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
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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
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partnership

{IF AgeOf = 16 – 17}
LegPar
Can I check, do either of (name of respondent’s) parents, or someone who has legal parental responsibility for him/her, live in this household?
1  Yes
2  No

{IF Aged 0 – 15}
Par1
Which of the people in this household are (name of respondent’s) parents or have legal parental responsibility for him/her on a permanent basis?
CODE FIRST PERSON AT THIS QUESTION. IF Not a household member/dead, CODE 97
Range:1…97

{IF Par1 = 1..12}
Par2
Which other person in this household is (name of respondent’s) parent or have legal parental responsibility for him/her on a permanent basis?
CODE SECOND PERSON AT THIS QUESTION. IF no-one else in the household, CODE 97.
Range:1…97

SelCh
INTERVIEWER: Is this child selected for an individual interview?
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
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{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. Job-Seekers Allowance
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
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)}
HEEverJob
Have you/name (Household Reference Person) ever been in paid employment or self-employed?
  1   Yes
  2   No

{IF Waiting to take up paid employment already obtained}
HOthPaid
Apart from the job you/name are waiting to take up, have you/name (Household Reference Person) ever been in paid employment or self-employed?
  1   Yes
  2   No

{IF NHActiv=(Waiting to take up paid work OR Looking for work) OR (H4WkLook =Yes)}
HHowLong
How long have you been looking for paid work/a place in a government scheme?
  1   Not yet started
  2   Less than 1 month
  3   1 month but less than 3 months
  4   3 months but less than 6 months
  5   6 months but less than 12 months
  6   12 months or more
ENDIF
{IF Ever been in paid employment or self employed}
HPayLast
Which year did you/name (Household Reference Person) your/his/her leave last paid job?
WRITE IN YEAR.
Numeric: 1920..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 most of the time? (Household Reference Person)

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.
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{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?

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

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

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

HSNEmployee
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}
HSfWtMa
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).
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{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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**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 ...
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}
IllAff
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 IllAff = 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 than12 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}
WhyNoPl
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 WhyNoPl = Other}
NoPlOth
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
SHOWARD 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 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}

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

...
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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
ENDDO
ENDIF

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

FrtDry

Did you eat any dried fruit yesterday? Don’t count dried fruit in cereal, cakes, etc.
  1  Yes
  2  No

IF FrtDry = Yes

FrtDryQ

SHOWCARD 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.

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

JWlkCyc
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 JWlkCyc= 1 OR 3 THEN

JWlkDT
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
JWlkDF
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 JWlkDT > 0 or JWlkDF > 0 THEN
JWlkTim
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 JwlkCyc = 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
The Health Survey for England 2015 - Individual Questionnaire

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 \(\text{date of interview} - 7\) to yesterday, \(\text{have you / has name of child}\) 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 \(\text{you / name of child}\) do \(\text{activity}\)?
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 \(\text{you / name of child}\) spend doing \(\text{activity}\) on \(\text{day}\)?
RECORD HOURS BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION
Range: 0..20

NSOthT2M
How long did \(\text{you / name of child}\) spend doing \(\text{name of sport/activity}\) on \(\text{day}\)?
ENTER NUMBER OF MINUTES. IF AN EXACT HOUR, ENTER 0 FOR MINUTES
Range: 0..59

END DO

Inten
When \(\text{you / name of child}\) did \(\text{activity}\) was it hard enough to make \(\text{you / name of child}\) 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
ExcMusCl
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: ExcMusCl is repeated for each informal activity coded at NSWA2 or WEPWA2. ExcMusCF is repeated for each formal activity codes at NSpWB or WendWB.

ACIVITY 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

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

**Tasks A**
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

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 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
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 section**

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 NECCESSAY: 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 bold) 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

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
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

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

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 HHLD: or your partner] pay for the help given by [list of all formal providers who help]. Please include any payments made for this care, even if not made directly to the care provider?

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

Enter amount in pounds and pence on this screen Range: 0…20,000.
Enter reference period for payment on next screen.
RESPONSE:__________________

Payfreq
INTERVIEWER: ENTER REFERENCE PERIOD FOR THE PAYMENT

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

{IF AnyPay = Yes}

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

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

1. All
2. Some

HowPay
SHOWCARD 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
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)

DPay
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?
{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}

RecPAm
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

{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
RolNum
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
SHOW CARD 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?
SHOW CARD 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
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{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)}**
**WL7Gl**
**INTERVIEWER:** Code the number of glasses *(drunk as glasses).*
Range: 1..97 (ALLOW FRACTIONS)

**WL7Glz**
SHOWCARD L3 {Picture of WGls125ml, WGls175ml, WGls250ml}
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 WL7Glz=1 and other}  
ml250Glz  
How many large glasses (250 ml) did you drink?

{IF WL7Glz=2 and other}  
ml175mGlzl  
How many standard glasses (175 ml) did you drink?

{IF WL7Glz=3 and other}  
ml125Glz  
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

{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}

SpritsQ

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

Range: 1..97

{IF Drinknow = 1 or DrinkAny = 1}

Sherry

SHOWCARD 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 much ALCOPOPS or pre-mixed alcoholic drinks (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?
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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 EverjobI=Yes) OR (Respondent is Female and PayAgeI>=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

SkiNee
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?

NE emplee
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+

73
{ELSEIF Employe = Self-employed AND Dirctr=No}
SNEEmplee
Do (did/will) you have any employees?
1 None
2 1 or 2
3 3-9
4 10-24
5 25-499
6 500+

{IF Employe=self employed AND Dirctr=No }
SlfWtMad
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
### Nursing qualifications
- SRN, SCM, SEN, RGN, RM, RHV, Midwife
- HNC/HND, BEC/TEC Higher, BTEC Higher/SCOTECH Higher
- ONC/OND/BEC/TEC/BTEC not higher
- City and Guilds Full Technological Certificate
- City and Guilds Advanced/Final Level
- City and Guilds Craft/Ordinary Level
- A-levels/Higher School Certificate
- AS level
- SLC/SCE/SUPE at Higher Grade or Certificate of Sixth Year Studies
- O-level passes taken in 1975 or earlier
- O-level passes taken after 1975 GRADES A-C
- O-level passes taken after 1975 GRADES D-E
- GCSE GRDES A*-C
- GCSE GRDES D-G
- CSE GRADE 1/SCE BANDS A-C/Standard Grade LEVEL 1-3
- CSE GRADES 2-5/SCE Ordinary BANDS D-E
- CSE Graded
- SLC Lower
- SUPE Lower or Ordinary
- School Certificate or Matric
- NVQ Level 5
- NVQ Level 4
- NVQ Level 3/Advanced level GNVQ
- NVQ Level 2/Intermediate level GNVQ
- NVQ Level 1/Foundation level GNVQ
- Recognised Trade Apprenticeship completed
- Clerical or Commercial Qualification (e.g. typing/book-keeping/commerce)

### 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

### OthQual

Do you have any qualifications not listed on this card?

1. Yes
2. No

### QualB

What qualifications are these?

INTERVIEWER: Record all other qualifications in full. PROBE: Any others?
Text: maximum 60 characters

### 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
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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
"@/@@@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 time of interview
96 = Booklet refused

{IF aged >16 and identified with Learning Difficulty at Household Grid}
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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

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.
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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
Comput: 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 refuses 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)

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

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

1 Yes
2 No

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.
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 RelInter=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 RelInter=Yes} – Loop until no further numbers to enter

FilTel
Do you have any other number we can contact you on? This would only be used for research purposes and would not be passed on to anyone outside of NatCen.
   1. Yes
   2. No

{IF FilTel=Yes}

OtherTel
ENTER NUMBER

{IF OtherTel = Number entered}

TypeTel
INTERVIEWER: CODE TYPE OF TELEPHONE NUMBER
   1. Home phone
   2. Work phone
   3. Mobile (any)

{IF PNurse = agree AND (TelNo=response OR OtherTel=response)}

NurCon
Would it be okay to pass these phone numbers(s) on to the nurse that will be contacting you?
   1. Yes
2. No

Email
Do you have an email address we can contact you on? This would only be used for research purposes and would not be passed on to anyone outside of NatCen.

1. Yes
2. No

{IF Email = Yes}
EmaAdd
ENTER EMAIL ADDRESS
INTERVIEWER: enter email address or ask respondent to type it in. Check with the respondent that it is correct.
Text: Maximum 100 characters

{IF Email = Yes}
EmaChk
Just to make sure the email address is correct, please enter again.
INTERVIEWER: enter email address or ask respondent to type it in. Check with the respondent that it is correct.
Text: Maximum 100 characters

SOFTCHECK: IF EmaAdd AND EmaChk are different: INTERVIEWER: THE EMAIL ADDRESSES ARE DIFFERENT AT EmaAdd and EmaChk. PLEASE CHECK.

ENDIF
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
19. Grandchild
20. Grandparent
21. Other relative
22. Other non-relative
1. Own natural child

2. Other
   (e.g. adopted, foster, child of partner, etc)
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
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
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

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

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.)

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<th>MONTHLY</th>
<th>ANNUAL</th>
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NJintInc/HHInc
<p>| | | | |</p>
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<td>£12,500 or more</td>
<td>£150,000 or more</td>
<td>63</td>
</tr>
</tbody>
</table>

NJIntInc/HHInc
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…)
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…)
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
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
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
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
1. Special diet

2. Eye screening / regular eye tests

3. Regular check-up with GP / hospital / clinic

4. Other (Please say what... )
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
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
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
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
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
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
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
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
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
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
1. No help in the last week
2. Less than one hour
3. 1-4 hours
4. 5-9 hours
5. 10-19 hours
6. 20-34 hours
7. 35-49 hours
8. 50-99 hours
9. 100 hours or more
1. Less than one hour per week
2. 1-4 hours
3. 5-9 hours
4. 10-19 hours
5. 20-34 hours
6. 35-49 hours
7. 50-99 hours
8. 100 hours or more
CARD 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
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
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
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
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
1. Filter-tipped cigarettes
2. Plain or untipped cigarettes
3. Hand-rolled cigarettes
4. None
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
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
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
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
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
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
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
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 12

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
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/SCOTECH Higher
5. ONC/OND, BEC/TEC/BTEC not higher
6. City and Guilds Full Technological Certificate
7. City and Guilds Advanced/Final Level
8. City and Guilds Craft/Ordinary Level
9. A-levels/Higher School Certificate
10. AS levels
11. SLC/SCE/SUPE at Higher Grade or Certificate of Sixth Year Studies
12. O-level passes taken in 1975 or earlier
13. O-level passes taken after 1975 GRADES A-C
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)
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
1. English
2. Welsh
3. Scottish
4. Irish
5. British
6. Other (Please describe…)

CARD J4
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…)
1. Very satisfied

2. Quite satisfied

3. Neither satisfied or dissatisfied

4. Quite dissatisfied

5. Very dissatisfied
HSE 2015

INTERVIEWER SHOWCARDS

&

Coding Frame
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<th>Name of Fruit</th>
<th>Size of Fruit</th>
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<td>Small</td>
<td>Medlar</td>
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<td>Avocado</td>
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<td>Melon (all types)</td>
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</tr>
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<td>Mineola</td>
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<td>Nectarine</td>
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<td>Passion fruit</td>
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<td>Cape gooseberry</td>
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**HEIGHT CONVERSION CHART**

1 inch = 2.54 cm

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### WEIGHT CONVERSION CHART

1 kg = 2.2 lbs

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<td>139.5</td>
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</table>
Long standing illnesses

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

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

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

What happens then?
- NatCen sends NHS numbers (but no other information) to the Hospital Episodes Statistics for updates about people's visits to hospital.
- Each year the NHS Central Register sends NatCen information about medical conditions like cancer and causes of deaths for people whose records have been flagged
- This information is added to your survey answers, making it even more useful to researchers in the future to look at how people’s lifestyles can affect their future health
The Health Survey for England 2015

Program Documentation

Nurse Questionnaire

CONTENTS

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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
The Health Survey for England 2015 - Nurse Schedule

{IF Age of Respondent is 0 to 15 years}
CParlnt
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?
The Health Survey for England 2015 - Nurse Schedule

{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

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
tables, 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)}
BPMmod
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
BPConst
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 BPConst = 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 BPConst = 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 BPConst = 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 BPConst = 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}

NAttBP

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}

DifBP

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 DifBP=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) (First Systolic reading) (First Diastolic reading) (First Pulse reading)
ii) (Second Systolic reading) (Second Diastolic reading) (Second Pulse reading)
iii) (Third Systolic reading) (Third Diastolic reading) (Third Pulse reading)

ENTER ON THEIR MEASUREMENT RECORD CARD (COMPLETE NEW RECORD CARD IF REQUIRED).

ADVICE TO RESPONDENTS ON BLOOD PRESSURE READING

{IF Systolic reading >179 OR Diastolic reading >109}
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
ENDIF

{IF ONE, TWO OR THREE FULL BLOOD PRESSURE READINGS OBTAINED}

GPRegB
Are you registered with a GP?
1 Yes
2 No
{IF GPRegB = Yes}

GP Send

May we send your blood pressure readings to your GP?

  1  Yes
  2  No

{IF GPSend = No}

GP Ref C

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

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

{IF GPrefM = Other}

Oth Ref C

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

Text: Maximum 140 characters

ENDIF

ENDIF

ENDIF

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

No BPGP

CIRCLE CONSENT CODE 02 ON FRONT OF CONSENT BOOKLET.

Cross a line through the 'Blood pressure to GP' section inside the consent booklet to make clear that the respondent has not consented to this.

  1  Continue

{ELSEIF GPSend = Yes THEN}

Cons Frm 1

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 [CHILDS NAME] TO INITIAL THE 'BLOOD PRESSURE TO GP' ASSENT BOX IF THEY CAN. IF NOT, ASK RESPONDENT'S PARENT/'PARENT' TO INITIAL THE BOX ON [CHILD'S NAME] BEHALF.

B) CHECK THAT GP NAME, ADDRESS AND PHONE NO. ARE RECORDED ON THE CONSENT FORM.

C) CHECK THE NAME BY WHICH GP KNOWS RESPONDENT.

D) CIRCLE CONSENT CODE 01 ON FRONT OF CONSENT BOOKLET.

  1  Continue

ENDIF
Waist and hip circumference
ASK ALL Respondents aged 11+ AND PregNTJ=No

WHMod
NURSE: NOW FOLLOWS THE WAIST AND HIP CIRCUMFERENCE MEASUREMENT.
1 Continue

WHIntro
I would now like to measure your waist and hips. The waist relative to hip measurement is
very useful for assessing the distribution of weight over the body.
1 Respondent agrees to have waist/hip ratio measured
2 Respondent refuses to have waist/hip ratio measured
3 Unable to measure waist/hip ratio for reason other than refusal

{IF WHIntro=Agree}
Repeat for up to three waist-hip measurements. Third measurement taken only if difference
between first two measurements is greater than 3cm.

{FOR Loop:= 1 TO 3 DO}
{IF (Loop IN [1..2]) OR ((Loop = 3) AND (Measure[1].Waist <> 999.9) AND (Measure[2].Waist <> 999.9) AND (ABS(Measure[1].Waist - Measure[2].Waist) > 3))}

Waist
NURSE: MEASURE THE WAIST AND HIP CIRCUMFERENCES TO THE NEAREST MM.
ENTER (FIRST/SECOND/THIRD) WAIST MEASUREMENT IN CENTIMETRES (Remember
to include the decimal point).
IF MEASUREMENT NOT OBTAINED, ENTER '999.9'.
Range: 45.0..1000.0
ENDIF

{IF (Loop IN [1..2]) OR ((Loop = 3) AND (Measure[1].Hip <> 999.9) AND (Measure[2].Hip <> 999.9) AND (ABS(Measure[1].Hip - Measure[2].Hip) > 3))}

Hip
NURSE: MEASURE THE WAIST AND HIP CIRCUMFERENCES TO THE NEAREST MM.
ENTER (FIRST/SECOND/THIRD) MEASUREMENT OF HIP CIRCUMFERENCE IN CENTIMETRES (Remember to include the decimal point).
IF MEASUREMENT NOT OBTAINED, ENTER '999.9'.
Range: 75.0..1000.0
ENDIF
ENDDO

{IF (Waist1 = 999.9) OR (Waist2 = 999.9) OR (Hip1 = 999.9) OR (Hip2 = 999.9)}
YNoWH
ENTER REASON FOR NOT GETTING BOTH MEASUREMENTS
1 Both measurements refused
2 Attempted but not obtained
3 Measurement not attempted
ENDIF
ENDIF
{IF NO OR ONE MEASUREMENT OBTAINED ((WHIntro=Refuse OR Unable) OR only one waist/hip measurement obtained)}

WHPNABM
GIVE REASON(S) (FOR REFUSAL/WHY UNABLE/FOR NOT OBTAINING MEASUREMENT/FOR NOT ATTEMPTING/WHY ONLY ONE MEASUREMENT OBTAINED). CODE ALL THAT APPLY.

1. Respondent is in a wheelchair
2. Respondent is confined to bed
3. Respondent is too stooped
4. Respondent did not understand the procedure
5. Respondent is embarrassed / sensitive about their size
6. No time/ busy/ already spent enough time on this survey
95. Other (SPECIFY AT NEXT QUESTION)

{IF WHPNABM = Other}
OthWH
GIVE FULL DETAILS OF 'OTHER' REASON(S) FOR NOT GETTING FULL WAIST/HIP MEASUREMENT:

Text: Maximum 140 characters

ENDIF
ENDIF

{IF AT LEAST ONE WAIST MEASUREMENT OBTAINED}

WJRel
Record any problems with waist measurement (include here restrictions from type of clothing worn such as saris or religious/cultural items worn on the body):

1. No problems experienced, reliable waist measurement
2. Problems experienced - waist measurement likely to be reliable
3. Problems experienced - waist measurement likely to be slightly unreliable
4. Problems experienced - waist measurement likely to be unreliable

{IF WJRel = Problems experienced}
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 of 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.
{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

ENDIF

ENDIF
Blood Sample
ASK ALL aged 16+ (EXCEPT PREGNANT WOMEN)

BllIntro
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

CBSConst
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
The Health Survey for England 2015 - Nurse Schedule

Blood sample

{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
SampF2
CODE 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/faintened
  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)}
Respill
In the last month, have you had a cough, cold or flu which gave you a temperature or made you  
feel feverish?
  1  Yes
  2  No

DisNote
NURSE: Complete the details on the green laboratory dispatch note:

- Serial number: ^SerStr
- Date of birth: ^NDoB
- Sex: ^sextxt
- Region: ^LACode
- Date of last flu vaccination: ^FluTxt
- Respiratory illness: ^IllTxt

- 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
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:

<table>
<thead>
<tr>
<th>Very healthy life</th>
<th>Fairly healthy life</th>
<th>Not very healthy life</th>
<th>An unhealthy life</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you feel that you lead a …

1   2   3   4

Tick ONE box

B. Sometimes you are asked to write in a number or the answer in your own words. Please enter numbers as figures rather than words.

Example:

Write in no. 6
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  \(\rightarrow\) Go to Q2

No  \(\rightarrow\) 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
EVERYONE PLEASE ANSWER

Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over the last 2 weeks.

<table>
<thead>
<tr>
<th></th>
<th>None of the time</th>
<th>Rarely</th>
<th>Some of the time</th>
<th>Often</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>I've been feeling optimistic about the future</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>I've been feeling useful</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>I've been feeling relaxed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>I've been feeling interested in other people</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>I've had energy to spare</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>I've been dealing with problems well</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G</td>
<td>I've been thinking clearly</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H</td>
<td>I've been feeling good about myself</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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

I. I’ve been feeling close to other people
   - None of the time
   - Rarely
   - Some of the time
   - Often
   - All of the time

J. I’ve been feeling confident
   - 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
   - None of the time
   - Rarely
   - Some of the time
   - Often
   - All of the time

L. I’ve been feeling loved
   - None of the time
   - Rarely
   - Some of the time
   - Often
   - All of the time

M. I’ve been interested in new things
   - None of the time
   - Rarely
   - Some of the time
   - Often
   - All of the time

N. I’ve been feeling cheerful
   - None of the time
   - Rarely
   - Some of the time
   - Often
   - All of the time

Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)
© NHS Health Scotland, University of Warwick and University of Edinburgh, 2006, all rights reserved.

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  
Agree  
Neither agree nor disagree  
Disagree  
Strongly disagree

Q10 Do you have a choice in deciding how you go about your work?

Tick ONE box

Never  
Occasionally  
Some of the time  
Much of the time  
Most of the time  
All of the time

Q11 Do you get help and support from your line manager?

Tick ONE box

Often  
Sometimes  
Seldom  
Never/ almost never  
Does not apply/ have no manager

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
<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tickets for the National Lottery Draw, including Thunderball and Euromillions and tickets bought online</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scratchcards (but not online or newspaper or magazine scratchcards)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tickets for any other lottery, including charity lotteries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The football pools</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bingo cards or tickets, including playing at a bingo hall (not online)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fruit or slot machines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Virtual gaming machines in a bookmakers to bet on virtual roulette, poker, blackjack or other games</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Table games (roulette, cards or dice) in a casino</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Playing poker in a pub tournament/ league or at a club</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Online gambling like playing poker, bingo, instant win/scratchcard games, slot machine style games or casino games for money</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Online betting with a bookmaker on any event or sport</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Betting exchange</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Betting on horse races in a bookmaker’s, by phone or at the track</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Betting on dog races in a bookmaker’s, by phone or at the track</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Betting on sports events in a bookmaker’s, by phone or at the venue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Betting on other events in a bookmaker’s, by phone or at the venue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spread-betting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private betting, playing cards or games for money with friends, family or colleagues</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Another form of gambling in the last 12 months</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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
- Once a week
- Less than once a week, more than once a month
- Once a month
- Every 2-3 months
- Once or twice a year

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…**

<table>
<thead>
<tr>
<th>Question</th>
<th>Every time I lost</th>
<th>Most of the time</th>
<th>Some of the time (less than half the time I lost)</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Q15</strong> When you gamble, how often do you go back another day to win back money you lost?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**In the last 12 months…**

<table>
<thead>
<tr>
<th>Question</th>
<th>Very often</th>
<th>Fairly often</th>
<th>Occasionally</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Q16</strong> 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)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td><strong>Q17</strong> Have you needed to gamble with more and more money to get the excitement you are looking for?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td><strong>Q18</strong> Have you felt restless or irritable when trying to cut down gambling?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
## In the last 12 months...

**Q19** Have you gambled to escape from problems or when you are feeling depressed, anxious or bad about yourself?  
- Very often  
- Fairly often  
- Occasionally  
- Never

**Q20** Have you lied to family, or others, to hide the extent of your gambling?  
- Very often  
- Fairly often  
- Occasionally  
- Never

**Q21** Have you made unsuccessful attempts to control, cut back or stop gambling?  
- Very often  
- Fairly often  
- Occasionally  
- Never

**Q22** Have you committed a crime in order to finance gambling or to pay gambling debts?  
- Very often  
- Fairly often  
- Occasionally  
- Never

**Q23** Have you risked or lost an important relationship, job, educational or work opportunity because of gambling?  
- Very often  
- Fairly often  
- Occasionally  
- Never

**Q24** Have you asked others to provide money to help with a desperate financial situation caused by gambling?  
- Very often  
- Fairly often  
- Occasionally  
- Never

## In the past 12 months, how often...

**Q25** ...have you bet more than you could really afford to lose?  
- Almost always  
- Most of the time  
- Sometimes  
- Never

**Q26** ...have you needed to gamble with larger amounts of money to get the same excitement?  
- Almost always  
- Most of the time  
- Sometimes  
- Never

**Q27** ...have you gone back to try to win back the money you’d lost?  
- Almost always  
- Most of the time  
- Sometimes  
- Never

**Q28** ...have you borrowed money or sold anything to get money to gamble?  
- Almost always  
- Most of the time  
- Sometimes  
- Never

**Q29** ...have you felt that you might have a problem with gambling?  
- Almost always  
- Most of the time  
- Sometimes  
- Never

**Q30** ...have you felt that gambling has caused you any health problems, including stress or anxiety?  
- Almost always  
- Most of the time  
- Sometimes  
- Never

**Q31** ...have people criticised your betting, or told you that you have a gambling problem, whether or not you thought it is true?  
- Almost always  
- Most of the time  
- Sometimes  
- Never

**Q32** ...have you felt your gambling has caused financial problems for you or your household?  
- Almost always  
- Most of the time  
- Sometimes  
- Never

**Q33** ...have you felt guilty about the way you gamble or what happens when you gamble?  
- Almost always  
- Most of the time  
- Sometimes  
- Never
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
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

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

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
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

- [ ] Mon 1
- [ ] Tues 2
- [ ] Wed 3
- [ ] Thur 4
- [ ] Fri 5
- [ ] Sat 6
- [ ] Sun 7  \(\Rightarrow\) Go to Q41

**OR TICK**

No vigorous physical activities in the last 7 days \(\Rightarrow\) 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](image)

![Write in minutes per day](image)

**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](image)

![Write in minutes per day](image)
Information about yourself

EVERYONE PLEASE ANSWER

Q43 Which of the following options best describes how you think of yourself?

- Heterosexual or Straight [1]
- Gay or Lesbian [2]
- Bisexual [3]
- Other [4]
- Prefer not to say [5]

Q44 What is your religion or belief?

- 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...

- 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 [ ]
- Trying to gain weight [ ]
- Not trying to change weight [ ]

**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

<table>
<thead>
<tr>
<th>Child Name</th>
<th>Child Person No</th>
<th>Child Name</th>
<th>Child Person No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>About the right weight</th>
<th>1</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>too heavy</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>or too light?</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Not sure</td>
<td>8</td>
<td>8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child Name</th>
<th>Child Person No</th>
<th>Child Name</th>
<th>Child Person No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>About the right weight</th>
<th>1</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>too heavy</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>or too light?</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Not sure</td>
<td>8</td>
<td>8</td>
</tr>
</tbody>
</table>
Thank you for answering these questions.

Please give the booklet back to the interviewer.
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:

<table>
<thead>
<tr>
<th>Very healthy life</th>
<th>Fairly healthy life</th>
<th>Not very healthy life</th>
<th>An unhealthy life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you feel that you lead a …</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

B. Sometimes you are asked to write in a number or the answer in your own words. Please enter numbers as figures rather than words.

Example:

Write in no. 6
Smoking

Q1 Have you ever smoked a cigarette, a cigar or a pipe?

Tick ONE box

Yes 1 ➔ Go to next question
No 2 ➔ Go to 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
- Advert for a nicotine replacement product
- Government or NHS advert on TV, radio or press
- Hearing about a new stop smoking treatment
- Financial reasons/ can’t afford it
- Being faced with the smoking ban in public places and at work
- I knew someone else who was stopping
- Seeing a health warning on a cigarette packet
- Family or friends wanted me to stop
- Being contacted by my local NHS Stop Smoking Services
- Health problems I had at the time
- Worried about future health problems
- Pregnancy
- Worried about the effect on my children
- Worried about the effect on other family members
- My own motivation
- Something else
- Can’t remember

Q6 Did you smoke cigarettes regularly or occasionally?

Tick ONE box

- Regularly, that is at least one cigarette a day
- Occasionally
- I never really smoked cigarettes, just tried them once or twice

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
- Plain or untipped cigarettes
- Hand-rolled cigarettes

Q10 Do you ever smoke any other type of cigarettes nowadays?

Tick ALL that apply

- Filter-tipped cigarettes
- Plain or untipped cigarettes
- Hand-rolled cigarettes

No

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
- Always without a filter
- Sometimes a filter, sometimes not

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
- No

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
- I REALLY want to stop smoking and intend to in the next 3 months
- I want to stop smoking and hope to soon
- I REALLY want to stop smoking but I don’t know when I will
- I want to stop smoking but haven’t thought about when
- I think I should stop smoking but don’t really want to
- I don’t want to stop smoking

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
- Nicotine lozenges/mini lozenges
- Nicotine patch
- Nicotine inhaler/inhalator
- Nicotine mouthspray
- Nicotine nasal spray
- Another nicotine product
- Electronic cigarette
- None of these

⇒ 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
- No

⇒ Go to next question

⇒ 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 [ ]
- Nicotine lozenges/mini lozenges [ ]
- Nicotine patch [ ]
- Nicotine inhaler/inhalator [ ]
- Nicotine mouthspray [ ]
- Nicotine nasal spray [ ]
- Another nicotine product [ ]
- Electronic cigarette [ ]
- None of these [ ]

EVERYONE PLEASE ANSWER

Q25a Did your father ever smoke regularly when you were a child?

Tick ONE box

- Yes [ ]
- No [ ]
- Don’t know [ ]

Q25b Did your mother ever smoke regularly when you were a child?

Tick ONE box

- Yes [ ]
- No [ ]
- Don’t know [ ]
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

At work

In other people's homes

Travelling by car/van

Outdoor areas of pubs or cafes or restaurants

In other places

No, none of these

Go to Q28

Q28 Does this bother you?

Tick ONE box

Yes

No
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 ➔ Go to Q49
- Used to drink but stopped 2

**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
Five or six days a week
Three or four days a week
Once or twice a week
Once or twice a month
Once every couple of months
Once or twice a year
Not at all in the last 12 months

Go to next question

Q34 Did you have an alcoholic drink in the seven days ending yesterday?

Tick ONE box

Yes
No

Go to next question
Go to Q37

Q35 On how many days out of the last seven did you have an alcoholic drink?

Tick ONE box

One
Two
Three
Four
Five
Six
Seven
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.

<table>
<thead>
<tr>
<th>TICK ALL DRINKS YOU DRANK ON THAT DAY</th>
<th>WRITE IN HOW MUCH YOU DRANK ON THAT DAY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Normal</strong> strength beer, lager, stout, cider or shandy (less than 6% alcohol)—exclude bottles/cans of shandy.</td>
<td>Glasses (count doubles as 2 singles)</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Strong</strong> beer, lager, stout or cider (6% alcohol or more, such as Tennents Super, Special Brew, Diamond White)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Sherry or martini (including port, vermouth, Cinzano, Dubonnet)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Wine (including Babycham and champagne)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcoholic soft drink (‘alcopop’) or a pre-mixed alcoholic drink such as Bacardi Breezer, WKD or Smirnoff Ice</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Other kinds of alcoholic drink</td>
<td>WRITE IN NAME OF DRINK</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
</tbody>
</table>
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
- Five or six days a week
- Three or four days a week
- Once or twice a week
- Once or twice a month
- Once every couple of months
- Once or twice a year
- Not at all in the last 12 months

Go to next question

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?

WRITE IN HOW MUCH YOU HAVE USUALLY DRUNK ON ANY ONE DAY

Pints
Large cans or bottles
Small cans or bottles
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
- Five or six days a week
- Three or four days a week
- Once or twice a week
- Once or twice a month
- Once every couple of months
- Once or twice a year
- Not at all in the last 12 months

$q \rightarrow$ Go to next question

Q40 How much **strong beer, lager, stout or cider** have you usually drunk on any one day during the last 12 months?

WRITE IN HOW MUCH YOU HAVE USUALLY DRUNK ON ANY ONE DAY

<table>
<thead>
<tr>
<th>Pints</th>
<th>Large cans or bottles</th>
<th>Small cans or bottles</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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
- Five or six days a week
- Three or four days a week
- Once or twice a week
- Once or twice a month
- Once every couple of months
- Once or twice a year
- Not at all in the last 12 months

Go to next question

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
Five or six days a week
Three or four days a week
Once or twice a week
Once or twice a month
Once every couple of months
Once or twice a year
Not at all in the last 12 months

Go to next question

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

Five or six days a week

Three or four days a week

Once or twice a week

Once or twice a month

Once every couple of months

Once or twice a year

Not at all in the last 12 months

Go to Q47

Q46 How much wine, including Babycham and champagne, have you usually drunk on any one day during the last 12 months?

WRITE IN HOW MUCH YOU HAVE USUALLY DRUNK ON ANY ONE DAY

Large glasses (250ml) Standard glasses (175ml) Small glasses (125ml) Bottles (750ml)
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**
- **Five or six days a week**
- **Three or four days a week**
- **Once or twice a week**
- **Once or twice a month**
- **Once every couple of months**
- **Once or twice a year**
- **Not at all in the last 12 months**

⇒ Go to next question

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?

WRITE IN HOW MUCH YOU HAVE USUALLY DRUNK ON ANY ONE DAY

Large bottles (700ml)  | Standard bottles (275ml)  | Small cans or bottles

⇒ Go to Q49
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
EVERYONE PLEASE ANSWER

Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over the last 2 weeks:

<table>
<thead>
<tr>
<th></th>
<th>,None of the time</th>
<th>Rarely</th>
<th>Some of the time</th>
<th>Often</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>I've been feeling optimistic about the future</td>
<td><img src="#" alt="1" /></td>
<td><img src="#" alt="2" /></td>
<td><img src="#" alt="3" /></td>
<td><img src="#" alt="4" /></td>
</tr>
<tr>
<td>B</td>
<td>I've been feeling useful</td>
<td><img src="#" alt="1" /></td>
<td><img src="#" alt="2" /></td>
<td><img src="#" alt="3" /></td>
<td><img src="#" alt="4" /></td>
</tr>
<tr>
<td>C</td>
<td>I've been feeling relaxed</td>
<td><img src="#" alt="1" /></td>
<td><img src="#" alt="2" /></td>
<td><img src="#" alt="3" /></td>
<td><img src="#" alt="4" /></td>
</tr>
<tr>
<td>D</td>
<td>I've been feeling interested in other people</td>
<td><img src="#" alt="1" /></td>
<td><img src="#" alt="2" /></td>
<td><img src="#" alt="3" /></td>
<td><img src="#" alt="4" /></td>
</tr>
<tr>
<td>E</td>
<td>I've had energy to spare</td>
<td><img src="#" alt="1" /></td>
<td><img src="#" alt="2" /></td>
<td><img src="#" alt="3" /></td>
<td><img src="#" alt="4" /></td>
</tr>
<tr>
<td>F</td>
<td>I've been dealing with problems well</td>
<td><img src="#" alt="1" /></td>
<td><img src="#" alt="2" /></td>
<td><img src="#" alt="3" /></td>
<td><img src="#" alt="4" /></td>
</tr>
<tr>
<td>G</td>
<td>I've been thinking clearly</td>
<td><img src="#" alt="1" /></td>
<td><img src="#" alt="2" /></td>
<td><img src="#" alt="3" /></td>
<td><img src="#" alt="4" /></td>
</tr>
<tr>
<td>H</td>
<td>I've been feeling good about myself</td>
<td><img src="#" alt="1" /></td>
<td><img src="#" alt="2" /></td>
<td><img src="#" alt="3" /></td>
<td><img src="#" alt="4" /></td>
</tr>
</tbody>
</table>
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**

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>None of the time</td>
<td>Rarely</td>
<td>Some of the time</td>
<td>Often</td>
</tr>
<tr>
<td>J</td>
<td>None of the time</td>
<td>Rarely</td>
<td>Some of the time</td>
<td>Often</td>
</tr>
<tr>
<td>K</td>
<td>None of the time</td>
<td>Rarely</td>
<td>Some of the time</td>
<td>Often</td>
</tr>
<tr>
<td>L</td>
<td>None of the time</td>
<td>Rarely</td>
<td>Some of the time</td>
<td>Often</td>
</tr>
<tr>
<td>M</td>
<td>None of the time</td>
<td>Rarely</td>
<td>Some of the time</td>
<td>Often</td>
</tr>
<tr>
<td>N</td>
<td>None of the time</td>
<td>Rarely</td>
<td>Some of the time</td>
<td>Often</td>
</tr>
</tbody>
</table>

**Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)**
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**Q56 Are you currently in paid employment?**

**Tick ONE box**

Yes 1 ➔ Go to Q57

No 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
<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tickets for the National Lottery Draw, including Thunderball and Euromillions and tickets bought online</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scratchcards (but not online or newspaper or magazine scratchcards)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tickets for any other lottery, including charity lotteries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The football pools</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bingo cards or tickets, including playing at a bingo hall (not online)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fruit or slot machines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Virtual gaming machines in a bookmakers to bet on virtual roulette, poker, blackjack or other games</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Table games (roulette, cards or dice) in a casino</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Playing poker in a pub tournament/ league or at a club</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Online gambling like playing poker, bingo, instant win/scratchcard games, slot machine style games or casino games for money</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Online betting with a bookmaker on any event or sport</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Betting exchange
  *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.* |     |    |
| Betting on horse races in a bookmaker’s, by phone or at the track       |     |    |
| Betting on dog races in a bookmaker’s, by phone or at the track         |     |    |
| Betting on sports events in a bookmaker’s, by phone or at the venue     |     |    |
| Betting on other events in a bookmaker’s, by phone or at the venue      |     |    |
| Spread-betting
  *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.* |     |    |
| Private betting, playing cards or games for money with friends, family or colleagues |     |    |
| Another form of gambling in the last 12 months                         |     |    |
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 □

Once a week □

Less than once a week, more than once a month □

Once a month □

Every 2-3 months □

Once or twice a year □

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?

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)?

Q65 Have you needed to gamble with more and more money to get the excitement you are looking for?

Q66 Have you felt restless or irritable when trying to cut down gambling?
In the last 12 months…

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q67</td>
<td>Have you gambled to escape from problems or when you are feeling depressed, anxious or bad about yourself?</td>
</tr>
<tr>
<td>Q68</td>
<td>Have you lied to family, or others, to hide the extent of your gambling?</td>
</tr>
<tr>
<td>Q69</td>
<td>Have you made unsuccessful attempts to control, cut back or stop gambling?</td>
</tr>
<tr>
<td>Q70</td>
<td>Have you committed a crime in order to finance gambling or to pay gambling debts?</td>
</tr>
<tr>
<td>Q71</td>
<td>Have you risked or lost an important relationship, job, educational or work opportunity because of gambling?</td>
</tr>
<tr>
<td>Q72</td>
<td>Have you asked others to provide money to help with a desperate financial situation caused by gambling?</td>
</tr>
</tbody>
</table>

Tick ONE box for each question

<table>
<thead>
<tr>
<th>Very often</th>
<th>Fairly often</th>
<th>Occasionally</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In the past 12 months, how often…

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q73</td>
<td>...have you bet more than you could really afford to lose?</td>
</tr>
<tr>
<td>Q74</td>
<td>...have you needed to gamble with larger amounts of money to get the same excitement?</td>
</tr>
<tr>
<td>Q75</td>
<td>...have you gone back to try to win back the money you’d lost?</td>
</tr>
<tr>
<td>Q76</td>
<td>...have you borrowed money or sold anything to get money to gamble?</td>
</tr>
<tr>
<td>Q77</td>
<td>...have you felt that you might have a problem with gambling?</td>
</tr>
<tr>
<td>Q78</td>
<td>...have you felt that gambling has caused you any health problems, including stress or anxiety?</td>
</tr>
<tr>
<td>Q79</td>
<td>...have people criticised your betting, or told you that you have a gambling problem, whether or not you thought it is true?</td>
</tr>
<tr>
<td>Q80</td>
<td>...have you felt your gambling has caused financial problems for you or your household?</td>
</tr>
<tr>
<td>Q81</td>
<td>...have you felt guilty about the way you gamble or what happens when you gamble?</td>
</tr>
</tbody>
</table>

Tick ONE box for each question

<table>
<thead>
<tr>
<th>Almost always</th>
<th>Most of the time</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thur</th>
<th>Fri</th>
<th>Sat</th>
<th>Sun</th>
</tr>
</thead>
</table>

OR TICK

No walking in the last 7 days

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 [ ]
- Average pace [ ]
- Fairly brisk pace [ ]
- Fast pace - at least 4 miles per hour [ ]

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 [ ]
- No [ ]

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

- Mon [ ]
- Tues [ ]
- Wed [ ]
- Thur [ ]
- Fri [ ]
- Sat [ ]
- Sun [ ]

GO TO Q87

OR TICK

No moderate physical activities in the last 7 days [ ]

GO TO Q88
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.

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. Thu
5. Fri
6. Sat
7. Sun

OR TICK:

No vigorous physical activities in the last 7 days

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.
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.

Information about yourself

EVERYONE PLEASE ANSWER

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 4

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
Q95 Given your child’s age and height, would you say that your child is...

<table>
<thead>
<tr>
<th>Child Name</th>
<th>Child Person No</th>
<th>Child Name</th>
<th>Child Person No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

About the right weight

<table>
<thead>
<tr>
<th></th>
<th>Child Person No</th>
<th></th>
<th>Child Person No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>too heavy</td>
<td>2</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>or too light?</td>
<td>3</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Not sure</td>
<td>8</td>
<td></td>
<td>8</td>
</tr>
</tbody>
</table>
Thank you for answering these questions.

Please give the booklet back to the interviewer.
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 10 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

  Yes 1

  No 2 ➔ Go to question 2

  I was 10 years old

  Write in

When you have finished answering the questionnaire, please seal it in the brown envelope and hand it back to the interviewer. If you have any questions or need help, please ask the interviewer.

THANK YOU AGAIN FOR YOUR HELP
Cigarette Smoking

Q1 Have you ever tried smoking a cigarette, even if it was only a puff or two?

Tick ONE box
- Yes 1 ➔ Go to next question
- No 2

Q2 Now read all the following sentences very carefully and tick the box next to the one which best describes you.

Tick ONE box
- I have never smoked 1 ➔ Go to Q6
- I have only smoked once or twice 2
- I used to smoke sometimes, but I never smoke a cigarette now 3 ➔ Go to next question
- 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)

No, none of these 97

Go to next question

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  ➔ Go to next question

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
Q14 When did you \textbf{last} have an alcoholic drink or alcopop?

Tick ONE box

Today \(\square\)  \
Yesterday \(\square\)  \(\Rightarrow\text{ Go to next question}\)  \
Some other time during the last week \(\square\)  \
1 week, but less than 2 weeks ago \(\square\)  \(\Rightarrow\text{ Go to Q21}\)  \
2 weeks, but less than 4 weeks ago \(\square\)  \
1 month, but less than 6 months ago \(\square\)  \
6 months ago or more \(\square\)

Q15 Which, if any, of the drinks shown below, have you drunk in the \textbf{last 7 days}?  
Please (✓) either yes or no for each kind of drink.

\textbf{For each kind of drink, write in the box how much you drank in the last 7 days.}

\textbf{Beer, lager, cider or shandy (exclude bottles or cans of shandy)}

Have you drunk this in the \textbf{last 7 days}? 

Tick ONE box

No \(\square\)  \(\Rightarrow\text{ Go to Q16}\)  \
Yes \(\square\)  

\textbf{How much did you drink in the last 7 days?}

Write in:

\(\square\) \textbf{Pints} (if half a pint, write in \(\frac{1}{2}\))  \
\(\square\) \textbf{Large cans or bottles}  \
\(\square\) \textbf{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  \(\Box\)  \(\rightarrow\)  Go to Q20

Yes  \(\Box\)

↓

How much did you drink in the last 7 days?

Write in:

\(\Box\)  Large cans or bottles

AND/OR \(\Box\)  Small cans or bottles

Q20  Other kinds of alcoholic drink?

Have you drunk this in the last 7 days?

Tick ONE box

No  \(\Box\)  \(\rightarrow\)  Go to Q21

Yes  \(\Box\)  \(\rightarrow\)  Complete details below

Write in name of drink

How much did you drink in the last 7 days?

Write in:

\(\rightarrow\)

\(\rightarrow\)

\(\rightarrow\)
**EVERYONE PLEASE ANSWER**

**Q21** Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over the last 2 weeks.

<table>
<thead>
<tr>
<th></th>
<th>None of the time</th>
<th>Rarely</th>
<th>Some of the time</th>
<th>Often</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>I’ve been feeling optimistic about the future</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>B</td>
<td>I’ve been feeling useful</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>C</td>
<td>I’ve been feeling relaxed</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>D</td>
<td>I’ve been feeling interested in other people</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>E</td>
<td>I’ve had energy to spare</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>F</td>
<td>I’ve been dealing with problems well</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>G</td>
<td>I’ve been thinking clearly</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>H</td>
<td>I’ve been feeling good about myself</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over the last 2 weeks.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>None of the time</th>
<th>Rarely</th>
<th>Some of the time</th>
<th>Often</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>I've been feeling close to other people</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J</td>
<td>I've been feeling confident</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K</td>
<td>I've been able to make up my own mind about things</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>L</td>
<td>I've been feeling loved</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>I've been interested in new things</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>I've been feeling cheerful</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)
© NHS Health Scotland, University of Warwick and University of Edinburgh, 2006, all rights reserved.
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

**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

**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

**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
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

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

4 to 6 times a week

2 to 3 times a week

Once a week

Once a month

Less than once a month

Never
**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

<table>
<thead>
<tr>
<th>Option</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>1</td>
</tr>
<tr>
<td>About half an hour</td>
<td>2</td>
</tr>
<tr>
<td>About an hour</td>
<td>3</td>
</tr>
<tr>
<td>About 2 to 3 hours</td>
<td>4</td>
</tr>
<tr>
<td>About 4 to 6 hours</td>
<td>5</td>
</tr>
<tr>
<td>About 7 hours or more</td>
<td>6</td>
</tr>
</tbody>
</table>

**Your weight**

**EVERYONE PLEASE ANSWER**

**Q29** Given your age and height, would you say that you are...

Tick ONE box

<table>
<thead>
<tr>
<th>Option</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>About the right weight</td>
<td>1</td>
</tr>
<tr>
<td>too heavy</td>
<td>2</td>
</tr>
<tr>
<td>or too light?</td>
<td>3</td>
</tr>
<tr>
<td>Not sure</td>
<td>8</td>
</tr>
</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>Option</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trying to lose weight</td>
<td>1</td>
</tr>
<tr>
<td>Trying to gain weight</td>
<td>2</td>
</tr>
<tr>
<td>Not trying to change weight</td>
<td>3</td>
</tr>
</tbody>
</table>
About you

EVERYONE PLEASE ANSWER

Q31 Which of these would you say you are?

Tick ALL that apply

- English
- Welsh
- Scottish
- Irish
- British

Or something else? (Please write in the box below)

Q32 What is your religion or belief?

Tick ONE box

- No religion
- Christian - Catholic
- Christian – all other denominations including Church of England, Protestant
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Any other religion (please write in the box below)
Thank you for answering these questions.

Please give the booklet back to the interviewer.
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

No

• Sometimes you have to write a number in the box.

Example:

I was

Write in

10

years old

• 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

➔ Go to Q2

Yes

↓

I was

Write in

10

years old

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
Q1 Have you ever tried smoking a cigarette, even if it was only a puff or two?

Tick ONE box

Yes [ ]
No [ ]

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 [ ]

Go to Q6

I have only smoked once or twice [ ]

Go to next question

I used to smoke sometimes, but I never smoke a cigarette now [ ]

I sometimes smoke, but I don’t smoke every week [ ]

Go to next question

I smoke between one and six cigarettes a week [ ]

I smoke more than six cigarettes a week [ ]

Go to next question

Q3 How old were you when you tried smoking a cigarette, even if it was only a puff or two?

I was [ ] years old

Go to next question

Write in

Q4 Did you smoke any cigarettes last week?

Tick ONE box

Yes [ ]

Go to next question

No [ ]

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
- In other people’s homes
- In a car
- In the street
- Outdoor areas of pubs or cafes or restaurants
- In the park or playing fields
- Other public places
- In school
- In other places (please write these other places in the box below)

No, none of these

Go to Q8

Q7 Does this bother you?

Tick ONE box

- Yes
- No

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 ➔ Go to next question

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
Q12 When did you **last** have an alcoholic drink or alcopop?

Tick ONE box

- Today
- Yesterday
- Some other time during the last week
- 1 week, but less than 2 weeks ago
- 2 weeks, but less than 4 weeks ago
- 1 month, but less than 6 months ago
- 6 months ago or more

⇒ 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
- too heavy
- or too light?
- Not sure

⇒ 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
- Trying to gain weight
- Not trying to change weight

⇒ Go to next question
**Q15** Which of these would you say you are?

Tick ALL boxes that apply

- English
- Welsh
- Scottish
- Irish
- British

Or something else? (Please write in the box below)

**Q16** What is your religion or belief?

Tick ONE box

- No religion
- Christian - Catholic
- Christian – all other denominations including Church of England, Protestant
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh

Any other religion (please write in the box below)
Thank you for answering these questions.

Please give the booklet back to the interviewer.
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 1
Blue eyes 2
Green eyes 3
Grey eyes 4

Go to next question

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 1
No 2

Go to next question

Go to Q4

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

Tick ONE box

Mild 1
Moderate 2
Severe 3

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

- Always
- Often
- Sometimes
- Rarely
- Never

Tick ONE box

Go to next question

Q4 Do they have an intellectual difficulty or developmental delay?

- Yes
- No

Tick ONE box

Go to next question

Go to end

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

- Mild
- Moderate
- Severe

Tick ONE box

Go to next question

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

- Always
- Often
- Sometimes
- Rarely
- Never

Tick ONE box

Go to end
Thank you for answering these questions.

Please give the booklet back to the interviewer.
Please use capital letters and write in ink

House / Flat number (or name): _________________________________

________________________

Postcode: ____________

Survey month: ______________________

POINT
ADDRESS

HHLD CKL PERSON NO

1. Nurse number

2. Date schedule completed

3. Full name (of person interviewed) ________________________________________________________

Name by which GP knows person (if different) ________________________________________________

4. Sex Male 1 Female 2

5. Date of birth: ____________

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

<table>
<thead>
<tr>
<th>Item</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Blood pressure to GP</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>b) Saliva sample to be collected</td>
<td>03</td>
<td>04</td>
</tr>
<tr>
<td>c) Sample of blood to be taken</td>
<td>05</td>
<td>06</td>
</tr>
<tr>
<td>d) Blood sample results to GP</td>
<td>07</td>
<td>08</td>
</tr>
<tr>
<td>e) Blood sample for storage</td>
<td>09</td>
<td>10</td>
</tr>
<tr>
<td>e) Blood sample results to respondent</td>
<td>11</td>
<td>12</td>
</tr>
</tbody>
</table>
1. AGE GROUP: WRITE IN THE NUMBER OF TUBES OBTAINED:

16+ 1

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.
BLOOD PRESSURE TO GP 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.

SALIVA SAMPLE 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.
1. I consent to a qualified nurse/midwife taking a sample of my blood on behalf of NatCen Social Research/UCL Joint Health Surveys Unit.

   I have read the ‘Information for Participants’ leaflet about the second stage of the survey and understand what the sample will be tested for. The nurse has explained the procedures, and I have had an opportunity to discuss these with him/her.

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

3. I consent to any remaining blood being stored for future analysis. I have read the ‘Information for Participants’ leaflet about the second stage of the survey and understand the processes involved for storing the blood and how the sample may be used in the future. I also understand my right to withdraw consent for storing the blood sample.

Print name (respondent): ________________________________
Signed (respondent): _________________________________
Date: _______________________________________________

Print name (nurse): _________________________________
Signed (nurse): _____________________________________
Date: _______________________________________________

You can cancel this permission at any time in the future by writing to us at:
NatCen Social Research, 35 Northamton Square, London EC1V 0AX.
Telephone: 0800 526 397 and ask for Emma Fenn
Complete all sections CLEARLY and LEGIBLY and enclose with samples to lab.

1. SERIAL NUMBER: [ ] [ ] [ ] [ ] [ ]

2. SEX: Male 1, Female 2

3. SMOKING STATUS
   - Current smoker 1
   - Non smoker/NA 2

4. AGE GROUP: 16+ 1

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 1
   - Not given/not applicable 2

9. NURSE NUMBER [ ] [ ] [ ] [ ]

LABELLING ON SAMPLE TUBES AND THIS FORM MUST CORRESPOND
CHECK ALL DETAILS ABOVE ARE CORRECT BEFORE POSTING

LAB USE ONLY

<table>
<thead>
<tr>
<th>TUBES ENCLOSED:</th>
<th>ACTION REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes if rec'd</td>
<td>IF ITEM 4 ABOVE = 1</td>
</tr>
<tr>
<td>Plain Red</td>
<td>Total cholesterol STORE IF ITEM 8 ABOVE = 1</td>
</tr>
<tr>
<td>EDTA Purple</td>
<td>HDL cholesterol</td>
</tr>
<tr>
<td>Saliva</td>
<td>Glycated haemoglobin</td>
</tr>
</tbody>
</table>
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

HHLD

CKL

PERSON NO

1. Nurse number

2. Date schedule completed

3. Full name (of person interviewed) ________________________________________________

   Name by which GP knows person (if different) ________________________________________

4. Sex

   Male  1

   Female  2

5. Date of birth: ________________

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

   a) Blood pressure to GP

   b) Saliva sample to be collected

   YES  NO

   01  02

   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: 2
   Saliva

2. SALIVA TAKEN:
   Day
   Month
   Year

3. SALIVA DISPACTCHED:
   Day
   Month
   Year
BLOOD PRESSURE TO GP CONSENT (Child aged 5-15)

1. I am the parent/guardian of the child named on this booklet and I consent to NatCen Social Research/UCL Joint Health Surveys Unit informing his/her General Practitioner (GP) of his/her blood pressure results.

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

SALIVA CONSENT (Child aged 4-15)

1. I am the parent/guardian of the child named on this booklet and I consent to a qualified nurse/midwife collecting a sample of his/her saliva on behalf of NatCen Social Research/UCL.

2. I have read the ‘Information for Participants’ leaflet about the second stage of the survey and understand what the sample will be tested for. The purpose and procedure have been explained to me by the nurse/midwife and I have had an opportunity to discuss this with him/her.

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
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 [T] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
   DAY MONTH YEAR


3. DATE OF BIRTH: [ ] [ ] [ ]

   DAY MONTH YEAR

5. SALIVA TAKEN: [ ] [ ] [ ]

6. STORAGE CONSENT: Not applicable [2]

7. NURSE NUMBER: [ ] [ ] [ ] [ ]

LABELLING ON SAMPLE TUBES AND THIS FORM MUST CORRESPOND
CHECK ALL DETAILS ABOVE ARE CORRECT BEFORE POSTING

LAB USE ONLY:

<table>
<thead>
<tr>
<th>TUBES ENCLOSED:</th>
<th>ACTION REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔️ if rec'd</td>
<td>This sample is not for storage</td>
</tr>
</tbody>
</table>
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:
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.
The National Health Service (NHS) maintains medical and health records on all patients who use their services. These include:

- In-patient and out-patient visits to hospital, length of stay and waiting times
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Please initial box

Respondent signature

Respondent name

Date

Interviewer signature

Interviewer name

Date

I understand that these details will be used for statistical and research purposes only.