

# NatCen

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# Health Survey for England 2015

## User Guide

*Joint Health Surveys Unit:*

**NatCen Social Research**

**Department of Epidemiology and Public Health, University College London**

**A survey carried out for the Health and Social Care Information Centre**

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# 1 Background

The data file contains data from the Health Survey for England 2015 (HSE), the twenty-fifth year of a series of surveys designed to monitor trends in the nation's health. The 2015 Health Survey was commissioned by the Health and Social Care Information Centre (now NHS Digital) and carried out by the Joint Health Surveys Unit of NatCen Social Research and the Department of Epidemiology and Public Health at UCL (University College London).

The aims of the Health Survey series are:

- to provide annual data about the nation's health;
- to estimate the proportion of people in England with specified health conditions;
- to estimate the prevalence of certain risk factors associated with these conditions;
- to examine differences between population subgroups in their likelihood of having specific conditions or risk factors;
- to assess the frequency with which particular combinations of risk factors are found, and which groups these combinations most commonly occur;
- to monitor progress towards selected health targets including the prevalence of overweight and obesity in children;
- to measure the height of children at different ages, replacing the National Study of Health and Growth (since 1995);
- to monitor the prevalence of overweight and obesity in children (since 1995).

The 2015 survey focused on children's health. New topics included shingles (Varicella module), a child physical activity module (last in HSE 2012) and questions on use of services. The survey also provided updates on repeated core topics, including smoking, drinking and general health. Additional non-core modules of questions were also included: average weekly alcohol consumption, well-being, and physical activity. In 2015, there was an additional child boost sample.

The report on this survey, including a detailed Methods and Documentation volume, is published at <https://digital.nhs.uk/catalogue/PUB22610>.

See also: <http://content.digital.nhs.uk/healthsurveyengland>

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## 2 Survey design

The HSE 2015 sample comprised of two main components: the core general population sample and a boost sample of children aged 2 to 15.

### Core sample

The core sample was designed to be representative of the population living in private households in England. 8,832 addresses were randomly selected in 552 postcode sectors, issued over twelve months from January to December 2015. An additional 540 addresses in 27 postcode sectors were issued in January 2016, meaning that in total 9,372 addresses were issued for the core sample. Fieldwork was completed in April 2016. Where an address was found to have multiple dwelling units, one dwelling unit was selected at random. Where there were multiple households at a dwelling unit, one household was selected at random.

Adults and children were interviewed at households identified at the selected addresses. Up to four children in each household were selected to take part at random; up to two aged 2 to 12 and up to two aged 13 to 15.

A nurse visit was arranged for all participants who consented; this included measurements and the collection of blood and saliva samples, as well as other questions. Height was measured for those aged two and over, and weight for all participants. Nurses measured blood pressure (aged 5 and over) and waist and hip circumference (aged 11 and over). Non-fasting blood samples (for the analysis of total and HDL cholesterol and glycated haemoglobin) and urine samples were collected from adults aged 16 and over. Saliva samples for cotinine analysis were collected from all participants aged 4 and over. Nurses obtained written consent before taking samples from adults, and parents gave written consent for their children's samples. Consent was also obtained from adults to send results to their GPs, and from parents to send their children's results to their GPs.

A total of 8,034 adults aged 16 and over and 2,123 children aged 0-15 were interviewed, including 5,378 adults and 1,297 children who had a nurse visit.

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## **Boost sample**

In 2015, the child boost sample comprised of 17,252 addresses which were drawn from the same PSUs as the core fieldwork. Households were screened for the presence of children aged 2 to 15. Only children were interviewed in these households, and like the core sample, up to four children in selected households could be interviewed: up to two children aged 2 to 12, and up to two aged 13 to 15. Children in the boost sample were not eligible for a nurse visit. 3,631 households were identified as containing at least one eligible child and a total of 3,591 children were interviewed in the child boost sample.

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## 3 Documentation

The documentation has been organised into the following sections:

- Interview: contains the CAPI documentation for household and individual questionnaires, nurse visit questionnaires, self-completion booklets and showcards;
- Data: contains the list of variables and list of derived variables, including SPSS syntax specification;
- Other instructions: contains interviewer, nurse and coding and editing instructions.

Note that the questionnaires show the variable names used in the CAPI programme. In some cases the variables in the dataset have a different name or have been renamed due to disclosure control.

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## 4 Using the data

The HSE 2015 data consists of one individual level file:

HSE2015ai.sav	13,748 records	Contains data for all individuals in households who gave a full interview. It contains information from the main individual schedule, self-completions and the nurse visit (where one occurred).
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### 4.1 Variables on the file

The data file contains questionnaire variables (excluding variables used for administrative purposes), demographic information and derived variables. The variables included in the dataset are detailed in the “**List of Variables**” document in the data section of the documentation. This document is the best place to look in order to plan your analysis. It includes:

- Major categories of variables (e.g. General Health, Blood Sample)
- Sub categories of variables (e.g. Longstanding illness (within General Health), Measurements from laboratory analysis (within Blood Sample),
- The source of each variable (e.g. Household questionnaire, Individual questionnaire, Nurse Visit, Self-completion booklet, Derived variable etc.)

Once you have decided which variables to include in your analysis, you can look up details of the question wording using the interview section documentation (all variables on the data file are given by name in the copy of the interview schedules provided), or use the “**Derived Variables Specification**” document in the data section of the documentation for how the variables were derived.

Note that the variable labels used in the interview/CAPI documentation are sometimes different from the variable names used in the dataset.

### 4.2 Multicoded questions

Multicoded questions, where for example the interviewer or nurse is instructed to “CODE ALL THAT APPLY” or where an open ended question has elicited more than one answer, are stored in the archived HSE 2015 dataset in two ways, coded either **by mention** or **by category**. Questions coded by mention are stored as categorical variables where the



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complete value set is repeated in each of the variables. Questions coded by category are stored as indicator variables where each value in the set is stored as its own variable. Both approaches have been used in the 2015 Health Survey.

As an example, question ConSubX (in the CAPI)/ConSbX (in the dataset) on the 2015 adult nurse schedule is a "CODE ALL THAT APPLY" question which asks "Have you eaten, smoked, drunk alcohol or done any vigorous exercise in the past 30 minutes?". The code frame consists of five values:

- 1 - eaten
- 2 - smoked
- 3 - drunk alcohol
- 4 - done vigorous exercise
- 5 - none of these

If recorded by mention, four variables would record the (up to) four possible responses to the question, assigning codes 1-5 in the first variable and codes 1-4 in each of the next three variables. In 2015, the variables CONSBX11-15 store the answer to this question by category as follows:

CONSBX11 - coded 1 for those who ate in the last 30 minutes and 0 for those that didn't.

CONSBX12 - coded 1 for those who smoked in the last 30 minutes and 0 for those that didn't.

CONSBX13 - coded 1 for those who drank alcohol in the last 30 minutes and 0 for those that didn't.

CONSBX14 - coded 1 for those who did vigorous exercise in the last 30 minutes and 0 for those that didn't.

CONSBX15 - coded 1 for those who did none of the above in the last 30 minutes and 0 for everyone else.

Because a participant could have replied with more than one answer, that participant could have a value 1 for a number of these variables (however, the nature of the question dictates that having a code 1 at CONSBX15 precludes having a code 1 at any of the variables CONSBX11 – CONSBX14). The missing values are the same across all six variables.

Documentation for the CAPI questionnaires (household and individual) shows only the name of the first variable (which stores the number of mentions). So, for the example given above, this variable name is ConSbX.

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## 4.3 Missing values conventions

These missing value conventions have also been applied to most of the derived variables as well as the original questionnaire variables. The derived variable specifications should be consulted for details.

- 1 Not applicable: Used to signify that a particular variable did not apply to a given participant usually because of internal routing. For example, men in women only questions or self completion variables when the participant is not of the given age range to answer that particular self-completion booklet.
- 8 Don't know, Can't say.
- 9 No answer/ Refused.

## 4.4 Valid cases

In the 2015 Health Survey report, as in previous reports, cases were excluded from the analysis of anthropometric and blood pressure measurements if their measurement was invalid. For example, those who had smoked, drunk, eaten, or exercised within 30 minutes of having their blood pressure taken were excluded from analysis as this can affect blood pressure. Individual report chapters will specify any exclusions.

## 4.5 Notes about particular variables

### 4.5.1 Disclosure control review

A review of the archive data was undertaken for HSE 2015. Variables and topics were assessed for their risk of disclosure in conjunction with guidance on the external release of survey data. As a result of the review, some variables or groups of variables have been adjusted via top coding or re-grouping. Other variables or sets of questions have been removed entirely, such as the individual medication codes. The majority of the household data, including the household serial number and household relationship variables, have been removed from the dataset. The HSE household file is no longer archived with UKDS.

Additional data which is not available on the End User Licence dataset can be requested via NatCen's Data Release Panel.

## 4.5.2 Cholesterol results (Cholval and HDLval)

On 12th April 2010, and again on 19th June 2015, the laboratory that carries out the analyses on the blood and urine samples taken during the HSE interview, introduced new analytical equipment. This had no effect on most analytes, but has meant a slight change in the reference range for total and HDL cholesterol (see Section 9.2.2 in [Health Survey for England 2015: Methods](#)).

Flag variables have been computed (called CHOLFLAG and CHOLFLAG3<sup>a</sup>) which shows whether a sample was tested before or after the equipment changes in 2010 or 2015: those using the data may wish to make allowance for this difference, by using adjusted variables CHOLVALA and HDLVALA (which adjust the later results to be comparable with those pre-12th April 2010). The table below shows the differences in unadjusted lab results in total and HDL cholesterol.

	Pre-12 <sup>th</sup> April 2010	12 <sup>th</sup> April 2010 – 16 <sup>th</sup> June 2015		Post 16 <sup>th</sup> June 2015		
	Name	Name	Change	Name	Change	Cumulative change
Total cholesterol	Cholval	Cholval2	+0.1	Cholval3	-0.1	0.0
HDL cholesterol	hdlval	Hdlval2	-0.1	Hdlval3	-0.1	-0.2
Flag for dates of change in 2010 and 2015	cholflag	cholflag		Cholflag3		

The table below shows the changes and how this is reflected in the data.

	Before 12th April 2010	12th April 2010 – 16 June 2015	After June 2015
(D) Flag variable, whether blood sample received at lab before or after 12th April 2010	Cholflag		
(D) Flag variable, whether blood sample received at lab before or after 16th June 2015			Cholflag3
(D) Valid Total Cholesterol Result mmol/L	Cholval	cholval2	Cholval3
(D) Valid Total Cholesterol Result mmol/L (incl those on LLD)	cholval1	cholval12	cholval13
(D) Whether Total Cholesterol < 4 (incl those on LLD) {revised}		cholfour2	Cholfour3
(D) Whether Total Cholesterol < 5 (incl those on LLD) {revised}		cholfive2	Cholfive3
(D) Valid HDL Cholesterol Result mmol/L	Hdlval	hdlval2	Hdlval3

<sup>a</sup> Cholflag is only in the HSE 2010 dataset and Cholflag3 in the HSE 2015 dataset.

(D) Valid HDL Cholesterol Result mmol/L (incl those on LLD)	hdlval1	hdlval12	hdlval13
(D) Whether HDL Cholesterol result <1 (incl those on LLD) {revised}		hdlone2	Hdlone3
(D) Valid Total Cholesterol Result mmol/L (later results adjusted to be comparable with pre-2010 results)	Cholvala		
(D) Valid Total Cholesterol Result mmol/L (incl those on LLD) (later results adjusted to be comparable with pre-2010 results)	Cholval1a		
(D) Whether Total Cholesterol < 4 (incl those on LLD) {revised} (later results adjusted to be comparable with pre-2010 results)	Cholfoura		
(D) Whether Total Cholesterol < 5 (incl those on LLD) {revised} (later results adjusted to be comparable with pre-2010 results)	Cholfivea		
(D) Valid HDL Cholesterol Result mmol/L (later results adjusted to be comparable with pre-2010 results)	Hdlvala		
(D) Valid HDL Cholesterol Result mmol/L (later results adjusted to be comparable with pre-2010 results)	hdlval1a		
(D) Whether HDL Cholesterol result <1 (incl those on LLD) {revised} (later results adjusted to be comparable with pre-2010 results)	hdlonea		

### 4.5.3 Glycated haemoglobin results (glyhbval and iffcval)

From 19th September 2013, the laboratory that carries out the analyses on the blood and urine samples taken during the HSE interview, used a new calibration lot for the processing of glycated haemoglobin. Prior to this, lot ZS2002 was used, and afterwards, ZS3001. Comparisons made by the manufacturer TOSOH indicated that the change caused variations of 1.4-2.2 mmol/mol, which is deemed acceptable. The difference was that the results given by the calibration ZS3001 were lower than previous lot ZS2002. In the HSE 2013 dataset, a variable GLYFLAG shows whether the sample was analysed pre or post change: those using the data may wish to make allowance for this difference, by using adjusted variables GLYHBVALA and IFFCVALA (which adjust later results to be comparable with those pre-19<sup>th</sup> September 2013).

The table below shows the differences in unadjusted lab results for glycated haemoglobin.

	Pre-19 <sup>th</sup> September 2013	Post-19 <sup>th</sup> September 2013			
	name	name	Change for glycated haemoglobin 3.6-6.2% 16-41 mmol/mol	Change for glycated haemoglobin 6.3-8.9% 42-68 mmol/mol	Change for glycated haemoglobin 9% + 69 mmol/mol +
Glycated haemoglobin %	glyhbval	Glyhbval2	-0.1	-0.2	-0.3
Glycated haemoglobin mmol/mol	iffcval	Glyhbval2	-1	-2	-3
Flag for date of change in 2013	Glyhbflag	Glyhbflag			

The table below shows how these changes are reflected in the data.

	Before 19 <sup>th</sup> September 2013	19 <sup>th</sup> September 2013 onwards
(D) Flag variable, whether blood sample received at lab before 19th September 2013	Glyflag	Glyflag
(D) Valid Glycated HB Result (original from lab)	Glyhbval	Glyhbval2
(D) Glycated haemoglobin 3 groups (based on original result from lab glyhbval)	Glyhb3g	Glyhb3g2
(D) Raised glycated haemoglobin (based on original result from lab)	Glyhbhi	Glyhbhi2
(D) Valid Glycated haemoglobin. Result in mmol per ml (IFFC) (based on original result from lab)	iffcval	iffcval2
(D) Valid Glycated HB Result (later results adjusted to be comparable with pre-September 2013)	Glyhbvala	
(D) Glycated haemoglobin 3 groups (later results adjusted to be comparable with pre-September 2013)	Glyhb3ga	
(D) Raised glycated haemoglobin (later results adjusted to be comparable with pre-September 2013)	Glyhbhia	
(D) Valid Glycated haemoglobin. Result in mmol per ml (IFFC) (later results adjusted to be comparable with pre-September 2013)	iffcvala	

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## 4.5.4 English index of multiple deprivation (IMD)

The HSE 2015 data contains the 2015 English index of multiple deprivation, divided into quintiles.

## 4.5.5 HSE 2011 derived medications variables

Some HSE 2011 medications derived variables have a number of cases coded -9 (to indicate the participant refused to answer) when they should have been coded 0 (to indicate that they were taking some medications, but not that particular medication). The variables affected include: diur, beta, aceinh, calciumb, obpdrug, lipid, iron, bpmedc and bpmedd

Only HSE 2011 data are affected; this problem did not occur in previous years. From 2012 onwards, new derived variables were created which were coded correctly: diur2, beta2, aceinh2, calciumb2, obpdrug2, lipid2, iron2, bpmedc2 and bpmedd2.

## 4.5.6 Previous revisions to data

There have been revisions to the data in previous years. For information please see the 2012 user guide which has details of changes to:

- Longstanding illness questions
- Some Cardiovascular and Blood pressure variables
- Cholesterol measurement (referred to above)

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## 5 Weighting variables

Before 2003, the weighting strategy for the core sample in the HSE was to apply selection weights only (used for instance when a single household was selected from multiple households at an address, or where there were more than two children in a household), and no attempt was made to reduce non-response bias through weighting. However, following a review of the weighting for the HSE and other government funded surveys, non-response weighting has been incorporated in the weighting strategy since 2003. The same strategy as in 2003 has been followed for weighting the HSE 2015 sample data. For more detailed information on how the weights were produced see Health Survey for England 2015: Volume 2: Methods and documentation

<http://content.digital.nhs.uk/catalogue/PUB22610/HSE2015-methods.pdf>

A household weight has been generated for the general population sample which adjusts for non-contact and refusal of households; this is described in more detail in section 5.1 below. Individual level non-response weights have also been generated for the general population and are described in section 5.2 onwards.

The individual weights adjust for the additional non-response among individuals in participating households and additional weights take into account participants' participation in different elements of the survey. In 2015 the weights are for: the main interview, child sample (core and boost), self-completion module, gambling, nurse visit, blood sample and cotinine (from the saliva sample).

### 5.1 Household weight

The household weight (*wt\_hhld*) is a household level weight that corrects the distribution of household members to match population estimates for sex/age groups and GOR. These weights were generated using calibration weighting, with the household selection weights as starting values. The household selection weights also correct for the selection of a single household at addresses with more than one. Note that the population control totals used for the calibration weighting were the ONS projected mid-year population estimates for 2015, with a small adjustment to exclude the population aged 65 and over living in institutions, based on data from the 2011 census.

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## 5.2 Interview weight

For analyses at the individual level, the weighting variable to use is (***wt\_int***). These are calculated separately for adults and children in the core sample.

- For adults (aged 16 and over), the interview weights are a combination of the household weight and a component which adjusts the sample to reduce bias from individual non-response within households;
- For children (aged 0 to 15), the weights are generated from the household weights and the child selection weights – the selection weights correct for only including a maximum of four children in a household. The combined household and child selection weight were adjusted to ensure that the weighted age/sex distribution matched that of all children in co-operating households. The weighting approach for children in the boost sample was different to that of the core sample. See section 7.3 of the HSE 2015 Methods report for further information;
- For analysis of children aged 0-15 the ***wt\_child*** variable can be used

## 5.3 Self-completion and gambling weight

Weighting was applied to adjust for non-response to the self-completion booklet (***wt\_sc***), and for whether the problem gambling screen in the self-completion booklet (adults aged 16 and over) was completed (***wt\_gambling***). A logistic regression model was fitted for those participants that were eligible to fill in the self-completion booklet. The outcome variable was whether or not the booklet was filled in. The covariates in the model were age group by sex, household type, social class of HRP, smoking status and general health. The weights for not filling in the self-completion booklet (w9) were calculated as the reciprocal of the predicted probability of the self-completion booklet being filled in, estimated from the regression models.

## 5.4 Nurse weight

To take into account non-response to the nurse section of the survey, a nurse weight has been generated (***wt\_nurse***) and should be used on all analysis of questions asked during the nurse visit.

## 5.5 Blood weight

A blood weight has been generated for all adults who had a nurse visit, were eligible for, agreed, and were able to give a blood sample. This weight (***wt\_blood***) should be used on all analysis of questions asked relating to blood samples.



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## 5.6 Cotinine weight

A cotinine weight (from the saliva sample) has been generated for participants aged 4 and over who had a nurse visit and were eligible for a saliva sample. This weight (***wt\_cotinine***) should be used on all analysis of questions asked relating to saliva samples.

## 5.7 Selecting the appropriate weight variable

Different weights have been provided, for data from different stages of the survey:

- Interview stage (core sample)
- Children (core and boost)
- Self completion
- Gambling module
- Nurse visit
- Saliva sample (participants aged 4 and over)
- Blood sample (adults only)

If questions from different stages of the survey are combined in analysis, the weights for the latest stage of the survey should be used (that is, the latest in the list above). For instance, if blood sample results are being cross-tabulated with questions from the interview stage, the blood sample weight should be used; or if waist circumference results (from the nurse visit) are cross-tabulated with BMI data from the interview, the nurse visit weight should be used.

Where weights have been generated for specific modules, i.e. when analysing cotinine, please ensure you use the specific weights rather than the generic interview or nurse weights.

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## 6 Combining HSE data

The 2015 HSE data includes stratification (Cluster) and PSU (Primary Sampling Unit) variables. In 2015 there are three Cluster variables. Cluster is the stratification for the whole sample, whilst Cluster\_adults is to be used for analysis of adults only (16+), and Cluster\_kids for children only (both core and boost).

If you are intending to carry out analysis combining multiple years of HSE, **it is recommended that you add a survey year prefix** to the PSU and Cluster variables for each year **before combining** the datasets. This is because the same numbers are used for PSU and Cluster each year, although they do not represent the same geographical area from year to year.

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## 7 HSE 2015 report

Further information about the Health Survey for England 2015 is available in the following publications:

- [Health Survey for England 2015 chapters and tables](#)
- [Health Survey for England 2015 Methods](#)
- [Health Survey for England 2015: Health, social care and lifestyles. Summary of key findings.](#)

Trend tables for the Health Survey for England series can be found at <http://digital.nhs.uk/catalogue/PUB22616>

Further information about the Health Survey for England in general can be found on the respective websites of NHS Digital, NatCen Social Research and UCL (University College London):

<http://www.content.digital.nhs.uk/healthsurveyengland>

[www.natcen.ac.uk/our-research/research/health-survey-for-england/](http://www.natcen.ac.uk/our-research/research/health-survey-for-england/)

[www.ucl.ac.uk/hssrg/studies/hse](http://www.ucl.ac.uk/hssrg/studies/hse)

# Appendix A.

## HEALTH SURVEY FOR ENGLAND 2015 – CONTENTS

### 7.1 The household interview (core and boost)

An overview of the content of the household interview is outlined below. The household questionnaire is the same for the core and the boost sample.

Household questionnaire	
Household size, composition, relationships	Household income
Accommodation tenure and number of bedrooms, car ownership	Economic status / occupation of household reference person
Smoking in household	Learning Difficulties (core only)

### 7.2 The child interview (core and boost)

All core and boost child interviews carried out from 1<sup>st</sup> March have the same content.

The child interview from 1 <sup>st</sup> March 2014 (core and boost)					
Module	Age				
	0-1 (core only)	2-4	5-7	8-12	13-15
General health, longstanding illness, limiting longstanding illness	•	•	•	•	•
Fruit and vegetable consumption			•	•	•
Child Physical Activity		•	•	•	•
Exposure to second hand smoke	•	•	•	•	•
Self-completions				•	•
Height and Weight Measurement		•	•	•	•
Reported birth weight	•	•	•	•	•
Ethnic origin/national identity	•	•	•	•	•
Child self completion content (core and boost)					
Module	8-12		13-15		
Smoking	•	•			
Drinking	•	•			
Wellbeing (Warwick Edinburgh Mental Wellbeing Scale)					•
Physical Activity					•

Perception of own weight	•	•
<b>Parent proxy self completion</b>		
For <b>all children aged 11-15</b> , parents will be asked to complete a difficulties questionnaire		

### 7.3 The adult interview (core sample only)

<b>The adult interview (core only)</b>		
<b>Module</b>	<b>Age</b>	
	<b>16-64</b>	<b>65+</b>
General health, longstanding illness, limiting longstanding illness	•	•
Self-reported height and weight	•	•
Personal care plans	•	•
Doctor diagnosed hypertension and diabetes	•	•
Use of health services	•	•
Shingles and stroke	•	•
Receipt of social care		•
Provision of social care	•	•
Smoking <sup>a</sup>	• <sup>a</sup>	•
Drinking <sup>a</sup>	• <sup>a</sup>	•
Fruit and vegetable consumption	•	•
Economic status / occupation	•	•
Educational attainment	•	•
Ethnic origin / National identity	•	•
Height and weight measurements	•	•
Consent to link data to health records	•	•

<sup>a</sup> These questions are in the self-completion for 16-17 year olds and some young adults.

## Adult self completion content (core only)

	Young adults <sup>a</sup>	Adults
Smoking	•	
Drinking	•	
Wellbeing (Warwick Edinburgh Mental Wellbeing Scale)	•	•
Gambling	•	•
Learning Difficulties	•	•
Physical Activity	•	•
Perception of own weight and child's weight	•	•
Sexual orientation / Religion	•	•

<sup>a</sup> As usual, all adults aged 16-17 are given the young adult self completion. Interviewers decide for adults aged 18-24 whether they think it would be better for them to answer smoking and drinking questions in the young adult self completion, or whether to ask these questions in CAPI.

## 7.4 The nurse visit (core sample only)

**As always, in the Core sample, everyone who is interviewed will be eligible for a nurse visit.** There is no nurse visit in the child boost.

This is what the nurse visit includes in 2015.

Nurse visit	Age (years)				
	0-3	4	5-10	11-15	16+
Module					
Prescribed medicines, folic acid supplement	•	•	•	•	•
Nicotine replacement products					•
Blood pressure			•	•	•
Waist and hip circumference				•	•
Saliva sample (cotinine)		•	•	•	•
Non-fasting blood samples (Total and HDL cholesterol, glycated haemoglobin)					•