink or alcopop?

Tick ONE box

Almost every day ₁

About twice a week ₂

About once a week ₃

About once a fortnight ₄

About once a month ₅

Only a few times a year ₆

I never drink alcohol now ₇

→ **Go to next question**

Q12 When did you **last** have an alcoholic drink or alcopop?

Tick ONE box

- Today 1
- Yesterday 2
- Some other time during the last week 3
- 1 week, but less than 2 weeks ago 4
- 2 weeks, but less than 4 weeks ago 5
- 1 month, but less than 6 months ago 6
- 6 months ago or more 7

→ Go to next question

Your weight

Q13 Given your age and height, would you say that you are...

Tick ONE box

- About the right weight 1
- too heavy 2
- or too light? 3
- Not sure 8

→ Go to next question

Q14 At the present time are you trying to **lose** weight, trying to **gain** weight, or are you **not trying** to change your weight?

Tick ONE box

- Trying to lose weight 1
- Trying to gain weight 2
- Not trying to change weight 3

→ Go to next question

About you

Q15 Which of these would you say you are?

Tick ALL boxes that apply

English 1

Welsh 2

Scottish 3

Irish 4

British 5

Or something else?
(Please write in the box below) 6

→ Go to next question

Q16 What is your religion or belief?

Tick ONE box

No religion 01

Christian - Catholic 02

Christian – all other denominations including
Church of England, Protestant 03

Buddhist 04

Hindu 05

Jewish 06

Muslim 07

Sikh 08

Any other religion
(please write in the box below) 09

Thank you for answering these questions.

Please give the booklet back to the interviewer.

P3527
LIGHT BLUE

Point	Address	HHLD	CKL	Person No
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>

First name of person booklet is about

First name of person completing booklet

Interviewer

Survey month

321

Health Survey for England 2015

Difficulties Questionnaire

- Look at the instructions on the next page and read what to do.
- Ask the interviewer for help if you do not understand a question or are not sure what to do.

Thank you for taking part in this survey

These questions are about the person named on the front of this booklet.

Please answer the following questions about them.

How to fill in this questionnaire

The following questions can be answered by simply ticking the box below or alongside the answer that applies to the person you are answering these questions about.

Example Do they have ...

Tick ONE box

Brown eyes	<input type="checkbox"/>	1	} → Go to next question
Blue eyes	<input checked="" type="checkbox"/>	2	
Green eyes	<input type="checkbox"/>	3	
Grey eyes	<input type="checkbox"/>	4	

Q1 Does this person have a difficulty learning, for example at school, college, work or in other places?

This may be due to a condition such as dyslexia, dyspraxia or ADHD (Attention Deficit Hyperactivity Disorder) or it may not have a name.

Tick ONE box

Yes	<input type="checkbox"/>	1	→ Go to next question
No	<input type="checkbox"/>	2	→ Go to Q4

Q2 How would you describe the level of severity of this difficulty?

Tick ONE box

Mild	<input type="checkbox"/>	1	} → Go to next question
Moderate	<input type="checkbox"/>	2	
Severe	<input type="checkbox"/>	3	

Q3 How often does this limit the amount or kind of activities that they can do?

Tick ONE box

Always	<input type="checkbox"/>	1	} → Go to next question
Often	<input type="checkbox"/>	2	
Sometimes	<input type="checkbox"/>	3	
Rarely	<input type="checkbox"/>	4	
Never	<input type="checkbox"/>	5	

Q4 Do they have an intellectual difficulty or developmental delay?
This may not have a name but please include things like Down's syndrome, autism and other conditions.

Tick ONE box

Yes	<input type="checkbox"/>	1	→ Go to next question
No	<input type="checkbox"/>	2	→ Go to end

Q5 How would you describe the level of severity of this difficulty?

Tick ONE box

Mild	<input type="checkbox"/>	1	} → Go to next question
Moderate	<input type="checkbox"/>	2	
Severe	<input type="checkbox"/>	3	

Q6 How often does this limit the amount or kind of activities that they can do?

Tick ONE box

Always	<input type="checkbox"/>	1	} → Go to end
Often	<input type="checkbox"/>	2	
Sometimes	<input type="checkbox"/>	3	
Rarely	<input type="checkbox"/>	4	
Never	<input type="checkbox"/>	5	

Thank you for answering these questions.

Please give the booklet back to the interviewer.

The Health Survey for England 2015 CONSENT BOOKLET

P8815

Please use capital letters and write in ink

House / Flat number (or name): _____

 Postcode:

Survey month: _____

POINT ADDRESS

HHL D CKL PERSON NO

1. Nurse number

2. Date schedule completed DAY MONTH YEAR

3. Full name (of person interviewed) _____

Name by which GP knows person (if different) _____

4. Sex Male 1
Female 2

5. Date of birth: DAY MONTH YEAR

6. Full name of parent/guardian (if person under 18) _____

7. **GP NAME AND ADDRESS** (Please complete fully)
Dr:
 Practice Name:
Address:

 Town:
 County:
 Postcode:
Telephone no:

8. **GP ADDRESS OUTCOME**

GP address provided	1
GP address not found	2
No GP	3

9. SUMMARY OF CONSENTS - RING CODE FOR EACH ITEM	YES	NO
a) Blood pressure to GP	01	02
b) Saliva sample to be collected	03	04
c) Sample of blood to be taken	05	06
d) Blood sample results to GP	07	08
e) Blood sample for storage	09	10
e) Blood sample results to respondent	11	12

DISPATCH NOTE FOR BLOOD and SALIVA SAMPLES
(OFFICE COPY)

1. AGE GROUP:

WRITE IN THE **NUMBER** OF TUBES OBTAINED:

16+ Plain EDTA SALIVA

2. BLOOD/ SALIVA
TAKEN:

Day Month Year

3. BLOOD/ SALIVA
DISPATCHED:

Day Month Year

Venepuncture

Please complete:

1. Did you experience any problems in taking the blood sample? If yes, please record these below and state what action you took.

Serial No.:

Survey: Health Survey for England 2015

BLOOD PRESSURE TO GP CONSENT

BP (A)

Please initial the box
if you consent

1. *I consent to NatCen Social Research/UCL Joint Health Surveys Unit informing my General Practitioner (GP) of my blood pressure results.*

I am aware that the results of my blood pressure measurement may be used by my GP to help monitor my health and that my GP may wish to include the results in any future report about me.

Initials

SALIVA SAMPLE CONSENT

S (A)

Please initial the box
if you consent

1. *I consent to a qualified nurse/midwife collecting a sample of my saliva on behalf of the NatCen Social Research/UCL Joint Health Surveys Unit.*

I have read the 'Information for Participants' leaflet about the second stage of the survey and understand what the sample will be tested for. The purpose and procedure have been explained to me by the nurse/midwife and I have had an opportunity to discuss this with him/her.

Initials

OFFICE
COPY

BLOOD SAMPLE CONSENT

BS (A)

Please initial the box
if you consent

1. *I consent to a qualified nurse/midwife taking a sample of my blood on behalf of NatCen Social Research/UCL Joint Health Surveys Unit.*

I have read the 'Information for Participants' leaflet about the second stage of the survey and understand what the sample will be tested for. The nurse has explained the procedures, and I have had an opportunity to discuss these with him/her.

Initials

2. *I consent to NatCen Social Research/UCL Joint Health Surveys Unit informing my General Practitioner (GP) of the blood sample analysis results.*

Initials

3. *I consent to any remaining blood being stored for future analysis. I have read the 'Information for Participants' leaflet about the second stage of the survey and understand the processes involved for storing the blood and how the sample may be used in the future. I also understand my right to withdraw consent for storing the blood sample.*

Initials

Print name (respondent): _____

Signed (respondent): _____

Date: _____

Print name (nurse): _____

Signed (nurse): _____

Date: _____

You can cancel this permission at any time in the future by writing to us at:
NatCen Social Research, 35 Northampton Square, London EC1V 0AX.
Telephone: 0800 526 397 and ask for Emma Fenn

OFFICE
COPY

THE HEALTH SURVEY FOR ENGLAND 2015
DISPATCH NOTE FOR BLOOD AND SALIVA SAMPLES
 (LABORATORY COPY)

P8815

Complete all sections CLEARLY and LEGIBLY and enclose with samples to lab.

1. SERIAL NUMBER:

2. SEX: Male Female 3. SMOKING STATUS: Current smoker Non smoker/NA 4. AGE GROUP: 16+

5. DATE OF BIRTH: Day Month Year

6. NUMBER OF TUBES OBTAINED

Plain EDTA
 Saliva

7. DATE BLOODS/ SALIVA TAKEN: Day Month Year

8. STORAGE CONSENT: Given Not given/not applicable

9. NURSE NUMBER

LABELLING ON SAMPLE TUBES AND THIS FORM MUST CORRESPOND
CHECK ALL DETAILS ABOVE ARE CORRECT BEFORE POSTING

LAB USE ONLY

TUBES ENCLOSED:		✓ if rec'd	ACTION REQUIRED
Plain	Red	<input type="text"/>	IF ITEM 4 ABOVE = 1 Total cholesterol HDL cholesterol
EDTA	Purple	<input type="text"/>	STORE IF ITEM 8 ABOVE = 1
Saliva		<input type="text"/>	Glycated haemoglobin

P8815

The Health Survey for England 2015

CHILD CONSENT BOOKLET 4-15 years

Please use capital letters and write in ink

House / Flat number (or name): _____

 Postcode:

Survey month: _____

POINT				ADDRESS	
<input type="text"/>					
HHL D		CKL		PERSON NO	
<input type="text"/>					

1. Nurse number

2. Date schedule completed

DAY		MONTH		YEAR	
<input type="text"/>					

3. Full name (of person interviewed) _____

Name by which GP knows person (if different) _____

4. Sex
 Male 1
 Female 2

5. Date of birth:

DAY		MONTH		YEAR	
<input type="text"/>					

6. Full name of parent/guardian _____

7. **GP NAME AND ADDRESS** (Please complete fully)
Dr:
 Practice Name:
Address:

 Town:
 County:
 Postcode:
Telephone no:

8. **GP ADDRESS OUTCOME**

GP address provided	1
GP address not found	2
No GP	3

9. SUMMARY OF CONSENTS - RING CODE FOR EACH ITEM	YES	NO
a) Blood pressure to GP	01	02
b) Saliva sample to be collected	03	04

THE HEALTH SURVEY FOR ENGLAND 2015

DISPATCH NOTE
FOR SALIVA SAMPLE CHILD AGED 4-15
(OFFICE COPY)

1. AGE GROUP:

4-15

TICK SAMPLE TUBES OBTAINED:

Saliva

2. SALIVA TAKEN:

Day

Month

Year

3. SALIVA DISPATCHED:

Day

Month

Year

The Health Survey for England 2015

Serial No. Child's name: _____

BLOOD PRESSURE TO GP CONSENT (Child aged 5-15)

Please initial the box if you consent

- I am the parent/guardian of the child named on this booklet and I consent to NatCen Social Research/UCL Joint Health Surveys Unit informing his/her General Practitioner (GP) of his/her blood pressure results.*
- I am aware that the results of his/her blood pressure measurement may be used by his/her GP to help monitor his/her health and that his/her GP may wish to include the results in any future report about him/her*

PARENT INITIALS

SALIVA CONSENT (Child aged 4-15)

Please initial the box if you consent

- I am the parent/ guardian of the child named on this booklet and I consent to a qualified nurse/ midwife collecting a sample of his/ her saliva on behalf of NatCen Social Research/ UCL.*
- I have read the 'Information for Participants' leaflet about the second stage of the survey and understand what the sample will be tested for. The purpose and procedure have been explained to me by the nurse/ midwife and I have had an opportunity to discuss this with him/ her.*

PARENT INITIALS

Child assents for:
(Please initial box)

Blood pressure to GP

Saliva sample

CHILD INITIALS

CHILD INITIALS

Parent/Guardian Name

Date

Parent/Guardian Signature

Nurse Name

Date

Nurse Signature

You can cancel this permission at any time in the future by writing to us at:

NatCen Social Research, 35 Northampton Square, London EC1V 0AX.

Telephone: 0800 526 397 and ask for Emma Fenn

P8815

OFFICE COPY

THE HEALTH SURVEY FOR ENGLAND 2015

DISPATCH NOTE FOR SALIVA SAMPLE CHILD AGED 4-15
(LABORATORY COPY)

Complete all sections CLEARLY and LEGIBLY and enclose with samples to lab.

1. SERIAL NUMBER

2. SEX: MALE
FEMALE

3. DATE OF BIRTH: DAY MONTH YEAR

4. AGE GROUP: 4-15 TICK SAMPLE TUBE OBTAINED: Saliva

5. SALIVA TAKEN: DAY MONTH YEAR

6. STORAGE CONSENT: Not applicable

7. NURSE NUMBER:

**LABELLING ON SAMPLE TUBES AND THIS FORM MUST CORRESPOND
CHECK ALL DETAILS ABOVE ARE CORRECT BEFORE POSTING**

LAB USE ONLY:

		ACTION REQUIRED
TUBES ENCLOSED:	✓ if rec'd	
SALIVA	<input type="checkbox"/>	THIS SAMPLE IS NOT FOR STORAGE

Point	Address	HHLID	CKL	Person No
<input type="text"/>				

HEALTH SURVEY FOR ENGLAND 2015

Linking survey answers to other information

- The National Health Service (NHS) maintains medical and health records on all patients who use their services. These include:
 - In-patient and out-patient visits to hospital, length of stay and waiting times
 - Information about specific medical conditions such as cancer
 - Details about when people pass away, the date and cause of their death.
- We would like to ask for your consent to link some of your NHS health records with your survey answers. These are the Hospital Episode Statistics and National Health Service Central Register.
- To link this information we need to send your name, address and date of birth to the NHS Central Register so they can identify your health records.
- We will be able to find information about any hospital treatment you may have such as length of stay or reason for visit. If a person who took part in the Health Survey gets cancer or dies, the type of cancer or cause of death will be linked with their answers to the survey.
- By linking this information the research is more useful as we can look at how a person's lifestyle can have an impact on their future health.
- This information will be confidential and used for statistical and research purposes only. The information will not identify you and it cannot be used by anyone treating you as a patient.
- By signing this form you are only giving permission to link survey information to routine administrative data, and nothing else.

You can cancel this permission at any time in the future by writing to: **NatCen Social Research, 35 Northampton Square, London EC1V 0AX**, or you can telephone: 0800 526 397 and ask for Emma Fenn. You do not need to give a reason to cancel this.

Your consent:

Please initial box

I consent to NatCen Social Research/ UCL Joint Health Surveys Unit passing my name, address and date of birth to the **National Health Service Central Register**. I understand that information held and managed by The Health and Social Care Information Centre and other central UK NHS bodies may be used in order to provide information about my hospital admissions and my health status.

Respondent signature

Respondent name

Date

Interviewer signature

Interviewer name

Date

I understand that these details will be used for statistical and research purposes only.

Point	Address	HHLID	CKL	Person No
<input type="text"/>				

RESPONDENT COPY
ADULTS 16+

HEALTH SURVEY FOR ENGLAND 2015

Linking survey answers to other information

- The National Health Service (NHS) maintains medical and health records on all patients who use their services. These include:
 - In-patient and out-patient visits to hospital, length of stay and waiting times
 - Information about specific medical conditions such as cancer
 - Details about when people pass away, the date and cause of their death.
- We would like to ask for your consent to link some of your NHS health records with your survey answers. These are the Hospital Episode Statistics and National Health Service Central Register.
- To link this information we need to send your name, address and date of birth to the NHS Central Register so they can identify your health records.
- We will be able to find information about any hospital treatment you may have such as length of stay or reason for visit. If a person who took part in the Health Survey gets cancer or dies, the type of cancer or cause of death will be linked with their answers to the survey.
- By linking this information the research is more useful as we can look at how a person's lifestyle can have an impact on their future health.
- This information will be confidential and used for statistical and research purposes only. The information will not identify you and it cannot be used by anyone treating you as a patient.
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Respondent signature

Respondent name

Date

Interviewer signature

Interviewer name

Date

I understand that these details will be used for statistical and research purposes only.