HEALTH SURVEY NORTHERN IRELAND 2013/14

QUESTIONNAIRE
SMOKE ALARMS/DETECTORS

1. Do you have a smoke alarm in your home?

If ‘Yes’ …

2. What type of smoke alarm(s) do you have?
   - Hard wired to the mains
   - One year battery
   - 10 year battery
   - Fire Angel in light socket
   - Full automatic fire detection system
   - Alarm for people with hearing loss
   - Don’t know

3. How often is/are the smoking alarm(s) in your home tested?
   (Read out. Code one only)
   - At least weekly
   - Every 2-3 weeks
   - Monthly
   - Every 2-7 months
   - Every 8-12 months
   - Yearly
   - Other (please specify)
   - Have never tested smoke alarm
   - Don’t know

4. How do you test your smoke alarm(s)?
   (Do not prompt. Code one only)
   - Press test button
   - Flick the light switch (Fire Angel Brand Only)
   - Other (please specify)
   - Have never tested smoke alarm
   - Can’t reach the smoke alarm
   - Don’t know
CARBON MONOXIDE ALARMS/POISONING

1. Do you have any of the following heating systems or appliances in your home?
   *Tick all that apply*
   - Oil fired central heating
   - Gas boiler
   - Open fire
   - Gas appliance, e.g. cooker, fire
   - Glass fronted fire
   - Wood burning stove

2. Do you know any ways to protect yourself/your family from Carbon Monoxide poisoning in your home?
   **DO NOT PROMPT**
   - Correct installation of heating systems/appliances
   - Regular servicing of heating systems/appliances
   - Regular cleaning of chimneys/flues
   - Use an accredited/approved engineer
   - Install a carbon monoxide alarm
   - Regularly test carbon monoxide alarm
   - I do not know any ways

3. Do you have a Carbon Monoxide (CO) alarm in your home?
   - Yes → go to question 4
   - No → go to question 5
   - Unsure → go to question 5

4. How often is/are the Carbon Monoxide alarm(s) in your home tested?
   *(Code one only)*
   - At least weekly
   - Every 2-3 weeks
   - Monthly
   - Every 2-7 months
   - Every 8-12 months
   - Yearly
   - Other (please specify)
   - Have never tested the Carbon Monoxide alarm
   - Can’t reach the Carbon Monoxide alarm
   - Don’t know

5. How often is the main heating appliance in your home serviced?
   *(Code one only)*
   - Yearly
   - Every 2 years
   - Every 3 years or longer
   - Never been serviced
   - Don’t know

6. How often are the chimney(s)/flue(s) in your home cleaned?
   *(Code one only)*
   - Yearly
   - Every 2 years
   - Every 3 years or longer
• Never been cleaned
• Don’t know
• Not applicable

7. Do you know what the symptoms of carbon monoxide poisoning are?

DO NOT PROMPT
• Headache
• Tiredness/fatigue
• Nausea
• Breathlessness
• Dizziness
• Collapse/Unconsciousness
• Drowsiness
• Vomiting
• Pains in the chest
• Stomach pains
• Erratic behaviour
• Visual problems
• Flu-like symptoms
GENERAL HEALTH

1. ALL
"How is your health in general, would you say it was":
   - Very Good
   - Good
   - Fair
   - Bad
   - Very Bad

2. ALL
"Over the last 12 months would you say your health has, on the whole, been ...":
   - Good,
   - Fairly good
   - Not good

3. ALL
   Compared to one year ago, how would you say your health is now?
   - much better now than 1 year ago
   - somewhat better now (than 1 year ago)
   - about the same as 1 year ago
   - somewhat worse now (than 1 year ago)
   - much worse now (than 1 year ago)

4. ALL
   How satisfied are you with your life in general?
   - very satisfied
   - satisfied
   - neither satisfied nor dissatisfied
   - dissatisfied
   - very dissatisfied

5. ALL
   Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?
   - Yes
   - No

IF YES TO Q5 ASK Q6
6. Does your condition or illness/do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?
   - Yes, a lot
   - Yes, a little
   - Not at all

For how long has your ability to carry out day-to-day activities been reduced?
   - Less than six months
   - Between six months and 12 months
   - 12 months or more

IF YES AT Q6 THEN ASK Q7

7. Would you mind telling me what this condition or illness is?
What long-standing illness

8. ALL
   Now I’d like you to think about the two weeks ending yesterday. During those two weeks, did you have to cut down on any of the things you usually do (about the house or at work or in your free time) because of (LONG-STANDING ILLNESS or some other) illness or injury?

   IF YES TO Q8 ASK Q9, Q10

9. "Would you say that you cutting down was a temporary cut down or not temporary":
   Temporarily cut down
   Not temporarily cut down

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

11. ALL
   During the last year, have you been in hospital for treatment as a day-patient, i.e. admitted to a hospital bed or day ward, but not required to remain overnight?

12. ALL
   During the last year, have you been in hospital as an inpatient, overnight or longer?

13. During the last 2 weeks, ending yesterday apart from any visits to a hospital, did you talk to/see a GP for any reason at all either in person or by telephone?
   EXCLUDE CONSULTATIONS MADE FOR CHILDREN UNDER 16 AND FOR PERSONS OUTSIDE THE HOUSEHOLD
   1. Yes
   2. No

14. Was this consultation …
   1. under the NHS
   2. paid for privately

15. How many times did you talk to/see a GP in these 2 weeks? 1....50

16. During the last 2 weeks ending yesterday, did you talk to/see a practice nurse at the GP surgery on your own behalf?
   EXCLUDE CONSULTATIONS WITH COMMUNITY NURSES
   1. Yes
   2. No

17. How many times did you talk to/see a practice nurse in these 2 weeks? 1....50
18. **ALL**
Do any of the things on this card apply to you?:

A "Cannot walk 200 yards or more on own without stopping or discomfort (with walking aid if normally used)"
B "Cannot walk up and down a flight of 12 stairs without resting"
C "Cannot follow a TV programme at a volume others find acceptable (with hearing aid if normally worn)"
D "Cannot see well enough to recognise a friend across a road (four yards away) (with glasses or contact lenses if normally worn)"
E "Cannot speak without difficulty"
F "None of these"

19. **ALL**
And do any of the things on this card apply to you":
Set of
A "Cannot get in and out of bed on own without difficulty"
B "Cannot get in and out of a chair without difficulty"
C "Cannot bend down and pick up a shoe from the floor when standing"
D "Cannot dress and undress without difficulty"
E "Cannot wash hands and face without difficulty"
F "Cannot feed, include cutting up food without difficulty"
G "Cannot get to and use toilet on own without difficulty"
H "Have problem communicating with other people - that is have a problem understanding them or being understood by them"
I "None of these"

**Intro:** I’d like to ask you a few general questions about your own health and lifestyle.

1. **ALL**
How much influence do you think you have on your own health, by the way you choose to live your life?
   - a great deal
   - quite a lot
   - a little
   - none at all

2. **ALL**
Which of the following best describes the life you lead?
   - very healthy
   - fairly healthy
   - fairly unhealthy
   - very unhealthy

3. **ALL**
Do you feel there is anything you can do to make your own life healthier?
   - yes
   - no

IF Q3 = NO THEN ASK Q4
4. Which of the following statements best describes why you don’t feel there is anything you can do to make your own life healthier?
   - I already lead a healthy life
   - I don’t want to make any changes to my life
   - It’s just too difficult for me to do anything to make my life healthier

IF Q4 = ‘too difficult’…THEN ASK Q5

5. Please tell me why you feel it’s too difficult for you to do anything to make your life healthier?

IF Q3 = YES THEN ASK Q6

6. Which, if any, of the things on this card do you feel you can do to make your life healthier?
   - cut down smoking
   - stop smoking
   - cut down the amount of alcohol I drink
   - stop drinking alcohol
   - be more physically active
   - control weight
   - eat more healthily
   - reduce the amount of stress in my life
   - none of these

7. ALL
   Thinking back over the past year, that is since (date one year ago), have you tried to make any of the following changes in your lifestyle to improve your health, even if only for a short time?
   - cut down smoking
   - stop smoking
   - cut down the amount of alcohol I drink
   - stop drinking alcohol
   - be more physically active
   - control weight
   - eat more healthily
   - reduce the amount of stress in my life
   - none of these

IF Q7 = RESPONSE OTHER THAN ‘NONE OF THESE’ ASK Q8

8. And which, if any, have you managed to maintain?
   - cut down smoking
   - stop smoking
   - cut down the amount of alcohol I drink
   - stop drinking alcohol
   - be more physically active
   - control weight
   - eat more healthily
   - reduce the amount of stress in my life
9. ALL
Which of these changes, if any, would you like to make?
- cut down smoking
- stop smoking
- cut down the amount of alcohol I drink
- stop drinking alcohol
- be more physically active
- control weight
- eat more healthily
- reduce the amount of stress in my life
- none of these

IF Q9 = RESPONSE OTHER THAN ‘NONE OF THESE’ THEN ASK Q10

10. Of the changes you would like to make which are you thinking of making in the next six months?
- cut down smoking
- stop smoking
- cut down the amount of alcohol I drink
- stop drinking alcohol
- be more physically active
- control weight
- eat more healthily
- reduce the amount of stress in my life
SPECIFIC MEDICAL CONDITIONS

1. Have you ever had your blood cholesterol checked? IF yes then Q2
2. Have you ever been told by a doctor, nurse or other health professional that your blood cholesterol is high?
3. Have you taken/used any statins (drugs to lower cholesterol) in the last 7 days?
4. Are you taking statins bought over the counter from a pharmacist without the prescription of a doctor?

ALL:
5. You have told me about your general health; now I’d like to ask you about some particular conditions.
   Have you ever had your blood pressure taken?

   IF Q5 = YES THEN ASK Q6

6. When was the last time your blood pressure was measured by a doctor or nurse?":
   During the last 12 months
   At least a year but less than 3 years ago
   At least 3 years but less than 5 years ago
   5 or more years ago

   IF Q5 = NO THEN ASK Q7

7. What are the reasons that you have not had your blood pressure taken in the past?
   - have not gotten around to it
   - respondent – did not think it was necessary
   - doctor – did not think it was necessary
   - personal or family responsibilities
   - not available – at time required
   - not available – at all in the area
   - waiting time was too long
   - transportation – problems
   - language – problem
   - did not know where to go/uninformed
   - fear (e.g. painful, embarrassing, find something wrong)
   - unable to leave the house because of a health problem
   - other - specify

   IF FEMALE AGED 16-45 ASK Q8

8. We are asking slightly different questions for pregnant women so, may I just check, are you pregnant?

   IF Q5 = YES THEN ASK Q9

9. Have you ever been told by a doctor or a nurse that you had high blood pressure?

   IF YES AT Q5 AND FEMALE ASK Q10

10. May I just check, were you pregnant when you were told that you had high blood pressure?

   IF YES AT Q10 ASK Q11

11. Have you ever had high blood pressure apart from when you were pregnant?
IF Q9 = YES OR Q11 = YES ASK Q12
12. Are you currently taking any medicines, tablets or pills for high blood pressure?

IF Q12 = NO ASK Q13, Q14
13. Do you still have high blood pressure?
14. Have you ever taken medicines, tablets or pills for high blood pressure in the past?

IF YES AT Q14 ASK Q15

15. Why did you stop taking medicines, tablets or pills for high blood pressure?
   - Doctor advised to stop due to improvement
   - doctor advised me to stop due to lack of improvement
   - doctor advised me to stop due to other problem
   - respondent decided to stop because felt better
   - respondent decided to stop for other reason
   - other

IF OTHER AT Q15:

16. What other reason(s) do you have for not taking medicines, tablets or pills for high blood pressure?

IF YES AT Q9 AND MALE OR NO AT Q10 OR YES AT Q11 ASK Q13

17. Have you had any other treatment or advice because of your high blood pressure?

IF YES AT Q17 ASK Q18

18. What other treatment or advice have you had?
   - Blood pressure monitored by GP/other doctor/nurse
   - Blood tests
   - Advice or treatment to lose weight
   - Advice about diet
   - Advice about exercise
   - Advice about smoking
   - Advice about drinking alcohol
   - Advice about stress
   - Other treatment or advice

IF OTHER AT 18 ASK Q19

19. What other kind of treatment or advice have you had?

IF YES AT Q9 AND MALE OR NO AT Q10 OR YES AT Q11 ASK Q20

20. Did you do anything, recommended by a health professional, to reduce or control your blood pressure?
    - yes
    - no

IF YES AT Q20 ASK Q21

21. What did you do?
Lost weight
Changed diet (e.g. reduced salt intake)
Exercised more
Stopped/reduced smoking
Stopped/reduced drinking alcohol
Stopped/reduced stress
other - specify

ALL
22. Have you ever been told by a doctor that you had any of the conditions on this card?:
- angina
- heart attack
- heart murmur
- other kind of heart trouble
- stroke
- diabetes (during pregnancy)
- diabetes (not during pregnancy)
- asthma
- COPD, e.g. chronic bronchitis/emphysema or both disorders
- Cancer
- Autism Spectrum Disorder
- other
- none of these

23 If Yes to ‘angina’…
Have you had angina during the past 12 months?

24 If Yes to ‘heart attack’…
Have you had a heart attack during the past 12 months?

25 If Yes to ‘heart murmur’…
Have you had a heart murmur during the past 12 months?

26 If Yes to ‘other kind of heart trouble’…
What kind of heart trouble was that?
Have you had that kind of heart trouble in the past 12 months?

27 If Yes to ‘stroke’…
Have you had a stroke during the past 12 months?

28 If Yes to ‘asthma’…
Have you had an asthma attack during the past 12 months?
- yes
- no
- no, controlled by medication

29 In the past 12 months, have you taken any medication for asthma such as inhalers, nebulizers, pills, liquids or injections?
- yes
- no

30 If Yes to ‘COPD’…
I would now like to ask you a few questions in relation to your treatment of this condition:

Have you been immunised against seasonal influenza in the last 12 months? *Note: relates only to seasonal flu, does not include swine flu.*

Have you been immunised against pneumococcal pneumonia in the last 5 years?

Have you used home oxygen within the last 12 months?

Have you been in hospital for your chest condition within the last 12 months?

31. If Yes to ‘cancer’…
Have you ever been diagnosed with cancer?

32. If Female…
What type of cancer do/did you have?
- breast
- colorectal
- lung
- skin (melanoma)
- other – specify

33. If Male…
What type of cancer do/did you have?
- prostate
- colorectal
- lung
- skin (melanoma)
- other – specify

34. If Yes to ‘Autism Spectrum Disorder’…
Which disorder is this?

35. May I just check, have you ever been told by a doctor that you had diabetes apart from when you were pregnant?

**IF INFORMANT HAS HAD DIABETES NOT DURING PREGNANCY OR YES AT Q35 ASK Q36**

Q36. (Apart from when you were pregnant). Approximately how old were you when you were first told by a doctor that you had diabetes:
0..110

Q37. Do you currently inject insulin for diabetes?
yes no

Q38. Are you currently taking any medicines, tablets or pills (other than insulin injections) for diabetes?:
yes no

Q39. Are you currently receiving any (other) treatment or advice for diabetes (INCLUDE REGULAR CHECKUPS):
yes no

**IF YES AT Q39 ASK Q40**

Q40. What (other) treatment or advice are you currently receiving for diabetes
Special diet",
Regular check-up with GP/hospital/clinic",
Eye screening
Other (Record at next question)"

IF OTHER AT Q40 ASK Q41

Q41. Please specify:

Q42. How often do you usually have your blood checked for glucose or sugar by yourself or by a family member of friend?
   - daily
   - weekly
   - monthly
   - yearly
   - never

Q43. RECORD HERE THE NUMBER OF TIMES PER DAY, PER MONTH ETC RESPONDENT HAS BLOOD CHECKED FOR GLUCOSE OR SUGER"

Q44. In the past 12 months, has a health care professional tested you for haemoglobin “A-one-C? (An “A-one-C” haemoglobin test measures the average level of blood sugar over a 3-month period)

   IF Q44 = YES THEN ASK Q45

Q45. How many times?

Q46. In the past 12 months, has a health care professional checked your feet for any sores or irritations?

   IF YES TO Q46 ASK Q47

Q47. How many times?

Q48. In the past 12 months, has a health care professional tested your urine for protein (i.e. Microalbumin)?

Q49. Have you ever had the back of your eyes photographed (retinopathy screening)?

   IF Q49 = YES THEN ASK Q50

Q50. When was the last time?
   - less than one month ago
   - 1 month to less than 1 year ago
   - 1 year to less than 2 years ago
   - 2 or more years ago
FLU VACCINATIONS

ALL
Q50 Have you been invited to get the seasonal flu vaccine in the last 12 months?

Note: relates only to seasonal flu, does not include swine flu.

ALL
Q51 Have you received the seasonal flu vaccine in the last 12 months?

IF YES TO Q50 AND NO TO Q51 ASK Q52
Q52 Why did you not get the seasonal flu vaccine?
- I didn’t think it would help me
- I was afraid it might be painful
- I was afraid of side-effects
- I was afraid of long-term effects on my health
- I didn’t think it was safe
- I was pregnant & afraid of the effects on my baby
- I couldn’t go at a convenient time
- I couldn’t have it at a convenient place
- I think I already had seasonal flu so didn’t think I needed it
- Have not gotten around to it
- Other - specify

IF YES TO Q50 AND NO TO Q51

Q53 Do you feel you received sufficient information about the vaccine to make an informed choice?
1. yes
2. no

If ‘no’…

Q54 What would have helped you to make an informed choice?
1. Falls at home
   Have you fallen in or around your home in the last 2 years? Yes/no
   Yes – go to question 2

2. Where did you fall?
   NOTE TO INTERVIEWER: IF RESPONDENT HAS FALLEN ON MORE THAN ONE OCCASION DURING THE PAST 2 YEARS RECORD THE PLACES THE FALL/FALLS OCCURRED.
   - Outside the dwelling/in garden
   - Front steps
   - On the level e.g. living room
   - In the bathroom/toilet
   - Getting out of a seat/off toilet or bed
   - Going up stairs

3. What happened as a result of your fall/falls in the last two years? (Select 1 or multiple response)
   - I recovered without any need for outside help
   - I needed to visit my GP
   - I needed medication
   - I needed a Hospital A&E visit
   - I needed hospital inpatient stay
   - I needed aftercare in a residential or nursing home
   - I needed an increased package of home care
   - I needed rehabilitation/reablement by a Physiotherapist/Occupational Therapist

4. And looking at this card, can you tell me which, if any, apply to you as a result of your fall/falls in the last two years?
   - Experienced pain
   - I am afraid of further falls
   - I am less independent now
   - I need more care now
   - Loss of confidence
   - Don’t go out as much now

5. What housing features or home adaptations would have helped to prevent falls at home? (Select 1 or multiple response)
   - A home without steps or stairs e.g. ground floor flat.
   - Hand rails on stairs/outside steps
   - Graduated – (gently sloping) entrance or ramp
   - No door thresholds
   - A stair or inter-floor lift
   - Grab rails in the bathroom
   - Slip resistant flooring
   - Better lighting
   - Colour contrast in fixtures and fittings
   - Other – please specify
6. Have you personally experienced a burn at home or been burned in the last 2 years?
   Yes/no

If yes at Q6 ask Q7.

7. What caused the burn/burns?
   INTERVIEWER NOTE: IF RESPONDENT HAS BEEN BURNED ON MORE THAN ONE OCCASION DURING THE PAST 2 YEARS RECORD THE CAUSES OF THE BURNS.
   - Scalded by hot water in bath
   - Scalded by hot water in shower
   - Experienced a burned lighting or maintaining the fire
   - Experienced burned using a cooking appliance
   - Other – please specify

8. What happened as a result of your burn/burns? (Select 1 or multiple response)
   - I recovered without any need for outside help
   - I needed to visit my GP
   - I needed medication
   - I needed a Hospital A&E visit
   - I needed hospital inpatient stay
   - I needed aftercare in a residential or nursing home
   - I needed an increased package of home care
   - I needed rehabilitation/reablement by a Physiotherapist/Occupational Therapist

9. What housing features or home adaptations would have helped to prevent burns at home? (Select 1 or multiple response)
   - Better lighting
   - Automatic forms of heating e.g. oil fired or gas
   - Thermostatic controls in shower
   - Thermostats on sinks/bath
   - Better design of cooking appliances
   - Other – please specify
CARERS

Ask all
I'd like to talk now about caring informally for others. Some people have extra responsibilities because they look after someone who has long-term physical or mental ill health or disability, or problems related to old age. These questions are about caring long-term and do not apply if you or another person are caring for someone on just a temporary basis, such as someone with a cold or flu.

1. May I check, is there anyone (either living with you or not living with you) who is sick, disabled or elderly whom you look after or give special help to, other than in a professional capacity (for example, a sick or disabled (or elderly) relative/husband/wife/child/friend/parent etc.).
   CODE ‘NO’ IF GIVES FINANCIAL HELP ONLY
   (Yes, No)

Ask if Q1 = yes (is a carer)

2. Thinking about all of the things you do for this person/these people because they have long term physical or mental ill-health or disability, or problems relating to old age, about how many hours a week do you spend looking after or helping them altogether?

   Please include any time you spend travelling so that you can do these activities:
   (1 “I only give occasional help”,
   2 "0 to less than 1 hrs a week”,
   3 "1 to less than 5 hrs a week”,
   4 "5 hrs or more to less than 10 hrs a week”,
   5 "10 hrs or more to less than 20 hrs a week”,
   6 "20 hrs or more to less than 35 hrs a week”,
   7 "35 hrs or more to less than 50 hrs a week”,
   8 "50 hrs or more to less than 100 hrs a week”,
   9 "100 or more hrs a week”,
   10 "Varies - under 20 hrs a week”,
   11 "Varies - 20 or more hours a week”)

Ask if Q1 = yes (is a carer) and Q2 >= 3

Q3. All carers have a legal right to have their own needs assessed by their Health & Social Care Trust. These assessments assess whether a carer is eligible for any services or support to help them carry out their caring role.

   Has anyone from your Health & Social Care Trust, such as a social worker or a nurse, offered you a Carer’s assessment?   (Yes, No, Don’t Know)

Ask if Q3 = yes (been offered assessment)

Q4. Carers’ assessments should focus separately on the needs of the carer as opposed to the needs of the person who is being cared for.

   Have you ever had a Carer's assessment that was carried out in person by a HSC Trust staff member?   (Yes, No, Don’t Know)

5. Have you experienced any musculoskeletal injuries e.g. a “bad back” as a result of caring for an older or disabled person (including children)?
   Yes / No
If yes go to question 6

6. What happened as a result of your injury? (Select 1 or multiple response)
   - I recovered without any need for outside help
   - I needed to visit my GP
   - I needed medication
   - I needed a Hospital A&E visit
   - I needed a hospital inpatient stay
   - I needed aftercare in a residential or nursing home
   - I needed an increased package of home care
   - I needed rehabilitation/reablement by a Physiotherapist/Occupational Therapist

7. What housing adaptations or community equipment would help to prevent injury to carers when caring for an older or disabled person? (Select 1 or multiple response)
   - A home without steps or stairs e.g. ground floor flat.
   - Hand rails on stairs/outside steps
   - Graduated – (gently sloping) entrance or ramp
   - No door thresholds
   - A stair or inter-floor lift
   - Level access - roll in shower
   - Grab rails in the bathroom
   - Enough space beside the bed, toilet, shower, easy chair for “transfers”
   - Slip resistant flooring
   - Better lighting
   - A hoist to lift people out of bed/wheelchair/toilet
   - Riser recliner seating
   - Other community equipment such as raised toilet seats.
   - Accessible transport
DIETARY INFORMATION

ALL ANSWER A "More than once a day",
B "Once every day",
C "Most days",
D "Once or twice a week",
E "Less often or never?"

Q1. Thinking about the food that you eat, I would like you to tell me how often you usually eat the following foods.
Firstly; Processed meat or chicken products - including meat pies, pasties, sausage rolls, burgers, sausages, chicken nuggets or breaded chicken

Q2. Secondly, potatoes, including boiled, mashed, baked potatoes, but excluding roast potatoes, chips or potato products eg waffles, smiles etc

Q3. Chips, roast potatoes, and potato products, eg potato waffles, smiles etc INTERVIEWER NOTE: THESE ARE HIGHER IN FAT THAN UNFRIED POTATOES

Q4. Biscuits, including wrapped chocolate biscuits, eg Twix, Kit-Kat, Penguin

Q5. Confectionary, including sweets and chocolate bars, eg Mars and Snickers

Q6. Savoury snacks, e.g. crisps, tortilla chips

Q7. Cakes, buns, desserts, e.g. cheesecakes, apple tart

Q8. Sugary fizzy drinks or squashes

Q9. Fruit, including fresh, frozen, dried, tinned and pure fruit juice

Q10. Salad or vegetables, including fresh, frozen, dried and tinned vegetables, but excluding potatoes:
IF A, B OR C IN Q9

Q11. Please look at this card, the card illustrates what is considered as a portion.
DO NOT READ OUT, FOR INFO ONLY:-
A portion equals one piece of medium sized fruit e.g., a pear or banana or two small fruits, eg kiwis, mandarins or plums or 2 tablespoonfuls of fruit salad or one glass of pure orange juice - @
Note:- 2 glasses of pure orange juice does not count as 2 portions)@/@R
On average how many portions of fruit do you eat each day": 1..9

IF A, B OR C IN Q10

Q12. And on average how many portions of salad, or vegetables, including fresh, frozen, tinned or dried do you eat each day: 1..9

Q13. The Department of Health advises people to eat a certain number of portions of fruit and vegetables every day as part of a healthy diet. At least how many potions do you think people are advised to eat every day?
Q14. Have you changed your eating habits in the past 3 years to lose weight?

Q15, Q16 AND Q17 To be asked of those who have tried to control weight/eat more healthily or would like to from the ‘Changes made to improve health’ section.

Q15. You mentioned previously that you have tried/ would like to try to control your weight or eat more healthily.
Which of these reasons, if any, was the main reason you decided to eat more healthily or control your weight?
- to feel better/fitter
- to lose weight
- to improve my general appearance
- to improve my overall health
- to help reduce the risk of a particular illness or disease
- to save money
- to make meals more tasty and enjoyable
- suggested by doctor/health professional
- none of these
- other – please specify

Q16. Thinking overall about the things you eat, which of these best describes the kind of food you eat nowadays?
- very healthy
- fairly healthy
- fairly unhealthy
- very unhealthy

Q17. Here are some reasons why people find it difficult to eat more healthily. Which, if any, prevent you from eating more healthily?
- family discouraging or unsupportive
- friends discouraging or unsupportive
- people at work discouraging or unsupportive
- not knowing what changes to make
- not knowing how to cook more healthy foods
- lack of choice of healthy foods in canteens and restaurants
- lack of choice of healthy foods in places where you do your main shop
- healthy foods are too expensive
- healthy foods take too long to prepare
- healthy foods too boring
- lack of will-power
- don’t like the taste/don’t enjoy healthy foods
- none of these – nothing prevents me from eating more healthily
- other – please specify
FOOD SECURITY

The following questions are about the food situation for your household. (to be asked of one adult per household)

- Does your household eat meals with meat, chicken, fish (or vegetarian equivalent) every second day? *(If no is it because the household cannot afford to or is there another reason)*
  - Yes
  - No, because cannot afford
  - No, other reason.

- Does your household have a roast joint (or its equivalent) once a week? *(If no is it because the household cannot afford to or is there another reason)*
  - Yes
  - No, because cannot afford
  - No, other reason

- During the last fortnight was there ever a day (i.e. from getting up to going to bed) when you did not have a substantial meal due to lack of money
  - Yes/No

- Does the household have family or friends for a drink or a meal once a month? *(If no is it because the household cannot afford to or is there another reason)*
  - Yes
  - No, because cannot afford
  - No, other reason

The following few questions are about the food situation in the past 12 months for you or any other adults in your household.

- Which of the following statements best describes the food eaten in your household in the past 12 months?
  - you and others always had enough of the kinds of food you wanted to eat
  - you and others had enough to eat, but not always the kinds of food you wanted
  - sometimes you and others did not have enough to eat
  - often you and others didn’t have enough to eat

- Did you or other adults ever cut the size of your meals or skip meals because there wasn’t enough money for food?
  - yes
  - no

- How often did this happen?
  - almost every month
  - some months but not every month
  - only 1 or 2 months
In the past 12 months, did you personally ever eat less than you felt you should because there wasn’t enough money to buy food?
- yes
- no

In the past 12 months, were you personally ever hungry but didn’t eat because you couldn’t afford enough food?
- yes
- no

In the past 12 months, did you personally lose weight because you didn’t have enough money for food?
- yes
- no

In the past 12 months, did you or other adults ever not eat for a whole day because there wasn’t enough money for food?
- yes
- no

How often did this happen?
- almost every month
- some months but not every month
- only 1 or 2 months

Now, a few questions on the food experiences for children in your household.

In the past 12 months, did you or other adults ever cut the size of any child’s meals because there wasn’t enough money for food?
- yes
- no

In the past 12 months, did any child ever skip meals because there wasn’t enough money for food?
- yes
- no

How often did this happen?
- almost every month
- some months but not every month
- only 1 or 2 months

In the past 12 months, was any child ever hungry but you just couldn’t afford more food?
- yes
- no

In the past 12 months, did any child ever not eat for a whole day because there wasn’t enough money for food?
- yes
- no
CHILD HEALTH

1. IS THIS RESPONDENT RESPONSIBLE FOR ANY OF THE CHILDREN IN THE HOUSEHOLD:
   Yes/no;

IF YES TO Q1

2. HAVE THE CHILD HEALTH QUESTIONS ALREADY BEEN ANSWERED BY PARENT/GUARDIAN?:
   Yes, Child Health questions already been answered",
   No, Child Health questions not asked yet
   Not Applicable - Child Health Questions are not to be asked of this person"

IF NO AT Q2

ASK FOR EVERY CHILD BETWEEN 2 AND 15 IN THE HOUSEHOLD

3. Now I would like to ask you about your children aged between 2 and 15. Can I just check the number of children aged between 2 and 15 you are responsible for?

4. THE CHILDREN IN THE HOUSEHOLD ARE:
   "Person number":

AGE OF CHILD TO BE COLLECTED AT THIS STAGE

ALL
5. Given ^NCHILD's age and height, would you say that he/she was:
   Abr "About the right weight",
   Th "Too heavy",
   Tl "Too light",
   NS "Not sure";

ALL
6. Over the last twelve months would you say your child’s health has on the whole been…
   - good
   - fairly good
   - not good

ALL
7. How is ^NCHILD's health in general? Would you say it was … READ OUT…":
   Vg "Very good",
   Good "Good",
   Fairgood "Fair",
   Notgood "Bad",
   Vbad "Very bad?"

ALL
8. Does ^NCHILD have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?
   Yes/no

IF YES AT Q8 ASK Q9, Q10

9. Would you mind telling me what this condition or illness is?

10. Does this condition or illness reduce his/her ability to carry out day-to-day activities?
Yes/no

IF YES AT Q10 ASK Q11

11. For how long has his/her ability to carry out day-to-day activities been reduced?
   - Less than six months
   - Between six months and 12 months
   - 12 months or more

TO BE ASKED FOR EACH CHILD AND THE AGE OF EACH CHILD SHOULD BE RECORDED AT THIS STAGE

12. CONS "During the last 2 weeks, ending yesterday (apart from any visits to a hospital), did ^NUM talk to a GP (i.e. family doctor) either in person or by telephone, or did you or any other member of the household do so on ^HISHER behalf? @/@/INCLUDE TELEPHONE CONVERSATIONS ON BEHALF OF CHILDREN UNDER 16": yes/no

If Yes to Q12 ask Q13

13. Was this consultation......
   - Under the NHS
   - Paid for privately

14. NUMCONS "How many times did you, ^NUM or any other member of your household talk to a GP on behalf of ^NUM in these 2 weeks?": 1..50

14. seenurse "During the last 2 weeks ending yesterday, did ^NUM see a practice or treatment room nurse at the GP surgery
   Please remember that this could have been on the same occasion that your child saw a GP.

@/EXCLUDE CONSULTATIONS WITH COMMUNITY NURSES?": yes/no

15. NNURSE "How many times did ^NUM see a practice nurse at the GP surgery in these 2 weeks?": 1..50

ALL

Q16 Please look at this card, the card illustrates what is considered as a portion.
 DO NOT READ OUT, FOR INFO ONLY:-
   A portion equals one piece of medium sized fruit eg, a pear or banana or two small fruits, eg kiwis, mandarins or plums or 2 tablespoonfulls of fruit salad or one glass of pure orange juice - Note:- 2 glasses of pure orange juice does not count as 2 portions

On average how many portions of fruit does your child eat each day? : 1..9

ALL

Q17 And on average how many portions of salad, or vegetables, including fresh, frozen, tinned or dried does your child eat each day? : 1..9
PHYSICAL ACTIVITY SECTION

ASK ALL

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.

(CONTINUE);

Work
First of all, in the last 4 weeks, that is since (date of interview – 4 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

Offsick
In the last 3 months have you had any days off work because of your own illness or injury?

1 Yes
2 No

If Offsick = Yes then

Dayssick
Altogether, how many whole working days were you off sick in the last 3 months?

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 F1
Looking at showcard F1, 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 ...READ OUT...
1 ...very physically active,
2 ...fairly physically active,
3 ...not very physically active,
4 ...or, not at all physically active in your job?

END IF

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
IF Housewrk = Yes THEN
  HWrkList
  SHOW CARD F2
  Have you done any housework listed on this card?
  1  Yes
  2  No

HevyHWrk
SHOW CARD F3
Some kinds of housework are heavier than others. This card gives some examples of heavy housework. It does not include everything, these are just examples. Was any of the housework you did in the last four weeks this kind of heavy housework?
  1  Yes
  2  No

IF HevyHWrk = Yes THEN
  HeavyDay
  During the past four weeks on how many days have you done this kind of heavy housework?
  Range: 1..28
  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 F4
  Have you done any gardening, DIY or building work listed on this card?
  1  Yes
  2  No

ManWork
SHOW CARD F5
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

MinDIY
RECORD MINUTES SPENT ON GARDENING OR DIY.
Range :0..59

END IF
END IF

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
END IF

ActPhy
SHOW CARD F6
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 F6
   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.

**ExcMin**
RECORD MINUTES HERE.
Range: 0..20

**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 F7
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 F8
  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

**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

**ASK AGED 65+**

**ExcMov**
Did these exercises involve you standing up and moving about?

1. Yes
2. No

**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.

**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)?

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: 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?

*Physical activity questions sourced from Health Survey England.*
SELF COMPLETION MODULES:

GHQ12, WARWICK-EDINBURGH, AND EQ5D.

Q1. "I'd like to ask you some more questions about your general health but it may be quicker if you fill in the answers yourself on the computer. INTERVIEWER: SHOW RESPONDENT HOW TO ENTER ANSWERS BY USING FOLLOWING EXAMPLES. EMPHASIS SHOULD BE PLACED ON PRESSING THE SPACE BAR BETWEEN MULTIPLE ANSWERS AND THEN THE ENTER BUTTON WHEN CHOICE IS COMPLETE. IF RESPONDENT PREFERENCES NOT TO USE COMPUTER, GIVE QUESTIONS AND ANSWERS ON PAPER INCLUDED IN YOUR SURVEY MATERIAL LABELLED SELF COMPLETION FOR GHQ12 AND SOCIAL SUPPORT, AND ASK FOR NUMBER INDICATING CHOSEN ANSWER TO EACH QUESTION": (CONTINUE);

Q2. "METHOD OF SELF-COMPLETION":
   computer   "by computer",
   card       "Questions and answer booklet",
   OrdQues    "Ordinary questioning by interviewer (last resort)
               (STATE REASON)",
   Refs       "Outright refusal to complete this section”);

IF ORDQUES AT Q2 ASK Q3

Q3. "ENTER THE REASON FOR USING ORDINARY QUESTION AND ANSWER METHOD":

IF REFS AT Q2 ASK Q4

Q4. "ENTER THE REASON FOR REFUSAL":

IF NOT EMPTY AT Q4

Q5. This is the end of the self-completion section, DO NOT CONTINUE

Please return the computer to the interviewer - Thank You
Please return the computer to the interviewer - Thank You
Please return the computer to the interviewer - Thank You
Please return the computer to the interviewer - Thank You.”: (CONTINUE);
Q6. "A few example questions will now be shown":
(CONTINUE);

Q7. "How often have you used a computer?":
    freq  "I use a computer very frequently",
    haveused  "I have used a computer, but don't use one very often",
    never  "I have never used a computer");

Q8. "Which of the following types of TV programme or film do you like?
    PRESS 'ALL' NUMBERS THAT APPLY":
    SET OF
        Comedy,
        SOAPS,
        THRI "Murder mystery/Thriller",
        Horror,
        Sci "Science Fiction",
        Nath "Nature",
        news "News",
        west "Westerns",
        NONE "None of these");

Q9. “That's the end of the example questions, the interviewer must
    now hand over the computer to the respondent, if they have not
    already done so. PRESS '1' TO CONTINUE":
(continue);

    IF NOT EMPTY AT Q3 OR CARD AT Q2 OR COMPUTER AT Q2

Q10. I'd like to know if you have had any medical complaints and how your
    health has been in general over the past few weeks.
    Remember, I want to know about PRESENT and RECENT complaints, NOT
    those you had in the past. It is important that you try to answer all the questions, PRESS '1'
    TO CONTINUE”:
(continue);
ALL

Q11. Have you recently been able to concentrate on whatever you are doing?":
   better  "Better than usual",
   same    "Same as usual",
   less     "Less than usual",
   muchless  "Much less than usual");

Q12. Have you recently lost much sleep over worry?":
   notatall  "Not at all",
   nomore    "No more than usual",
   more      "Rather more than usual",
   muchmore  "Much more than usual");

Q13. “Have you recently felt that you are playing a useful part in things?":
   moreso    "More so than usual",
   sameas    "Same as usual",
   lessuse   "Less so than usual",
   mluseful  "Much less useful");

Q14. "Have you recently felt capable of making decisions about things?":
   morethan  "More so than usual",
   sameuse   "Same as usual",
   lessthan  "Less so than usual",
   mlcapab   "Much less capable");

Q15. "Have you recently felt under constant strain?":
   notatall  "Not at all",
   nomore    "No more than usual",
   more      "Rather more than usual",
   muchmore  "Much more than usual");

Q16. "Have you recently felt you couldn't overcome you difficulties?":
   notatall  "Not at all"
   nomore    "No more than usual",
   more      "Rather more than usual",
   muchmore  "Much more than usual");OPTION2;

Q17. "Have you recently been able to enjoy your normal day-to-day activities?":
   mothan    "More so than usual",
   samusual  "Same as usual",
   lessso    "Less so than usual",
   muusual   "Much less able");
ALL
Q18. "Have you recently been able to face up to your problems?"
    mothan "More so than usual",
    samusual "Same as usual",
    lessso "Less so than usual",
    muusual "Much less able"

ALL
Q19. "Have you recently been feeling unhappy and depressed?"
    notatall "Not at all",
    nomore "No more than usual",
    more "Rather more than usual",
    muchmore "Much more than usual"

ALL
Q20. "Have you recently been losing confidence in yourself?"
    notatall "Not at all",
    nomore "No more than usual",
    more "Rather more than usual",
    muchmore "Much more than usual"

ALL
Q21. "Have you recently been thinking of yourself as a worthless person?"
    notatall "Not at all",
    nomore "No more than usual",
    more "Rather more than usual",
    muchmore "Much more than usual"

ALL
Q22. "Have you recently been feeling reasonably happy, all things considered?"
    morehapp "More so than usual",
    samehapp "Same as usual",
    lesshapp "Less so than usual",
    mlhappy "Much less happy"

ALL
Q23. "Are you taking any medicine or tablets for stress/ anxiety or depression?"
    YESNO

ALL
Q24. "Do you think you have a nervous illness?"
    YESNO
Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over the last 2 weeks.

All to answer:-

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

Q1 I’ve been feeling optimistic about the future
Q2 I’ve been feeling useful
Q3 I’ve been feeling relaxed
Q4 I’ve been feeling interested in other people
Q5 I’ve had energy to spare
Q6 I’ve been dealing with problems well
Q7 I’ve been thinking clearly
Q8 I’ve been feeling good about myself
Q9 I’ve been feeling close to other people
Q10 I’ve been feeling confident
Q11 I’ve been able to make up my own mind about things
Q12 I’ve been feeling loved
Q13 I’ve been interested in new things
Q14 I’ve been feeling cheerful
EQ5D (SELF COMPLETION)

ASK ALL QUESTIONS OF EVERYONE

For each of the following group of statements please indicate which one best describes your health today.

1. Mobility:
   A I have no problem in walking about
   B I have some problem in walking about
   C I am confined to bed

2. Self-Care:
   A I have no problems with self-care
   B I have some problems washing or dressing myself
   C I am unable to wash or dress myself

3. Usual Activities:
   A I have no problems with performing my usual activities (e.g. work, study, housework, family or leisure activities)
   B I have some problems with performing my usual activities
   C I am unable to perform my usual activities

4. Pain/Discomfort:
   A I have no pain or discomfort
   B I have moderate pain or discomfort
   C I have extreme pain or discomfort

5. Anxiety/Depression:
   A I am not anxious or depressed
   B I am moderately anxious or depressed
   C I am extremely anxious or depressed

new (from England GP Survey)
Have your activities been limited today because you have recently become unwell or been injured?
By ‘unwell or injured’ we mean anything that only lasts for a few days or weeks, e.g. a bad cold or broken leg.
   - Yes, limited a lot
   - Yes, limited a little
   - No

6. Please look at the show card given to you by the interviewer. Thinking about how good or bad your own health is today. Looking at the scale, the best health you can imagine is marked 100 and the worst is marked 0. Please type in the number between 0 and 100 that you feel best shows how good your health is today":
   0..100

7. Please indicate the description that best applies to you:
   A I am a current smoker
   B I am an ex-smoker
   C I have never smoked
8. Have you consulted your GP or other health professional in the past two weeks?
   - Yes
   - No

9. Have you visited a hospital for treatment or examination(s) or test(s) in the past year?
   - Yes
   - No

10. Are you currently receiving treatment for any of the following problems?
    SET OF
    A  Musculo-skeletal problems (such as arthritis, rheumatism)
    B  Respiratory problems (such as asthma or emphysema)
    C  Heart or circulatory problems (such as angina or high blood pressure)
    D  Endocrine problems (such as diabetes or thyroid disorder)
    E  Gastrointestinal or digestive problems (such as stomach ulcer)
    F  Genito-urinary problems (such as kidney or bladder disorder)
    G  Psychological health problems (such as anxiety or depression)
    H  Cancer
    I  Gynaecological or reproductive problems
    J  Blood problems (such as anaemia)
    K  Eye/nose/ear problems
    L  Skin problems (such as eczema)
    M  Other

   IF M AT Q10 ASK Q11

11. Specify other:

12. Which of the following best describes your main activity?
    A  Employed or self-employed
    B  Retired
    C  Housework
    D  Student
    E  Seeking work
    F  Other
SMOKING

*Now some questions on attitudes to smoking*

**Q1** Can you please tell me to what extent do you agree or disagree with each of the following statements about smoking?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree strongly</th>
<th>Agree</th>
<th>Disagree</th>
<th>Disagree Strongly</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>I support the current ban on smoking in enclosed or substantially enclosed public places</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I would challenge someone smoking in a non-smoking area</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I would ask someone who smokes to smoke outside of my home</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Children are more at risk from passive smoking than adults</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Babies exposed to passive smoking are more at risk to cot death</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

**Q2** Can you please tell me to what extent do you agree or disagree with smoke-free legislation being extended to cover the following areas?

<table>
<thead>
<tr>
<th>Area</th>
<th>Agree strongly</th>
<th>Agree</th>
<th>Disagree</th>
<th>Disagree Strongly</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital grounds</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Children’s outdoor play areas</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Sports stadia</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Private vehicles</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

**Q3** First of all have you ever smoked a cigarette, a cigar or a pipe?

1. Yes         -> [Q4]  
2. No          -> [Q18]

**Q4** Do you smoke cigarettes at all nowadays?

1. Yes         -> [Q6]  
2. No          -> [Q5]

**Q5** Have you ever smoked cigarettes regularly?

1. Yes         -> [Q16]  
2. No

**Q6** About how many cigarettes a DAY do you usually smoke at weekends?
Q7 About how many cigarettes a DAY do you usually smoke on weekdays?

Q8 From where do you normally purchase your tobacco products?
   1. local shop
   2. supermarket
   3. specialist tobacconist
   4. mail order/internet
   5. public house/vending machine
   6. other………..please specify

Q9 Does price have any influence on your choice of brand?
   1. considerable influence
   2. some influence
   3. no influence

Q10 To what extent do you agree that the sale/purchase of illicit cigarettes is a criminal offence?
   1. strongly agree
   2. agree
   3. neither agree nor disagree
   4. disagree
   5. strongly disagree
   6. don’t know

Q11 How old were you when you started to smoke cigarettes regularly?

Q12 When did you stop smoking cigarettes?
   1. Less than 3 months ago
   2. Between 3 months and 6 months ago
   3. More than 6 months ago
   4. Can't remember

If GRIDX.GRIDX.Numpers >1] {Number of persons in household from household grid}

Q13 Does anyone in your household smoke?
   1. Yes – lives with smokers
   2. No

ELSE {question not asked}
   3. Lives alone

ENDIF

Q14 = GRIDX.GRIDX.NumChild Number of Children in household 0..16
   {Question not asked number of children in household from household grid}
Q15  Is smoking allowed inside your home?  IF YES PLEASE PROBE FOR CERTAIN PLACES, ANYWHERE OR SPECIAL OCCASIONS

1. No, smoking is not allowed at all
2. Yes, allowed anywhere in my home
3. Yes, only allowed in certain places
4. Yes, only allowed on special occasions
5. Yes, only allowed on special occasions in certain places

{Ask All}

Q16  And what are the rules about smoking in your family car or cars?  Would you say that..

1. Smoking is never allowed in any car
2. Smoking is allowed sometimes or in some cars
3. Smoking is allowed in all cars
4. Do not have a family car
5. Smoking is not allowed when children are travelling in car

Q17  Have you ever tried to quit smoking?

1. Yes -> Q24
2. No -> Q29

Q18  How long did you stay smoke-free on this most recent serious quit attempt.. RECORD MEASUREMENT FIRST DAYS/MONTHS/YEARS

1. Less than one day
2. Days
3. Months
4. Years

Q19  Enter Number of Days/Months/Years

Q20  Now I would like to ask you one or two questions about any thoughts you might have had about quitting smoking.

1. CONTINUE

Q21  Are you planning to quit smoking.. READ OUT

1. Within the next month?  -> [Q23]
2. Within the next 6 months?  -> [Q23]
3. Sometime in the future, beyond 6 months?  -> [Q23]
4. Or are you not planning to quit  -> [Q22]

Q22  Do you want to quit smoking at all?
1. Yes -> [Q32]
2. No -> [Q32]
3. Don’t know -> [Q32]

Q23
IF Q21 = 4
Even though you have mentioned that you are not currently planning to quit, in the past 6 months, have any (?each?) of the following things on this card led you to think about quitting, not at all, somewhat or very much?

ELSE
In the past 6 months have any (?each?) of the following things on this card led you to think about quitting, not at all, somewhat or very much?

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Somewhat</th>
<th>Very much</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Concern for your personal health</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>b. Concern for the effect of your cigarette smoke on non-smokers</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>c. That society disapproves of smoking</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>d. The price of cigarettes</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>e. Smoking restrictions at work</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>f. Smoking restrictions in public places like restaurants or bars (cafes or pubs)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>g. Advice from doctor, dentist, or other health professional to quit</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>h. Free or lower-cost stop-smoking medication</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>i. Warning labels on cigarette packets</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>j. Setting an example for children</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
</tr>
</tbody>
</table>

SMOKERS AND EX-SMOKERS who quit < 6mths ago

Q24 Have you ever used any stop-smoking medication or Nicotine replacement therapies?

1. Yes -> [Q35]
2. No -> [Q40]

Q25 Have you ever used an electronic cigarette?

1. Yes – [go to next question]
2. No

Q26 Please indicate which, if any, of the following statements reflect your reasons for using electronic cigarettes -

1. They have helped me to quit smoking tobacco products completely.
2. They enable me to reduce the number of cigarettes I would normally smoke.
3. They allow me to smoke indoors.
Q27  In the last 6 months have you used any stop-smoking medication such as Nicotine Replacement Therapies like nicotine gum, nicotine patches, or pills such as Zyban.

1. Yes -> [Q36]
2. No -> [Q40]

Q28  Which product or products did you use most recently?
CODE ALL THAT APPLY – we want type (e.g. gum, patch) not brand (e.g. nicorette)
1. Nicotine Water
2. Nicotine gum
3. Nicotine patch
4. Nicotine lozenges
5. Nicotine (sub-lingual) tablets
6. Nicotine inhaler
7. Nicotine nasal spray
8. Zyban (or buproprion)
9. Wellbutrin
10. Other specify

Q29  Other Specify ____________________________________________________________

Q30  Where did you get your nicotine replacement therapy? set [5] of

1. By prescription
2. Over the counter/off the shelf
3. From a friend
4. Smoking Cessation Clinic
5. Other

Q31  Please Specify :string[200];

Q32  SHOWCARD 17 (QUIT HELP) Finally, in last 6 months (since ^6MONTHS) have you received advice or information about quitting smoking from any of the following?
CODE ALL THAT APPLY
1. Call a Telephone helpline
2. Checked the Internet,
3. Read a book or leaflets
4. Attend a Local stop-smoking services (such as clinics or specialists, sometimes called cessation clinic))
5. Speak to a doctor or nurse
6. Speak to a Pharmacist
7. None of the above

FOR EACH IN Q32 (not 7)

Q33  Did the ^QUITADV3 help you in your quit attempt?

1. Yes
2. No
3. Don’t Know
DRINKING:

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

1. Yes -> [DRINKAMT]
2. No -> [DRINKANY]

[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 or New Year?

1. Very occasionally -> [DRINKAMT]
2. Never -> [TEETOTAL]

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

1. Always a non-drinker -> [NONDRINK]
2. Used to drink but stopped -> [STOPDRINK]

[NONDRINK]  SHOW CARD 24
[*] What would you say is the MAIN reason you have always been a non-drinker?

1. Religious reasons  | 4. Health reasons
2. Don't like it      | 5. Can't afford it
3. Parent's advice/influence | 6. Other -> [DRINKEFF]

[STOPDRINK]  SHOW CARD 24
[*] What would you say is the MAIN reason stopped drinking?

1. Religious reasons  | 4. Health reasons
2. Don't like it      | 5. Can't afford it
3. Parent's advice/influence | 6. Other -> [DRINKEFF]

Drink regularly/occasionally:

[DRINKAMT]  [*] I'm going to read out a few descriptions about the amounts of alcohol people drink, and I'd like you to say which one fits you best. Would you say you:

1. hardly drink at all  | 
2. drink a little      | 
3. drink a moderate amount  | 
4. drink quite a lot    | 
5. or drink heavily?   | 

[INTRO]  INTERVIEWER - READ OUT: I'd like to ask you whether you have drunk different types of alcoholic drink in the last 12 months. I do not need to know about non-alcoholic or low alcohol drinks.
I'd like to ask you first about NORMAL STRENGTH beer or cider which has less than 6% alcohol. How often have you had a drink of NORMAL STRENGTH BEER, LAGER, STOUT, CIDER or SHANDY (excluding cans and bottles of shandy) during the last 12 months?

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

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: CODE MEASURES THAT YOU ARE GOING TO USE.

1. Pints
2. Small cans
3. Large cans
4. Bottles

Enter at most 4 values

ASK OR CODE: How many .. MEASURES .. of NORMAL STRENGTH BEER, LAGER, STOUT, CIDER or SHANDY have you usually drunk on any one day during the last 12 months?

IF NBEERM=BOTTLES (4)

ASK OR CODE: What make of NORMAL STRENGTH BEER, LAGER, STOUT, CIDER or SHANDY do you usually drink from bottles? INTERVIEWER: IF RESPONDENT DOES NOT KNOW WHAT MAKE, OR RESPONDENT DRINKS DIFFERENT MAKES OF NORMAL STRENGTH BEER, LAGER, STOUT OR CIDER, PROBE: 'What make have you drunk most frequently or most recently?'

ENTER SPACE BAR TO SEE CODES IF BRAND NOT FOUND, CHANGE DRINK DESCRIPTION AT BOTTOM OF LOOKUP WINDOW TO 'NF' AND SELECT CODE FOR 'BRAND NOT FOUND'

DESCRIPTION FROM FILE- COMPUTED

ALCOHOL LEVEL FROM FILE – COMPUTED

Now I’d like to ask you about STRONG BEER OR CIDER which has 6% or more alcohol eg Tennants Extra, Special Brew, Diamond White).
How often have you had a drink of strong BEER, LAGER, STOUT or CIDER during the last 12 months?

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

[SBEERM] How much STRONG BEER, LAGER, STOUT or CIDER have you usually drunk on any one day during the last 12 months?
INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE

1. Pints
2. Small cans
3. Large cans
4. Bottles

Enter at most 4 values

[SBEERQ1..4] ASK OR CODE: How many .. MEASURES .. of STRONG BEER, LAGER, STOUT or CIDER have you usually drunk on any one day during the last 12 months?

Enter a numeric value between 1 and 97

IF SBEERM=BOTTLES (4)
[SIBOTTLE] ASK OR CODE: What make of STRONG BEER, LAGER, STOUT or CIDER do you usually drink from bottles? INTERVIEWER: IF RESPONDENT DOES NOT KNOW WHAT MAKE, OR RESPONDENT DRINKS DIFFERENT MAKES OF STRONG BEER, LAGER, STOUT or CIDER, PROBE: 'What make have you drunk most frequently or most recently?'

[SCODELETE] ENTER SPACE BAR TO SEE CODES IF BRAND NOT FOUND, CHANGE DRINK DESCRIPTION AT BOTTOM OF LOOKUP WINDOW TO 'NF' AND SELECT CODE FOR 'BRAND NOT FOUND'

[DESCRIPTION] DESCRIPTION FROM FILE- COMPUTED

[ALCOHOL] ALCOHOL LEVEL FROM FILE - COMPUTED

[SPIRITS] SHOW CARD 34 (FREQUENCY DRINK)
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?
1. Almost every day -> [SPIRITSQ] | 5. once or twice a month -> [SPIRITSQ]
2. 5 or 6 days a week -> [SPIRITSQ] | 6. once every couple of mths -> [SPIRITSQ]
3. 3 or 4 days a week -> [SPIRITSQ] | 7. once or twice a year -> [SPIRITSQ]
4. once or twice a week -> [SPIRITSQ] | 8. not at all in last 12 mths -> [SHERRY]

[SPIRITSQ] How much SPIRITS OR LIQUEURS, such as gin, whisky, brandy, rum, vodka, advocaat or cocktails have you usually drunk on any one day during the last 12 months? CODE THE NUMBER OF SINGLES - COUNT DOUBLES AS TWO SINGLES.
Enter a numeric value between 1 and 97

[SHERRY] SHOW CARD 34 (FREQUENCY DRINK) How often have you had a drink of SHERRY OR MARTINI including port, vermouth, Cinzano and Dubonnet, during the last 12 months?

1. Almost every day -> [SHERRYQ] | 5. once or twice a month -> [SHERRYQ]
2. 5 or 6 days a week -> [SHERRYQ] | 6. once every couple of mths -> [SHERRYQ]
3. 3 or 4 days a week -> [SHERRYQ] | 7. once or twice a year -> [SHERRYQ]
4. once or twice a week -> [SHERRYQ] | 8. not at all in last 12 mths -> [WINE]

[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.
Enter a numeric value between 1 and 97

[WINE] SHOW CARD 34 (FREQUENCY DRINK) How often have you had a drink of WINE, including Babycham and champagne, during the last 12 months?

1. Almost every day -> [WINEQ] | 5. once or twice a month -> [WINEQ]
2. 5 or 6 days a week -> [WINEQ] | 6. once every couple of mths -> [WINEQ]
3. 3 or 4 days a week -> [WINEQ] | 7. once or twice a year -> [WINEQ]
4. once or twice a week -> [WINEQ] | 8. not at all in last 12 mths -> [POPS]

[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. 1 BOTTLE = 6 GLASSES, 1 LITRE = 8 GLASSES

Enter a numeric value between 1 and 97
SHOW CARD 34 (FREQUENCY DRINK)
How often have you had a drink of ALCOHOLIC LEMONADE, ALCOHOLIC COLAS OR OTHER ALCOHOLIC FRUIT- OR HERB-FLAVOURED DRINKS (eg. Bacardi breezer, Smirnoff ice, WKD etc), during the last 12 months?

1. Almost every day -> [POPSQ] 5. once or twice a month -> [POPSQ]
2. 5 or 6 days a week -> [POPSQ] 6. once every couple of mths -> [POPSQ]
3. 3 or 4 days a week -> [POPSQ] 7. once or twice a year -> [POPSQ]
4. once or twice a week -> [POPSQ] 8. not at all in last 12 mths -> [ALCOTA]

How much 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? CODE THE NUMBER OF BOTTLES

Enter a numeric value between 1 and 97

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

1. Yes -> OTHDRNK
2. No -> DRINKOFT

What other type of alcoholic drink have you drunk in the last 12 months? CODE FIRST MENTIONED ONLY.

How often have you had a drink of .... in the last 12 months?

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

How much .... have you usually drunk on any one day during the last 12 months? INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

1. Pints -> [OTHQA]
2. Singles -> [OTHQA]
3. Glasses -> [OTHQA]
4. Bottles -> [OTHQA]
5. Other -> [OTHQOA]

WHAT OTHER MEASURE?

ASK OR CODE How many .. MEASURES .. of .... have you usually drunk on any one day during the last 12 months?

Enter a numeric value between 0 and 97

Have you drunk any other types of alcoholic drink in the last 12 months?
1. Yes -> [OTHDRNKB]
2. No -> [DRINKOFT]

[OTHDRNKB] What other type of alcoholic drink have you drunk in the last 12 months? CODE FIRST MENTIONED ONLY.

[FREQB] How often have you had a drink of .... in the last 12 months?

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

[OTHQMB] How much .... have you usually drunk on any one day during the last 12 months? INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

1. Pints -> [OTHQB]
2. Singles -> [OTHQB]
3. Glasses -> [OTHQB]
4. Bottles -> [OTHQB]
5. Other -> [OTHQOB]

[OTHQOB] WHAT OTHER MEASURE?

[OTHQB] ASK OR CODE How many .. MEASURES .. of .... have you usually drunk on any one day during the last 12 months?

Enter a numeric value between 0 and 97

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

1. Yes -> [OTHDRNKC]
2. No -> [DRINKOFT]

[OTHDRNKC] What other type of alcoholic drink have you drunk in the last 12 months? CODE FIRST MENTIONED ONLY.

[FREQC] How often have you had a drink of .... in the last 12 months?

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

[OTHQMC] How much .... have you usually drunk on any one day during the last 12 months? INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.
1. Pints  -> [OTHQC]
2. Singles  -> [OTHQC]
3. Glasses  -> [OTHQC]
4. Bottles  -> [OTHQC]
5. Other  -> [OTHQOC]

[OTHQOC] WHAT OTHER MEASURE?

[OTHQC] ASK OR CODE How many .. MEASURES .. of .... have you usually drunk on any one day during the last 12 months?

Enter a numeric value between 0 and 97
[DRINKOFT] SHOW CARD 34 (FREQUENCY DRINK)

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

[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

[OFFLIC] On average, how much money would you spend each week on alcohol at offsales, including drinks you buy for other people?

INTERVIEWER NOTE: OFF-SALES INCLUDES ALL SALES OF ALCOHOL WHERE IT IS NOT CONSUMED ON THE PREMISES WHERE IT WAS PURCHASED, I.E OFF-LICENCE, WINE CLUBS, INTERNET SALES, SUPERMARKETS ETC

1. None
2. Less then £10
3. Between £10 and £20
4. Between £20 and £30
5. Between £30 and £40
6. Between £40 and £50
7. More than £50

[EXPPUBS] On average, how much money would you spend each week on alcohol at pubs, restaurants, clubs etc, including drinks you buy for other people?

INTERVIEWER NOTE: THIS INCLUDES EXPENDITURE ON ALCOHOL WHICH IS CONSUMED ON LICENSED PREMISES I.E BARS, RESTAURANTS, SOCIAL OR SPORTS CLUBS

1. None
2. Less then £10
3. Between £10 and £20
4. Between £20 and £30
5. Between £30 and £40
6. Between £40 and £50
7. More than £50

[DRINKEFF] People have different views concerning the effects of drinking on health, so I'd like to ask you how you feel about this.
Do you think that drinking alcohol can damage people's health?

1. Yes – unqualified  -> [UNILIM]
2. Yes, if in excess/no, not in moderation/depends on amount  -> [UNILIM]
3. No – unqualified  -> [UNILIM]
4. Other answer  -> [OTHEREFF]

[OTHEREFF] What other answer would you give?
**SEXUAL HEALTH**  *(this section will be asked at the end)*

**Respondents aged 16-55**

*Ask of ALL*

**Q1. Which of the following best describes you?**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td>I have had sex only with women</td>
</tr>
<tr>
<td>2)</td>
<td>I have had sex only with men</td>
</tr>
<tr>
<td>3)</td>
<td>I have usually had sex only with women but have had sex at least once with a man</td>
</tr>
<tr>
<td>4)</td>
<td>I have usually had sex only with men but have had sex at least once with a woman</td>
</tr>
<tr>
<td>5)</td>
<td>I have had sex with both men and women</td>
</tr>
<tr>
<td>6)</td>
<td>I have not yet had sex</td>
</tr>
<tr>
<td>7)</td>
<td>Refuse to answer</td>
</tr>
<tr>
<td>8)</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

*Ask if Q1 is not option 6…*

**Q2. How many partners have you had sexual intercourse with in the last year?**

<table>
<thead>
<tr>
<th>RECORD NUMBER:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Don’t know</td>
<td></td>
</tr>
<tr>
<td>Refuse to answer</td>
<td></td>
</tr>
</tbody>
</table>

*Ask if Q2 is 1 or more…*

**Q3. With regard to the number of sexual partners you had in the last year, did any of these relationships overlap?**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Only ever had 1 partner</td>
<td></td>
</tr>
<tr>
<td>Refuse to answer</td>
<td></td>
</tr>
<tr>
<td>Don’t know</td>
<td></td>
</tr>
</tbody>
</table>

*Ask if Q1 is not option 6…*

**Q4. Thinking about the most recent occasion you had sexual intercourse, what was the nature of this relationship?**

| Met each other for the first time/ didn’t previously know each other |   |
| Knew each other but didn’t have a steady relationship at the time |   |
| Knew each other and met up occasionally for sex |   |
| Had a steady relationship at the time |   |
| Living together/ co-habiting/ married or engaged |   |
| Paid for sex |   |
| Other (ADD 1 ADDITIONAL VARIABLE) |   |
| Refuse to answer |   |
| Don’t know |   |
**Q5. The following statements are about condoms and other protection against STIs, please indicate if you either agree or disagree with each...**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither disagree nor agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Don't know</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>It would be too embarrassing for me to buy or obtain them.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>I usually carry them/ buy them when going out socially</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>It is necessary to use them with a new partner even if I/ they are using some other method of contraception</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Once a new sexual partner has become a regular partner, I would not really feel the need to use them.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>If a partner had taken an STI test and had been given the all clear I would not really feel the need to use them.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>If I wanted to have sex with a new partner, I wouldn't do it if we didn't have any.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>They reduce sexual pleasure.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>If a woman carries them while not in a relationship it gives the message that she is looking for sex or is 'easy'.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>It is necessary to use them when engaging in oral sex.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Drinking alcohol has contributed to me having sex without using them.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

**Ask of All**

**Q6. How much at risk do you feel each of these groups are from STI's (including HIV)?**

<table>
<thead>
<tr>
<th>Group</th>
<th>Greatly at risk</th>
<th>Quite a lot</th>
<th>Not very much</th>
<th>Not at all at risk</th>
<th>Depends on whether they practice safe sex</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>People who have many different partners of the opposite sex</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>A couple who only have sex with each other</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>A man in a couple who occasionally has sex with other males</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>A couple who occasionally have sex with someone other than their regular partner</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Heterosexuals</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Gay men</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Lesbians</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Bisexuals</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>
Ask of All

Q7. How would you rate your own risk of becoming infected with an STI (including HIV)?

(TICK ONE ONLY)

1) Greatly at risk
2) Moderately at risk
3) Not very much at risk
4) Not at all at risk
5) Refused to answer
6) Don’t know

Ask if Q7 is not option 5 or 6

Q8. Why do you think this in relation to your risk of infection? (TICK ALL THAT APPLY)

I have had many previous partners
I don’t use STI protection
I only use STI protection occasionally
I took an STI test
I found out a previous partner had an STI
I am married/ I have one long-term partner
I always use protection against STIs
I choose partners carefully
I have never had a sexual partner
Other, please tell us (ADD 1 ADDITIONAL VARIABLE)
Don’t know
Refused to answer

Ask of All

Q9. Have you ever sought information or advice on STI’s (including HIV)?

Yes
No
Refused
Don’t know

If ‘Yes’ at Question Q9…

Q10. Have you accessed information or advice on STIs (including HIV) from any of the following? (TICK ALL THAT APPLY)

Chemist/ Pharmacy
Family/ Friends
Family planning or Well Woman Clinic
GP
Genito-urinary Medicine Clinic (GUM), specialist hospital sexual health clinic
Internet
Student health clinic
Telephone help line
School nurse/ school clinic
Don’t know
No – none of these places
Other, please tell us (ADD 2 ADDITIONAL VARIABLES)
Refuse to answer
Ask of all

Q11. Would any of the following be a barrier or put you off getting information or advice for STIs (including HIV)?

(TICK ALL THAT APPLY)

<table>
<thead>
<tr>
<th>Concern about confidentiality</th>
<th>Lack of services locally</th>
<th>Embarrassment in talking about these issues</th>
<th>Opening hours of services</th>
<th>Having to make an appointment at a GUM clinic</th>
<th>Staff might know you</th>
<th>Admitting to yourself that you may have put yourself at risk of an STI</th>
<th>Against teachings of church or religious beliefs</th>
<th>Other, please tell us (ADD 1 ADDITIONAL VARIABLE)</th>
<th>Don’t know</th>
<th>No – there are no barriers</th>
<th>Refused</th>
</tr>
</thead>
</table>

Ask of all

Q12. Would any of the following be a barrier or put you off getting treatment for STIs (including HIV)?

(TICK ALL THAT APPLY)

<table>
<thead>
<tr>
<th>Concern about confidentiality</th>
<th>Lack of services locally</th>
<th>Embarrassment in talking about these issues</th>
<th>Opening hours of services</th>
<th>Having to make an appointment at a GUM clinic</th>
<th>Staff might know you</th>
<th>Admitting to yourself that you may have put yourself at risk of an STI</th>
<th>Against teachings of church or religious beliefs</th>
<th>Other, please tell us (ADD 1 ADDITIONAL VARIABLE)</th>
<th>Don’t know</th>
<th>No – there are no barriers</th>
<th>Refused</th>
</tr>
</thead>
</table>

Ask of all

Q13. Have you ever been told by a doctor or other health professional that you had an STI (including HIV)?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Refused to answer</th>
<th>Don’t know</th>
</tr>
</thead>
</table>

Ask of all

Q14. Have you ever attended a Genito-Urinary Medicine (GUM) clinic?

Notes for interviewers explaining that it is only if you have attended on your own behalf.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Refuse to answer</th>
<th>Don’t know</th>
</tr>
</thead>
</table>

Ask of all
Q15. If you were to **seek treatment** for STIs (including HIV) where would you prefer to go?  *(TICK ONE ONLY)*

<table>
<thead>
<tr>
<th>Option</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>GP</td>
<td></td>
</tr>
<tr>
<td>Family planning or Well Woman clinic</td>
<td></td>
</tr>
<tr>
<td>Hospital outpatient department</td>
<td></td>
</tr>
<tr>
<td>Genito-urinary Medicine Clinic (GUM), specialist hospital sexual health clinic</td>
<td></td>
</tr>
<tr>
<td>Other sexual health centres (including gay health clinic)</td>
<td></td>
</tr>
<tr>
<td>Chemist/ Pharmacy</td>
<td></td>
</tr>
<tr>
<td>Student health clinic</td>
<td></td>
</tr>
<tr>
<td>Internet</td>
<td></td>
</tr>
<tr>
<td>Against teachings of church or religious beliefs</td>
<td></td>
</tr>
<tr>
<td>Other, please tell us <em>(ADD 2 ADDITIONAL VARIABLES)</em></td>
<td></td>
</tr>
<tr>
<td>Don’t know</td>
<td></td>
</tr>
<tr>
<td>Refused</td>
<td></td>
</tr>
</tbody>
</table>
RELIGION:

[DENOMIN] I would like to ask you now about religion. What is your religion?:

(A "No religion",
B "Catholic",
C "Presbyterian",
D "Church of Ireland",
E "Methodist",
F "Baptist",
G "Free Presbyterian",
H "Brethren",
I "Protestant - not specified",
J "Christian - not specified",
K "Buddhist",
L "Hindu",
M "Jewish",
N "Muslim",
O "Sikh",
P "Any other religion")

[OTHDENOM] Please describe other religion.

[RELPRACT] Do you consider that you are actively practising your religion?
1. Yes
2. No

[ATTEND] And how often do attend your place of worship?
1. More than once a week          | 6. At least once a year
2. At least once a week          | 7. Less often
3. At least once a fortnight     | 8. Never
4. At least once a month         | 9. Unable to attend
5. At least once every few months

SEXUAL IDENTITY

SIDFtFQn "@RSHOWCARD 24 SID^CardNo @R/{For this person, please use @RSHOWCARD ^CardNo}@B@R
@/@@/AWhich of the options on this card best describes how you think of yourself?
@/Please just read out the number next to the description.
@/@@@@^LTText@A"
: INTEGER [2], DK, RF
PHYSICAL MEASUREMENTS

This element of the questionnaire can be accessed at any convenient time by the interviewer through parallel fields in BLAISE. The height and weight is recorded of all individuals aged 2 or above.

Before I measure your height and weight I would like to ask you a couple of questions regarding how you feel about your weight.

1. Firstly, Given your age and height, would you say that you are-
   1. About the right weight ..... 
   2. Too heavy ..... 
   3. Too light ..... 
   4. Not sure ..... 

2. At the present time are you trying to lose weight, trying to gain weight, or are you not trying to change your weight?

I would now like to measure your height and weight. There is interest in how people's weight, given their height, is associated with health and other aspects of their daily lives.

Please enter if height is measured:

-Yes height is measured
-No refused to be measured
-Not attempted to be measured

-Please enter height of person in centimetres

If height is refused-
Please give reasons for refusal of being measured

If height is not attempted
Respondent were unsteady on their feet
Respondent could not stand upright
Respondent was chairbound
Respondent is under 2 years old
Some other reason

If other reason given
Please specify

Were their any problems experienced in measuring the height of the respondent or was a reliable height measured?

-Yes problems
-No problems, reliable measurement

If there are problems
With problems experienced, is measurement likely to be reliable, slightly reliable or unreliable?

-Reliable
-Slightly reliable
Unreliable

I would now like to measure your weight.
- Please enter if weight is measured.
  - Yes weight is measured
  - No refused to be measured
  - Not attempted to be measured

Please enter weight of person in kilograms

**If weight is refused**
Please give reasons for refusal, if any given

**If weight is not attempted**
Why was weight measurement not attempted?
- Respondent is unsteady on feet
- Respondent cannot stand upright
- Respondent is chairbound
- Respondent is under 2 years old
- Some other reason

**If other reason given**
Please give details of other reason.

Which of these surfaces were the scales placed on?
- Uneven floor
- Carpeted surface
- Neither of the previous two

Were there any problems experienced in taking the weight of the respondent or was there a reliable weight measurement obtained?
- Yes problems
- No problems, reliable measurement

**If problems with weight measurement**
With problems experienced, is measurement likely to be reliable, slightly reliable or unreliable?
- Reliable
- Slightly reliable
- Unreliable