Health Survey for England

2016

Questionnaires and showcards
P11183.01

The Health Survey for England 2016

Program Documentation

Household Questionnaire
Questionnaire

Point
SAMPLE POINT NUMBER.
Range: 1..9999

Address
ADDRESS NUMBER.
Range: 1..99

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.
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 ^LName's is an:

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
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{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]
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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}
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JntEldA
ENTER PERSON NUMBER OF THE ELDEST JOINT HOUSEHOLDER FROM THOSE WITH THE HIGHEST INCOME.
ASK OR RECORD.
(Codeframe of joint householders)
   1-12  Person numbers of household members

{IF Don’t know or Refused Person with highest income}
JntEldB
ENTER PERSON NUMBER OF THE ELDEST JOINT HOUSEHOLDER.
ASK OR RECORD.
(Codeframe of joint householders)

HRP
INTERVIEWER: THE HOUSEHOLD REFERENCE PERSON IS:
(Display 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?
Is the accommodation provided...READ OUT...

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

ASK ALL

Bedrooms

How many bedrooms does your household have, including bedsitting rooms and spare bedrooms?
EXCLUDE BEDROOMS CONVERTED TO OTHER USES (e.g. bathroom). INCLUDE BEDROOMS TEMPORARILY USED FOR OTHER THINGS (e.g. study, playroom).
Range: 0..20

ENDIF

ASK ALL

PasSm

Does anyone smoke inside this (house/flat) on most days?
INTERVIEWER: INCLUDE NON-HOUSEHOLD MEMBERS WHO SMOKE IN THE HOUSE OR FLAT. EXCLUDE HOUSEHOLD MEMBERS WHO ONLY SMOKE OUTSIDE THE HOUSE OR FLAT.

1 Yes
2 No

{IF PasSm = Yes}

NumSm

How many people smoke inside this (house/flat) on most days?
Range: 1..20

ASK ALL

Car

Is there a car or van normally available for use by you or any members of your household?
INCLUDE: ANY PROVIDED BY EMPLOYERS IF NORMALLY AVAILABLE FOR PRIVATE USE BY RESPONDENT OR MEMBERS OF HOUSEHOLD.

1 Yes
2 No

{IF Car = Yes}

NumCars

How many are available?
1 One
2 Two
3 Three or more

SrcInc

Please look at SHOW CARD A4. There has been a lot of talk about health and income. We would like to get some idea of your household’s income. This card shows various possible sources of income. Can you please tell me which of these you (and your husband/wife/partner) receive?
PROBE: FOR ALL SOURCES. CODE ALL THAT APPLY

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

AttDsb
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 AttDsb = 1-5 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 AttDsb = 1-5 THEN {Loop for each HH member selected}}
DisAmt
SHOWCARD A6
Now looking at this card, which of these rates is {^name of HH member selected at AttDisab} currently receiving? Just tell me the number beside the row that best apply.
CODE ALL THAT APPLY.
Attendance Allowance
1 Higher rate for attendance during day AND night - £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 Highest rate - £57.45
7 Lower rate – £21.80
Personal Independence Payments (PIP) – Daily Living Component
8 Enhanced rate - £82.30
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Personal Independence Payments (PIP) – Mobility Component

9  Standard rate – £55.10
10 Enhanced rate – £57.45
11 Standard rate - £21.80

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 A7
This card shows incomes in weekly, monthly and annual amounts. Which of the groups on this card represents (your/you and your husband/wife/partner’s combined) income from all these sources, 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 A7, 96, 97

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

OthInc
Can I check, does anyone else in the household have an income from any source?
1  Yes
2  No

{IF Yes THEN}

NHHInc

SHOW CARD A7

Thinking of the income of your household as a whole, which of the groups on this card represents the total income of the whole household before deductions for income tax, National Insurance, etc.? ENTER BAND NUMBER. DON'T KNOW = 96, REFUSED = 97.
Range: band numbers as given by showcard A7, 96, 97

EMPLOYMENT DETAILS OF HOUSEHOLD REFERENCE PERSON COLLECTED

NHAactiv

SHOW CARD A8
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
Did *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

Thinking now of the 4 weeks ending *(date last Sunday)*, were *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 a job or a place on a Government training scheme had been available in the *(four weeks)* ending *(date last Sunday)*, would *name* (Household Reference Person) have been able to start within two weeks?

1  Yes

2  No

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

1  Yes

2  No

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

1  Yes

2  No
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{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

{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

11
What kind of work do/did/will you/name (Household Reference Person) do most of the time?
Text: Maximum 50 characters

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

What skills or qualifications are/were needed for the job?
Text: Maximum 120 characters

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.

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

Are/Were/Will you/name (Household Reference Person) be a manager/foreman or supervisor/other employee?

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+

Do/Did/Will you/name (Household Reference Person) have any employees?
1 1 or 2
2 3 – 9
3 10 - 24
4 3-24
5 25-499
6 500+
{IF Employee}

HInd

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

Text: Maximum 100 characters

Sector

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

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

{IF Self Employed}

HSIfWtMa

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

Text: Maximum 100 characters

HRPOcc

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

1 Yes
2 No

{If a reissue case}

Bring up conditional gift card module (one per household)

Gift

Please get a gift card ready for the respondent. Write £10 in the top right-hand corner. Enter the last eight digits of the gift card number.

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

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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

ASK ALL

GenHelf
How is your health in general? Would you say it was …READ OUT…
   1 …very good,
   2 good,
   3 fair,
   4 bad, or
   5 very bad?

ILL12m
Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?
   1 Yes
   2 No

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

IllsTxt[i]
What (else) is the matter with you?
INTERVIEWER: RECORD FULLY. PROBE FOR DETAIL.
IF MORE THAN ONE MENTIONED, ENTER ONE HERE ONLY.
‘If vague answer given, such as ‘bad back’, ASK ‘can you say a little more about that?’
Open Answer: up to 100 characters
   Variable names for text are IllsTxt[1]-IllsTxt[6]

More[i]
(Can I check) do you have any other long-standing physical or mental health conditions or illnesses lasting or expected to last 12 months or more?
   1 Yes
   2 No

{IF ILL12m = Yes}

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 than 12 months,
  3. or, 12 months or more?

{IF More[1] = yes AND (ReducAct = yes a lot OR yes a little) THEN ask RedAct up to 6 times for all conditions listed in IllsTxt[1] - IllsTxt[6]}
ReducAct1-10
Does your <textfill answer from IllsTxt1,2,3 etc> reduce your ability to carry out day-to-day activities...READ OUT
  1. yes, a lot
  2. yes, a little
  3. not at all
REPEAT FOR EACH ILLNESS/CONDITION (UP TO SIX).

ASK ALL
LastFort
Now I’d like you to think about the two weeks ending yesterday.
During those two weeks did you have to cut down on any of the things you usually do about the house or ^at school* or work or in your free time because of {If illness mentioned at ILL12m} ^a condition you have just told me about or some other illness or injury/ {If no illness mentioned at ILL12m} ^illness or injury?

*Text fill ^at school {if aged 5-15}.

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
Personal Care Plans

{IF Age16+ AND ILL12m = Yes}
PlanAg
You mentioned earlier that you have a/some long term health condition(s). 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 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

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
EHTln
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
**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)?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
</tbody>
</table>

{IF EverBP = Yes}

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
</tbody>
</table>

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

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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<tr>
<td>1</td>
<td>Yes</td>
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<tr>
<td>2</td>
<td>No</td>
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</table>

{IF PregBP = Yes}

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

<p>| | |</p>
<table>
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<tr>
<td>1</td>
<td>Yes</td>
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<td>2</td>
<td>No</td>
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</table>

{IF (DocBP=Yes) AND (OthBP <> 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
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 by a doctor or nurse that 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 DiPreg=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
Social care

From 2016, there will be two versions to be used in alternate years, one year the same as has been included to date (2016, 2018), and the next year a shorter version (excluding questions in blue 2017 and 2019).

HELP NEEDED AND HELP RECEIVED

ASK ALL AGED 65+
Intro
The next few questions are about tasks that some people may need help with and about help that you may have received in the last month. Please think only about help you need because of long-term physical or mental ill-health, disability or problems relating to old age.

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

1  Continue

TasksA
SHOW CARD C1
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

[Repeat for tasks B to M]

TasksB-TasksM
Still looking at Showcard C1, what about…

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

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

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

For following tasks include additional instruction:
(C) having a bath or a shower: INTERVIEWER: If respondent says they can do one but not the other, ask them to think about the washing facilities they have.
(G) taking the right amount of medicine at the right times. INTERVIEWER: Include prescribed medicines and medicines you can buy over the counter.

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

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

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

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

1. Continue

TaskHlpA
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

[Repeat for tasks B to M]
TaskHlpB-TaskHlpM
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) THEN

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

Questions omitted in alternate years

{ASK ALL AGE 65}

BladPrb
Do you suffer from problems with your bladder?

SHOWCARD C2

Please tell me the number which best applies to you.

EXPLANATION ON SHOWCARD - ONLY READ OUT IF NECESSARY: This could be things like accidentally having wet pants, leaking urine, needing to go to the toilet frequently or urgently, sometimes not making it to the toilet in time, or problems using aids or appliances to
manage bladder problems or incontinence. (If you can manage a catheter without assistance 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 C3

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

WHO PROVIDES WITH CARE

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

1. (C) Having a bath or a shower
2. Personal tasks (Activities of Daily Living)
   (A) getting in and out of bed
   (B) washing your face and hands
   (D) dressing or undressing
   (E) using the toilet
   (F) eating, including cutting up food
   (G) taking medication
   (H) getting around indoors
   (I) using stairs
3. Other tasks (Instrumental Activities of Daily Living) (getting out of the house, shopping for food, housework or laundry, doing paperwork or paying bills)

IF Yes to any of TaskHlpA – TaskHlpM

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 C4

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

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

INTERVIEWER: Probe fully. CODE ALL THAT APPLY:

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

HelpForm
SHOWCARD C5
Now, please tell me about all of the people from this list who have helped you with *(insert list of tasks in group)* in the last month?
INTERVIEWER: Probe fully.
CODE ALL THAT APPLY.

1 Home care worker / home help / personal assistant
2 A member of the 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 specify)
9 None of the above

IF HelpForm = Other THEN

HelpFormo
Who was the other person that helped you?
Text: Maximum 100 characters

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

If Helpinf = Response 1-8 THEN

HelpFam
You’ve 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 THEN

NumFam
Please enter person number

Questions omitted in alternate years
(HelpFam = No) AND (Helpinf = Response 1-10) THEN

NamFam
What is your *(person who helped)* name?
The Health Survey for England 2016 – Individual Questionnaire

Text: Maximum 20 characters

ENDIF

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

SexFam
INTERVIEWER CODE OR ASK SEX OF PERSON WHO HELPS

1 Male
2 Female

ENDIF

ENDIF

MoreFam
INTERVIEWER: Code whether any more relationships at HelpInf 2-8, if so repeat HelpFam/NumFam/NamFam/SexFam for each (up to three in total).

Questions omitted in alternate years
IF HelpForm= Home care worker /home help/personal assistant THEN

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 THEN

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

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

IF Hhel = Different people help with different things THEN

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
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 THEN
Helpc3
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

Hours of care
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 help over the phone or by internet
IF 2 PEOPLE HELP AT THE SAME TIME, CODE DOUBLE THE HOURS
ENTER NUMBER OF HOURS AND MINUTES.
IF RESPONDENT DOES NOT GIVE PRECISE ANSWER INTERVIEWER CODE DK

ASK FOR EVERYONE IDENTIFIED AT HelpInf AND ANY AT HelpForm WHERE HrsForm=DK/REFUSED
HelpHours
SHOWCARD C6
Thinking about (helper’s role/name), in the last week how many hours have they helped you in person with these kinds of tasks?

(If person who cares for respondent lives in the household)
Please only think about the hours they were helping you with these kinds of tasks and not about the time they were around in the house or there to help you if you needed it
[Add in alternate years] IF MORE THAN ONE PERSON IN CATEGORY (EG 2 DAUGHTERS), ASK ABOUT THE ONE THAT HELPS FOR THE MOST HOURS
The Health Survey for England 2016 – Individual Questionnaire

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

INTERVIEWER NOTE:
ROUND DOWN IF NECESSARY, e.g. IF 4.5 HOURS, CODE ‘1-4 hours’
IF 2 PEOPLE HELP AT THE SAME TIME, CODE DOUBLE THE HOURS
[If identified at HelpForm:
INTERVIEWER INSTRUCTION: If Home care worker/ Personal Assistant or other care staff ‘live in’/’sleep in’, INCLUDE ALL hours they are on duty]

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

{IF HelpHours=1
(no help in last week)
SHOW CARD C7
HlpUsHrs
How many hours does (helper’s name/role) help you in a usual week?
1 Less than one hour
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

IF HelpHours = don’t know or refusal THEN
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?

ASK ALL RECEIVING HELP AT TaskHlpA
Duration
How long have you been receiving any of the kinds of help we have been talking about? Would you say it is for less than a year, or one year or more?
INTERVIEWER EXPLAIN IF NECESSARY: Help from [insert formal/informal helpers]
1. Less than one year
2. One year or more

Payment
ASK IF Yes to any of TaskHlpA – TaskHlpM

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

New section of questions on payment for care, to be asked every year
ASK IF Yes to any of TaskHlpA – TaskHlpM

CareAss
Has the council or local authority made an assessment or review of your care needs in the last 12 months?
1 Yes
2 No

PersBudg
SHOW CARD C8
This card describes a personal budget that your local authority may have allocated for you. Have you been given one of these?
1. Yes
2. No

CARD DESCRIPTIONS

Personal budget – When the local authority finds that you are eligible for support for your social care needs, your personal budget is the amount they calculate is needed to meet these. This might cover the full cost of your social care or part of it.

IF PersBudg= 1

BudgVal
What is the value of your [Personal budget] per week or per month?
ASK FOR AMOUNT PER WEEK/MONTH, RECORD PERIOD AT NEXT QUESTION
RECORD AMOUNT £:

BudgPer
ASK OR RECORD: Is that amount per week or per month?
1 Per week
2 Per month
IF PersBudg=1

**AnyDP**

SHOW CARD C9

Are you taking any of your Personal Budget as a Direct Payment?
IF YES, PROBE: Is that all or your Personal Budget or part of it?
   1. Yes, all of personal budget as a Direct Payment
   2. Yes, part of personal budget as Direct Payment
   3. No, none of personal budget as direct payment
   4. SPONTANEOUS: Not being paid my personal budget yet.

**CARD DESCRIPTION**

**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.)

IF PersBudg=1

**UserChg**

How much do you contribute in user charges for your Personal Budget?
ASK FOR AMOUNT PER WEEK/MONTH, RECORD PERIOD AT NEXT QUESTION
RECORD AMOUNT £:
OR CODE 0.00 for ‘None’

IF UserChg is greater than 0.00

**UserPer**

ASK OR RECORD: Is that amount per week or per month?
   1 Per week
   2 Per month

IF PersBudg=1

**PBTopUp**

[[IF UserChg is greater than 0.00 then] “In addition to your user charges,”] do you pay to top up your Personal Budget at all? This might be to pay for a more expensive option than the council has allowed for, or to pay for more care than the council suggested.
   1 Yes
   2 No

IF PBTopUp=1

**TopUpVal**

How much do you pay per week or per month to top up your Personal Budget?
ASK FOR AMOUNT PER WEEK/MONTH, RECORD PERIOD AT NEXT QUESTION
RECORD AMOUNT £:

IF answer given at TopUpVal

**TopUpPer**

ASK OR RECORD: Is that amount per week or per month?
   1 Per week
   2 Per month

IF PersBudg NOT 1

**LAcare**

Do you receive any care paid for by the council or the Local Authority?
   1. Yes
2. No

IF LAcare = 1

LAVal
Do you know how much the local authority pays for your care, per week or per month?
ASK FOR AMOUNT PER WEEK/MONTH, RECORD PERIOD AT NEXT QUESTION
RECORD AMOUNT £:
OR RECORD: Don’t know

LAPer
ASK OR RECORD: Is that amount per week or per month?
   1 Per week
   2 Per month

ASK ALL AGED 65+

PayPriv
[IF LACare=1 THEN] “Apart from any care paid for by the local authority,] Do you pay for any care privately at the moment?
   1 Yes
   2 No

IF Yes AT PayPriv

PrivVal
How much do you pay for the care you purchase privately?
ASK FOR AMOUNT PER WEEK/MONTH, RECORD PERIOD AT NEXT QUESTION
RECORD AMOUNT £:

PrivPer
ASK OR RECORD: Is that amount per week or per month?
   1 Per week
   2 Per month

IF HelpInf=1-10) (any help from informal carers in the last month)

UnpdIntr
SHOW CARD C10
Now I’d like to ask you about all the hours of unpaid care that you receive from the people on this card.

IF OTHER ADULTS IN HOUSEHOLD

HrsUnpd
First of all, I’d like you to think about anyone who lives here with you. In a typical week, how many hours of unpaid care do you receive from others living here?
RECORD NO. OF HOURS
OR CODE:
   1 None

IF HelpInf=1-10

UnpdOth
And in a typical week, how many hours of unpaid care do you receive from people who do not live in the same household as you?
RECORD NO. OF HOURS
OR CODE:
   1 None
Whoans
INTERVIEWER: WHO ANSWERED THE QUESTIONS IN THIS SECTION ON PAYMENTS?
   1. Respondent only
   2. Respondent with assistance of another person

Comments
INTERVIEWER: Do you have any comments about this section?
   1. Yes
   2. No

IF Comments = Yes THEN
   CommentX
   INTERVIEWER: PLEASE ENTER COMMENTS HERE.
   Text: Maximum 100 characters
END IF

Care services use

Questions omitted in alternate years (2017 & 2019)
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 THEN
   Meals
   SHOWCARD C11
   Who provided your meals?  PROBE: Who else?
   INTERVIEWER EXPLAIN IF NECESSARY: Meals on Wheels may be provided by the council or another organisation
   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
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
Fruit and vegetable consumption
ASK ALL AGED 5+

VFI
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

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 D1
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 D1
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 D1
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

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

Frt
Did you eat any fresh fruit yesterday? Don't count fruit salads, fruit pies, etc.
   1 Yes
   2 No

{IF Frt = Yes THEN
   FOR idx:= 1 TO 15 DO
      IF (idx = 1) OR (FrtMor[idx-1] = Yes) THEN
         FrtC[idx]
What kind of fresh fruit did you eat yesterday?
INTERVIEWER: USE THE FRESH FRUIT SIZE LIST IN YOUR SHOWCARDS/CODING FRAMES TO CODE THE SIZE OF THIS FRUIT. IF MORE THAN ONE KIND OF FRUIT MENTIONED, CODE ONE HERE ONLY
   1 Very large fruit
   2 Large fruit
   3 Medium-sized fruit
   4 Small fruit
   5 Very small fruit
   6 Not on coding list

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

22
much:= 'many average slices'
ELSEIF FrtC[idx] IN [Lge..Sml] THEN
    much:= 'much'
ELSEIF FrtC[idx] = VSml THEN
    much:= 'many average handfuls'
ENDIF}
FrtQ[idx]

How much of this fruit did you eat yesterday?
Range: 0.5.-.50.0

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

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 D1

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 D1

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 D1
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 D1
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**
Adult Physical Activity Questions
ASK ALL AGED 16+

Intro
Now I’d like to ask you some questions about things that you have done that involve physical activity. This may be things that you have done at work, college or in your leisure time.
INTERVIEWER: PRESS 1 AND <ENTER> TO CONTINUE

1..1

Work
First of all, in the last 4 weeks, that is since \(\text{date of interview} - 4 \text{ weeks}\), did you do any paid or unpaid work either as an employee or as self employed? Please include any voluntary work or part time work you may have done.
1. Yes
2. No

IF Work = Yes THEN

WrkDays
On how many days did you work in the last 4 weeks?
INTERVIEWER: PLEASE INCLUDE ANY PAID OR UNPAID OVERTIME. INCLUDE ALL JOBS IF MORE THAN ONE. INCLUDE ALL DAYS RESPONDENT WORKED EVEN IF THEY WERE NOT FULL WORKING DAYS.
Range: 0..28

WrkAct2
SHOWCARD E1
Looking at showcard E1, which of these did you do whilst working? Please include any work you did on weekends.
CODE ALL THAT APPLY
1. Sitting down or standing up
2. Walking at work (e.g. door to door sales, hospital nurse work)
3. Climbing stairs or ladders
4. Lifting, carrying or moving heavy loads

IF WorkAct2 = Sit THEN

WrkAct3H
On an average work day in the last four weeks, how much time did you usually spend sitting down or standing up?
INTERVIEWER: IF RESPONDENT WAS ON HOLIDAY OR UNABLE TO WORK ON ANY DAYS IN THE LAST FOUR WEEKS, ASK THEM TO REPORT THE AVERAGE NUMBER OF HOURS ON THOSE DAYS THEY WORKED.
RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.
Range: 0..20

WrkAct3M
(On an average work day, how much time did you usually spend sitting down or standing up?)
ENTER NUMBER OF MINUTES. IF AN EXACT HOUR, ENTER 0 FOR MINUTES
Range: 0..59

END IF
IF WorkAct2 = walking at work

WrkAct4H
On an average work day in the last four weeks, how much time did you usually spend walking at work (e.g. door to door sales, hospital nurse work)?
INTERVIEWER: IF RESPONDENT WAS ON HOLIDAY OR UNABLE TO WORK ON ANY DAYS IN THE LAST FOUR WEEKS, ASK THEM TO REPORT THE AVERAGE NUMBER OF HOURS ON THOSE DAYS THEY WORKED.
RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.
Range: 0..20

WrkAct4M
(On an average work day in the last four weeks, how much time did you usually spend walking at work e.g. door to door sales, hospital nurse work)?
INTERVIEWER: IF RESPONDENT WAS ON HOLIDAY OR UNABLE TO WORK ON ANY DAYS IN THE LAST FOUR WEEKS, ASK THEM TO REPORT THE AVERAGE NUMBER OF HOURS ON THOSE DAYS THEY WORKED.
ENTER NUMBER OF MINUTES. IF AN EXACT HOUR, ENTER 0 FOR MINUTES
Range: 0..59

END IF

IF WorkAct2 = climbing stairs or ladders

WrkAct5H
On an average work day in the last four weeks, how much time did you usually spend climbing stairs or ladders?
INTERVIEWER: IF RESPONDENT WAS ON HOLIDAY OR UNABLE TO WORK ON ANY DAYS IN THE LAST FOUR WEEKS, ASK THEM TO REPORT THE AVERAGE NUMBER OF HOURS ON THOSE DAYS THEY WORKED.
RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.
Range: 0..20

WrkAct5M
On an average work day, how much time did you usually climbing stairs or ladders?
ENTER NUMBER OF MINUTES. IF AN EXACT HOUR, ENTER 0 FOR MINUTES
Range: 0..59

END IF

IF WorkAct2 = lifting, carrying or moving heavy loads

WrkAct6H
On an average work day in the last four weeks, how much time did you usually spend lifting, carrying or moving heavy loads?
INTERVIEWER: IF RESPONDENT WAS ON HOLIDAY OR UNABLE TO WORK ON ANY DAYS IN THE LAST FOUR WEEKS, ASK THEM TO REPORT THE AVERAGE NUMBER OF HOURS ON THOSE DAYS THEY WORKED.
RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.
Range: 0..20

WrkAct6M
On an average work day, how much time did you lifting, carrying or moving heavy loads?
ENTER NUMBER OF MINUTES. IF AN EXACT HOUR, ENTER 0 FOR MINUTES
Range: 0..59

END IF

IF WorkAct2 = climbing stairs or ladders
**WrkCliEv**
You said that you do some climbing of stairs or ladders at work. Do you do that every working day, or only on some days?
1. Every working day
2. Only some days

IF WrkCliEv = Only some days
**WrkCliD**
On how many days in the last four weeks did you do some climbing at work?
Range: 1..28

IF WorkAct2 = lifting, carrying or moving heavy loads
**WrkLftEv**
You said that you do some lifting, carrying or moving heavy loads at work. Do you do that every working day, or only on some days?
1. Every working day
2. Only some days

IF WrkLftEv = Only some days
**WrkLftD**
On how many days in the last four weeks did you do some lifting, carrying or moving heavy loads at work?
Range: 1..28

**ASK ALL**

**Active**
Thinking about your job in general would you say that you are ...
1. very physically active,
2. fairly physically active,
3. not very physically active,
4. or, not at all physically active in your job?

**ASK ALL AGE 16+**

**Housewrk**
I'd like you to think about all the physical activities you have done in the last few weeks when you were not doing your (paid) job. Have you done any housework in the past four weeks, that is from (date of interview – 4 weeks) up to yesterday?
1. Yes
2. No

IF Housewrk = Yes THEN
**HWrkList**
SHOW CARD E2
Have you done any housework listed on this card?
1. Yes
2. No

**HevyHWrk**
SHOW CARD E3
Some kinds of housework are heavier than others. This card gives some examples of heavy housework. It does not include everything, these are just examples. Was any of the housework you did in the last four weeks this kind of heavy housework?
1. Yes
2 No

IF HeavyWk = Yes THEN

HeavyDay
During the past four weeks on how many days have you done this kind of heavy housework?
Range: 1..28

IF HeavyDay IN [1..28] THEN

HrsHHW
On the days you did heavy housework, how long did you usually spend?
RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.
Range: 0..20

MinHHW
RECORD MINUTES SPENT ON HEAVY HOUSEWORK.
Range: 0..59

END IF
END IF
END IF

ASK ALL AGE 16+

Garden
Have you done any gardening, DIY or building work in the past four weeks, that is since (date of interview – 4 weeks)?
1 Yes
2 No

IF Garden = Yes THEN

GardList
SHOW CARD E4
Have you done any gardening, DIY or building work listed on this card?
1 Yes
2 No

ManWork
SHOW CARD E5
Have you done any gardening, DIY or building work from this other card, or any similar heavy manual work?
1 Yes
2 No

IF ManWork = Yes THEN

ManDays
During the past four weeks on how many days have you done this kind of heavy manual gardening or DIY?
Range: 1..28

HrsDIY
On the days you did heavy manual gardening or DIY, how long did you usually spend?
ENTER HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.
Range: 0..20
ASK ALL AGE 16+

Wlk5it
I’d like you to think about all the walking you have done in the past four weeks either locally or away from here. Please include any country walks, walking to and from work or college and any other walks that you have done.

In the past four weeks, that is since (date of interview – 4 weeks), have you done a continuous walk that lasted at least 5 minutes?
1 Yes
2 No
3 Can't walk at all

IF Wlk5Int = Yes THEN
Wlk10M
In the past four weeks, have you done a continuous walk that lasted at least 10 minutes? (That is since (date of interview – 4 weeks)).
1 Yes
2 No

IF Wlk10M = Yes THEN
DayWlk
During the past four weeks, on how many days did you do a walk of at least 10 minutes? (That is since (date of interview – 4 weeks)).
Range:1..28

Day1Wlk
On (any of those days) did you do more than one walk lasting at least 10 minutes?
1 Yes, more than one walk of 10+ mins (on at least one day)
2 No, only one walk of 10+ mins a day

IF (DayWlk in [2..28]) AND (Day1Wlk = Yes) THEN
Day2Wlk
On how many days in the last four weeks did you do more than one walk that lasted at least 10 minutes?
Range:1..28

END IF

IF Wlk10M = Yes THEN
HrsWlk
How long did you usually spend walking each time you did a walk for 10 minutes or more?
IF VERY DIFFERENT LENGTHS, PROBE FOR MOST REGULAR. RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR.RECORD MINUTES AT NEXT QUESTION.
Range: 0..20

MinWlk
RECORD MINUTES SPENT WALKING.
Range:0..59
IF Day1Wlk = 1 and TotTim = 10-14 THEN
   WLK30 MIN
   On how many days in the last four weeks did you spend 30 minutes or more walking (this could be made up of more than one walk)?
   Range 1..28
END IF
END IF
END IF

WalkPace
Which of the following best describes your usual walking pace ...READ OUT...
1 ...a slow pace,
2 ...an average pace,
3 ...a fairly brisk pace,
4 ...or, a fast pace - at least 4 miles per hour?
5 (none of these)

ASK ADULTS AGED 65 AND OVER
Walk65
During the past four weeks, was the effort of walking for 10 minutes or more usually enough to make you breathe faster, feel warmer or sweat?
1 Yes
2 No

ASK ALL AGE 16+

ActPhy
SHOW CARD E6
Can you tell me if you have done any activities on this card during the last 4 weeks, that is since (date of interview – 4 weeks)? Please include teaching, coaching, training and practice sessions.
1 Yes
2 No

IF ActPhy = Yes THEN
   WhtAct
   SHOW CARD E6
   Which have you done in the last four weeks?
   PROBE: ‘What others?’
   CODE ALL THAT APPLY.
1 Swimming
2 Cycling
3 Workout at a gym/Exercise bike/Weight training
4 Aerobics/Keep fit/Gymnastics/ Dance for fitness
5 Any other type of dancing
6 Running/Jogging
7 Football/Rugby
8 Badminton/tennis
9 Squash
10 Exercises (e.g. press-up, sit-ups).
FOR i = 1 TO 6 DO
  Records up to 6 additional sports
  OActQ[i]
  Have you done any other sport or exercise not listed on the card?
  1   Yes
  2   No

IF (OActQ = Yes) THEN
  COthAct
  INTERVIEWER: Record brief details of the (first/second/third/fourth/fifth/sixth) other sport exercise activity.
  Type in the 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.

Note: records up to 6 activities.

OthAct
INTERVIEWER: ENTER BRIEF DESCRIPTION OF THIS SPORT.
  Text: Maximum 80 characters
  END IF
  END IF
  END DO

Note: ActVar is a combination of WhtAct and OactQ. ActVar = 1 to 10 comes from WhtAct = 1 to 10. ActVar = 11-16 comes from OactQ = 11-16.

FOR ActVar = 1 TO 16 DO
  IF ((ActVar in [1..10]) AND (ActVar IN WhtAct)) OR ((ActVar in [11..16]) AND (OActQ[ActVar] = Yes)) THEN
    DayExc
    Can you tell me on how many separate days you did (name of activity) for at least 10 minutes a time during the past four weeks, that is since (date of interview – 4 weeks)?
    IF ONLY DONE FOR LESS THAN 10 MINUTES ENTER 0.
    Range: 0..28

    IF DayExc in [1..28] THEN
      ExcHrs
      How much time did you usually spend doing (name of activity) on each day? Only count times you did it for at least 10 minutes.
      RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.
      Range:0..20

      ExcMin
      RECORD MINUTES HERE.
      Range: 0..59

    End IF

  End IF

  ExcSwt
  During the past four weeks, was the effort of (name of activity) usually enough to make you out of breath or sweaty?
  1   Yes
  2   No

END IF
Note: repeated for each activity named in WhtAct.

IF WhtAct = 1, 3 OR 4 THEN
Intro
Now, I’d like to ask you some further questions about some of the things you have done in the last four weeks. This may include some of the things you have just told me about, but we are interested to know what different types of activities people regularly take part in.
END IF

IF WhtAct = 1 THEN
Swim
You said that you did some swimming. What was it that you did mainly; swimming as a family or social activity OR swimming laps or lengths?
CODE ONE ONLY. IF RESPONDENT SAYS BOTH, PROBE FOR THE ACTIVITY THAT THEY DID MOST OFTEN.
1 Swimming as a social or family activity
2 Swimming laps or lengths
END IF

IF WhtAct = 3 THEN
Workout
SHOW CARD E7
You mentioned workout at a gym / exercise bike / weight training. What did you do specifically?
CODE ALL THAT APPLY
1 Strength work out at a gym using machines or free weights
2 Exercise bike
3 Spinning classes
4 Stepping machines, rowing machines or cross trainer
5 Treadmill running

FOR Workout = 1 to 5, i = 1 to 5 DO
Day2Exc(i)
Can you tell me on how many separate days you did (name of activity) for at least 10 minutes a time during the past four weeks, that is since (date of interview – 4 weeks)?
IF ONLY DONE FOR LESS THAN 10 MINUTES ENTER 0.
Range: 0..28

IF Day2Exc(i) in [1..28] THEN
Exc2Hrs(i)
How much time did you usually spend doing (name of activity) on each day? Only count times you did it for at least 10 minutes.
RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR.
RECORD MINUTES AT NEXT QUESTION.
Range: 0..20

Exc2Min(i)
RECORD MINUTES HERE.
Range: 0..59
Exc2Swt(i)
During the past four weeks, was the effort of (name of activity) usually enough to make you out of breath or sweaty?
1 Yes
2 No

END IF
END DO
END IF

IF WhtAct = 4 THEN

KeepFit
SHOW CARD E8
You said that you did some Aerobics/Keep fit/Gymnastics/ Dance for fitness. What was that specifically?
CODE ALL THAT APPLY
1 Aerobics/keep fit classes
2 Fitness dancing
3 Aqua Aerobics
4 Gymnastics
5 Circuit training

FOR Keepfit = 1 to 5, i = 1 to 5 DO
Day3Exc(i)
Can you tell me on how many separate days you did (name of activity) for at least 10 minutes a time during the past four weeks, that is since (date of interview – 4 weeks)?
IF ONLY DONE FOR LESS THAN 10 MINUTES ENTER 0.
Range: 0..28

IF Day3Exc(i) in [1..28] THEN
Exc3Hrs(i)
How much time did you usually spend doing (name of activity) on each day?
Only count times you did it for at least 10 minutes.
RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR.
RECORD MINUTES AT NEXT QUESTION.
Range: 0..20

Exc3Min(i)
RECORD MINUTES HERE.
Range: :0..59

Exc3Swt(i)
During the past four weeks, was the effort of (name of activity) usually enough to make you out of breath or sweaty?
1 Yes
2 No

IF [WhtAct = 3, 4 OR 10] OR COthAct = Repsonse THEN
ExcMus
During the past four weeks, was the effort of [name of activity recorded at WhtAct or COthAct] usually enough to make your muscles feel some tension, shake or feel warm?
1 Yes
2 No

END IF

ASK AGED 65+
IF WhtAct =10 OR C0thAct = Repsonse THEN

ExcMov
Did these exercises involve you standing up and moving about?
   1 Yes
   2 No
END IF

IntroSit
Now I’d like to ask you some questions about time that you might have spent sitting down.
For these questions, I’d like you to think about what you have done in the last four weeks, that is since (date of interview – 4 weeks) when you were not doing your (paid) job.
INTERVIEWER: PRESS 1 AND ENTER TO CONTINUE

1..1

TVWkHr
In the last 4 weeks, how much time did you spend sitting down watching TV (including DVDs and videos) on an average weekday (that is Monday to Friday) in the last 4 weeks?
INTERVIEWER: This includes multi-tasking (using iPad, phone etc.) while sitting and watching TV.
RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.
   Range: 0..20

TVWkMin
RECORD MINUTES HERE.
   Range:: 0..59

WkSit2H
In the last four weeks, how much time did you spend sitting down doing any other activity on an average weekday (that is Monday to Friday)? Please do not include time spent doing these activities while at work.
INTERVIEWER: EXAMPLES OF THESE ACTIVITIES INCLUDE READING, STUDYING, DRAWING, USING A COMPUTER, PLAYING VIDEO GAMES.
RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.
   Range: 0..20

WkSit2H
RECORD MINUTES HERE.
   Range:: 0..59

WESit1H
In the last four weeks, how much time did you spend watching TV (including watching DVDs and videos) on an average weekend day (that is Saturday and Sunday)?
INTERVIEWER: This includes multi-tasking (using iPad, phone etc.) while sitting and watching TV.
INTERVIEWER: RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.
   Range: 0..20

WESit1M
RECORD MINUTES HERE.
   Range: 0..59

WESit2H
In the last 4 weeks, how much time did you spend sitting down doing any other activity on an average weekend day (that is Saturday and Sunday)? Please do not include time spent doing these activities while at work.

INTERVIEWER: EXAMPLES OF THESE ACTIVITIES INCLUDE READING, STUDYING, DRAWING, USING A COMPUTER, PLAYING VIDEO GAMES.

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

Range: 0..20

WESit2M
RECORD MINUTES HERE.

Range: 0..59

Usual
Compared with the amount of activity that you usually do both at work and in your free time would you say that in the last four weeks you were…READ OUT…

1 …more active than usual,
2 less active than usual,
3 Or, about the same as usual?
Smoking (Aged 16+)

{IF Age of Respondent = 18 to 24}

BookChk
INTERVIEWER CHECK: (name of respondent) IS AGED (age of respondent). RESPONDENT TO BE...:
1  Asked Smoking/Drinking questions
2  Given SELF-COMPLETION BOOKLET FOR YOUNG ADULTS

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

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

YAInt2
At this point, I would now like you to answer some questions by completing all of this booklet on your own. The questions cover smoking, drinking and attitudes to health. I will need to ask you a few more questions from the laptop in a little while, and I will ask you to close the booklet for a few minutes while I do this.

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

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

SmokEver
May I just check, have you ever smoked a cigarette, a cigar or a pipe? We are referring here to tobacco cigarettes, not e-cigarettes or other vaping devices that use e-liquids
1  Yes
2  No

Section of questions suggested here about e-cigarettes, but we continue with cigarettes here, add the new section later (after ex-cigarette smoking, just before nicotine delivery products).

{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 TAKE ESTIMATE OF NUMBER OF CIGARETTES.
   Range: 0..97

DHRoll
And about how many of these are hand-rolled?
   Range: 0-97
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 TAKE ESTIMATE OF NUMBER OF CIGARETTES.
Range: 0..97

WEHRoll
And about how many of these are hand-rolled?
Range: 0..97

CigType
Do you mainly smoke ...READ OUT...CODE ONE
1 ... filter-tipped cigarettes
2 plain or untipped cigarettes,
3 or hand-rolled cigarettes?

{IF SmokeNow=Yes}
SmokPl
SHOW CARD F1
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
2 At my home, outside, eg. in garden or on doorstep
3 Outside in the street, or out and about
4 Outside at work
5 Outside at other people’s homes
6 Outside pubs, bars, restaurants or shops
7 In public parks
8 Inside other people’s homes
9 While travelling by car
10 Inside other places

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

{IF SmokeNow = Yes}

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

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

GiveUp
Would you like to give up smoking altogether?
1 Yes
2 No

{IF SmokeNow=Yes AND GiveUp=Response}

WhenStp2
SHOW CARD F2
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

SerQuit
Have you ever made a serious attempt to stop smoking completely?
1.. Never
2. Yes, in the last 12 months
3. Yes, but not in the last 12 months

{IF SerQuit = Yes in last 12 months}

NumQuit
How many attempts to stop smoking completely have you made in the last 12 months?
Range: 1-25

{IF GiveUp = YES}

GvUpWhy
SHOWCARD F3
What are your main reasons for wanting to give up?
1. Better for my health
2. Financial reasons/ can't afford it
3. Family/friends want me to stop
4. Worried about the effect on other people
5. Something else

Moved earlier

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

SmokeCig
Have you ever smoked cigarettes?
1 Yes
2 No
IF SmokeCig=Yes
ResQuit
SHOW CARD F4
Why did you decide to give up smoking?
CODE ALL THAT APPLY
  1  For health reasons
  2  Pregnancy
  3  Financial reasons/ couldn’t afford it
  4  Family or friends wanted me to stop
  5  Worried about the effect on other people
  6  My own motivation
  7  Something else
  8  Cannot remember (spontaneous)

{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 TAKE ESTIMATED NUMBER OF CIGARETTES.
  Range: 0..97

XDHRoll
And about how many of those were hand-rolled?
  Range: 0-97

{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

New questions about shisha and smokeless tobacco

{IF (Age of Respondent is 25 years or over) OR (BookChk = Asked)}
Hookah
SHOW CARD F5
May I just check, have you ever smoked hookah/shisha? INTERVIEWER: IF ASKED ‘This does not include e-cigarettes or other vaping devices that use e-liquids.’
1 Yes
2 No

If Hookah=Yes
HookNow
Have you used hookah/shisha in the last month?
   1 Yes
   2 No

ASK ALL
SmLss May I just check, have you ever used any forms of non-smoked tobacco that you put in your mouth, with or without other ingredients? (This includes any chewing tobacco, snus, paan, gutka).
1 Yes
2 No

If SmLss =Yes
SmLssN Have you used non-smoked tobacco that you put in your mouth in the last month??
   1 Yes
   2 No

New section about e-cigarettes

ASK ALL
EvVape
Have you ever used an electronic cigarette (e-cigarette), or any other vaping device?
EXPLAIN IF NECESSARY: A vaping device is any product that you can use to inhale vapour rather like you would a cigarette. It includes ones that have a battery as well as ones that do not such as voke.
   1 Yes
   2 Yes - Only tried once or twice
   3 No

IF EvVape =Yes OR Yes - Only tried once or twice
VapeNow
Do you use an e-cigarette or vaping device at all nowadays?
   1 Yes
   2 No

IF EvVape =Yes OR Yes - Only tried once or twice
VapeTm
SHOW CARD F6
When did you first start to use electronic cigarettes or vaping devices?
   1. In the last 6 months
2. More than 6 months, up to 12 months ago
3. More than a year, up to 2 years ago
4. More than 2 years up to 5 years ago
5. More than 5 years ago

**IF VapeNow= YES**

**VapeFrq**

**SHOW CARD F7**

How often have you used an e-cigarette or vaping device in the last month?
1. Less than once a month
2. At least once a month but less than once a week
3. At least once a week but less than every day
4. Every day

**IF VapeNow= YES**

**FirstVp**

How soon after waking do you *usually* have your first e-cigarette or vape 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

**IF VapeNow= YES**

**WeekVp**

**SHOW CARD F8**

How many times do you use your e-cigarette or vaping device on a typical weekday?

INTERVIEWER READ OUT: ‘How many times’ refers to a ‘session’ i.e. picking it up, taking some puffs and putting it down again, NOT the number of puffs a day.
1. Less than once a day
2. Once
3. 2 to 3 times
4. 4 to 5 times
5. 6 or more times
6. SPONTANEOUS I vape for most of the time during the day

**IF VapeNow= YES**

**WkVpTm**

How much time in total do you spend using your e-cigarette or vaping device on a typical weekday? PROMPT AS NECESSARY.
1. Less than 5 minutes
2. 5 minutes to 30 minutes
3. More than 30 minutes but up to 1 hour
4. More than 1 hour but up to 2 hours
5. More than 2 hours

**IF VapeNow= YES**

**WkendVp**

**SHOW CARD F8**

How many times do you use your e-cigarette or vaping device on a typical Saturday or Sunday?

INTERVIEWER READ OUT: ‘How many times’ refers to a ‘session’ i.e. picking it up, taking some puffs and putting it down again, NOT the number of puffs a day.
1. Less than once a day
2. Once
3. 2 to 3 times
4. 4 to 5 times
5. 6 or more times
6. SPONTANEOUS I vape for most of the time during the day

IF VapeNow= YES

WeVpTm
How much time in total do you spend using your e-cigarette or vaping device on a typical Saturday or Sunday? PROMPT AS NECESSARY.

1. Less than 5 minutes
2. 5 minutes to 30 minutes
3. More than 30 minutes but up to 1 hours
4. More than 1 hour but up to 2 hours
5. More than 2 hours

IF VapeNow= YES

ECigTyp
SHOW CARD F9
Which of these do you mainly use?

1. A disposable electronic cigarette (non-rechargeable)
2. An electronic cigarette kit which is refillable with pre-filled cartridges
3. An electronic cigarette kit which is refillable with liquids
4. A modular system (I use my own combination of separate devices: batteries, atomizers, etc.)

IF ECigTyp=2 (An electronic cigarette kit which is refillable with pre-filled cartridges)

ECigCart
SHOW CARD F10
E-cigarette cartridges generally come in a variety of strengths. What strength do you typically use?

(1) 0 mg nicotine
(2) 6 mg nicotine – often described as low
(3) 11 mg or 12 mg nicotine – often described as medium or mild
(4) 18 mg nicotine – often described as high or regular
(5) 24 mg nicotine- often described as strong
(6) Other strength (please specify)

If ECigCart=Other

ECigCartO
E-cigarette cartridges - other strength (please specify)"
: STRING[100]

IF VapeNow= YES

VapeStp
Would you like to give up using e-cigarettes or vaping altogether?

1  Yes
2  No

ASK ALL

NRNow
SHOW CARD F11
[Textfill: If SmokeEver=No: 'Some people who have never regularly smoked sometimes use nicotine replacement products. Can I just check…] Are you using any of these products nowadays?
PROBE: Which others? PROBE UNTIL RESPONDENT SAYS ‘NO OTHERS’.
CODE ALL THAT APPLY
1. Nicotine chewing gum
2. Nicotine lozenge/mini lozenge
3. Nicotine patch
4. Nicotine inhaler/ inhalator
5. Nicotine mouthspray
6. Nicotine nasal spray
7. Another nicotine product
8. Electronic cigarette
9. None

IF NOT (all of 1-8) AT NRNow
NREv
SHOW CARD F11
And have you ever used any of these products in the past that you are not using nowadays?
PROBE FULLY: Which others? PROBE FULLY. CODE ALL THAT APPLY
1 Nicotine chewing gum
2 Nicotine lozenge/mini lozenge
3 Nicotine patch
4 Nicotine inhaler/ inhalator
5 Nicotine mouthspray
6 Nicotine nasal spray
7 Another nicotine product
8 Electronic cigarette
9 None
ENDIF
ENDIF

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

IF (SmokEver = Yes) THEN
IF (SmokeNow <> Yes) AND (SmokeCig=Yes) AND (AnyProd=Yes)
HelpQuit
SHOWCARD F11
Did you use any of these products to help you stop smoking?
PROBE: Which others? CODE ALL THAT APPLY
1 Nicotine chewing gum
2 Nicotine lozenge/mini lozenge
3 Nicotine patch
4 Nicotine inhaler/ inhalator
5 Nicotine mouthspray
6 Nicotine nasal spray
7 Another nicotine product
8 Electronic cigarette
9 None
ENDIF
IF (SmokeNow=Yes) AND (AnyProd=Yes)

**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 F11
Which, if any, of these products are you currently using to help you cut down the amount you smoke?
PROBE FULLY: Which others? PROBE UNTIL RESPONDENT SAYS NO OTHERS, CODE ALL THAT APPLY

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

IF (SmokeNow=Yes) AND (AnyProd=Yes)

**NRTemp**
SHOWCARD F11
Do you regularly use any of these products in situations when you are not allowed to smoke?
PROBE FULLY : Which others? PROBE UNTIL RESPONDENT SAYS NO OTHERS
CODE ALL THAT APPLY

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

IF (SmokeNow=Yes) AND (AnyProd=Yes)

**PastQuit**
Have you ever used any of these products to help you stop smoking during a serious quit attempt?
SHOWCARD F11
PROBE: Which others? CODE ALL THAT APPLY

1. Nicotine chewing gum
2. Nicotine lozenge/mini lozenge
3. Nicotine patch
4. Nicotine inhaler/ inhalator
5. Nicotine mouthspray
6. Nicotine nasal spray
7. Another nicotine product
8. Electronic cigarette
9. None
IF (SmokeNow = Yes) THEN
DrSmk12
In the last 12 months, has a medical person, for example a doctor or nurse advised you to stop smoking completely?
   1  Yes
   2  No

IF SmokEver=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 SmokEver=Yes}
PipeNowA
Do you smoke a pipe at all nowadays?
   1  Yes
   2  No

IF (PAge >= 25) OR (BookChk[PNo] = Asked) THEN
FathSm
Did your father ever smoke regularly when you were a child?
   1  Yes
   2  No

IF (PAge >= 25) OR (BookChk[PNo] = Asked) THEN
MothSm
Did your mother ever smoke regularly when you were a child?
   1  Yes
   2  No

IF (PAge IN [0..15]) OR (PAge >= 25) OR (BookChk[PNo] = Asked)
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

{IF age = 0-12}
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 (PAge >= 25 OR BookChk[PNo] = Asked smoking/drinking questions) THEN
Passive
SHOW CARD F12
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

IF (PAge >= 25 OR BookChk[PNo] = Asked smoking/drinking questions) THEN
EPassv
Are you regularly exposed to other people's vapour from e-cigarettes or vaping devices?
   1 Yes
   2 No

{IF EPassv=YES}
EBother
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 G1
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 G2

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

**CODE ALL THAT APPLY**

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

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

**NBrL7**

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

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

{IF NBrL7=Half pints}

**NBrL7Q(1)**

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

Range: 1..97

{IF NBrL7Q = Small cans}

**NBrL7Q(2)**

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

Range: 1..97

{IF NBrL7=Large cans}

**NBrL7Q(3)**

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

Range: 1..97
{IF NBrL7=Bottles}
NBrL7Q(4)
ASK OR CODE: How many bottles of normal strength beer, lager, cider or shandy did you drink that day?
  Range: 1..97

NBotL7
ASK OR CODE: What make of normal strength beer, lager, stout, cider or shandy did you drink from bottles on that day? INTERVIEWER: IF RESPONDENT DRANK DIFFERENT MAKES CODE WHICH THEY DRANK MOST.
  Text: Maximum 21 characters

{IF DrnkType = Strong beer/lager/cider}
SBrL7
Still thinking about last (answer to WhichDay), how much strong beer, lager, stout or cider did you drink that day? INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.
  1  Half pints
  2  Small cans
  3  Large cans
  4  Bottles

{IF SBRL7=Half pints}
SBrL7Q(1)
ASK OR CODE: How many half pints of strong beer, lager, stout or cider did you drink on that day?
  Range: 1..97

{IF SBRL7=Small cans}
SBrL7Q(2)
ASK OR CODE: How many small cans of strong beer, lager, stout or cider did you drink on that day?
  Range: 1..97

{IF SBRL7=Large cans}
SBrL7Q(3)
ASK OR CODE: How many large cans of strong beer, lager, stout or cider did you drink on that day?
  Range: 1..97

{IF SBRL7=Bottles}
SBrL7Q(4)
ASK OR CODE: How many bottles of strong beer, lager, stout or cider did you drink on that day?
  Range: 1..97

SBotL7
ASK OR CODE: What make of strong beer, lager, stout or cider did you drink from bottles on that day? INTERVIEWER: IF RESPONDENT DRANK DIFFERENT MAKES CODE WHICH THEY DRANK MOST
  Text: Maximum 21 characters

{IF DrnkType = Spirits}
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**Drinking**

**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 G3 {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
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 G1
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 G1
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 G1
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 G1

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 G1

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 G3
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 G1
How often have you had a drink of ALCOPOPS (i.e. alcoholic lemonade, alcoholic colas or other alcoholic fruit-or-herb-flavoured drinks for e.g. Smirnoff Ice, Bacardi Breezer, WKD, Metz etc), during the last 12 months?

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

{IF Pops = 1 – 7}

**PopsLY11**
How much ALCOPOPS or pre-mixed alcoholic drinks (i.e. alcoholic lemonade, alcoholic colas or other alcoholic fruit-or-herb-flavoured drinks) have you usually drunk on any one day during the last 12 months?

INTERVIEWER: Code the measure(s) that you are going to use.

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

{IF PopsLY11 = Small cans}

**PopsQ11[1]**
ASK OR CODE: How many small cans of alcoholic or pre-mixed drink have you usually drunk on any one day?
Range: 1..97

{IF PopsLY11=standard Bottles}
PopsQ11[2]
ASK OR CODE: How many standard sized bottles of alcoholic or pre-mixed drink have you usually drunk on any one day?
  Range: 1..97

{IF PopsLY11= large Bottles}
PopsQ11[3]
ASK OR CODE: How many large bottles of alcoholic or pre-mixed drink have you usually drunk on any one day?
  Range: 1..97
Cider consumption

ASK ALL AGED 16+ AND (DrnkType = 1 OR 2) OR (NBeer= 1-7 OR SBeer = 1-7)

Cider
You said that you drank beer, lager, stout, cider or shandy in the last 12 months. Can I check, have you drunk cider at all in the last 12 months?
   1. Yes
   2. No

IF Cider = Yes
OnlyCid
So do you drink just cider, or do you also drink beer, lager, stout or shandy?
   1. Just cider
   2. Also drinks beer, lager or shandy

IF OnlyCid=2 AND AND DrnkType=1
CidIntr
So far you’ve told me about the beer, lager, stout, shandy and cider you’ve drank. Now I’d just like to ask about cider. You said you drank some normal strength beer, lager, stout, shandy and cider last (answer to WhichDay). Did you drink any normal strength cider that day? (Normal strength cider has less than 6% alcohol).
   1. Yes
   2. No

IF CidIntr=Yes
NCidL7
How much normal strength cider did you drink last (answer to WhichDay)?
INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.
   1 Half pints
   2 Small cans
   3 Large cans
   4 Bottles

{IF NCidL7=Half pints}
NCidL7Q1
ASK OR CODE: How many half pints of normal strength cider did you drink that day?
   Range: 1..97

{IF NCidL7Q = Small cans}
NCidL7Q(2)
ASK OR CODE: How many small cans of normal strength cider did you drink that day?
   Range: 1..97

{IF NCidL7=Large cans}
NCidL7Q3
ASK OR CODE: How many large cans of normal strength cider did you drink that day?
   Range: 1..97

{IF NCidL7=Bottles}
NCidL7Q4
ASK OR CODE: How many bottles of normal strength cider did you drink that day?
   Range: 1..97
NCBotL7
ASK OR CODE: What make of normal strength 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 OnlyCid=2 AND DrnkType = 2}
SCidL7
Still thinking about last (answer to WhichDay), did you drink any strong cider that day? Strong cider has 6% or more alcohol.
  1. Yes
  2. No

{IF SCidL7=Yes}
SCidL7
How much strong cider did you drink last (answer to WhichDay)?
INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.
  1. Half pints
  2. Small cans
  3. Large cans
  4. Bottles

{IF SBRL7=Half pints}
SCidL7Q1
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}
SCidL7Q2
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}
SCidL7Q3
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}
SCidL7Q4
ASK OR CODE: How many bottles of strong beer, lager, stout or cider did you drink on that day?
  Range: 1..97

SCBotL7
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 OnlyCid=2 and (NBeer =1-7) or (SBeer=1-7)
AWCCid
Now I’d like you to think about the last 12 months.
Press 1 and Enter

IF OnlyCid=2 and (NBeer =1-7)

NCider

SHOWCARD G1
Thinking about normal strength cider which has less than 6% alcohol. How often have you had a
drink of normal strength cider during the last 12 months?
(NORMAL = LESS THAN 6% ALCOHOL BY VOLUME.)

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

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

{IF NCider = 1 – 7}

NCidM
How much NORMAL STRENGTH CIDER have you usually drunk on any one day during the last
12 months?
FIRST CODE TYPE OF MEASURE AND THEN CODE NUMBER OF EACH MEASURE. CODE
ALL THAT APPLY.

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

{IF NCidM =half pints / 2=small cans / 3=large cans / 4=bottles}

NCidQ
How many (half pints/ small cans/ large cans/ bottles) of NORMAL STRENGTH CIDER have you
usually drunk on any one day during the last 12 months?

Range 1..97

IF OnlyCid=2 and SBeer =1-7

SCider

SHOW CARD G1
I'd like to ask you about STRONG CIDER which has 6% or more alcohol. How often have you had
a drink of STRONG CIDER during the last 12 months?
(STRONG=6% AND OVER ALCOHOL BY VOLUME)

USE HELP SCREEN FOR OTHER DRINKS TO BE INCLUDED HERE.

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

{IF SCider = 1 – 7}

SCidM
How much STRONG CIDER have you usually drunk on any one day during the last 12 months?
FIRST CODE TYPE OF MEASURE AND THEN CODE NUMBER OF EACH MEASURE.

5. Half pints
6. Small cans
7 Large cans
8 Bottles

{IF SCidM = half pints / 2=small cans / 3=large cans / 4=bottles}

SCidQ
For each type of measure of strong beer ASK OR RECORD, How many (half pints/ small cans/ large cans/ bottles) of STRONG CIDER have you usually drunk on any one day during the last 12 months?
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 H1
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

*{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 Everjob=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 (did/will) you do most of the time?
Text: Maximum 50 characters

MatUsed
IF RELEVANT: What materials or machinery (did/will) you use?
INTERVIEWER: If none used, write in ‘None’.
Text: Maximum 50 characters

SkilNee
What skills or qualifications (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}

Dircr
Can I just check, in this job (were you/will you be) a Director of a limited company?
1 Yes
2 No
ENDIF

{IF Employe=an employee OR Dircr=Yes}

EmpStat
Are you (were you/will you be) a ...READ OUT...
1 manager,
2 foreman or supervisor,
3 or other employee?

NEmplee
Including yourself, about how many people (were) employed at the place (usually worked/will work)?
1 1 or 2
2 3 - 9
3 10 - 24
4 25 - 499
5 500+

{ELSEIF Employe = Self-employed AND Dircr=No}

SNEmplee
Do (did/will) you have any employees?
1 None
2 1 or 2
3 3-9
4 10-24
4 25-499
5 500+

{IF Employe=Employee}

Ind
What does (did) your employer make or do at the place (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 (Employe = Selfemp AND Dirctr = No) THEN
SlfWtMad
   What *did you make or do in *your business?
STRING[100]

{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 H2
Do you have any of the qualifications listed on this card? Please look down the whole list before telling me.
1 Yes
2 No

{IF Qual = Yes }

**QualA**
Which of the qualifications on this card do you have? Just tell me the number written beside each one.

INTERVIEWER: RECORD ALL THAT APPLY. PROBE: Any others?
1 Degree/degree level qualification (including higher degree)
2 Teaching qualification
3 Nursing qualifications SRN, SCM, SEN, RGN, RM, RHV, Midwife
4 HNC/HND, BEC/TEC Higher, BTEC Higher/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 level
11 SLC/SCE/SUPE at Higher Grade or Certificate of Sixth Year Studies
12 O-level passes taken in 1975 or earlier
13 O-level passes taken after 1975 GRADES A-C
14 O-level passes taken after 1975 GRADES D-E
15 GCSE GRADES A*-C
16 GCSE GRADES D-G
17 CSE GRADE 1/SCE BANDS A-C/Standard Grade LEVEL 1-3
18 CSE GRADES 2-5/SCE Ordinary BANDS D-E
19 CSE Ungraded
20 SLC Lower
21 SUPE Lower or Ordinary
22 School Certificate or Matric
23 NVQ Level 5
24 NVQ Level 4
25 NVQ Level 3/Advanced level GNVQ
26 NVQ Level 2/Intermediate level GNVQ
27 NVQ Level 1/Foundation level GNVQ
28 Recognised Trade Apprenticeship completed
29 Clerical or Commercial Qualification (e.g. typing/book-keeping/commerce)

{If QualA = code 1 OR 2 }
Degree
SHOWCARD H3
And do you have any of the following qualifications listed on this card?
CODE ALL THAT APPLY
1. Doctorate,
2. Masters,
3. An undergraduate or first degree,
4. A foundation degree,
5. Graduate membership of a professional institution,
6. Other post graduate degree or professional qualification

{IF NOT (Degree IN QualA)}
OthQual
Do you have any qualifications not listed on this card?
1 Yes
2 No

{IF OthQual = Yes}
QualB
What qualifications are these?
INTERVIEWER: Record all other qualifications in full. PROBE: Any others?
Text: maximum 60 characters

ASK ALL
NatID
SHOWCARD H4
How would you describe your national identity?
Choose your answer from this card. Choose as many or as few answers as apply.
INTERVIEWER: RECORD ALL THAT APPLY.
1 English
2 Welsh
3 Scottish
4 Irish
5 British
6 Other (please describe)

{IF National id = Other }
XNational id
Please describe.
Text: Maximum 60 characters

Origin
SHOW CARD H5
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 IN [8..12]) THEN
SCIntCh
"@/Here is a little booklet which I would like to ask youname[PNo] to complete for ^himhers[PNo]. It asks children if they have ever tried cigarettes or alcohol, and about their general health. May I explain it to ^himher[PNo]? \n@/\INTERVIEWER: If asked, show @I^Colour booklet for 8-12 year olds@I to parent(s). If agrees, prepare ^Colour booklet. 
@/@AName............Point::Address::Hhold::Check letter::Person number
@/^SCLine
@A@/\RINTERVIEWER: Explain to child how to complete and show example in booklet.@R
@/@/Press <1> and <Enter> to continue."

{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).

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

{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.
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. code: 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. code as: Weight refused.

   0. Child Held
   1. Weight obtained on own
   2. Weight refused
   3. Weight attempted, not obtained
   4. Weight not attempted

IF RespWts = Weight obtained (subject on own)) THEN
XWeight
RECORD WEIGHT.
Range: 10.0..200.0

{ELSEIF RespWts = Weight obtained (child held by adult)}
WtAdult
ENTER WEIGHT OF ADULT ON HIS/HER OWN.
   Range: 15.0..200.0

WtChAd
ENTER WEIGHT OF ADULT HOLDING CHILD.
   Range: 15.0..200.0

ENDIF

Weight
Computed: Measured weight, either Weight or WtChAd – WtAdult
   Range: 0.0..140.0

FloorC
SCALES PLACED ON?
1 Uneven floor
2 Carpet
3 Neither

RelWaitB
INTERVIEWER CODE ONE ONLY.
1 No problems experienced, reliable weight measurement obtained
   Problems experienced - measurement likely to be:
2 Reliable
3 Unreliable

MBookWt
INTERVIEWER: CHECK WEIGHT RECORDED ON MEASUREMENT RECORD CARD.
WEIGHT: (x) kg OR (x) stones (x) pounds. IF WEIGHT LOOKS WRONG, GO BACK TO XWeight' AND REWEIGH.
ENDIF

{IF RespWts = Weight refused}
ResNWt
INTERVIEWER: Give reasons for refusal.
2 Cannot see point/Weight already known/Doctor has measurement
3 Too busy/Taken long enough already/No time
4 Respondent too ill/frail/tired
5 Considered intrusive information
6 Respondent too anxious/nervous/shy/embarrassed
7 Child refused to be held by parent
8 Parent refused to hold child
9 Refused (no other reason given)
10 Other

{IF RespWts = Weight attempted, not obtained OR Weight not attempted}
NoWtBC
INTERVIEWER: Code reason for not obtaining weight.
1 Child 0-13: away from home during fieldwork period (specify in a Note)
2 Respondent is unsteady on feet
3 Respondent cannot stand upright
4 Respondent is unable to get out of a chair/in a wheelchair
5 Confined to bed
6 Respondent unable to remove shoes
7 Respondent weighs more than 200 kg
8 Ill or in pain/has disability (physical or mental)
9 Scales not working/not available/couldn’t be used
10 Parent unable to hold child
11 Child 0-13 asleep
12 Not in/not available (for child 0-13, use codes 01 or 11 if possible)
13 Proxy refusal
95 Other - specify

{IF NoWtBC = Other}
NoWatCO
PLEASE SPECIFY OTHER REASON.
Text: Maximum 60 characters
Nurse Appointment

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

Now follows the Nurse Appointment module. 1 Continue

{ELSE (All other respondents)}

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 urine sample.

1  Agreed nurse could contact
2  Maybe – agreed nurse could contact
3  Refused nurse contact

{IF Nurse = Agreed nurse could contact}

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}

INTERVIEWER: ENTER DATE OF THE NURSE APPOINTMENT

INTERVIEWER: ENTER TIME OF THE NURSE APPOINTMENT. USE 24 HOUR CLOCK. FOR EXAMPLE, 9AM WOULD BE RECORDED AS 09:00.

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}

INTERVIEWER: RECORD REASON WHY RESPONDENT REFUSED NURSE CONTACT. CODE BELOW AND RECORD AT F1 ON A.R.F

0  Own doctor already has information
1  Given enough time already to this survey/expecting too much
2  Too busy, cannot spare the time (if Code 1 does not apply)
3  Had enough of medical tests/medical profession at present time
4  Worried about what nurse may find out/'might tempt fate'
5  Scared/of medical profession/ particular medical procedures (e.g. blood sample)
6  Not interested/Can't be bothered/No particular reason
95  Other (record at next question)

{IF NurseRef=Other reason}
NrsRefO
PLEASE SPECIFY OTHER REASON FOR REFUSAL. CODE BELOW AND RECORD AT F1 ON A.R.F.

   Text: Maximum 60 characters
Data Linkage Consents

ASK ALL AGED 16+

NHSCan
We would like to ask for your consent to link some of your NHS health records with your survey answers. To do this we would need to send your name, address and date of birth to the Health and Social Care Information Centre. Please read this form, it explains more about what is involved.

INTERVIEWER: Give the respondent the (colour) consent form (linking survey answers to other information) and allow them time to read the information. Use the “Linking survey answers to other information” showcard to explain the process, if required
1 Consent given
2 Consent not given

{IF NHSCAN = Consent given}
NHSSig
Before I can pass your details on, I have to obtain written consent from you.

INTERVIEWER: Enter the respondent’s serial number on the top of the consent form.
Ask the respondent to initial the box and sign the form.
Give the white copy of the form to the respondent.
Code whether signed consent obtained.
1 Consent signed
2 No consent obtained (or only one box initialled)

Thank
Thank you for your help. Before we end the interview I need to collect a little more information for our records.

TPhone
Some interviews in a survey are checked to make sure that people like yourself are satisfied with the way the interview was carried out. Just in case yours is one of the interviews that is checked, it would be helpful if we could have your telephone number.

INTERVIEWER: If given, enter telephone number (landline or mobile) as well as writing it on the front of the ARF.
1 Number given
2 Number refused
3 No telephone
4 Number unknown

{IF TPhone=Number given}
TelNo
INTERVIEWER: ENTER THE TELEPHONE NUMBER GIVEN

ASK ALL
ReInter
If at some future date we wanted to talk to you further about your health, may we contact you to see if you are willing to help us again?
1 Yes
2 No

NHSSat
SHOW CARD H6
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]

{IF ReInter=Yes}
FstNm
INTERVIEWER: At the Household Grid you recorded the first name of this person as: ^textfill name
Is this the respondent's full, complete, first name (ie not initials, not abbreviated, not a nickname)?
ASK IF NECESSARY: Can I check, is ^textfill name your complete first name?
1. Yes, complete first name recorded at Household Grid
2. No, complete first name not yet recorded

{IF FstNm = 2}
NewNm
INTERVIEWER: Please type in the complete first name of this person.

SurnmChk
INTERVIEWER: Check whether the surname is the same for <respondent>.
Person 1: <Respondent's first name>
Is this the same surname?
END IF

SurNam
Can I check, {^first name from HH grid}, what is your surname?

{IF ReInter=Yes} – Loop until no further numbers to enter
FilTel
Do you have any other number we can contact you on? This would only be used for research
purposes and would not be passed on to anyone outside of NatCen.
1. Yes
2. No

{IF FilTel=Yes}
OtherTel
ENTER NUMBER

{IF OtherTel = Number entered}
TypeTel
INTERVIEWER: CODE TYPE OF TELEPHONE NUMBER
1. Home phone
2. Work phone
3. Mobile (any)

{IF PNurse = agree AND (TelNo=response OR OtherTel=response)}
NurCon
Would it be okay to pass these phone numbers(s) on to the nurse that will be contacting you?
1. Yes
2. No

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

{ASK ALL}

FullNme

INTERVIEWER: At ARF AA GRID A:
- Record the person number and age of each respondent.
- Record their full name (Initials and Surname).
- Record the outcome code for each person.
- Record if nurse visit agreed or not.
At ARF AA GRID B:
- Record details of non-respondents.
Press <1> and <Enter> to continue.
HSE 2016

SHOWCARDS
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. Universal Credit
15. Other State Benefits
16. Interest from savings and investments (e.g. stocks and shares)
17. Other kinds of regular allowance from outside your household (e.g. maintenance, student’s grants, rent)
18. 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 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>or</th>
<th>MONTHLY</th>
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CARD A8

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…)
CARD C1

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
CARD C3

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 C6

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
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
1. **Personal budget** – When the local authority finds that you are eligible for support for your social care needs, your personal budget is the amount they calculate is needed to meet these. This might cover the full cost of your social care or part of it.
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.)

1. Yes, all of personal budget as a Direct Payment

2. Yes, part of personal budget as a Direct Payment

3. No, none of personal budget as a Direct payment
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. Meals on Wheels

2. Private frozen meal provider such as Wiltshire farm foods

3. Family / friend / neighbour brought me ready prepared meals

4. Other

5. None of the above
CARD D1

Teaspoon  Dessertspoon  Tablespoon
1. Sitting down or standing up

2. Walking at work (e.g. door to door sales, hospital nurse work)

3. Climbing stairs or ladders

4. Lifting, carrying or moving heavy loads
CARD E2

1  Hoovering
2  Dusting
3  Ironing
4  General tidying
5  Washing floors and paintwork
CARD E3

1 Moving heavy furniture

2 Spring cleaning

3 Walking with heavy shopping (for more than 5 minutes)

4 Cleaning windows

5 Scrubbing a floor with a scrubbing brush
1. Hoeing, weeding, pruning
2. Mowing with a power mower
3. Planting flowers/seeds
4. Decorating
5. Minor household repairs
6. Car washing/polishing
7. Car repairs/maintenance
1 Digging, clearing rough ground
2 Building in stone / bricklaying
3 Mowing large areas with a hand mower
4 Felling trees, chopping wood
5 Mixing / laying concrete
6 Moving heavy loads
7 Refitting a kitchen or bathroom
1  Swimming

2  Cycling

3  Workout at a gym/Exercise bike/Weight training

4  Aerobics/Keep fit/Gymnastics/ Dance for fitness

5  Any other type of dancing

6  Running/Jogging

7  Football/Rugby

8  Badminton/tennis

9  Squash

10 Exercises (e.g. press-up, sit-ups)
1  Strength work out at the gym using machines or free weights

2  Exercise Bike

3  Spinning Classes

4  Stepping machine, rowing machine or cross trainer

5  Treadmill running
1  Aerobics / Keep fit classes
2  Dance for fitness
3  Aqua aerobics
4  Gymnastics
5  Circuit training
1. **At my home**, indoors

2. **At my home**, outside, e.g. in garden or on doorstep

3. **Outside in the street**, or out and about

4. Outside at work

5. **Outside at other people’s homes**

6. **Outside pubs, bars, restaurants or shops**

7. **In public parks**

8. **Inside other people’s homes**

9. **Whilst travelling by car**

10. **Inside 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
CARD F3

1. Better for my health

2. Financial reasons (cannot afford it)

3. Family or friends want me to stop

4. Worried about the effect on other people

5. Something else
1. For health reasons
2. Pregnancy
3. Financial reasons (couldn’t afford it)
4. Family or friends wanted me to stop
5. Worried about the effect on other people
6. My own motivation
7. Something else
1. In the last 6 months

2. More than 6 months, up to 12 months ago

3. More than a year, up to 2 years ago

4. More than 2 years up to 5 years ago

5. More than 5 years ago
1. Less than once a month
2. At least once a month but less than once a week
3. At least once a week but less than every day
4. Every day
1. Less than once a day

2. Once

3. 2 to 3 times

4. 4 to 5 times

5. 6 or more times
1. A disposable electronic cigarette (non-rechargeable)

2. An electronic cigarette kit which is refillable with pre-filled cartridges

3. An electronic cigarette kit which is refillable with liquids

4. A modular system (I use my own combination of separate devices: batteries, atomizers, etc.)
1. 0 mg nicotine

2. 6 mg nicotine (often described as low)

3. 11 mg or 12 mg nicotine (often described as medium or mild)

4. 18 mg nicotine (often described as high or regular)

5. 24 mg nicotine (often described as strong)

6. Other strength (please specify)
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
CARD G1

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
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
| 250ml wine glass | 175ml wine glass | 125ml wine glass |
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. 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/SCOTEC 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...)
White:
1. English/Welsh/Scottish/Northern Irish/British
2. Irish
3. Gypsy or Irish Traveller
4. Any other white background (Please describe…)

Mixed/multiple ethnic groups:
5. White and Black Caribbean
6. White and Black African
7. White and Asian
8. Any other mixed/multiple ethnic background (Please describe…)

Asian/Asian British:
9. Indian
10. Pakistani
11. Bangladeshi
12. Chinese
13. Any other Asian/Asian British background (Please describe…)

Black/African/Caribbean/Black British:
14. African
15. Caribbean
16. Any other Black/African/Caribbean/Black British background (Please describe…)

Other ethnic group:
17. Arab
18. Any other ethnic background (Please describe…)
CARD H6

1. Very satisfied
2. Quite satisfied
3. Neither satisfied or dissatisfied
4. Quite dissatisfied
5. Very dissatisfied
HSE 2016

INTERVIEWER SHOWCARDS

&

Coding Frame
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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.

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<td>Anaemia</td>
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<td>Angina</td>
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<td>Multiple sclerosis</td>
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<td>Pernicious anaemia</td>
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<td>Haemophilia</td>
<td>Scoliosis</td>
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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
- CHILDREN — ASK PARENT TO LOWER HEADPLATE
- ADULTS -LOWER HEADPLATE
- BREATHE OUT
- STEP OFF
- READ MEASUREMENT
- IF MEASUREMENT FALLS BETWEEN TWO MILLIMETRES, ROUND UP OR DOWN TO THE NEAREST EVEN MILLIMETRE
For a respondent who is blind or cannot read:

Add at the bottom of the consent form

For the respondent:
“*This form has been read to me and I confirm that I understand the information and give consent.*”
Respondent’s signature
(write in their name if they cannot sign)

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

If someone else is available as a witness:
“I confirm that the interviewer read out the form and explained it to [insert name], and that [name] understood and agreed.”
Witness signature and date
Linking survey answers to other information

What happens at this stage?

- Your name, address and date of birth are sent securely to the Health and Social Care Information Centre.
- 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 Health and Social Care Information Centre 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 2016
Program Documentation
Nurse Questionnaire

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Waist and hip circumference .................................................................................... 25
Urine Sample ........................................................................................................... 28
Saliva Sample .......................................................................................................... 30
Blood Sample ........................................................................................................... 32
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}
ReInfo
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 ReInfo = Yes, agrees nurse visit)}
NurDate
NURSE: ENTER THE DATE OF THIS INTERVIEW.

St2Leaf
NURSE: Ask respondent whether they have read the [insert colour] stage 2 leaflet
(Information for participants). If the respondent is unable to read the leaflet, please ensure
that you have covered the information in it.

1 Respondent/parent had read leaflet
2 Respondent/parent has not read leaflet but nurse has explained the
information

NDoBD
Can I just check your date of birth?
NURSE: Enter day, month and year of <Text fill: Respondent's name>‘s date of birth
separately.
Enter the day here.

NDoBM
NURSE: Enter the code for the month of <Text fill: Respondent’s name>‘s date of birth.

NDoBY
NURSE: Enter the year of <Text fill: Respondent’s name>‘s date of birth.

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

1 Yes
2 No
{IF Age of Respondent is 0 to 15 years}

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 55 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 IF FLU PANDEMIC AND MODULE TURNED ON}

FluVac
Can I check, have you ever been vaccinated for any type of flu (influenza)?

  1  Yes
  2  No
  3  Not sure

{IF (FluVac = Yes)}

VacWhn
When was your most recent flu vaccination? Was it ...READ OUT...

  1  Within the last 12 months,
  2  More than one year, up to 2 years ago,
  3  More than two years, up to 3 years ago,
  4  More than 3 years, up to 5 years ago,
  5  More than 5, up to 10 years ago,
  6  or, More than 10 years ago?

{IF (VacWhn = Within the last 12 months OR More than one year, up to 2 years ago)}

VacMth
In which month did you have your most recent vaccination for flu?

NURSE: If respondent is unsure in which month they had their vaccination but knows it was either one month or another, code the earlier of the 2 months (e.g. if 'January or February', code January).

RECORD MONTH:

  1  January
  2  February
  3  March
VacYr
In which year did you have your most recent flu vaccination?
RECORD YEAR:

{IF (FluVac = Yes)}
RespIll
"@/In the last month, have you had a cough, cold or flu which gave you a temperature or
made you feel feverish?"
   : YesNo
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. DO NOT INCLUDE STATINS THAT HAVE BEEN BOUGHT WITHOUT A PRESCRIPTION.
   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

ASK ALL
MedLng
(Apart from any medication you have already told me about) do you have any long acting medication, such as an 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> had <long acting medication> 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=16-55}\}
WhyFol
Some people take folic acid supplements. Do you know why some people might take these?
DO NOT PROMPT. CODE ALL THAT APPLY.

1. Yes – for pregnancy (general)
2. Yes – when trying for a baby/trying to conceive
3. Yes – to aid the development of a healthy foetus (before pregnancy/in pregnancy)
4. Yes – to improve/protect health of the mother (before pregnancy/in pregnancy)
5. Yes – as a source of vitamin B9 (before pregnancy/in pregnancy)
6. Yes – as a source of iron/to prevent anaemia (before pregnancy/in pregnancy)
7. Yes – to protect against neural tube defects (NTDs)/spina bifida (before pregnancy/in pregnancy)
8. Other (please specify)
9. No – I don’t know.

If WhyFol=8 (Other) THEN
WhyFolO
NURSE: Write in the other reason some people take folic acid supplements
String
ENDIF

Folic
At present, are you taking any folic acid supplements such as Solgar folic acid, Pregnacare tablets, Sanatogen Pronatal, or Healthy Start?
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
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

SmokN
SHOWCARD A1
Can I ask, do you smoke or use any of these nicotine products at all these days? CODE ALL THAT APPLY. IF RESPONDENT USED TO SMOKE BUT DOES NOT ANY MORE, CODE 'NO, NONE OF THESE':
1 Yes, cigarettes
2 Yes, cigars
3 Yes, pipe
4 Yes, e-cigarette or vaping device
5 Yes, hookah/shisha
6 Yes, smokeless tobacco
7 No, none of these
ENDIF

{IF (SMOKEN=1-6)
Smok7day
SHOWCARD A1
And have you smoked or used any of these nicotine products in the last 7 days? CODE ALL THAT APPLY. IF RESPONDENT USED TO SMOKE BUT DOES NOT ANY MORE, CODE 'NO, NONE OF THESE':
1 Yes, cigarettes
2 Yes, cigars
3 Yes, pipe
4 Yes, e-cigarette or vaping device
5 Yes, hookah/shisha
6 Yes, smokeless tobacco
7 No, none of these
END IF

{IF (Smok7Day = 1-6)}
LastSmok
SHOWCARD A1
How long is it since you last smoked or used any of these??
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

{IF (SmokeN = 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
ASK ALL
NR7Day
SHOW CARD A2
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
Weight management

ASK ALL 16+
The next set of questions are about weight management. We are interested in finding out whether people are currently using any services to help manage or change their weight, whether they have done in the past and if they plan to in the future.

WMNow
Showcard B1
Can I ask, are you currently using any of the things on this card to manage or change your weight?
NURSE: If necessary explain that managing weight is about maintaining a healthy weight. Explain if necessary, activity trackers or fitness monitors are often a band worn on the wrist like a watch. They keep track of the number of steps people take and track activity over time. Code all that apply.

1. Websites or mobile phone apps
2. Activity trackers or fitness monitors such as a FitBit, Fuelband or Jawbone Up
3. Dieting clubs like Weight Watchers or Slimming World
4. Local weight management programme
5. NHS services such as a dietician or obesity nurse
6. The gym or other exercise
7. Other – diet/healthy eating
8. Other – tablets
95. Another tool or service
96. None of these

IF WMNow=7
WMNowOth
What other tools or services are you using to manage or change your weight?
String
END IF
IF WMNow=(1-7)
Ask the following in a loop with the following textfills from WMNow:
1. Websites or mobile phone apps
2. Activity trackers or fitness monitors such as a FitBit, Fuelband or Jawbone Up
3. Dieting clubs like Weight Watchers or Slimming World
4. Local weight management programme
5. NHS services such as a dietician or obesity nurse
6. The gym or other exercise
7. The other tool or service you told me about

WMStrt
Why did you decide to start using <textfill>?
NURSE: Code all that apply. Probe for detail.
1. To lose weight
2. Advised to by GP/health professional
3. To maintain/improve health
4. To maintain/improve fitness
5. For an occasion (wedding, holiday etc)
6. To feel better about myself
7. Ease/practicality of tool or service
8. Because it is free/cheap
9. Family or friend recommendation
10. Other – social reasons
95. Other (specify)

WMAdv
Showcard B2
Did any of the health professionals on this card advise you to use <textfill> to manage or change your weight?
1. GP/Doctor
2. Nurse
3. Dietician
4. Other – medical at work
95. Another health professional
96. None of these

IF WDAv=4
WMAdvOth
Which other health professional advised you to use <textfill>?
String
END IF
IF WMAv=1-4
WMAdWn
Showcard B3
Was this during any of the types of visits on this card?
NURSE: Code all that apply.
1. Your NHS Health Check
2. GP visit
3. Practice nurse visit
4. Hospital visit
5. Other – medical at work
95. Another occasion

IF WMAdWn=5
WMAdWnOt
Which other occasion did they advise you during?
String
END IF
END IF

WMPay
Do you pay any money to use the <textfill>?
1. Yes
2. No

WMPayOth
Showcard B4
Do any of the following groups on this card pay anything towards you using the <textfill>?
NURSE: Code all that apply.
1. The local authority
2. NHS
3. Another person or organisation
4. No one else pays towards me using this
IF WMPayOth=3

WMPyOWho
Who else pays towards you using the <textfill>?
String
END IF
END IF
IF WMNow=8 (None of these)

WMAdv12
Showcard B2
In the last 12 months, did any of the health professionals on this card advise you to do something to manage or change your weight?
NURSE: Code all that apply.
  1. GP/Doctor (include consultant)
  2. Nurse
  3. Dietician
  4. Other – pharmacist
  95. Another health professional
  96. No one advised me to manage or change my weight

IF WMAdv12=4

WMAdv12O
Which other health professional advised you to do something to manage or change your weight?
String END IF
IF WMAdv12=1-4

WMAd12Wn
Showcard B3
Was this during any of the types of visits on this card?
NURSE: Code all that apply.
  1. Your NHS Health Check
  2. GP visit
  3. Practice nurse visit
  4. Hospital visit
  5. Other - chemist
  95. Another occasion

IF WMAd12Wn=5

WMAd12WnO
Which other occasion did they advise you during?
String
END IF
END IF

WM12
Showcard B1
In the last 12 months, have you used any of the things on this card to manage or change your weight?
NURSE: Code all that apply.
  1. Websites or mobile phone apps
  2. Activity tracker or fitness monitor such as a FitBit, Fuelband or Jawbone Up
  3. Dieting clubs like Weight Watchers or Slimming World
  4. Local weight management programme
  5. NHS services such as a dietician or obesity nurse
  6. The gym or other exercise
  7. Other – diet/healthy eating
8. Other – tablets
9. Other – personal changes
95. Another tool or service
96. None of these

IF WM12=7
WM12Oth
What other tools or services were you using to manage or change your weight?
String
END IF
IF WM12=(1-7)
Ask the following in a loop with the following textfills from WM12:
  1. Websites or mobile phone apps
  2. Activity trackers or fitness monitors such as a FitBit, Fuelband or Jawbone Up
  3. Dieting clubs like Weight Watchers or Slimming World
  4. Local weight management programme
  5. NHS services such as a dietician or obesity nurse
  6. The gym or other exercise
  7. The other tool or service you told me about

WM12St
Why did you decide to start using <textfill>?
NURSE: Code all that apply.
  1. To lose weight
  2. Advised to by GP/health professional
  3. To maintain/improve health
  4. To maintain/improve fitness
  5. For an occasion (wedding, holiday etc)
  6. To feel better about myself
  7. Ease/practicality of tool or service
  8. Because it was free/cheap
  9. Family or friend recommendation
  10. Other (specify)

WM12Stp
Why did you decide to stop using <textfill>?
NURSE: Code all that apply. Probe for detail.
  1. Reached my goal
  2. Lost motivation/I couldn’t be bothered
  3. Financial reasons
  4. I wasn’t using it
  5. Difficulty finding time/fitting it in
  6. It didn’t work for me/it wasn’t helping
  7. The programme stopped/funding ran out
  8. Change in circumstances
  95. Other (specify)

WM12Pay
Did you pay any money to use the <textfill>?
  1. Yes
  2. No
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**WM12PayO**
Showcard B4
Did any of the following pay anything towards you using the <textfill>?
NURSE: Code all that apply.
1. The local authority
2. NHS
3. Another person or organisation
4. No one else paid towards me using this

IF WMPayOth=3

**WM12PWho**
Who else paid towards you using the <textfill>?
String
END IF
END IF

**WMNxt**
Showcard B1
In the next 12 months, do you plan to use any of the things on this card to manage or change your weight?
NURSE: Code all that apply.
1. Websites or mobile phone apps
2. Activity trackers or fitness monitors such as a FitBit, Fuelband or Jawbone Up
3. Dieting clubs like Weight Watchers or Slimming World
4. Local weight management programme
5. NHS services such as a dietician or obesity nurse
6. The gym or other exercise
7. Other – diet/healthy eating
8. Other – tablets
9. Other – personal changes
95. Another tool or service
96. None of these

IF WMNxt=7

**WMNxtO**
What other tools or services do you plan to use to manage or change your weight?
String
END IF
IF WMNxt=(1-7)
Ask the following in a loop with the following textfills from WMNxt:
1. Websites or mobile phone apps
2. An activity tracker or fitness monitor such as a FitBit, Fuelband or Jawbone Up
3. Dieting clubs like Weight Watchers or Slimming World
4. Local weight management programme
5. NHS services such as a dietician or obesity nurse
6. The gym or other exercise
7. The other tool or service you told me about

**WMNxY**
Why are you planning to start using <textfill>?
NURSE: Code all that apply.
1. To lose weight
2. Advised to by GP/health professional
3. To maintain/improve health
4. To maintain/improve fitness
5. For an occasion (wedding, holiday etc)
6. To feel better about myself
7. Ease/practicality of tool or service
8. Because it is free/cheap
9. Family or friend recommendation
10. Other – social reasons
95. Other (specify)

---

ASK ALL

WMSur
Have you ever had surgery such as a gastric band, gastric bypass or gastric balloon to help you manage or change your weight?

NURSE IF NEEDED:

A gastric band is a band that can be surgically fitted to the top of your stomach to make you feel full after eating a small amount of food, which will help with weight loss.

A gastric bypass involves re-routing your digestive system past most of your stomach, so you digest less food so it takes less to make you feel full.

A gastric balloon is a non-surgical procedure where a small balloon is inserted into the stomach through the mouth. The balloon is then filled with a sterile saline solution to reduce the available capacity of the stomach for food.

1. Yes
2. No

IF WMSur=1.

WMSurWn
Was this…

NURSE: If more than one surgery, code the most recent.

1. In the last 12 months
2. More than a year ago but less than 3 years ago
3. More than 3 years ago but less than 5 years ago
4. More than 5 years ago

WMSurPay
Did you have the surgery privately or on the NHS?

1. Privately
2. NHS

END IF
Kidney and liver disease

IntroLK
"NURSE: NOW FOLLOWS THE KIDNEY AND LIVER DISEASE MODULE
@/@/PRESS <1> AND <Enter> TO CONTINUE"

EvKid
Have you ever been told by a doctor or health professional that you are at risk of kidney disease?
  1. Yes
  2. No

EvCKD
Have you ever been told by a doctor that you had chronic kidney disease?
  1. Yes
  2. No

TestKD
Have you ever been told you were being tested for kidney disease?
  1. Yes
  2. No

EvLiv
Have you ever been told by a doctor or health professional that you are at risk of liver disease?
  1. Yes
  2. No

EvCLD
Have you ever been told by a doctor that you had chronic liver disease?
  1. Yes
  2. No

TestLD
Have you ever been told you were being tested for liver disease?
  1. Yes
  2. No

IF Age=40-78
The NHS Health Check programme aims to help prevent illnesses like heart disease, stroke, diabetes and kidney disease. Everyone between the ages of 40 and 74 will be invited every five years to have a check to assess their risk of these kinds of conditions. The check can give support and advice to help them reduce or manage that risk.

NHSChek
Have you had an NHS Health Check?
  1. Yes
  2. No
  3. (SPONTANEOUS ONLY) I've been invited for one but haven't attended.

IF NHSChek=yes
**NHSCond**

SHOWCARD C1
Did a doctor or health professional talk about any of the conditions on this card during your NHS Health Check?
NURSE: Code all that apply
1. Heart disease
2. Stroke
3. Kidney disease
4. Diabetes
5. Dementia
6. Liver disease
7. Cancer
8. Other (specify)
9. None of these

**NHSAdv**

Showcard C2
Did a doctor or health professional provide you with advice about any of the things on this card during your NHS Health Check?
1. Reducing your alcohol intake
2. Stopping smoking
3. Doing more exercise
4. Improving your diet
5. Losing weight
6. None of the above

{If NHSChk=yes}

**NHSRef**

SHOWCARD C2
Still looking at card C2) did the doctor or health professional refer you somewhere else for further advice on any of these issues?"
1. Yes
2. No
Blood Pressure

{IF Age of Respondent 0 to 4 years}
NoBP
NO BLOOD PRESSURE READING TO BE DONE. ENTER '1' TO CONTINUE.
  1  Continue
ENDIF

{IF (PregNTJ = Yes) OR (UPreg = Pregnant)}
PregMes
NURSE: RESPONDENT IS PREGNANT. NO MEASUREMENTS TO BE DONE.
  1  Continue
ENDIF

{ALL AGED 5+ (EXCEPT PREGNANT WOMEN)}

BPMod
NURSE: NOW FOLLOWS THE BLOOD PRESSURE MODULE.
PRESS <1> AND <ENTER> TO CONTINUE.

{IF Age of Respondent is over 15 years}
BPIntro
(As I mentioned earlier) We would like to measure your blood pressure. The analysis of blood pressure readings will tell us a lot about the health of the population.
  1  Continue

NameTChk
NURSE: Explain the need for the consent booklet to the respondent and the importance of having the correct name on the consent booklet.
What is the name by which letters are usually addressed to you?
EXPLAIN IF NECESSARY: We may send your results to you.
Record title here.

NameSChk
NURSE: Record surname here

{ELSE (Respondent aged 5-15)}
BPBlurb
READ OUT TO PARENT/PARENTS:(As I mentioned earlier) we would like to measure (name of child's) blood pressure. If you wish, I will write the results on (his/her) Measurement Record Card. I will not, however, be able to tell you what the results mean. This has to be calculated using (his/her) age, sex and height. Also blood pressure can vary from day to day and throughout the day, so one high reading would not necessarily mean that your child has a high blood pressure. However if you would like us to, we will send (his/her) results to (his/her) GP who is better placed to interpret them. In the unlikely event that your child should be found to have a high blood pressure for (his/her) age and height, we shall advise (his/her) GP (with your permission) that (name of child's) blood pressure should be measured again.

NURSE: Show [child's name] the ‘Blood Pressure’ section of the purple child information sheet.
  1  Continue
ENDIF

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})
YNbP
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
Derived variable from BP readings
RespBPS
  : (Three "Three",
      Two "Two",
      One "One",
      Tried "Tried",
      NoTry "NoTry",
      Refused "Refused")

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

NURSE: RECORD WHY (ONLY TWO READINGS OBTAINED/ONLY ONE READING OBTAINED/READING NOT OBTAINED/READING NOT ATTEMPTED/READING REFUSED/UNABLE TO TAKE READING). CODE ALL THAT APPLY.
  0 Problems with PC
  1 Respondent upset/anxious/nervous
  2 Error reading
  3 (Code not used)
  4 (Code not used)
  5 Problems with cuff fitting/painful
  6 Problems with equipment (not error reading)
  95 Other reason(s) (SPECIFY AT NEXT QUESTION)

{IF NattBP = Other}
OthNBP
NURSE: ENTER FULL DETAILS OF OTHER REASON(S) FOR NOT OBTAINING/ATTEMPTING THREE BP READINGS:
  Text: Maximum 140 characters
ENDIF

ENDIF

{IF ONE, TWO OR THREE FULL BLOOD PRESSURE READINGS OBTAINED}
DifBPC
RECORD ANY PROBLEMS TAKING READINGS. CODE ALL THAT APPLY.
  1 No problems taking blood pressure
  2 Reading taken on left arm because right arm not suitable
  3 Respondent was upset/anxious/nervous
  4 Problems with cuff fitting/painful
  5 Problems with equipment (not error reading)
  6 Error reading
  95 Other problems (SPECIFY AT NEXT QUESTION)

{IF DifBPC=Other}
OthDifBP
NURSE: RECORD FULL DETAILS OF OTHER PROBLEM(S) TAKING READINGS.
  Text: Maximum 140 characters
ENDIF

ENDIF
BPOffer
NURSE: OFFER BLOOD PRESSURE RESULTS TO RESPONDENT.

i) (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

{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 [CHILD’S NAME] TO INITIAL THE ‘BLOOD PRESSURE TO GP’ ASSENT BOX IF THEY CAN. IF NOT, ASK RESPONDENT’S PARENT/“PARENT” TO INITIAL THE BOX ON [CHILD’S NAME] BEHALF.

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

C) CHECK THE NAME BY WHICH GP KNOWS RESPONDENT.

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

1  Continue

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

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

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

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

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

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

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

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

{IF (Waist1 = 999.9) OR (Waist2 = 999.9) OR (Hip1 = 999.9) OR (Hip2 = 999.9)}
YNoWH
ENTER REASON FOR NOT GETTING BOTH MEASUREMENTS
  1 Both measurements refused
  2 Attempted but not obtained
  3 Measurement not attempted
ENDIF
ENDIF
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{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
7 Measurement tape not long enough
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))}
HJRe1
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
Urine Sample
ASK IF Age of Participant 16+

UriDisp
NURSE: Now follows the Urine Sample.
  1 Continue

UriIntro
NURSE READ OUT: I would like to take a sample of your urine. This simply involves you collecting a small amount of urine (mid-flow) in this container. The sample will be analysed for sodium (salt), so we can measure the amount of salt in people’s diets. High dietary salt levels are related to high blood pressure, so this is important information for assessing the health of the population. It will also be tested for albumin and creatinine which help us to look at kidney function.

Would you be willing to provide a urine sample?
  1 Participant agrees to give urine sample
  2 Participant refuses to give urine sample
  3 Unable to obtain urine sample for reason other than refusal

{IF UriIntro =Agree}
UriWrit
NURSE: Ask the participant to read and initial the ‘Urine sample’ section of the consent booklet. Circle code 03 on front of the consent booklet.
Press <1> and <Enter> to continue.

{ELSEIF UriIntro = Refuse}
UriCode
NURSE: Circle code 04 on front of the consent booklet. Cross a line through the ‘Urine sample’ section inside the consent booklet to make clear that the participant has not consented to this.
Press <1> and <Enter> to continue.
ENDIF

{IF UriIntro = Agree}
UriSamp
NURSE:
Ask participant to take container and provide a urine sample.
-Remind participant to wash their hands before giving the sample
-Ask participant to collect mid flow sample in disposable beaker
-Explain how to use the syringe using the instruction sheet
Write the serial number and data of birth on a black label and attach to urine sample tube over the pre-existing label.
-Make sure the serial number and date of birth are recorded on the dispatch note on the inside of the back cover of the consent booklet.
  1 Continue

UriObt1
NURSE CHECK:
  1 Urine sample obtained
  2 Urine sample refused
  3 Urine sample not attempted
  4 Attempted not obtained
NURSE: RECORD WHY URINE SAMPLE NOT OBTAINED
CODE ALL THAT APPLY.
   1. Participant not able to produce any urine
95. Other (SPECIFY AT NEXT QUESTION)

{IF (UriNObt = Other)}
OthNObt
NURSE: GIVE FULL DETAILS OF REASON(S) WHY URINE SAMPLE NOT OBTAINED.
   Text: Maximum of 140 characters.

ENDIF
Saliva Sample
IF Respondent aged 4-15

SalInt1
NURSE: NOW FOLLOWS THE SALIVA SAMPLE.
1 Continue

SalIntr1
NURSE: ASK RESPONDENT FOR A SALIVA SAMPLE.
READ OUT: I would like to take a sample of saliva (spit). This simply involves using a straw to dribble saliva into a tube.

The sample will be analysed for cotinine, which is related to the intake of tobacco smoke and is of particular interest to see if non-smokers may have raised levels as a result of ‘passive’ smoking.

IF CHILD: NURSE: Show ’ + Respondent name ’ the ”Saliva sample” section of the @COLOUR@ 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

SalWrit
NURSE:
Ask the respondent to read and complete the ‘Saliva sample’ section of the ^colour adult consent booklet.

{IF SalIntr1=Agree AND Age=under 16}
SalWritC
READ OUT: In order to take a saliva sample I need to obtain written consent from you
NURSE:
- Ask the parent to read and initial the ‘Saliva sample’ section of the child consent booklet. Ask respondent’s parent to initial the box on [participant’s name] behalf.
- Circle code 03 on front of the Consent Booklet.
- Turn to the lab despatch note and at Smoking status circle 1.
Press <1> and <Enter> to continue.

ENDIF

{IF SalIntr1=Refuse or unable }
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}
Sallnst
NURSE: Ask respondent to 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

IF YEAR OF ADULT SALIVA SAMPLE (PAGE >= 16) AND (SalObt1 = Yes) THEN
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 (Sallnst=Unable)}
SalNObt
NURSE: Record why saliva sample not obtained.
  CODE ALL THAT APPLY.
    1  Respondent not able to produce any saliva
    95  Other (specify at next question)

{IF SalNObt = Other}
OthNObt
NURSE: Give full details of reason(s) why saliva sample not obtained.
Text: Maximum 140 characters

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

BlIntro
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 = 3}
B1NotOb
NURSE: Give full details of reason(s) why blood sample not obtained.

{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)
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{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
take 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.

IF (BSWill = Yes)
   AND ((Age IN [2..15] AND BSConst = Yes)
   OR (Age IN [16..120])) THEN
   IF (RespBPS IN [Tried..Refused]) THEN
   GPSam
NURSE CHECK:
   1 Respondent registered with GP
   2 Respondent not registered with GP

{IF GPRegB = Yes OR GPSam = GP}
SendSam
May we send the results of your blood sample analysis to your GP?
   1 Yes
   2 No

{IF SendSam = Yes}
BSSign
NURSE:
-ASK THE RESPONDENT TO READ AND INITIAL POINT NUMBER TWO IN THE 'BLOOD
SAMPLE' SECTION OF THE (COLOUR) ADULT CONSENT BOOKLET.
-CHECK NAME BY WHICH GP KNOWS RESPONDENT.
-CHECK GP NAME, ADDRESS AND PHONE NO. ARE RECORDED ON FRONT OF THE
CONSENT BOOKLET.
-CIRCLE CONSENT CODE 07 ON FRONT OF THE CONSENT BOOKLET.
Press <1> and <Enter> to continue.

{ELSEIF SendSam = No}
SenSam
Why do you not want your blood sample results sent to your GP?
   1 Hardly/never sees GP
   2 GP recently took blood sample
   3 Does not want to bother GP
   95 Other (SPECIFY AT NEXT QUESTION)
{IF SenSam = Other}
OthSam
NURSE: GIVE FULL DETAILS OF REASON(S) FOR NOT WANTING RESULTS SENT TO GP.
   Text: Maximum 140 characters

ENDIF
ENDIF

{IF (GPSam = No GP OR SendSam = No)}
NoBSGP
NURSE: CIRCLE CONSENT CODE 08 ON FRONT OF THE CONSENT BOOKLET.
Cross a line through point number 2 of the 'Blood sample' section inside the consent booklet to
make clear that the respondent has not consented to this.
PRESS <1> AND <ENTER> TO CONTINUE.
ENDIF

IF (BSWill = Yes)
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}
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NoBSRsp
NURSE: CIRCLE CONSENT CODE 12 ON FRONT OF THE CONSENT BOOKLET. PRESS <1> AND <ENTER> TO CONTINUE.
ENDIF

{ELSEIF SampTak = No}
NoBSM
NURSE: CODE REASON(S) NO BLOOD OBTAINED. CODE ALL THAT APPLY.
1 No suitable or no palpable vein/collapsed veins
2 Respondent was too anxious/nervous
3 Respondent felt faint/fainted
4 Other (SPECIFY AT NEXT QUESTION)

{IF NoBSM = Other}
OthNoBSM
NURSE: GIVE FULL DETAILS OF REASON(S) NO BLOOD OBTAINED. Text: Maximum 140 characters
ENDIF

NoBOObt
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 FLU MODULE TURNED ON}
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

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

36
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
1 Cigarettes
2 Cigars
3 Pipe
4 E-cigarette or vaping device
5 Hookah/shisha
6 Smokeless tobacco
7 None of these
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
Websites or mobile phone apps
Activity trackers or fitness monitors such as FitBit, Fuelband or Jawbone Up
Dieting clubs like Weight Watchers or Slimming World
Local weight management programme
NHS services such as a dietician or obesity nurse
The gym or other exercise
Another tool or service
None of these
CARD B2

1. GP or doctor
2. Nurse
3. Dietician
95. Another health professional
96. None of these

CARD B3

1. Your NHS Health Check
2. GP visit
3. Practice nurse visit
4. Hospital visit
95. Another occasion
1 The Local Authority
2 NHS
95 Another person or organisation
96 No one else pays towards me using this
1 Heart disease
2 Stroke
3 Kidney disease
4 Diabetes
5 Dementia
6 Liver disease
7 Cancer
95 Other (please say what...)
96 None of the above
1 Reducing your alcohol intake
2 Stopping smoking
3 Doing more exercise
4 Improving your diet
5 Losing weight
6 None of the above
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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>1</td>
<td>✔</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Do you feel that you lead a …

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
General health over the last few weeks

EVERYONE PLEASE ANSWER

Please read this carefully:

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

HAVE YOU RECENTLY:

<table>
<thead>
<tr>
<th>Question</th>
<th>Tick ONE box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1 been able to concentrate on whatever you’re doing?</td>
<td>Better than usual   Same as usual   Less than usual   Much less than usual</td>
</tr>
<tr>
<td>Q2 lost much sleep over worry?</td>
<td>Not at all   No more than usual   Rather more than usual   Much more than usual</td>
</tr>
<tr>
<td>Q3 felt you were playing a useful part in things?</td>
<td>More so than usual   Same as usual   Less useful than usual   Much less useful</td>
</tr>
<tr>
<td>Q4 felt capable of making decisions about things?</td>
<td>More so than usual   Same as usual   Less so than usual   Much less capable</td>
</tr>
<tr>
<td>Q5 felt constantly under strain?</td>
<td>Not at all   No more than usual   Rather more than usual   Much more than usual</td>
</tr>
<tr>
<td>Q6 felt you couldn’t overcome your difficulties?</td>
<td>Not at all   No more than usual   Rather more than usual   Much more than usual</td>
</tr>
<tr>
<td>Q7 been able to enjoy your normal day-to-day activities?</td>
<td>More so than usual   Same as usual   Less so than usual   Much less than usual</td>
</tr>
</tbody>
</table>
HAVE YOU RECENTLY:

**Q8** been able to face up to your problems?

<table>
<thead>
<tr>
<th>More so than usual</th>
<th>Same as usual</th>
<th>Less able than usual</th>
<th>Much less able</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Q9** been feeling unhappy and depressed?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>No more than usual</th>
<th>Rather more than usual</th>
<th>Much more than usual</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Q10** been losing confidence in yourself?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>No more than usual</th>
<th>Rather more than usual</th>
<th>Much more than usual</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Q11** been thinking of yourself as a worthless person?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>No more than usual</th>
<th>Rather more than usual</th>
<th>Much more than usual</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Q12** been feeling reasonably happy, all things considered?

<table>
<thead>
<tr>
<th>More so than usual</th>
<th>About same as usual</th>
<th>Less so than usual</th>
<th>Much less than usual</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Q13** Overall, how satisfied are you with your life nowadays, where 0 is 'not at all satisfied' and 10 is 'completely satisfied'?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**General Wellbeing**

EVERYONE PLEASE ANSWER

**Q14** 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>A</th>
<th>I’ve been feeling optimistic about the future</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None of the time</td>
</tr>
<tr>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B</th>
<th>I’ve been feeling useful</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None of the time</td>
</tr>
<tr>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C</th>
<th>I’ve been feeling relaxed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None of the time</td>
</tr>
<tr>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D</th>
<th>I’ve been feeling interested in other people</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None of the time</td>
</tr>
<tr>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E</th>
<th>I’ve had energy to spare</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None of the time</td>
</tr>
<tr>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>F</th>
<th>I’ve been dealing with problems well</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None of the time</td>
</tr>
<tr>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>G</th>
<th>I’ve been thinking clearly</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None of the time</td>
</tr>
<tr>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>H</th>
<th>I’ve been feeling good about myself</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None of the time</td>
</tr>
<tr>
<td>1</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.

<table>
<thead>
<tr>
<th>Statement</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  I’ve been feeling close to other people</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J  I’ve been feeling confident</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K  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  I’ve been feeling loved</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M  I’ve been interested in new things</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N  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)
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EVERYONE PLEASE ANSWER

Q15 Have you spent any money on any of the following activities in the last 12 months? Please tick ONE box for each activity

<table>
<thead>
<tr>
<th>Activity</th>
<th>Tick ONE box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tickets for the National Lottery Draw, including Thunderball and Euromillions and tickets bought online</td>
<td>Yes</td>
</tr>
<tr>
<td>Scratchcards (but not online or newspaper or magazine scratchcards)</td>
<td></td>
</tr>
<tr>
<td>Tickets for any other lottery, including charity lotteries</td>
<td></td>
</tr>
<tr>
<td>The football pools</td>
<td></td>
</tr>
<tr>
<td>Bingo cards or tickets, including playing at a bingo hall (not online)</td>
<td></td>
</tr>
<tr>
<td>Fruit or slot machines</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>
</tr>
<tr>
<td>Table games (roulette, cards or dice) in a casino</td>
<td></td>
</tr>
<tr>
<td>Playing poker in a pub tournament/ league or at a club</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>
</tr>
<tr>
<td>Online betting with a bookmaker on any event or sport</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 Q15, PLEASE GO TO 16 OTHERWISE GO TO Q36.
Q16 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

<table>
<thead>
<tr>
<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>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Q17 When you gamble, how often do you go back another day to win back money you lost?

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>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

In the last 12 months...

Q18 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)?

Tick ONE box

<table>
<thead>
<tr>
<th>Very often</th>
<th>Fairly often</th>
<th>Occasionally</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Q19 Have you needed to gamble with more and more money to get the excitement you are looking for?

Tick ONE box

<table>
<thead>
<tr>
<th>Very often</th>
<th>Fairly often</th>
<th>Occasionally</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Q20 Have you felt restless or irritable when trying to cut down gambling?

Tick ONE box

<table>
<thead>
<tr>
<th>Very often</th>
<th>Fairly often</th>
<th>Occasionally</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<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>Description</th>
<th>Very often</th>
<th>Fairly often</th>
<th>Occasionally</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q21</td>
<td>Have you gambled to escape from problems or when you are feeling depressed, anxious or bad about yourself?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Q22</td>
<td>Have you lied to family, or others, to hide the extent of your gambling?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Q23</td>
<td>Have you made unsuccessful attempts to control, cut back or stop gambling?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Q24</td>
<td>Have you committed a crime in order to finance gambling or to pay gambling debts?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Q25</td>
<td>Have you risked or lost an important relationship, job, educational or work opportunity because of gambling?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Q26</td>
<td>Have you asked others to provide money to help with a desperate financial situation caused by gambling?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

In the past 12 months, how often...

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
<th>Almost always</th>
<th>Most of the time</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q27</td>
<td>...have you bet more than you could really afford to lose?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Q28</td>
<td>...have you needed to gamble with larger amounts of money to get the same excitement?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Q29</td>
<td>...have you gone back to try to win back the money you’d lost?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Q30</td>
<td>...have you borrowed money or sold anything to get money to gamble?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Q31</td>
<td>...have you felt that you might have a problem with gambling?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Q32</td>
<td>...have you felt that gambling has caused you any health problems, including stress or anxiety?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Q33</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>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Q34</td>
<td>...have you felt your gambling has caused financial problems for you or your household?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Q35</td>
<td>...have you felt guilty about the way you gamble or what happens when you gamble?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
Information about yourself
EVERYONE PLEASE ANSWER

Q36 Which of the following options best describes how you think of yourself?
Tick ONE box

- Heterosexual or Straight  
- Gay or Lesbian  
- Bisexual  
- Other  
- Prefer not to say

Q37 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)

[Box for Any other religion]
EVERYONE PLEASE ANSWER

Q38 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

Q39 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

IF YOU ARE A PARENT/GUARDIAN OF A CHILD AGED 2-15 TAKING PART IN THE INTERVIEW PLEASE ANSWER THE FINAL QUESTIONS ON THE NEXT PAGE
**Q40** Given your child’s age and height, would you say that your child is…

<table>
<thead>
<tr>
<th>INTERVIEWER to complete child name and person number</th>
<th>Child Name</th>
<th>Child Person No</th>
<th>Child Name</th>
<th>Child Person No</th>
</tr>
</thead>
<tbody>
<tr>
<td>About the right weight</td>
<td></td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>too heavy</td>
<td></td>
<td>2</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>or too light?</td>
<td></td>
<td>3</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Not sure</td>
<td></td>
<td>8</td>
<td></td>
<td>8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INTERVIEWER to complete child name and person number</th>
<th>Child Name</th>
<th>Child Person No</th>
<th>Child Name</th>
<th>Child Person No</th>
</tr>
</thead>
<tbody>
<tr>
<td>About the right weight</td>
<td></td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>too heavy</td>
<td></td>
<td>2</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>or too light?</td>
<td></td>
<td>3</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Not sure</td>
<td></td>
<td>8</td>
<td></td>
<td>8</td>
</tr>
</tbody>
</table>
At the moment, are you encouraging your child to do any of the following to achieve a healthier weight ...

<table>
<thead>
<tr>
<th>INTERVIEWER to complete child name and person number</th>
<th>Child Name</th>
<th>Child Person No</th>
<th>Child Name</th>
<th>Child Person No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lose weight</td>
<td></td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Gain weight</td>
<td></td>
<td>2</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Not trying to change their weight</td>
<td></td>
<td>3</td>
<td></td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INTERVIEWER to complete child name and person number</th>
<th>Child Name</th>
<th>Child Person No</th>
<th>Child Name</th>
<th>Child Person No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lose weight</td>
<td></td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Gain weight</td>
<td></td>
<td>2</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Not trying to change their weight</td>
<td></td>
<td>3</td>
<td></td>
<td>3</td>
</tr>
</tbody>
</table>
Thank you for answering these questions.

Please give the booklet back to the interviewer.
• 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? We are referring here to tobacco cigarettes, not e-cigarettes or other vaping devices that use e-liquids.

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

For health reasons 01
Pregnancy 02
Financial reasons/couldn’t afford it 03
Family or friends wanted me to stop 04
Worried about the effect on other people 05
My own motivation 06
Something else 07
Cannot remember 08
Q6 Did you smoke cigarettes regularly or occasionally?  
Tick ONE box

Regularly, that is at least one cigarette a day 1
Occasionally 2
I never really smoked cigarettes, just tried them once or twice 3

Go to Q18

ANSWER IF YOU ARE A CURRENT SMOKER. IF NOT, PLEASE GO TO Q18.

Q7 About how many cigarettes a day do you usually smoke on weekdays?  
Write in number smoked a day

Q8 And about how many cigarettes a day do you usually smoke at weekends?  
Write in number smoked a day

Q9 Do you mainly smoke …  
Tick ONE box

Filter-tipped cigarettes 1
Plain or untipped cigarettes 2
Hand-rolled cigarettes 3

ANSWER IF YOU SMOKE HAND-ROLLED AND OTHER CIGARETTES. IF NOT, PLEASE GO TO Q12.

Q10 About how many of the cigarettes you smoke on a weekday are hand-rolled?  
Hand-rolled cigarettes smoked on a weekday Write in

Q11 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 ARE A CURRENT SMOKER. IF NOT, PLEASE GO TO Q18.**

**Q12** Would you like to give up smoking altogether?

Tick ONE box

- Yes
- No

**Q13** 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

**Q14** What are your main reasons for wanting to give up?

Tick ALL that apply

- Better for my health
- Financial reasons / can’t afford it
- Family/friends want me to stop
- Worried about the effect on other people
- Something else

**Q15** Have you ever made a serious attempt to stop smoking completely?

Tick ONE box

- Never
- Yes, in the last 12 months
- Yes, but not in the last 12 months

Go to Q17

Go to next question
Q16  How many attempts to stop smoking completely have you made in the last 12 months?

Number of attempts to stop smoking in last 12 months

Write in

Go to next question

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

More than a year ago

Fewer than a year ago

EVERYONE PLEASE ANSWER

Q18  Have you ever smoked hookah/shisha? The pictures below show what hookah/shisha usually look like.

This does not include e-cigarettes or other vaping devices that use e-liquids.

Tick ONE box

Yes

No

Go to next question

Go to Q20

Q19  Have you used hookah/shisha in the last month?

Tick ONE box

Yes

No

Go to next question
EVERYONE PLEASE ANSWER

Q20 Have you ever used any forms of non-smoked tobacco that you put in your mouth, with or without other ingredients? This includes any chewing tobacco, snus, paan, gutka?

Tick ONE box

Yes 1 ➔ Go to next question

No 2 ➔ Go to Q22

Q21 Have you used non-smoked tobacco that you put in your mouth in the last month?

Tick ONE box

Yes 1 ➔ Go to next question

No 2 ➔ Go to Q22

EVERYONE PLEASE ANSWER

Q22 Have you ever used an electronic cigarette (e-cigarette), or any other vaping device?

A vaping device is any product that you can use to inhale vapour rather like you would a cigarette. It includes ones that have a battery as well as ones that do not such as voke.

Tick ONE box

Yes 1 ➔ Go to next question

Yes – only tried once or twice 2 ➔ Go to next question

No 3 ➔ Go to Q34

Q23 Do you use an e-cigarette or vaping device at all nowadays?

Tick ONE box

Yes 1 ➔ Go to next question

No 2 ➔ Go to Q34
Q24 When did you first start to use electronic cigarettes or vaping devices?

Tick ONE box

- In the last 6 months [ ]
- More than 6 months, up to 12 months ago [ ]
- More than a year, up to 2 years ago [ ]
- More than 2 years up to 5 years ago [ ]
- More than 5 years ago [ ]

Q25 How often have you used an e-cigarette or vaping device in the last month?

Tick ONE box

- Less than once a month [ ]
- At least once a month but less than once a week [ ]
- At least once a week but less than every day [ ]
- Every day [ ]

Q26 How soon after waking do you usually have your first e-cigarette or vape of the day?

Tick ONE box

- Less than 5 minutes [ ]
- 5-14 minutes [ ]
- 15-29 minutes [ ]
- 30 minutes but less than 1 hour [ ]
- 1 hour but less than 2 hours [ ]
- 2 hours or more [ ]
Q27 How many times do you use your e-cigarette or vaping device on a typical weekday?

‘How many times’ refers to a ‘session’ i.e. picking it up, taking some puffs and putting it down again, NOT the number of puffs a day.

Tick ONE box

Less than once a day □ 1
Once □ 2
2 to 3 times □ 3
4 to 5 times □ 4
6 or more times □ 5

I vape for most of the time during the day □ 6

Q28 How much time in total do you spend using you e-cigarette or vaping device on a typical weekday?

Tick ONE box

Less than 5 minutes □ 1
5 minutes to 30 minutes □ 2
More than 30 minutes but up to 1 hour □ 3
More than 1 hour but up to 2 hours □ 4
More than 2 hours □ 5

Q29 How many times do you use your e-cigarette or vaping device on a typical Saturday or Sunday?

‘How many times’ refers to a ‘session’ i.e. picking it up, taking some puffs and putting it down again, NOT the number of puffs a day.

Tick ONE box

Less than once a day □ 1
Once □ 2
2 to 3 times □ 3
4 to 5 times □ 4
6 or more times □ 5

I vape for most of the time during the day □ 6
Q30  How much time in total do you spend using you e-cigarette or vaping device on a typical Saturday or Sunday?  

Tick ONE box

- Less than 5 minutes
- 5 minutes to 30 minutes
- More than 30 minutes but up to 1 hour
- More than 1 hour but up to 2 hours
- More than 2 hours

Q31  Which of these do you mainly use?  

Tick ONE box

- An electronic cigarette kit which is refillable with pre-filled cartridges
- A disposable electronic cigarette (non-rechargeable)
- An electronic cigarette kit which is refillable with liquids
- A modular system (I use my own combination of separate devices: batteries, atomizers, etc.)

Q32  E-cigarette cartridges generally come in a variety of strengths. What strength do you typically use?  

Tick ONE box

- 0 mg nicotine
- 6 mg nicotine – often described as low
- 11 mg or 12 mg nicotine – often described as medium or mild
- 18 mg nicotine – often described as high or regular
- 24 mg nicotine- often described as strong
- Other (please write in the box below)

Q33  Would you like to give up using e-cigarettes or vaping altogether?  

Tick ONE box

- Yes
- No
EVERYONE PLEASE ANSWER

Q34 Are you using any of these products nowadays?

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

Q35 Have you ever used any of these products in the past that you are not using nowadays?

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
IF YOU HAVE GIVEN UP SMOKING AND YOU HAVE USED NICOTINE REPLACEMENT PRODUCTS, PLEASE GO TO Q36.

IF YOU CURRENTLY SMOKE AND HAVE USED NICOTINE REPLACEMENT PRODUCTS PLEASE GO TO Q37

OTHERWISE, PLEASE GO TO Q41

IF YOU HAVE GIVEN UP SMOKING

Q36 Did you use any of these products to help you stop smoking?

Tick ALL that apply

- Nicotine chewing gum 01
- Nicotine lozenges/mini lozenges 02
- Nicotine patch 03
- Nicotine inhaler/inhalator 04
- Nicotine mouthspray 05
- Nicotine nasal spray 06
- Another nicotine product 07
- Electronic cigarette 08
- None of these 09

⇒ Go to Q41

IF YOU CURRENTLY SMOKE

Q37 Are you currently trying to cut down on how much you smoke but not currently trying to stop?

Tick ONE box

- Yes 1 ⇒ Go to next question
- No 2 ⇒ Go to Q39
Q38 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  
- Nicotine lozenges/mini lozenges  
- Nicotine patch  
- Nicotine inhaler/inhalator  
- Nicotine mouthspray  
- Nicotine nasal spray  
- Another nicotine product  
- Electronic cigarette  
- None of these

Q39 Do you regularly use any of these products in situations when you are not allowed to smoke?

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
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

Q41 Did your father ever smoke regularly when you were a child?

Tick ONE box

- Yes [ ]
- No [ ]
- Don’t know [ ]

Q42 Did your mother ever smoke regularly when you were a child?

Tick ONE box

- Yes [ ]
- No [ ]
- Don’t know [ ]
Q43. In most weeks, how many hours a week are you exposed to other people’s tobacco smoke?

Number of hours a week

Write in

Q44. 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 Q45

Q45. Does this bother you?

Tick ONE box

Yes

No

Q46. Are you regularly exposed to other people’s vapour from e-cigarettes or vaping devices?

Tick ONE box

Yes

No

Go to Q47

Q47. Does this bother you?

Tick ONE box

Yes

No
Drinking

EVERYONE PLEASE ANSWER

Q48  Do you ever drink alcohol nowadays, including drinks you brew or make at home?

Tick ONE box

Yes  ➔ Go to Q51

No  ➔ Go to next question

Q49  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  ➔ Go to Q51

Never  ➔ Go to next question

Q50  Have you always been a non-drinker or did you stop drinking for some reason?

Tick ONE box

Always a non-drinker  ➔ Go to Q76

Used to drink but stopped

Q51  How old were you the first time you ever had a proper alcoholic drink?

Write in how old you were then
Q52 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

Q53 Did you have an alcoholic drink in the seven days ending yesterday?

Tick ONE box

- Yes
- No

Go to next question

Q54 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>Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails</td>
<td></td>
</tr>
<tr>
<td>Sherry or martini (including port, vermouth, Cinzano, Dubonnet)</td>
<td></td>
</tr>
<tr>
<td>Wine (including Babycham and champagne)</td>
<td>Large glasses (250ml)</td>
</tr>
<tr>
<td>Alcoholic soft drink (‘alcopop’) or a pre-mixed alcoholic drink such as Bacardi Breezer, WKD or Smirnoff Ice</td>
<td>Large bottles (700ml)</td>
</tr>
<tr>
<td>Other kinds of alcoholic drink WRITE IN NAME OF DRINK</td>
<td></td>
</tr>
</tbody>
</table>

1. | | | | |

2. | | | | |
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.**

Q56 **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**

Q57 **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**

<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>
Now thinking about strong beer, lager, stout or cider which has 6% or more alcohol (e.g. Tennents Super, Special Brew, Diamond White). How often have you had a drink of strong beer, lager, stout or cider during the last 12 months?

Tick ONE box

Almost every day 01
Five or six days a week 02
Three or four days a week 03
Once or twice a week 04
Once or twice a month 05
Once every couple of months 06
Once or twice a year 07
Not at all in the last 12 months 08

Go to Q60

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

Pints
Large cans or bottles
Small cans or bottles
Q60 How often have you had a drink of spirits or liqueurs, such as gin, whisky, brandy, rum, vodka, advocaat or cocktails during the last 12 months?

Tick ONE box

Almost every day 01
Five or six days a week 02
Three or four days a week 03
Once or twice a week 04
Once or twice a month 05
Once every couple of months 06
Once or twice a year 07
Not at all in the last 12 months 08

Go to next question

Q61 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
Q62 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

Q63 How much **sherry or martini** including port, vermouth, Cinzano and Dubonnet 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

Small glasses (count doubles as 2 singles)
Q64 How often have you had a drink of wine, including Babycham and champagne, during the last 12 months?

Tick ONE box

Almost every day 01
Five or six days a week 02
Three or four days a week 03
Once or twice a week 04
Once or twice a month 05
Once every couple of months 06
Once or twice a year 07
Not at all in the last 12 months 08

Go to next question

Q65 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)
Q66 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

Q67 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

Q68 The questions about drinking so far have grouped beer and cider together. Now we’d like to know just about drinking cider.

Have you drunk cider at all in the last 12 months?

Tick ONE box

- Yes [ ]
- No [ ]

Go to next question

Q69 Do you drink just cider, or do you also drink beer, lager, stout or shandy?

Tick ONE box

- Just cider [ ]
- Drink cider AND beer, larger, stout or shandy [ ]

Go to next question
IF YOU DRINK CIDER AS WELL AS BEER, LAGER, STOUT OR SHANDY, PLEASE ANSWER THE FOLLOWING QUESTIONS THINKING JUST ABOUT CIDER

Q70 Please think about the day in the last week on which you drank the most (we asked about this day at Q55).
Did you drink any cider last week on that day?

Tick ONE box

Yes ✔ Go to next question
No ✔ Go to Q72
Didn’t drink alcohol last week

Q71 On the day in the last week on which you drank the most, please tick to show how much normal strength cider and how much strong cider you drank on that day.

WRITE IN HOW MUCH YOU DRANK ON THAT DAY

<table>
<thead>
<tr>
<th>TICK WHICH YOU DRANK ON THAT DAY</th>
<th>WRITE IN HOW MUCH YOU DRANK ON THAT DAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal strength cider (less than 6% alcohol)</td>
<td>Pints</td>
</tr>
<tr>
<td>Strong cider (6% alcohol or more, such as Diamond White)</td>
<td></td>
</tr>
</tbody>
</table>

Q72 Now please think about the last 12 months.
Thinking about normal strength cider which has less than 6% alcohol. How often have you had a drink of normal strength 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 ✔

Go to next question
Go to Q74
Q73 How much **normal strength 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

Pints | Large cans or bottles | Small cans or bottles

Q74 Now thinking about **strong cider** (6% alcohol or more). How often have you had a drink of strong 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

Go to next question

Q75 How much **strong 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

Pints | Large cans or bottles | Small cans or bottles

Go to Q76
EVERYONE PLEASE ANSWER

Please read this carefully:

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

HAVE YOU RECENTLY:

Q76 been able to concentrate on whatever you’re doing?

Tick ONE box

Better than usual  Same as usual  Less than usual  Much less than usual

Q77 lost much sleep over worry?

Tick ONE box

Not at all  No more than usual  Rather more than usual  Much more than usual

Q78 felt you were playing a useful part in things?

Tick ONE box

More so than usual  Same as usual  Less useful than usual  Much less useful

Q79 felt capable of making decisions about things?

Tick ONE box

More so than usual  Same as usual  Less so than usual  Much less capable

Q80 felt constantly under strain?

Tick ONE box

Not at all  No more than usual  Rather more than usual  Much more than usual

Q81 felt you couldn’t overcome your difficulties?

Tick ONE box

Not at all  No more than usual  Rather more than usual  Much more than usual

Q82 been able to enjoy your normal day-to-day activities?

Tick ONE box

More so than usual  Same as usual  Less so than usual  Much less than usual
HAVE YOU RECENTLY:

Q83 been able to face up to your problems?

Tick ONE box

More so than usual 1
Same as usual 2
Less able than usual 3
Much less able 4

Q84 been feeling unhappy and depressed?

Tick ONE box

Not at all 1
No more than usual 2
Rather more than usual 3
Much more than usual 4

Q85 been losing confidence in yourself?

Tick ONE box

Not at all 1
No more than usual 2
Rather more than usual 3
Much more than usual 4

Q86 been thinking of yourself as a worthless person?

Tick ONE box

Not at all 1
No more than usual 2
Rather more than usual 3
Much more than usual 4

Q87 been feeling reasonably happy, all things considered?

Tick ONE box

More so than usual 1
About same as usual 2
Less so than usual 3
Much less than usual 4

Q88 Overall, how satisfied are you with your life nowadays, where 0 is ‘not at all satisfied’ and 10 is ‘completely satisfied’?

Tick ONE box

Not at all 0
Completely 10
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.

Tick ONE box

A  I’ve been feeling optimistic about the future

None of the time  Rarely  Some of the time  Often  All of the time

B  I’ve been feeling useful

None of the time  Rarely  Some of the time  Often  All of the time

C  I’ve been feeling relaxed

None of the time  Rarely  Some of the time  Often  All of the time

D  I’ve been feeling interested in other people

None of the time  Rarely  Some of the time  Often  All of the time

E  I’ve had energy to spare

None of the time  Rarely  Some of the time  Often  All of the time

F  I’ve been dealing with problems well

None of the time  Rarely  Some of the time  Often  All of the time

G  I’ve been thinking clearly

None of the time  Rarely  Some of the time  Often  All of the time

H  I’ve been feeling good about myself

None of the time  Rarely  Some of the time  Often  All of the time
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>I've been feeling close to other people</th>
<th>J I've been feeling confident</th>
<th>K I've been able to make up my own mind about things</th>
<th>L I've been feeling loved</th>
<th>M I've been interested in new things</th>
<th>N I've been feeling cheerful</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tick ONE box</td>
<td>Tick ONE box</td>
<td>Tick ONE box</td>
<td>Tick ONE box</td>
<td>Tick ONE box</td>
<td>Tick ONE box</td>
</tr>
<tr>
<td>None of the time</td>
<td>Rarely</td>
<td>Some of the time</td>
<td>Often</td>
<td>All of the time</td>
<td>None of the time</td>
<td>Rarely</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)
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EVERYONE PLEASE ANSWER

Q90 Have you spent any money on any of the following activities in the last 12 months?
Please tick ONE box for each activity

<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 *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 *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 Q90, PLEASE GO TO Q91

OTHERWISE GO TO Q111.
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>Q92</td>
<td>When you gamble, how often do you go back another day to win back money you lost?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<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>Q93</td>
<td>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>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q94</td>
<td>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>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q95</td>
<td>Have you felt restless or irritable when trying to cut down gambling?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
In the last 12 months...

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
<th>Very often</th>
<th>Fairly often</th>
<th>Occasionally</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q96</td>
<td>Have you gambled to escape from problems or when you are feeling depressed, anxious or bad about yourself?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q97</td>
<td>Have you lied to family, or others, to hide the extent of your gambling?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q98</td>
<td>Have you made unsuccessful attempts to control, cut back or stop gambling?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q99</td>
<td>Have you committed a crime in order to finance gambling or to pay gambling debts?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q100</td>
<td>Have you risked or lost an important relationship, job, educational or work opportunity because of gambling?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q101</td>
<td>Have you asked others to provide money to help with a desperate financial situation caused by gambling?</td>
<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>
<th>Almost always</th>
<th>Most of the time</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q102</td>
<td>...have you bet more than you could really afford to lose?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q103</td>
<td>...have you needed to gamble with larger amounts of money to get the same excitement?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q104</td>
<td>...have you gone back to try to win back the money you’d lost?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q105</td>
<td>...have you borrowed money or sold anything to get money to gamble?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q106</td>
<td>...have you felt that you might have a problem with gambling?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q107</td>
<td>...have you felt that gambling has caused you any health problems, including stress or anxiety?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q108</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>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q109</td>
<td>...have you felt your gambling has caused financial problems for you or your household?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q110</td>
<td>...have you felt guilty about the way you gamble or what happens when you gamble?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Information about yourself

EVERYONE PLEASE ANSWER

Q111 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

Q112 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
EVERYONE PLEASE ANSWER

Your weight

Q113 Given your age and height, would you say that you are…

Tick ONE box

About the right weight [ ] 1

too heavy [ ] 2

or too light? [ ] 3

Not sure [ ] 8

Q114 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

IF YOU ARE A PARENT/GUARDIAN OF A CHILD AGED 2-15 TAKING PART IN THE INTERVIEW PLEASE ANSWER THE FINAL QUESTIONS ON THE NEXT PAGE
Q115 Given your child’s age and height, would you say that your child is…

<table>
<thead>
<tr>
<th>INTERVIEWER to complete child name and person number</th>
<th>Child Name</th>
<th>Child Person No</th>
<th>Child Name</th>
<th>Child Person No</th>
</tr>
</thead>
<tbody>
<tr>
<td>About the right weight</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>too heavy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>or too light?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not sure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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<thead>
<tr>
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<th>Child Person No</th>
<th>Child Name</th>
<th>Child Person No</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>too heavy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>or too light?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not sure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
At the moment, are you encouraging your child to do any of the following to achieve a healthier weight ...

<table>
<thead>
<tr>
<th>INTERVIEWER to complete child name and person number</th>
<th>Child Name</th>
<th>Child Person No</th>
<th>Child Name</th>
<th>Child Person No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lose weight</td>
<td></td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Gain weight</td>
<td></td>
<td>2</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Not trying to change their weight</td>
<td></td>
<td>3</td>
<td></td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INTERVIEWER to complete child name and person number</th>
<th>Child Name</th>
<th>Child Person No</th>
<th>Child Name</th>
<th>Child Person No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lose weight</td>
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<tr>
<td>Gain weight</td>
<td></td>
<td>2</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Not trying to change their weight</td>
<td></td>
<td>3</td>
<td></td>
<td>3</td>
</tr>
</tbody>
</table>
Thank you for answering these questions.

Please give the booklet back to the interviewer.
Health Survey for England 2016

Booklet for 13-15 year olds

• Here are some questions for you to answer on your own.

• We are interested in your honest answers.

• We will not tell your answers to anyone you know.

• Look at the instructions on the next page and read what to do.

• Ask the interviewer for help if you do not understand a question or are not sure what to do.

Thank you for taking part in this survey
Completing the questionnaire

- Please read each question carefully
- Most of the questions can be answered by putting a tick in the box next to the answer that applies to you.

**Example:**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="check" alt="Yes" /></td>
<td><img src="blank" alt="No" /></td>
</tr>
</tbody>
</table>

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

**Example:**

I was **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:**

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="blank" alt="No" /></td>
<td><img src="check" alt="Yes" /></td>
</tr>
</tbody>
</table>

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? 
Don’t include electronic cigarettes here, we’ll ask you about these later.

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 a cigarette once or twice 2
I used to smoke sometimes, but I never smoke a cigarette now 3 ➔ Go to next question
I sometimes smoke cigarettes, but I don’t smoke every week 4
I smoke between one and six cigarettes a week 5 ➔ Go to next question
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 __ Jahren 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
The next questions are about other products, starting with **electronic cigarettes**. An “electronic cigarette” is a tube that may look like a normal cigarette or like a pen. It puffs a vapour that looks like smoke. Unlike normal cigarettes, electronic cigarettes don't burn tobacco.

Please **include** shisha pens or e-shisha when answering these questions on electronic cigarettes.

**Q6** Have you ever heard of electronic cigarettes (e-cigarettes)?

Tick ONE box

- Yes 1 ➔ Go to next question
- No 2 ➔ Go to Q8

**Q7** Read the following statements carefully and tick the box next to the one which best describes you. Think about times when you may have had a puff or two as well as using whole electronic cigarettes.

Tick ONE box

- I have never tried electronic cigarettes 1
- I have used electronic cigarettes only once or twice 2
- I used to use electronic cigarettes but I don’t now 3 ➔ Go to next question
- I sometimes use electronic cigarettes, but don’t use them every week 4
- I use electronic cigarettes regularly, once a week or more 5
EVERYONE PLEASE ANSWER

Q8 Are you using any of these products nowadays?

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 [ ]

Q9 Have you ever used any of these products in the past that you are not using nowadays?

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 [ ]
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
- 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

Does this bother you?

Tick ONE box

- Yes
- No
Drinking

Q12 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 Q14

No 2 → Go to next question

Q13 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 Q24

Q14 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

Q15 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
Q16 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

Q17 Which, if any, of the drinks shown below, have you drunk in the last 7 days?

Please (✔) either yes or no for each kind of drink.

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

Beer, lager, cider or shandy (exclude bottles or cans of shandy)

Have you drunk this in the last 7 days?

Tick ONE box

No [ ]
Yes [ ]

Go to Q19

How much did you drink in the last 7 days?

Write in:

Pints (if half a pint, write in ½)

AND/OR Large cans or bottles

AND/OR Small cans or bottles
Q18 And in the last 7 days, did you...

Tick ONE box

...only drink cider □ 1  ➔ Go to Q19

...only drink beer, lager or shandy □ 2  ➔ Go to Q19

...drink both cider AND beer, lager or shandy? □ 3

Thinking just about cider, how much cider did you drink in the last 7 days?
Write in:

□ Pints (if half a pint, write in ½)

AND/OR □ Large cans or bottles

AND/OR □ Small cans or bottles

Q19 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 Q20

Yes □ 1

How much did you drink in the last 7 days?
Write in:

□ Glasses (count doubles as two glasses)
Q20  Sherry or martini (including port, vermouth, cinzano, dubonnet)

Have you drunk this in the last 7 days?

Tick ONE box

No  ☐  ➔ Go to Q21

Yes  ☐  ↓

How much did you drink in the last 7 days?

Write in:

☐  Glasses (count doubles as two glasses)

Q21  Wine (including babycham and champagne)

Have you drunk this in the last 7 days?

Tick ONE box

No  ☐  ➔ Go to Q22

Yes  ☐  ↓

How much did you drink in the last 7 days?

Write in:

☐  Glasses
Q22  Alcopop (such as Bacardi Breezer, Smirnoff Ice, WKD, etc.)

Have you drunk this in the last 7 days?

Tick ONE box

No  

Go to Q23

Yes  

↓

How much did you drink in the last 7 days?

Write in:

Large cans or bottles

AND/OR  Small cans or bottles

Q23  Other kinds of alcoholic drink?

Have you drunk this in the last 7 days?

Tick ONE box

No  

Go to Q24

Yes  

Complete details below

Write in name of drink

How much did you drink in the last 7 days?

Write in:
GENERAL HEALTH OVER THE LAST FEW WEEKS

EVERYONE PLEASE ANSWER

Please read this carefully:

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

HAVE YOU RECENTLY:

Q24 been able to concentrate on whatever you’re doing?

Q25 lost much sleep over worry?

Q26 felt you were playing a useful part in things?

Q27 felt capable of making decisions about things?

Q28 felt constantly under strain?

Q29 felt you couldn’t overcome your difficulties?

Q30 been able to enjoy your normal day-to-day activities?
HAVE YOU RECENTLY:

Q31 been able to face up to your problems?

Tick ONE box

More so than usual  
Same as usual  
Less able than usual  
Much less able

Q32 been feeling unhappy and depressed?

Tick ONE box

Not at all  
No more than usual  
Rather more than usual  
Much more than usual

Q33 been losing confidence in yourself?

Tick ONE box

Not at all  
No more than usual  
Rather more than usual  
Much more than usual

Q34 been thinking of yourself as a worthless person?

Tick ONE box

Not at all  
No more than usual  
Rather more than usual  
Much more than usual

Q35 been feeling reasonably happy, all things considered?

Tick ONE box

More so than usual  
About same as usual  
Less so than usual  
Much less than usual
Your weight

EVERYONE PLEASE ANSWER

Q36 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 [ ]

Q37 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 [ ]

About you

EVERYONE PLEASE ANSWER

Q38 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) [ ]

(Please write in the box below)
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 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 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
Cigarette Smoking

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

Don’t include electronic cigarettes here, we’ll ask you about these later.

Tick ONE box

- Yes [ ] → Go to next question
- No [ ]

**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 a cigarette [ ] → Go to Q6
- I have only smoked a cigarette once or twice [ ]
- I used to smoke sometimes, but I never smoke a cigarette now [ ]
- I sometimes smoke cigarettes, but I don’t smoke every week [ ]
- 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
The next questions are about other products, starting with **electronic cigarettes**. An “electronic cigarette” is a tube that may look like a normal cigarette or like a pen. It puffs a vapour that looks like smoke. Unlike normal cigarettes, electronic cigarettes don’t burn tobacco.

Please **include** shisha pens or e-shisha when answering these questions on electronic cigarettes.

**Q6** Have you ever heard of electronic cigarettes (e-cigarettes)?

Tick ONE box

- **Yes** 1 ➔ Go to next question
- **No** 2 ➔ Go to Q8

**Q7** Read the following statements carefully and tick the box next to the one which best describes you. Think about times when you may have had a puff or two as well as using whole electronic cigarettes.

Tick ONE box

- I have never tried electronic cigarettes 1 ➔ Go to next question
- I have used electronic cigarettes only once or twice 2
- I used to use electronic cigarettes but I don’t now 3
- I sometimes use electronic cigarettes, but don’t use them every week 4
- I use electronic cigarettes regularly, once a week or more 5
EVERYONE PLEASE ANSWER

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 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 Q10

Q9   Does this bother you?

Tick ONE box

Yes [ ] ➔ Go to next question
No [ ]
## 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 [ ] ➔ Go to Q12
- No [ ] ➔ Go to next question

### Q11 Have you ever drunk alcopops (such as Bacardi Breezer, Smirnoff Ice, WKD etc)?

Tick ONE box

- Yes [ ] ➔ Go to next question
- No [ ] ➔ Go to Q15

### Q12 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**

### Q13 How often do you usually have an alcoholic drink or alcopop?

Tick ONE box

- Almost every day [ ] ➔ Go to next question
- About twice a week [ ]
- About once a week [ ]
- About once a fortnight [ ]
- About once a month [ ]
- Only a few times a year [ ]
- I never drink alcohol now [ ]
Q14  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**

Q15  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

Q16  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
About you

Q17 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)

Go to next question

Q18 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.