

**HEALTH SURVEY NORTHERN IRELAND 2014/15**

**QUESTIONNAIRE**

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## BASIC HOUSEHOLD INFORMATION

(Collected from HOH/spouse/partner or, as a last resort, from some other responsible adult)

I am first going to ask a few questions about the people who live here and some details about your accommodation.

Q1. How many adults are there in your household, that is, people aged 16 or over whose main residence this is and who are catered for by the same person as yourself or share living accommodation with you?

FIRST NAME OF EACH ADULT ENTERED IN BOX THEN:

Q2. Sex

Q3. Age and date of birth

Q4. Marital status:

- (1) Single, that is never married
- (2) Married and living with husband\wife
- (3) A civil partner in a legally-recognised Civil Partnership
- (4) Married and separated from husband\wife
- (5) Divorced
- (6) Widowed
- (7) In a legally-recognised Civil Partnership and separated from his/her civil partner
- (8) Formerly a civil partner, the Civil Partnership now legally dissolved
- (9) A surviving civil partner: his/her partner having since died

IF 16-18

Q5. In full-time education or not

ALL:

Q6. Relationship to head of household:

- (1) Household Reference Person
- (2) Spouse of HRP
- (3) Child of HRP\wife
- (4) Parent\grandparent of HRP\wife
- (5) Brother\sister of HRP\wife
- (6) Nephew\niece of HRP\wife
- (7) Grandchild of HRP\wife
- (8) Other relation of HRP\wife
- (9) Cohabitee
- (10) Civil partner
- (11) Other

Q7. Family unit

Q8. Position in family unit:

Head  
Spouse/partner  
Dependant

Q9. How many children are there in your household, that is, people aged under 16 whose main residence this is and who are catered for by the same person as yourself or share living accommodation with you?

FIRST NAME OF EACH CHILD ENETERED IN BOX THEN:

Q10. Sex

Q11. Age and Date of Birth

Q12. Person number of child's parent or person in household responsible for him/her

Q13. Whether or not foster child

Q14. Relationship to head of household:

Son/daughter (incl. Step-/adopted)  
Foster child  
Son-/daughter-in-law  
Brother/sister  
Foster brother/sister  
Brother-/sister-in-law  
Grandchild  
Other related  
Other not related

Q15. Family unit

Q16. ACCOMODATION SECTION INTERVIEWER CODE, Is the households accommodation...  
a house or bungalow  
flat or maisonette",  
a room/rooms",  
other

Q17. Type of house/bungalow?

Detached  
Semi-detached  
Terraced/end of terrace

Q18. Type of flat/Maisonette?

a purpose built block  
a converted house/some other kind of building

- Q19. Type of Other accommodation?  
a caravan, mobile home or houseboat  
or some other kind of accommodation
- Q20. How long have you lived at this address?  
Less than 12 months  
12 months but less than 2 years  
2 years but less than 3 years  
3 years but less than 5 years  
5 years but less than 10 years  
10 years but less than 20 years  
20 years or longer
- Q21. If less than 12 months  
How many months have you lived here? 0..12
- Q22. I would like to ask you about all the rooms you have in your household's  
accommodation. How many rooms do you have altogether in your accommodation, that's  
excluding bathrooms and toilets, but including kitchens? : 0..20;
- Q23. How many bedrooms do you have? :0..20;
- Q24. Is there a car or van normally available for use by you or any member of your household?  
INCLUDE ANY PROVIDED BY EMPLOYERS IF NORMALLY AVAILABLE FOR PRIVATE  
EXCLUDE ANY USED SOLELY FOR THE CARRIAGE OF GOODS  
"Car or van available" :  
(1) Yes  
(2) No
- Q25. How many cars\vans are available?  
"Number of cars\vans" :  
1..10;
- Q26. I would like to ask you about the age at which you finished various stages of your education.  
INTERVIEWER CHECK - IS RESPONDENT STILL AT SCHOOL?  
(i.e ELEMENTARY, SECONDARY OR GRAMMAR ONLY)  
Still at school  
Left school  
Never went to school
- Q27. How old were you when you left school?
- Q28. How old were you when you left full-time continuous education?
- Q29. I would like to ask you about your educational qualifications. Which qualifications do (you think)  
you have?

## SMOKE ALARMS/DETECTORS

ALL

- Q1. Do you have a smoke alarm in your home?
- (1) Yes
  - (2) No - *END OF SECTION*

IF YES AT Q1 ASK Q2, Q3 & Q4

- Q2. What type of smoke alarm(s) do you have?
- (1) Hard wired to the mains
  - (2) One year battery
  - (3) 10 year battery
  - (4) Fire Angel in light socket
  - (5) Full automatic fire detection system
  - (6) Alarm for people with hearing loss
  - (7) Don't know
- Q3. How often is/are the smoking alarm(s) in your home tested?
- Read out. Code one only*
- (1) At least weekly
  - (2) Every 2-3 weeks
  - (3) Monthly
  - (4) Every 2-7 months
  - (5) Every 8-12 months
  - (6) Yearly
  - (7) Other (please specify)
  - (8) Have never tested smoke alarm
  - (9) Don't know
- Q4. How do you test your smoke alarm(s)?
- Do not prompt. Code one only*
- (1) Press test button
  - (2) Flick the light switch (Fire Angel Brand Only)
  - (3) Other (please specify)
  - (4) Have never tested smoke alarm
  - (5) Can't reach the smoke alarm
  - (6) Don't know

## CARBON MONOXIDE ALARMS/POISONING

ALL

Q1. Do you have any of the following heating systems or appliances in your home?

*Select all that apply*

- (1) Oil fired central heating
- (2) Gas boiler
- (3) Open fire
- (4) Gas appliance, e.g. cooker, fire
- (5) Glass fronted fire
- (6) Wood burning stove

Q2. Do you know any ways to protect yourself/your family from Carbon Monoxide poisoning in your home?

*DO NOT PROMPT*

- (1) Correct installation of heating systems/appliances
- (2) Regular servicing of heating systems/appliances
- (3) Regular cleaning of chimneys/flues
- (4) Use an accredited/approved engineer
- (5) Install a carbon monoxide alarm
- (6) Regularly test carbon monoxide alarm
- (7) I do not know any ways

Q3. Do you have a Carbon Monoxide (CO) alarm in your home?

- (1) Yes → go to question 4
- (2) No → go to question 5
- (3) Unsure → go to question 5

Q4. How often is/are the Carbon Monoxide alarm(s) in your home tested?

*Code one only*

- (1) At least weekly
- (2) Every 2-3 weeks
- (3) Monthly
- (4) Every 2-7 months
- (5) Every 8-12 months
- (6) Yearly
- (7) Other (please specify)
- (8) Have never tested the Carbon Monoxide alarm
- (9) Can't reach the Carbon Monoxide alarm
- (10) Don't know

Q5. How often is the main heating appliance in your home serviced?

*Code one only*

- (1) Yearly
- (2) Every 2 years
- (3) Every 3 years or longer
- (4) Never been serviced
- (5) Don't know

Q6. How often are the chimney(s)/flue(s) in your home cleaned?

*Code one only*

- (1) Yearly
- (2) Every 2 years
- (3) Every 3 years or longer
- (4) Never been cleaned
- (5) Don't know
- (6) Not applicable

Q7. Do you know what the symptoms of carbon monoxide poisoning are?

*DO NOT PROMPT*

- (1) Headache
- (2) Tiredness/fatigue
- (3) Nausea
- (4) Breathlessness
- (5) Dizziness
- (6) Collapse/Unconsciousness
- (7) Drowsiness
- (8) Vomiting
- (9) Pains in the chest
- (10) Stomach pains
- (11) Erratic behaviour
- (12) Visual problems
- (13) Flu-like symptoms



## GENERAL HEALTH & CONDITIONS

Q1. ALL

"How is your health in general, would you say it was":

- (1) Very Good
- (2) Good
- (3) Fair
- (4) Bad
- (5) Very Bad

Q2. ALL

"Over the last 12 months would you say your health has, on the whole, been ...":

- (1) Good
- (2) Fairly good
- (3) Not good

Q3. ALL

Compared to one year ago, how would you say your health is now?

- (1) much better now than 1 year ago
- (2) somewhat better now (than 1 year ago)
- (3) about the same as 1 year ago
- (4) somewhat worse now (than 1 year ago)
- (5) much worse now (than 1 year ago)

Q4. ALL

How satisfied are you with your life in general?

- (1) very satisfied
- (2) satisfied
- (3) neither satisfied nor dissatisfied
- (4) dissatisfied
- (5) very dissatisfied

Q5. ALL

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

- (1) Yes
- (2) No

IF YES TO Q5 ASK Q6

Q6. Does your condition or illness/do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?

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

IF YES TO Q6 ASK Q7

Q7. 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 Q5 THEN ASK Q8

Q8. Would you mind telling me what this condition or illness is?

*Showcard - Select all that apply*

- (1) Alzheimer's disease or dementia
- (2) Angina or long-term heart problem
- (3) Arthritis or long-term joint problem
- (4) Asthma
- (5) Autism Spectrum Disorder/Aspergers
- (6) Blindness or severe visual impairment
- (7) Cancer
- (8) COPD, e.g. chronic bronchitis/emphysema or both disorders
- (9) Deafness or severe hearing impairment
- (10) Diabetes (during pregnancy)
- (11) Diabetes (not during pregnancy)
- (12) Epilepsy
- (13) High blood pressure
- (14) Kidney or liver disease
- (15) Long-term back problem
- (16) Long-term mental health problem
- (17) Long-term neurological problem
- (18) Skin complaints
- (19) Stroke/cerebral haemorrhage/cerebral thrombosis
- (20) Another long-term condition, please specify

IF YES TO ANSWER OPTION 1 (Alzheimer's disease or dementia) AT Q8 ASK Q9 & Q9a

Q9 Has your condition been diagnosed by a doctor or other healthcare professional?

- (1) Yes
- (2) No

Q9a Which health professional is your **main** point of contact for this long-term condition?

- (1) GP
- (2) Consultant
- (3) Community nurse
- (4) Hospital nurse
- (5) Community organisation
- (6) Other, please specify

IF YES TO ANSWER OPTION 2 (Angina or long-term heart problem) AT Q8 ASK Q10 THROUGH TO Q10d

Q10 Has your condition been diagnosed by a doctor or other healthcare professional?

- (1) Yes
- (2) No

Q10a Which health professional is your **main** point of contact for this long-term condition?

- (1) GP
- (2) Consultant
- (3) Community nurse
- (4) Hospital nurse
- (5) Community organisation
- (6) Other, please specify

Q10b Have you had angina during the past 12 months?

- (1) Yes
- (2) No

Q10c Have you had a heart attack during the past 12 months?

- (1) Yes
- (2) No

Q10d Have you had a heart murmur during the past 12 months?

- (1) Yes
- (2) No

IF YES TO ANSWER OPTION 3 (Arthritis or long-term joint problem) AT Q8 ASK Q11 & Q11a

Q11 Has your condition been diagnosed by a doctor or other healthcare professional?

- (1) Yes
- (2) No

Q11a Which health professional is your **main** point of contact for this long-term condition?

- (1) GP
- (2) Consultant
- (3) Community nurse
- (4) Hospital nurse
- (5) Community organisation
- (6) Other, please specify

IF YES TO ANSWER OPTION 4 (Asthma) AT Q8 ASK Q12 THROUGH TO Q12e

Q12 Has your condition been diagnosed by a doctor or other healthcare professional?

- (1) Yes
- (2) No

Q12a Which health professional is your **main** point of contact for this long-term condition?

- (1) GP
- (2) Consultant
- (3) Community nurse
- (4) Hospital nurse
- (5) Community organisation
- (6) Other, please specify

Q12b How soon after your symptoms appeared, did you seek medical advice?

- (1) Straight away
- (2) Within one week
- (3) More than a week but within one month
- (4) More than a month but within 3 months
- (5) Between 3 and 6 months
- (6) More than 6 months
- (7) Don't know/Can't remember

Q12c How do you feel about the length of time between you seeking medical advice and a diagnosis by a doctor or other healthcare professional?

- (1) It was an acceptable length of time
- (2) It was too long
- (3) Don't know

Q12d Have you had an asthma attack during the past 12 months?

- (1) Yes
- (2) No
- (3) No, controlled by medication

Q12e In the past 12 months, have you taken any medication for asthma such as inhalers, nebulizers, pills, liquids or injections?

- (1) Yes
- (2) No

IF YES TO ANSWER OPTION 5 (Autism Spectrum Disorder/Aspergers) AT Q8 ASK Q13, Q13a, Q13b & Q13d

Q13 Has your condition been diagnosed by a doctor or other healthcare professional?

- (1) Yes
- (2) No

Q13a Which health professional is your **main** point of contact for this long-term condition?

- (1) GP
- (2) Consultant
- (3) Community nurse
- (4) Hospital nurse
- (5) Community organisation
- (6) Other, please specify

Q13b Have you had any help with your condition from health and social services?

- (1) Yes
- (2) No

IF YES AT Q13b ASK Q13c

Q13c If yes, how satisfied are you with the level of help received?

- (1) Very satisfied
- (2) Satisfied
- (3) Neither satisfied nor dissatisfied
- (4) Dissatisfied
- (5) Very dissatisfied

Q13d The following questions relates to the impact your ASD/Aspergers is currently having on your daily life.

Please indicate to what extent you feel your Autism/Aspergers affects the following aspects of your life:

	To a great extent	To some extent	Not at all	Don't know
Family life				
Social life				
Health				
Schooling (if respondent has previously indicated that				

they are still at school)				
Further education (if respondent has previously indicated that they are in FE)				
Employment				

**IF YES TO ANSWER OPTION 6 (Blindness or severe visual impairment) AT Q8 ASK Q14 & Q14a**

Q14 Has your condition been diagnosed by a doctor or other healthcare professional?

- (1) Yes
- (2) No

Q14a Which health professional is your **main** point of contact for this long-term condition?

- (1) GP
- (2) Consultant
- (3) Community nurse
- (4) Hospital nurse
- (5) Community organisation
- (6) Other, please specify

**IF YES TO ANSWER OPTION 7 (Cancer) AT Q8 ASK Q15, Q15a, Q15d & Q15e**

Q15 Has your condition been diagnosed by a doctor or other healthcare professional?

- (1) Yes
- (2) No

Q15a Which health professional is your **main** point of contact for this long-term condition?

- (1) GP
- (2) Consultant
- (3) Community nurse
- (4) Hospital nurse
- (5) Community organisation
- (6) Other, please specify

**IF YES AT Q15 ASK Q15b & Q15c**

Q15b How soon after your symptoms appeared, did you seek medical advice?

- (1) Straight away
- (2) Within one week
- (3) More than a week but within one month
- (4) More than a month but within 3 months
- (5) Between 3 and 6 months
- (6) More than 6 months
- (7) Don't know/Can't remember

Q15c How do you feel about the length of time between you seeking medical advice and a diagnosis by a doctor or other healthcare professional?

- (1) It was an acceptable length of time
- (2) It was too long
- (3) Don't know

IF FEMALE

Q15d What type of cancer do/did you have?

Select all that apply

- (1) Breast
- (2) Cervix
- (3) Colorectal
- (4) Kidney
- (5) Lung
- (6) Lymphoma
- (7) Oesophagus
- (8) Ovary
- (9) Pancreas
- (10) Skin (melanoma)
- (11) Skin (non-melanoma)
- (12) Stomach
- (13) Uterus
- (14) Other – please specify

IF MALE

Q15e What type of cancer do/did you have?

Select all that apply

- (1) Bladder
- (2) Brain
- (3) Colorectal
- (4) Head & neck
- (5) Kidney
- (6) Lung
- (7) Lymphoma
- (8) Oesophagus
- (9) Pancreas
- (10) Prostate
- (11) Skin (melanoma)
- (12) Skin (non-melanoma)
- (13) Stomach
- (14) Other – please specify

IF YES TO ANSWER OPTION 8 (COPD) AT Q8 ASK Q16 THROUGH TO Q16e

Q16 Has your condition been diagnosed by a doctor or other healthcare professional?

- (1) Yes
- (2) No

Q16a Which health professional is your **main** point of contact for this long-term condition?

- (1) GP
- (2) Consultant
- (3) Community nurse
- (4) Hospital nurse
- (5) Community organisation
- (6) Other, please specify

I would now like to ask you a few questions in relation to your treatment of this condition:

Q16b Have you been immunised against seasonal influenza in the last 12 months?

- (1) Yes
- (2) No

Q16c Have you been immunised against pneumococcal pneumonia in the last 5 years?

- (1) Yes
- (2) No

Q16d Have you used home oxygen within the last 12 months?

- (1) Yes
- (2) No

Q16e Have you been in hospital for your chest condition within the last 12 months?

- (1) Yes
- (2) No

**IF YES TO ANSWER OPTION 9 (Deafness or severe hearing impairment) AT Q8 ASK Q17 & 17a**

Q17 Has your condition been diagnosed by a doctor or other healthcare professional?

- (1) Yes
- (2) No

Q17a Which health professional is your **main** point of contact for this long-term condition?

- (1) GP
- (2) Consultant
- (3) Community nurse
- (4) Hospital nurse
- (5) Community organisation
- (6) Other, please specify

**IF YES TO ANSWER OPTION 10 (Diabetes, during pregnancy) AT Q8 ASK Q18 & Q18a**

Q18 Has your condition been diagnosed by a doctor or other healthcare professional?

- (1) Yes
- (2) No

Q18a Which health professional is your **main** point of contact for this long-term condition?

- (1) GP
- (2) Consultant
- (3) Community nurse
- (4) Hospital nurse
- (5) Community organisation
- (6) Other, please specify

**IF YES TO ANSWER OPTION 11 (Diabetes, not during pregnancy) AT Q8 ASK Q19 THROUGH TO Q19t**

Q19 Has your condition been diagnosed by a doctor or other healthcare professional?

- (1) Yes
- (2) No

- Q19a Which health professional is your **main** point of contact for this long-term condition?
- (1) GP
  - (2) Consultant
  - (3) Community nurse
  - (4) Hospital nurse
  - (5) Community organisation
  - (6) Other, please specify
- Q19b How soon after your symptoms appeared, did you seek medical advice?
- (1) Straight away
  - (2) Within one week
  - (3) More than a week but within one month
  - (4) More than a month but within 3 months
  - (5) Between 3 and 6 months
  - (6) More than 6 months
  - (7) Don't know/Can't remember
- Q19c How do you feel about the length of time between you seeking medical advice and a diagnosis by a doctor or other healthcare professional?
- (1) It was an acceptable length of time
  - (2) It was too long
  - (3) Don't know
- Q19d May I just check, have you ever been told by a doctor that you had diabetes apart from when you were pregnant?
- (1) Yes
  - (2) No

**IF RESPONDENT HAS HAD DIABETES NOT DURING PREGNANCY**

- Q19e (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
- Q19f Being diabetic, are there things you have to do, look out for, or keep a check on, to help manage your condition?
- DO NOT PROMPT – Select all that apply**
- (1) Check blood sugar levels
  - (2) Check feet for sores or irritations
  - (3) Inject insulin
  - (4) Eating a healthy diet
  - (5) Take medication
  - (6) Take regular exercise
  - (7) Attend healthcare check-ups
  - (8) Other, please specify
- Q19g Do you currently inject insulin for diabetes?
- (1) Yes
  - (2) No



Q19h Are you currently taking any medicines, tablets or pills (other than insulin injections) for diabetes?

(1) Yes

(2) No

Q19i Are you currently receiving any (other) treatment or advice for diabetes (INCLUDE REGULAR CHECKUPS)?

(1) Yes

(2) No

IF YES AT Q19i ASK Q19j

Q19j What (other) treatment or advice are you currently receiving for diabetes?

(1) Special diet

(2) Regular check-up with GP/hospital/clinic

(3) Eye screening

(4) Other (Record at next question)

IF OTHER AT Q19j ASK Q19k

Q19k Please specify:

Q19l How often do you usually have your blood checked for glucose or sugar by yourself or by a family member or friend?

(1) Daily

(2) Weekly

(3) Monthly

(4) Yearly

(5) never

Q19m RECORD HERE THE NUMBER OF TIMES PER DAY, PER MONTH ETC RESPONDENT HAS BLOOD CHECKED FOR GLUCOSE OR SUGER:

Q19n 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)

(1) Yes

(2) No

IF Q19n = YES THEN ASK Q19o

Q19o How many times?

Q19p In the past 12 months, has a health care professional checked your feet for any sores or irritations?

(1) Yes

(2) No

IF YES TO Q19p ASK Q19q

Q19q How many times?

Q19r In the past 12 months, has a health care professional tested your urine for protein (i.e. Microalbumin)?

- (1) Yes
- (2) No

Q19s Have you ever had the back of your eyes photographed (retinopathy screening)?

- (1) Yes
- (2) No

IF Q19s = YES THEN ASK Q19t

Q19t When was the last time?

- (1) less than one month ago
- (2) 1 month to less than 1 year ago
- (3) 1 year to less than 2 years ago
- (4) 2 or more years ago

IF YES TO ANSWER OPTION 12 (Epilepsy) AT Q8 ASK Q20 & Q20a

Q20 Has your condition been diagnosed by a doctor or other healthcare professional?

- (1) Yes
- (2) No

Q20a Which health professional is your **main** point of contact for this long-term condition?

- (1) GP
- (2) Consultant
- (3) Community nurse
- (4) Hospital nurse
- (5) Community organisation
- (6) Other, please specify

IF YES TO ANSWER OPTION 13 (high blood pressure) AT Q8 ASK Q21 & Q21a

Q21 Has your condition been diagnosed by a doctor or other healthcare professional?

- (1) Yes
- (2) No

Q21a Which health professional is your **main** point of contact for this long-term condition?

- (1) GP
- (2) Consultant
- (3) Community nurse
- (4) Hospital nurse
- (5) Community organisation
- (6) Other, please specify

IF YES TO ANSWER OPTION 14 (kidney or liver disease) AT Q8 ASK Q22 & Q22a

Q22 Has your condition been diagnosed by a doctor or other healthcare professional?

- (1) Yes
- (2) No

Q22a Which health professional is your **main** point of contact for this long-term condition?

- (1) GP
- (2) Consultant
- (3) Community nurse
- (4) Hospital nurse
- (5) Community organisation
- (6) Other, please specify

IF YES TO ANSWER OPTION 15 (long-term back problem) AT Q8 ASK Q23 & Q23a

Q23 Has your condition been diagnosed by a doctor or other healthcare professional?

- (1) Yes
- (2) No

Q23a Which health professional is your **main** point of contact for this long-term condition?

- (1) GP
- (2) Consultant
- (3) Community nurse
- (4) Hospital nurse
- (5) Community organisation
- (6) Other, please specify

IF YES TO ANSWER OPTION 16 (long-term mental health problem) AT Q8 ASK Q24 & Q24a

Q24 Has your condition been diagnosed by a doctor or other healthcare professional?

- (1) Yes
- (2) No

Q24a Which health professional is your **main** point of contact for this long-term condition?

- (1) GP
- (2) Consultant
- (3) Community nurse
- (4) Hospital nurse
- (5) Community organisation
- (6) Other, please specify

IF YES TO ANSWER OPTION 17 (long-term neurological problem) AT Q8 ASK Q25 & Q25a

Q25 Has your condition been diagnosed by a doctor or other healthcare professional?

- (1) Yes
- (2) No

Q25a Which health professional is your **main** point of contact for this long-term condition?

- (1) GP
- (2) Consultant
- (3) Community nurse
- (4) Hospital nurse
- (5) Community organisation
- (6) Other, please specify

IF YES TO ANSWER OPTION 18 (skin complaints) AT Q8 ASK Q26 & Q26a

Q26 Has your condition been diagnosed by a doctor or other healthcare professional?

- (1) Yes
- (2) No

Q26a Which health professional is your **main** point of contact for this long-term condition?

- (1) GP
- (2) Consultant
- (3) Community nurse
- (4) Hospital nurse
- (5) Community organisation
- (6) Other, please specify

IF YES TO ANSWER OPTION 19 (Stroke/cerebral haemorrhage/cerebral thrombosis) AT Q8 ASK Q27, Q27a & Q27b

Q27 Has your condition been diagnosed by a doctor or other healthcare professional?

- (1) Yes
- (2) No

Q27a Which health professional is your **main** point of contact for this long-term condition?

- (1) GP
- (2) Consultant
- (3) Community nurse
- (4) Hospital nurse
- (5) Community organisation
- (6) Other, please specify

Q27b Have you had a stroke/cerebral haemorrhage/cerebral thrombosis during the past 12 months?

- (1) Yes
- (2) No

## **USE OF SERVICES**

ALL

Q30 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?

(1) Yes

(2) No

ALL

Q31 During the last year, have you been in hospital as an inpatient, overnight or longer?

(1) Yes

(2) No

ALL

Q32 During the last year, have you attended hospital for an outpatient appointment, by this I mean visiting the hospital for an appointment when you did not need to be admitted?

(1) Yes

(2) No

ALL

Q33 During the last year, have you attended a hospital A&E/Emergency Department on your own behalf? *Do not include if they accompanied someone else*

(1) Yes

(2) No

## GP & Nurse consultations

**Intro:** I'd now like to ask you some questions relating to GPs and practice nurses

ALL

Q1 During the last 2 weeks, ending yesterday apart from any visits to a hospital, did you talk to a GP (i.e. family doctor) on your own behalf, either in person or by telephone?

- (1) Yes
- (2) No

IF YES AT Q1 ASK Q2 & Q3

Q2 Was this consultation...

- (1) under the NHS
- (2) paid for privately

Q3 How many times did you talk to him/her in these 2 weeks?

RECORD NUMBER OF TIMES \_\_\_\_\_

ALL

Q4 During the last 2 weeks ending yesterday, did you see a practice or treatment room nurse at the GP surgery on your own behalf?

*Please remember that this could have been on the same occasion that you saw a GP.*

EXCLUDE CONSULTATIONS WITH COMMUNITY NURSES

- (1) Yes
- (2) No

IF YES AT Q4 ASK Q5

Q5 How many times did you see a practice nurse at the GP surgery in these 2 weeks?

RECORD NUMBER OF TIMES \_\_\_\_\_

### **Definitions:**

**Practice / Treatment room nurses** assess, screen, treat and educate all sections of the community, from babies to older people. They work within GP practices to help doctors give nursing and medical care. Possible practice nurse duties include: setting up and running clinics for conditions such as asthma, diabetes, heart conditions and skin disorders; taking blood and urine samples and other specimens and swabs; performing routine procedures such as ear syringing, applying and removing dressings and treating wounds; offering specialist information and advice on issues such as blood pressure, weight control and stopping smoking; carrying out vaccinations; giving advice to patients on long term medical and nursing needs.

**Community Nursing** includes grades such as District Nurses, Health Visitors, School Nurses and Family Planning Nurses. Other Nursing staff can also work in the community such as Mental Health Nurses, Learning Disability Nurses, Pediatric Nurses, Specialist Nurses and Midwives.

## BLOOD CHOLESTEROL & BLOOD PRESSURE

I'd now like to ask you about some particular conditions.

ALL

Q1 Have you ever had your blood cholesterol checked?

- (1) Yes
- (2) No

IF YES AT Q1 ASK Q2

Q2 Have you ever been told by a doctor, nurse or other health professional that your blood cholesterol is high?

- (1) Yes
- (2) No

Q3 Have you taken/used any statins (drugs to lower cholesterol) in the last 7 days?

- (1) Yes
- (2) No

Q4 Are you taking statins bought over the counter from a pharmacist without the prescription of a doctor?

- (1) Yes
- (2) No

ALL

Q5 Have you ever had your blood pressure taken?

- (1) Yes
- (2) No

IF Q5 = YES THEN ASK Q6

Q6 When was the last time your blood pressure was measured by a doctor or nurse?

- (1) During the last 12 months
- (2) At least a year but less than 3 years ago
- (3) At least 3 years but less than 5 years ago
- (4) 5 or more years ago

IF Q5 = NO THEN ASK Q7

Q7 What are the reasons that you have not had your blood pressure taken in the past?

- (1) have not gotten around to it
- (2) respondent – did not think it was necessary
- (3) doctor – did not think it was necessary
- (4) personal or family responsibilities
- (5) not available – at time required
- (6) not available – at all in the area
- (7) waiting time was too long
- (8) transportation – problems
- (9) language – problem
- (10) did not know where to go/uninformed
- (11) fear (e.g. painful, embarrassing, find something wrong)
- (12) unable to leave the house because of a health problem
- (13) other - specify

IF FEMALE AGED 16-45 ASK Q8

- Q8 We are asking slightly different questions for pregnant women so, may I just check, are you pregnant?  
(1) Yes  
(2) No

IF Q5 = YES THEN ASK Q9

- Q9 Have you ever been told by a doctor or a nurse that you had high blood pressure?  
(1) Yes  
(2) No

IF YES AT Q5 AND FEMALE ASK Q10

- Q10 May I just check, were you pregnant when you were told that you had high blood pressure?  
(1) Yes  
(2) No

IF YES AT Q10 ASK Q11

- Q11 Have you ever had high blood pressure apart from when you were pregnant?  
(1) Yes  
(2) No

IF Q9 = YES OR Q11 = YES ASK Q12

- Q12 Are you currently taking any medicines, tablets or pills for high blood pressure?  
(1) Yes  
(2) No

IF Q12 = NO ASK Q13, Q14

- Q13 Do you still have high blood pressure?  
(1) Yes  
(2) No

- Q14 Have you ever taken medicines, tablets or pills for high blood pressure in the past?  
(1) Yes  
(2) No

IF YES AT Q14 ASK Q15

- Q15 Why did you stop taking medicines, tablets or pills for high blood pressure?  
(1) doctor advised to stop due to improvement  
(2) doctor advised me to stop due to lack of improvement  
(3) doctor advised me to stop due to other problem  
(4) respondent decided to stop because felt better  
(5) respondent decided to stop for other reason  
(6) other



IF OTHER AT Q15 ASK Q16

Q16 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 Q17

Q17 Have you had any other treatment or advice because of your high blood pressure?

IF YES AT Q17 ASK Q18

Q18 What other treatment or advice have you had?

- (1) Blood pressure monitored by GP/ other doctor/ nurse
- (2) Blood tests
- (3) Advice or treatment to lose weight
- (4) Advice about diet
- (5) Advice about exercise
- (6) Advice about smoking
- (7) Advice about drinking alcohol
- (8) Advice about stress
- (9) Other treatment or advice

IF OTHER AT Q18 ASK Q19

Q19 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

Q20 Did you do anything, recommended by a health professional, to reduce or control your blood pressure?

- (1) Yes
- (2) No

IF YES AT Q20 ASK Q21

Q21 What did you do?

- (1) Lost weight
- (2) Changed diet (e.g. reduced salt intake)
- (3) Exercised more
- (4) Stopped/reduced smoking
- (5) Stopped/reduced drinking alcohol
- (6) Stopped/reduced stress
- (7) Other - specify

## Some general questions...

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"

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"

**I would now like to ask you some questions about your feelings on aspects of your life. There are no right or wrong answers. For each of these questions I'd like you to give an answer on a scale of 0 to 10, where 0 is not at all and 10 is completely.**

Q1 WELLB1 Overall, how satisfied are you with your life nowadays?

INTERVIEWER INSTRUCTION: WHERE NOUGHT IS 'NOT AT ALL SATISFIED' AND 10 IS 'COMPLETELY SATISFIED'

- (a1 (0)"Not at all",
- a2 (1) " ",
- a3 (2) " ",
- a4 (3) " ",
- a5 (4) " ",
- a6 (5) " ",
- a7 (6) " ",
- a8 (7) " ",
- a9 (8) " ",
- a10 (9) " ",
- a11 (10) "Completely")

Q2 WELLB2 Overall, to what extent do you feel that the things you do in your life are worthwhile?

INTERVIEWER INSTRUCTION: WHERE NOUGHT IS 'NOT AT ALL WORTHWHILE' AND 10 IS 'COMPLETELY WORTHWHILE'

(a1 (0)"Not at all",  
a2 (1)" ",  
a3 (2)" ",  
a4 (3)" ",  
a5 (4)" ",  
a6 (5)" ",  
a7 (6)" ",  
a8 (7)" ",  
a9 (8)" ",  
a10 (9)" ",  
a11 (10) "Completely")

Q3 WELLB3 Overall, how happy did you feel yesterday?

INTERVIEWER INSTRUCTION: WHERE NOUGHT IS 'NOT AT ALL HAPPY' AND 10 IS 'COMPLETELY HAPPY'

(a1 (0)"Not at all",  
a2 (1)" ",  
a3 (2)" ",  
a4 (3)" ",  
a5 (4)" ",  
a6 (5)" ",  
a7 (6)" ",  
a8 (7)" ",  
a9 (8)" ",  
a10 (9)" ",  
a11 (10) "Completely")

Q4 WELLB4 On a scale where 0 is 'not at all anxious' and 10 is 'completely anxious', overall, how anxious did you feel yesterday?

INTERVIEWER INSTRUCTION: WHERE NOUGHT IS 'NOT AT ALL ANXIOUS' AND 10 IS 'COMPLETELY ANXIOUS'

(a1 (0)"Not at all",  
a2 (1)" ",  
a3 (2)" ",  
a4 (3)" ",  
a5 (4)" ",  
a6 (5)" ",  
a7 (6)" ",  
a8 (7)" ",  
a9 (8)" ",  
a10 (9)" ",  
a11 (10) "Completely")

## Long-term conditions

IF YES TO Q5 IN GENERAL HEALTH SECTION THE FOLLOWING QUESTIONS ON LONG-TERM CONDITIONS SHOULD BE ASKED

You mentioned earlier that you have a long-term health condition.

- Q2 On average, how often would you speak to a healthcare professional, either in person or by telephone, about your long-term condition?
- (1) Daily
  - (2) A few times a week
  - (3) Once a week
  - (4) Once a fortnight
  - (5) Once a month
  - (6) A few times a year
  - (7) Once a year
  - (8) Less often than once a year
- Do not present 9 as an option*
- (9) It depends/varies a lot
  - (10) Don't know

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

- Q3 Have you had a conversation like this with your doctor, nurse or health worker about your long term condition(s)?
- (1) Yes
  - (2) No
  - (3) Not sure

IF YES AT Q3 ASK Q4

- Q4 Was this in the last 12 months or longer ago?
- (1) In last 12 months
  - (2) Longer ago

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

It is usually a written document that you carry with you to appointments and use at home. It can include information about your medicine, an eating or exercise plan, or goals you want to work toward, like returning to work.

- Q5 In the last 12 months, have you and a health professional agreed a Personal Care Plan for your overall health and social care needs?
- (1) Yes, have agreed a personal care plan in the last 12 months
  - (2) Yes, agreed a personal care plan more than 12 months ago
  - (3) No, do not have a personal plan

IF NO AT Q5 ASK Q6

- Q6 Have you talked about a Personal Care Plan with a health care professional, or been offered a Personal Care Plan in the last 12 months?
- (1) Yes
  - (2) No

IF YES AT Q6 ASK Q7

- Q7 Why have you not agreed a Personal Care Plan after discussing it? Is that because you didn't want one or is there some other reason?
- (1) Did not want a personal care plan
  - (2) Still discussing a plan, not yet agreed
  - (3) Other reason – SPECIFY

IF NO AT Q6 ASK Q8

- Q8 Would you like the opportunity to discuss a Personal Care Plan with a health professional?
- (1) Yes
  - (2) No
  - (3) Don't know

IF YES AT Q5 ASK Q9

- Q9 Were you involved as much as you wanted to be in developing your Personal Care Plan?
- (1) Yes
  - (2) No, I would have liked to have had more involvement
  - (3) No, I would have liked to have had less involvement

- Q10 Do you use your written care plan to help you manage your health day-to-day?
- (1) Yes
  - (2) No

- Q11 Does your GP, nurse or other health professional review your written care plan with you regularly?
- (1) Yes
  - (2) No
  - (3) Don't know

- Q12 Has your Care Plan improved the health or social care services you receive?
- IF YES: Would you say they have improved a great deal or to some extent?
- (1) Yes - improved a great deal
  - (2) Yes - improved to some extent
  - (3) No - not improved
  - (4) Don't know / can't say

IF YES AT Q5 ASK Q13

- Q13 What would be the most useful way for you to have a copy of or access to your Personal Care Plan?
- (1) Paper booklet
  - (2) Electronic booklet - e-mailed to you so you can read it on the computer
  - (3) Online – logging into an NHS website where you can see your plan and communicate with your health team

- (4) Online – logging into your preferred voluntary care provider website to see your plan
- (5) Online – within a private group specifically for people with your condition
- (6) On a mobile device, e.g. iPhone
- (7) Other, please specify

There are various options for self care support that healthcare professionals may offer to people with long term health conditions. This card shows some of them.

Q14 Have you discussed or been offered any of the things on this card in the last 12 months (even if you decided not to take them up)?

*PROBE FULLY: Which others?*

*CODE ALL THAT APPLY.*

- (1) Being given help to find information about your condition
- (2) Being given help to find information about the choices you have for care from health professionals
- (3) Attending a Patient Education Program to help manage your condition
- (4) Joining a support network or attending a group for people with a long-term condition
- (5) Having equipment fitted into your home
- (6) Other (PLEASE SPECIFY)
- (7) None of these

Q15 And over the last 12 months which, if any, of the things on this card have you actually done to help manage your condition?

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

- (1) Read and used information about your condition
- (2) Read and used information about the choices you have for care from health professionals
- (3) Attended a Patient Education Program to help manage your condition
- (4) Joined a support network or attended a group for people with a long-term condition
- (5) Had equipment fitted into your home
- (6) Other (PLEASE SPECIFY)
- (7) None of these

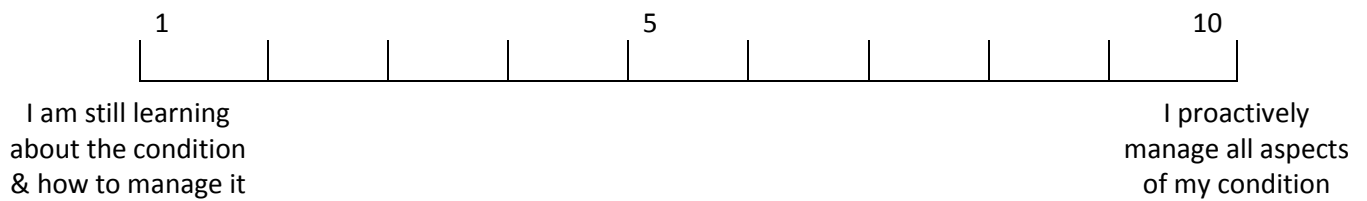
**IF YES TO OPTION 3 ASK**

Have you found the Patient Education Program useful in helping to manage your condition?

Yes/No/Don't know

Q16 People will be at different stages in terms of understanding and managing their long-term conditions, often dependent on how many conditions they have, or how long they have had their condition, or how common the condition is.

Looking at the scale, where 1 is *"I am still learning about my condition and how to manage it"* and 10 is *"I proactively manage all aspects of my condition"*, where would you place yourself on the scale in terms of how well you feel you understand and can manage your condition?



*Helping people to manage their long-terms conditions is a key priority of the health service.*

Q17 Do you feel you receive enough support from health and social care services to help you to manage your long-term condition?

- (1) Yes
- (2) No
- (3) Unsure
- (4) I don't need any help to manage my condition

Q18 Has the support or treatment you received from health and social care services for your long-term condition improved your quality of life?

- (1) Yes, definitely
- (2) To some extent
- (3) No
- (4) Don't know

Q19 How confident are you that you can manage your own health?

- (1) Very confident
- (2) Fairly confident
- (3) Not very confident
- (4) Not at all confident

Q20 What other help do you think could be provided to help you to manage your condition?

*Free text*

## MEDICINES

**Intro:** I'd now like to ask you some questions relating to medicines.

### Background notes for interviewers:

Medicines include all tablets, capsules, liquids for oral use, creams, lotions for use on the skin, inhalers, injections, eye drops, contraceptive pill, etc.

Some medicines are available from pharmacists or supermarkets, while others require a prescription from your GP or another healthcare professional.

### Prescription-only medicines

Prescription-only medicines (POMs) need a prescription issued by a GP or other suitably qualified healthcare professional.

You then take the prescription to a pharmacy or a dispensing GP surgery to collect your medicine.

### Over-the-counter medicines

Over the counter medicines can be bought from pharmacies, supermarkets and other retail outlets without the supervision of a pharmacist. OTC medicines include those that treat minor, self-limiting complaints, which people may feel are not serious enough to see their GP or pharmacist about.

## ASK ALL

Q21 Are you currently taking any medications that are prescribed for you by a healthcare professional?

- (1) Yes
- (2) No

### IF YES AT Q21 ASK Q22

Q22 Have you been taking medicines for a long time, by that I mean one year or more?

- (1) Yes
- (2) No

*If you are on a medicine for a long time, a healthcare professional should talk to you about your medicines from time to time. This is called a medicines review.*

Q23 Has a healthcare professional talked to you about your medicines within the past 12 months?

- (1) Yes
- (2) No

### IF YES AT Q23 ASK Q24

Q24 During this talk (medicines review) did your healthcare professional ask you if you had any worries about your medicines?

- (1) Yes, fully
- (2) Yes, partly
- (3) No
- (4) Not applicable
- (5) Don't know/can't remember

Q25 Do you have any worries about your medicines?

- (1) Yes
- (2) No



IF YES AT Q25 ASK Q26

Q26 Please tell me what your worries are...

*Do not prompt – multi-select*

- (1) Side-effects – impact on my mental health, e.g. feelings of depression or anxiety
- (2) Side-effects – impact on my physical well-being, e.g. tiredness, headaches, nausea
- (3) Side-effects – limits mobility or restricts activity
- (4) Long-term implications on health
- (5) Becoming dependent on the medicines
- (6) Medicine management – remembering when/how often to take my medication
- (7) Other, please specify

Q27 Are you currently taking any prescription only medicines that **have not** been prescribed for you by a healthcare professional?

- (1) Yes
- (2) No

IF YES AT Q27 ASK Q28 & Q29

Q28 Where do you get these medicines? *Please select all that apply*

- (1) I buy them over the internet/online
- (2) I get them from a family member
- (3) I get them from friends
- (4) Other, please specify

Q29 For what reasons, do you take prescription only medicines that **have not** been prescribed for you by a healthcare professional? *Please select all that apply*

- (1) For a minor ailment, not worth going to the doctor about
- (2) It is quicker than making an appointment to see or speak with a GP
- (3) I feel I need additional medicines to those I am prescribed
- (4) My GP will not prescribe the medicines I feel I need
- (5) Other reason, please specify

ALL

Q30 Are you currently taking any over the counter medicines?

- (1) Yes
- (2) No

IF YES AT Q30 ASK Q31, Q32 & Q33

Q31 What type of over the counter medicines are you currently taking?

*Please select all that apply*

- (1) Cold/flu remedies
- (2) Pain relief
- (3) Help me to sleep
- (4) Help me to relax
- (5) To improve my mood
- (6) Other, please specify

Ask Q32 for each type of medicine reported at Q31

Q32 How often do you take the over the counter medicines?

- (1) Daily
- (2) A few times a week
- (3) Once a week
- (4) Less often than weekly

Q33 For what reasons, do you take over the counter medicines? *Please select all that apply*

- (1) For a minor ailment, not worth going to the doctor about
- (2) It is quicker than making an appointment to see or speak with a GP
- (3) I feel I need additional medicines to those I am prescribed
- (4) Other reason, please specify

ALL

Q34 Are you currently taking any herbal remedies or food supplements?

- (1) Yes
- (2) No

ALL

Q35 In the past 12 months, have you returned any unused medication belonging to yourself to your local pharmacy?

- (1) Yes
- (2) No
- (3) No, I have not received any medication in the past 12 months

IF YES AT Q35 ASK Q36

Q36 Why did you return the unused medication?

*Please select all that apply*

- (1) Too much was ordered
- (2) My medication was changed to something else
- (3) I had a reaction to the medication
- (4) The medication was out-of-date
- (5) Other, please specify

ALL

Q37 Have you heard of the 'Yellow Card Scheme'?

- (1) Yes
- (2) No

IF YES AT Q37 ASK Q38

Q38 Have you ever used the scheme to report an adverse reaction to a medicine?

- (1) No, I have never had an adverse reaction to a medicine
- (2) No, I have had an adverse reaction but have never used the scheme to report it
- (3) Yes

## Antibiotics

The following questions are about antibiotics, which are a group of medicines used to treat certain illnesses.

Q39 In the past 12 months, have you taken an antibiotic?

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

Q40 Please indicate whether you think the following statements are true or false:

*Answer options: true/false/don't know*

- Colds and flus should be treated with antibiotics
- Antibiotics are used to treat bacterial infections
- Once you start to feel better, you should stop taking the antibiotic
- You increase your chances of developing drug-resistant bacteria if you take antibiotics when you don't need to
- You increase your chances of developing drug-resistant bacteria if you do not finish the course of antibiotics
- Diseases such as tuberculosis, pneumonia and meningitis are becoming more difficult to treat, as drug-resistant bacteria do not respond to antibiotics and continue to cause infection

## SLEEP

The next few questions relate to sleeping...

Q1 On average, how many hours of sleep do you get in a 24-hour period?

*Enter whole numbers (rounding 30mins or more up & dropping 29 or fewer minutes)*

Q2 In the past week, how many times did you have trouble falling asleep?

- (1) Did not have trouble falling asleep in the past week
- (2) 1-2 times
- (3) 3-4 times
- (4) 5 or more times
- (5) Don't know

Q3 In the past week, how many times did you have trouble staying asleep?

- (1) Did not have trouble staying asleep in the past week
- (2) 1-2 times
- (3) 3-4 times
- (4) 5 or more times
- (5) Don't know

Q4 In the past week, how many times did you take medication to help you fall asleep or stay asleep?

- (1) Did not take medication to help sleep in the past week
- (2) 1-2 times
- (3) 3-4 times
- (4) 5 or more times
- (5) Don't know

## USE OF COMPUTERS FOR HEALTH REASONS

I'd now like to ask you a few questions about your use of computers or the internet in accessing health information/services.

**During the past 12 months, have you ever used computers for any of the following...**

Q1 Look up health information on the internet  
Yes/No/Don't know

If Yes, how often would you do this?  
Weekly/Fortnightly/Monthly/Less often

Q2 Order or request a prescription  
Yes/No/Don't know

If Yes, how often would you do this?  
Weekly/Fortnightly/Monthly/Less often

Q3 Schedule an appointment with a health care provider  
Yes/No/Don't know

If Yes, how often would you do this?  
Weekly/Fortnightly/Monthly/Less often

Q4 Communicate with a health care provider by e-mail  
Yes/No/Don't know

If Yes, how often would you do this?  
Weekly/Fortnightly/Monthly/Less often

Q5 Use online chat groups to learn about health topics  
Yes/No/Don't know

If Yes, how often would you do this?  
Weekly/Fortnightly/Monthly/Less often

Q6 Buy medicines over the internet  
Yes/No/Don't know

If Yes, how often would you do this?  
Weekly/Fortnightly/Monthly/Less often

## Health & Lifestyle Questions

**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

## **DENTAL/ORAL HEALTH**

**Q1. Have you still got some of your natural teeth, or have you lost them all?**

- (1) Got some                      **Go to Q2**
- (2) Lost them all                **Go to Q3**

**Q2. How many natural teeth have you got? Is it...**

- Include wisdom teeth - adults usually have up to 32 teeth, including the 4 wisdom teeth.
- Exclude implants to replace missing teeth

- (1) none at all
- (2) at least 1 but less than 10
- (3) between 10 and 19
- (4) 20 or more natural teeth
- (5) Have some natural teeth but don't know how many

**Q3. Overall, would you say your dental health (mouth, gums, teeth and/or dentures) is...**

- (1) very good
- (2) good
- (3) fair
- (4) bad
- (5) very bad

**Q4. Do your gums bleed when you eat, brush your teeth or floss?**

- (1) Yes, often
- (2) Yes, occasionally
- (3) No, Never

**Q5. Do you have any problems or difficulties biting or chewing food? (include problems with biting or chewing food because of sensitive teeth or pain)**

- (1) Yes, often
- (2) Yes, occasionally
- (3) No, never

### **Current Oral Health Behaviour**

**Q6. If you went to the dentist tomorrow, do you think you would need any treatment?**

- (1) Yes (2) No

**Q7. How often do you clean your teeth?** (Question refers to brushing only)

- More than twice a day
- Twice a day
- Once a day
- Less than once a day
- Never

**Q8. Do you use anything other than an ordinary (manual) toothbrush and toothpaste for dental hygiene purposes?**

INTERVIEWER - If electronic toothbrush, code yes.

- (1) Yes           **Go to Q9**
- (2) No           **Go to Q10**
- (3) I don't use a toothbrush and/or toothpaste - SPONTANEOUS ONLY

**Q9. What do you use?**

- (1) Dental floss or tape
- (2) Interdens/toothpicks/woodtsicks
- (3) Mouthwash
- (4) Inter-space or proximal brush
- (5) Electric Toothbrush
- (6) Denture Cleaning Solution
- (7) Sugar free chewing gum
- (8) Something else

**Pattern of Dental Attendance**

**Q10. In general do you go to the dentist for...**

- (1) a regular check up,
- (2) an occasional check up,
- (3) or only when you're having trouble with your mouth/teeth/gums/dentures?
- (4) Never been to the dentist

*If respondent answered 'yes' to limiting long standing illness Question....*

**Q11. (Do any of these illnesses) limit your ability to attend the dentist for routine dental checkups or treatment in any way?**

- (1) Yes
- (2) No

In Northern Ireland, dental care is provided by the Health Service or privately. (*Dental care provided by the Health Service is commonly referred to as 'NHS'*).

**Q12. Thinking about the last time you visited a dentist, which of these options best describes the type of care you think you received?**

- (1) Private dental care,
- (2) Health Service dental care that you paid for,
- (3) Health Service dental care that was free,
- (4) Health Service dental care followed by additional private dental care,
- (5) Some other type of care
- (6) Not sure what type of care you received
- (7) Never been to the dentist   **Go to Q17**

IF Q12 ANSWER IS 1 OR 4 ASK Q13



**Q13. What, if anything, would you say made you use private dental care?**

- Better quality of care (treatment/standards/expertise)
- Location (more accessible / easier to get to)
- Lower waiting times
- Better reputation of the surgery / recommendation from friends or family
- More types of treatment available
- Affordability
- Insurance provided by employer / job
- My Health Service dentist has gone private (*commonly referred to as 'NHS'*)
- Some other reason (please specify)
- No reason

**Last Visit to the Dentist**

**Q14. Thinking about your last visit to the dentist, did the dentist listen carefully to what you had to say about your oral health, that is the health of your mouth? *If 'to some extent', code yes.***

- Yes
- No

**Q15. Were you given enough time to discuss your oral health with the dentist? *If 'to some extent', code yes.***

- Yes
- No
- No problems discussed

**Q16. Overall, how satisfied or dissatisfied were you with the service provided by your dentist?**

- Very satisfied
- Satisfied
- Dissatisfied
- Very dissatisfied

**ASK ALL**

**Q17. What ONE change, if any, do you think would improve Dental services in the future?**

*DO NOT PROMPT*

- 1 Reduced prices / costs
- 2 Reduce waiting lists & times
- 3 Better premises
- 4 Better provision of NHS (Health Service) services
- 5 Better advice \ explanation of treatment
- 6 Better explanation of costs
- 7 Better opening hours
- 8 Better pain relief
- 9 Other (Please Specify)
- 10 None

**Q18. If you went to your dentist for treatment tomorrow, how would you feel?**

Not Anxious

Slightly Anxious

Fairly Anxious

Very Anxious

Extremely Anxious

**Q19. Which of these do you think increases a person's chances of getting oral cancer, that is cancer of the lip, mouth, tongue, or throat?**

- 1 Spending too much time in the sun without sunblock
- 2 Excessive drinking of alcoholic beverages
- 3 Excessive coffee drinking
- 4 Smoking cigarettes, cigars, or a pipe
- 5 Use of chewing tobacco or snuff
- 7 Refused
- 8 Something else (specify) \_\_\_\_\_
- 9 Don't know

**Q20. Would you know any of the signs/symptoms of oral cancer?**

*This is probably best asked without any prompts or showcard.*

1. Red, or red and white, patches on the lining of your mouth or tongue
2. One or more mouth ulcers that do not heal after three weeks
3. Pain when swallowing
4. A tooth, or teeth, that becomes loose for no obvious reason
5. Unexplained weight loss
6. The lymph nodes (glands) in your neck become swollen

## FLU VACCINATIONS

ALL

Q1 Have you been invited to get the seasonal flu vaccine in the last 12 months?

ALL

Q2 Have you received the seasonal flu vaccine in the last 12 months?

IF YES TO Q1 AND NO TO Q2 ASK Q3

Q3 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 Q1 AND NO TO Q2

Q4 Do you feel you received sufficient information about the vaccine to make an informed choice?

1. yes
2. no

If 'no'...

Q5 What would have helped you to make an informed choice?

## 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.

- Q1. 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)*

- Q2. 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.

Now thinking about the person/people you **currently** care for...

Since you started caring for this person/these people, 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.

Again, thinking about the person/people you **currently** care 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)

Q5. 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

Q6. 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

## 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 portions 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

Now I'd like to ask you some questions about your use of salt

- Q18 Do you (or the person who prepares your meals) add salt when you (they) are cooking?
- (1) Yes, often
  - (2) Occasionally
  - (3) No
  - (4) Don't know
- Q19 Do you (or anyone else) add salt to your food at the table?
- (1) Yes, often
  - (2) Occasionally
  - (3) No
  - (4) Don't know

## 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

9. Does this condition or illness/do any of these conditions or illnesses reduce his/her ability to carry out day-to-day activities?
- Yes, a lot
  - Yes, a little
  - Not at all

IF YES AT Q9 ASK Q10

10. 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

IF YES AT Q8 ASK Q11

11. Would you mind telling me what this condition or illness is: *showcard*
- (1) ADHD/ADD
  - (2) Autism Spectrum Disorder/Aspergers
  - (3) Allergy
  - (4) Anxiety
  - (5) Asthma or long-term chest problem
  - (6) Diabetes
  - (7) Depression
  - (8) Eczema
  - (9) Ear problems
  - (10) Eye problems
  - (11) Epilepsy
  - (12) Heart problems
  - (13) Learning disability
  - (14) Skeletal/Muscular problems
  - (15) Another condition, please specify

## ASD – CHILDREN

Asked of each child and will be routed from Q11

IF YES TO ANSWER OPTION 2 (Autism Spectrum Disorder/Aspergers) AT Q11 ASK Q12

- Q12 Has your [*child*] had any help with their condition from health and social services?
- 1 Yes
  - 2 No

IF YES TO Q12 ASK Q13

- Q13 If yes, how satisfied are you with the level of help received?
- 1 Very satisfied
  - 2 Satisfied
  - 3 Neither satisfied nor dissatisfied
  - 4 Dissatisfied
  - 5 Very dissatisfied

## GP & Nurse consultations - CHILDREN

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

Q14 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 Q14 ASK Q15 & Q16

Q15 Was this consultation.....

- Under the NHS
- Paid for privately

Q16 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

Q17 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

IF YES TO Q17 ASK Q18

Q18 NNURSE "How many times did ^NUM see a practice nurse at the GP surgery in these 2 weeks?": 1..50

## Fruit & Vegetables – children

ALL

Q19 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

Q20 And on average how many portions of salad, or vegetables, including fresh, frozen, tinned or dried does your child eat each day? : 1..9

## FLU VACCINATIONS – CHILDREN To be asked for each individual child

Some background information re the child flu vaccination programme:

- All 'at risk' children aged 6 months to 18 years are offered a flu vaccine.
- During Oct to December 2013 **all 2 and 3** year olds and **all children in P6** were offered a flu vaccine in addition to the 'at risk' children.
- From Oct 2014, **all** children aged 2 years of age on 1 Sept 2014 and **all** children in primary school will be offered a flu vaccine.
- Of the eligible children (i.e. those above), the vast majority will have been offered Fluenz flu vaccine, which is administered by being squirted up the nose.
- Fluenz flu vaccine is only licensed for children aged 2 to 18 years of age.
- 'At risk' children aged 6 months to less than 2 years of age will have been offered a different type of flu vaccine, which is administered by injection, rather than Fluenz
- Some children aged 2 to 18 years of age cannot receive Fluenz for medical reasons (such as because they are immunodeficiency, severe asthma, active wheezing or an egg allergy) they would have been offered a different type of flu vaccine, which is administered by injection.

Q21 Has *^NCHILD* been invited to get the seasonal flu vaccine in the last 12 months?

Q22 Has *^NCHILD* received the seasonal flu vaccine in the last 12 months?

IF YES TO Q21 AND NO TO Q22 ASK Q23

Q23 Why did *^NCHILD* not get the seasonal flu vaccine?

- I didn't think it would help him/her
- I was afraid it might be painful
- I was afraid of side-effects
- I was afraid of long-term effects on his/her health
- I didn't think it was safe
- I couldn't take him/her at a convenient time
- He/she couldn't have it at a convenient place
- I think he/she already had seasonal flu so didn't think it was needed
- Have not gotten around to it
- Other - specify

IF YES TO Q21 AND NO TO Q22 ASK Q24

Q24 Do you feel you received sufficient information about the vaccine for *^NCHILD* to make an informed choice?

1. yes
2. no

IF NO TO Q24 ASK Q25

Q25 What would have helped you to make an informed choice?

## LOOPED BLIND CORD INJURIES/DEATHS

Q1 Are you responsible for looking after a child/children under the age of 5 in your home or would a child/children under 5 regularly visit your home?

*(Responsibility could be from a Parent/Grandparent/Family Member/Childminder operating from home)*

- Yes **Go to Q2**
- No **No need to ask any further questions in this section**

Q2. Do you have looped blind cords in any of your rooms at home?

*Definition: This is the cord used to open/close/raise/lower the blinds. Many cords will have a continuous loop which can be a hazard. Alternatives to the looped blind cords include wands and battery-operated motors.*

- Yes **Go to Q3**
- No **No need to ask any further questions in this section**

Q3. Are you aware that looped blind cords can cause death or injury to young children as a result of entanglement ?

- Yes
- No

IF YES AT Q3 ASK Q4

Q4. How did you find out about the dangers associated with looped blind cords? *Multi-select*

- Family member
- Friend
- Information Flyer/Pamphlet – *can you remember who it was produced by? Please specify*
- Newspaper article/ Television news report
- Blinds Supplier
- The Fitter who installed the blinds
- Home Safety Visit
- Health Visitor
- Other – please specify

ALL

Q5. Have you purchased blinds with looped cords within the last 12 months?

- Yes
- No

IF YES AT Q5 ASK Q6

Q6. Were safety fittings supplied with the blinds (e.g. cleats, chain tidies & chain-break connectors)?

Background note: a cleat is a T-shaped piece of metal, plastic, or wood around which the blind cord ropes can be attached)

- Yes
- No

ALL

Q7. Do you have any safety equipment installed for use with looped blind cords (e.g. cleats, chain tidies & chain connectors)?

- Yes
- No

IF NO AT Q7 ASK Q8

Q8. Which of these reasons best explain why you do not have safety equipment installed?

- Wasn't aware of any safety issues
- Don't know what safety equipment is available
- Don't know where to buy the safety equipment
- Can't afford to buy the safety equipment
- Haven't gotten around to it
- Other, please specify

## SELF COMPLETION MODULES:

### GHQ12, WARWICK-EDINBURGH, EQ5D, BREASTFEEDING & SEXUAL HEALTH.

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 PREFERS 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);

## GHQ12 (SELF COMPLETION)

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");

ALL

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");

ALL

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");

ALL

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");

ALL

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");

ALL

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

ALL

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

## WARWICK EDINBURGH MENTAL WELLBEING SCALE (SELF COMPLETION)

**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

Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)

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## 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

## SOCIAL SUPPORT

Now I'd like to ask you something about your family and friends, including those who live with you as well as those who don't.

The following statements have been made by people about their family and friends; will you please read them and tell me how true they are for you, PRESS '1' TO CONTINUE":

(CONTINUE);

- Q1 "There are people among my family or friends who can be relied on no matter what happens; Is that...":  
nottrue "Not true",  
parttrue "Partly true",  
certrue "Or certainly true?";
- Q2 "There are people among my family or friends who would see that I was taken care of, if I needed to be; Is that..."  
nottrue "Not true",  
parttrue "Partly true",  
certrue "Or certainly true?";
- Q3 "There are people among my family or friends who make me feel an important part of their lives; Is that...":  
nottrue "Not true",  
parttrue "Partly true",  
certrue "Or certainly true?";
- Q4 There are people among my family or friends who give me support and encouragement; Is that...":  
nottrue "Not true",  
parttrue "Partly true",  
certrue "Or certainly true?";
- Q5 How many people are so close to you that you can count on them if you have serious personal problems?  
None  
1 or 2  
3 to 5  
6 or more
- Q6 How easy is it to get practical help from neighbours if you should need it?  
Very easy  
Easy  
Possible  
Difficult  
Very difficult

## SMOKING

Q1 First of all have you ever smoked a cigarette, a cigar or a pipe?

1. Yes -> [Q2]
2. No -> [Q13]

Q2 Do you smoke cigarettes at all nowadays?

1. Yes -> [Q4]
2. No -> [Q3]

Q3 Have you ever smoked cigarettes regularly?

1. Yes -> [Q6]
2. No -> [Q13]

Q4 About how many cigarettes a DAY do you usually smoke at weekends?

Q5 About how many cigarettes a DAY do you usually smoke on weekdays?

*Q6 TO BE ASKED OF THOSE WHO ANSWERED YES AT Q2 OR YES AT Q3*

Q6 How old were you when you started to smoke cigarettes regularly?

*IF YES AT QUESTION 3, THEN ASK QUESTION 7*

Q7 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

*Q8 TO BE ASKED OF THOSE WHO ANSWERED YES AT Q2*

Q8 Have you ever tried to quit smoking?

1. Yes -> Q9
2. No -> Q11

Q9 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

Q10 Enter Number of Days/Months/Years

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

1. CONTINUE

- Q11 Are you planning to quit smoking.. READ OUT
1. Within the next month? -> [Q13]
  2. Within the next 6 months? -> [Q13]
  3. Sometime in the future, beyond 6 months? -> [Q13]
  4. Or are you not planning to quit -> [Q12]

- Q12 Do you want to quit smoking at all?
1. Yes -> [Q13]
  2. No -> [Q13]
  3. Don't know -> [Q13]

*Q13 TO BE ASKED OF ALL*

- Q13 Have you ever used an electronic cigarette?
1. Yes -> [Q14]
  2. No -> [Q18]

- Q14 Do you use electronic cigarettes at all nowadays?
1. Yes -> [Q16]
  2. No -> [Q15]

- Q15 Have you ever used electronic cigarettes regularly?
1. Yes -> [Q16]
  2. No -> [Q18]

Q16 Please indicate which, if any, of the following statements reflect your reasons for using electronic cigarettes:

MULTISELECT

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.
4. They provide health benefits when compared to smoking.
5. They are cheaper than using tobacco products.
6. They protect those around me from exposure to secondhand smoke.
7. I was attracted by the advertisements for electronic cigarettes.

- Q17 Do you intend to stop using electronic cigarettes...
1. Within the next month?
  2. Within the next 6 months?
  3. Sometime in the future, beyond 6 months?
  4. Or, are you not planning to stop?

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



Q18 Does anyone in your household smoke?

1. Yes – lives with smokers
2. No

ELSE {*question not asked*}

3. Lives alone

ENDIF

Q19 = GRIDX.GRIDX.NUMCHILD Number of Children in household 0..16

{*Question not asked number of children in household from household grid*}

Q20 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}

Q21 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

## 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] |

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### 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?       |  |  |

---

---

### ASK OF THOSE WHO ANSWER YES AT DRINKNOW OR VERY OCCASIONALLY AT DRINKANY

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 the last 12 months |

## Breastfeeding (self-completion module)

ASK ALL

The 'Breastfeeding welcome here' scheme is an initiative which aims to make it easier for mothers to recognise places where they can breastfeed their baby when they are out and about. The public are made aware that the business is a member of the scheme and supports breastfeeding through the display of the scheme's window sticker and certificate on the business premises.

Are you aware of businesses (e.g. retail outlets, restaurants/coffee shops, hair dressers) or council facilities (e.g. leisure centres) in your area that support the 'Breastfeeding Welcome Here' scheme?

*Please do not include any Health Care Premises (e.g. GP surgery) in your response as they are expected to support and promote breastfeeding.*

- (1) Yes
- (2) No
- (3) Not sure

*Now I would like to ask you some questions about your views on breastfeeding.*

1. How much do you agree/disagree with the following statements about the benefits associated with breastfeeding?

	<b>Agree strongly</b>	<b>Agree</b>	<b>Disagree</b>	<b>Disagree strongly</b>	<b>Don't know</b>
a) Breastfed babies get fewer ear, chest and kidney infections					
b) Bottle-fed babies are more likely to be admitted to hospital with diarrhoea and vomiting					
c) Breastfeeding helps protect children from diabetes					
d) Breastfeeding helps protect children from severe asthma and eczema					
e) Bottle-fed babies are at increased risk of sudden infant death (cot-death)					
f) Breastfeeding reduces the risk of breast cancer in women					

2. The following statements are things some people have said about breastfeeding. How much do you agree or disagree with each one?

	<b>Agree strongly</b>	<b>Agree</b>	<b>Neither agree nor disagree</b>	<b>Disagree</b>	<b>Disagree strongly</b>
a) Women should be made to feel comfortable breastfeeding their babies in public.					
b) Women should only breastfeed their babies at home or in private.					
c) Do you think there should be a law in Northern Ireland to protect women who want to breastfeed in public?					

3. How much do you agree/disagree with the following statements about breastfeeding?

Breastfeeding is ...	Agree strongly	Agree	Neither agree nor disagree	Disagree	Disagree strongly
a) Embarrassing					
b) Offensive					
c) Normal					
d) Distasteful					
e) Good for baby					

4. How much do you agree/disagree with the following statements about breastfeeding?

	Agree strongly	Agree	Neither agree nor disagree	Disagree	Disagree strongly
a) Formula feeding is more convenient than breastfeeding.					
b) Formula is as healthy for an infant as breast milk.					
c) Breastfeeding is more convenient than formula feeding.					

*ASK FEMALES WITH CHILDREN BETWEEN 0-15*

5. Were any of your children breastfed at all?

Yes

No

Don't have children

6. Thinking of the child you breastfed longest, how old was this child when he or she last had breast milk? (one option only)

Child still breastfeeding	<input type="checkbox"/>	age of child in weeks/months
Less than one day	<input type="checkbox"/>	
More than 1 day but less than 2 weeks	<input type="checkbox"/>	
More than 2 weeks but less than 6 weeks	<input type="checkbox"/>	
More than 6 weeks but less than 3 months	<input type="checkbox"/>	
More than 3 months but less than 6 months	<input type="checkbox"/>	
6 months or more	<input type="checkbox"/>	

## **SEXUAL HEALTH**

### **Attitudinal questions - Ask of all respondents aged 16-74**

I would like to ask you some questions on your views about different types of relationships.  
*We are very interested in your opinion and there are no right or wrong answers.*

#### **1. What is your general opinion about ...Select one option for each statement**

	<b>Always wrong</b>	<b>Mostly wrong</b>	<b>Sometimes wrong</b>	<b>Rarely wrong</b>	<b>Not wrong at all</b>	<b>Depends / Don't know</b>
A man and a woman having sexual intercourse before marriage						
A person having one night stands						
Sexual relations between two adult men						
Sexual relations between two adult women						
Sexual relations with others whilst married or in a civil partnership						
Sexual relations with others whilst living together						

#### **2. How much do you agree or disagree with the following statements?**

*Select one option for each statement*

	<b>Strongly agree</b>	<b>Agree</b>	<b>Neither agree nor disagree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Don't know</b>
There's too much sex in the media these days.						
Young people today start having sex too early.						
Teaching young people about sexual matters encourages them to have sex.						

## Sexual experiences - Ask of all respondents aged 16-74

**Information for respondents:** The next questions relate to your own sexual experience and we appreciate that they may be sensitive. We would like to reassure you that all of the information collected during this survey is confidential and you will not be identified from the answers you provide.

The following questions will help us gauge what age to target sexual health information.

3. Which of the following best describes you? *Select one option*

1) I have had sex only with women	GO TO Q4
2) I have had sex only with men	GO TO Q4
3) I have usually had sex only with women but have had sex at least once with a man	GO TO Q4
4) I have usually had sex only with men but have had sex at least once with a woman	GO TO Q4
5) I have had sex with both men and women	GO TO Q4
6) I have not yet had sex	GO TO Q19
7) Refuse to answer	GO TO Q4
8) Don't know	GO TO Q4

### First sexual experience

4. At what age did you have your **first** sexual experience, be that vaginal, oral or anal sex?  
 \_\_\_\_\_ years old

*If respondent unsure of age, prompt for an approximate age*

5. Looking back now to the first time you had sex, do you think...

*Select one option*

1. ...you should have waited longer before having sex with anyone,
2. or, that you should not have waited so long,
3. or, was it about the right time?
4. Refuse to answer
5. Don't know

6. Which of the following things applied to you at the time you first had sex? *Select all that apply*

I was curious about what it would be like	1
I got carried away by my feelings	2
Most people in my age group seemed to be doing it	3
It seemed like a natural 'follow-on' in the relationship	4
I was a bit drunk at the time	5
I had taken some drugs at the time	6
I wanted to lose my virginity	7
I was in love	8
I didn't feel ready to have sex, but went along with what the other person wanted	9
I didn't want it to happen at all	10
Other (ADD 1 ADDITIONAL VARIABLE)	11
Refuse to answer	12
Don't know	13

### Recent sexual experience

7. How many partners have you had a sexual experience with **in the last year**, be that vaginal, oral or anal sex?

RECORD NUMBER:	
Don't know	
Refuse to answer	

8. Thinking about your **most recent** sexual experience, was this with a: *Select one option*

Male	1
Female	2
Transgender	3
Refused to answer	4

**Definitional note:** Transgender is an umbrella term to describe many different types of people and lifestyles in relation to their gender identity and expression. The term describes people who don't conform to the traditional division of male and female, including people who cross-dress (transvestites); people who feel they're both male and female, or neither male nor female; and people who do not identify with their biological sex (transsexuals).

9. Thinking about your **most recent** sexual experience, what was the nature of this relationship?  
*Select one option*

Met each other for the first time/ didn't previously know each other	1
Knew each other but didn't have a steady relationship at the time	2
Knew each other and met up occasionally for sex	3
Had a steady relationship at the time	4
Living together/ co-habiting/ in a civil partnership/ married or engaged	5
Paid for sex	6
Other (ADD 1 ADDITIONAL VARIABLE)	7
Refuse to answer	8
Don't know	9

Q10 Again, thinking about your **most recent** sexual experience (be that vaginal, oral or anal sex), did you use a condom or other protection against sexually transmitted infections (STIs), i.e. Femidom or dental dam? (TICK ONE ONLY)

Yes	GO TO Q12
No	GO TO Q11
Don't know	GO TO Q12
Refuse to answer	GO TO Q12

**Definitional note:**

The female condom is a type of contraception that stops sperm from meeting an egg. It loosely lines the vagina to form a barrier that stops the sperm getting through. Female condoms can also prevent the spread of sexually transmitted infections (STIs). Female condoms are made from a thin plastic called polyurethane. It needs to be put in the vagina before there is any contact between the vagina and penis. It can be put in up to eight hours before sex.

A dental dam is a thin square of latex that can be used to prevent the spread of sexually transmitted infections during oral sex. They can be bought in some stores, or you can make your own using a condom or a latex glove. They are called "dental" dams because they were originally designed as a protective measure for dentists working on a patient's teeth.

Q11. If STI protection was NOT USED why was this?  
(TICK ALL THAT APPLY)

Didn't think it was needed, no risk.	
Didn't have any	
Embarrassed	
Partner didn't want to	
I didn't want to	
Got carried away	
Left it too late	
Under the influence of alcohol/drugs	
Long term/regular partner	
Other form of contraceptive used	
Sex happened unexpectedly/not prepared etc	
Against teachings of church or religious beliefs	
Other, please tell us...(ADD 1 ADDITIONAL VARIABLE)	
Refuse to answer	

### **Contraception – Ask of females aged 16-54 years**

The following questions relate to contraception and will be used to help plan for services.



**Q12** This is a list of possible contraception methods. Which, if any, do you (and a partner) usually use **at present?**

*Tick all that apply*

- |   |                  |
|---|------------------|
| 1. No method used – no sexual relationship with a man currently           | <b>Go to Q14</b> |
| 2. No method used – partner sterilised/had a vasectomy                    | <b>Go to Q14</b> |
| 3. No method used – I have been sterilised/ had a hysterectomy            | <b>Go to Q14</b> |
| 4. No method ever used – other reason                                     | <b>Go to Q13</b> |
| 5. Mini pill  | <b>Go to Q14</b> |
| 6. Combined pill  |                  |
| 7. Pill – not sure which  |                  |
| 8. Male condom  |                  |
| 9. Female condom  |                  |
| 10. Emergency contraception (sometimes known as the ‘morning after pill’) |                  |
| 11. Emergency intra-uterine device (IUD)                                  |                  |
| 12. Coil/intra-uterine device (IUD)                                       |                  |
| 13. Hormonal IUS (intra-uterine system) – MIRENA                          |                  |
| 14. Cap/diaphragm   |                  |
| 15. Vaginal ring – Nuvaring   |                  |
| 16. Spermicides (foams/gels/sprays/pessaries)                             |                  |
| 17. Contraceptive patch   |                  |
| 18. Injections  |                  |
| 19. Implants  |                  |
| 20. Natural family planning (safe period/rhythm method/Persona)           |                  |
| 21. Withdrawal  |                  |
| 22. Going without sexual intercourse to avoid pregnancy                   |                  |
| 23. Another method of protection, <i>please specify...</i>                |                  |

**Q13** Here is a list of reasons why people do not use any method for preventing pregnancy. Which of these applies to you? *Tick one box*

1. I am pregnant
2. I want to become pregnant
3. Unlikely to conceive because of the menopause
4. Unlikely to conceive because possibly infertile
5. Don't like contraception/Find methods unsatisfactory
6. My partner doesn't like – or won't use – contraception
7. Don't know where to obtain contraceptives/advice
8. Find access to contraceptive services difficult
9. Against teachings of church or religious beliefs
10. Some other reason, *please specify...*

**Q14** Have you used the emergency hormonal contraceptive pill in the last year?  
*This is sometimes known as the ‘morning after pill’.*

1. Yes **Go to Q15**
2. No **Go to Q19**

Q15 On how many occasions in the last year have you used the emergency contraception pill?

\_\_\_\_\_

Q16 Where did you go for this (on the most recent occasion)?

*Tick one box*

1. A doctor or nurse at your GPs surgery
2. Sexual health clinic (GUM clinic)
3. NHS family planning clinic/contraceptive clinic/reproductive health clinic
4. NHS ante-natal clinic/midwife
5. Private non-NHS doctor or clinic
6. Youth advisory clinic (e.g. Brook clinic)
7. Pharmacy/chemist
8. Hospital accident & emergency (A&E) department
9. Any other place, *please specify...*

Q17 What was your main reason for using emergency contraception (on the most recent occasion)?

*Tick one box*

1. Condom failure
2. Missed pill/forgot to take pill
3. Other routine contraceptive failure
4. Condom not available
5. I or my partner did not want to use a condom
6. Other reason

**Contraception – Ask of males aged 16-74 years**

Q18 This is a list of possible contraception methods. Which, if any, do you (and a partner) usually use **at present?**

*Tick all that apply*

1. No method used – no sexual relationship with a woman currently
2. No method
3. The contraceptive pill
4. Male condom
5. Female condom
6. Emergency contraception (sometimes known as the ‘morning after pill’)
7. Long acting reversible contraception – IU (intra-uterine) Devices/Systems, contraceptive injections, patches, implants
8. Natural family planning (safe period/rhythm method/Persona)
9. Withdrawal
10. Going without sexual intercourse to avoid pregnancy
11. Another method of protection, *please specify...*
12. Don’t know

**Go to Q19**

### **Contraception – Ask of males aged 16-74 & females aged 16-54**

Q19 In the past year have you sought advice on contraception, or obtained supplies, from any of these sources?

*Tick all that apply*

1. A doctor or nurse at your GPs surgery
2. Sexual health clinic (GUM clinic)
3. NHS family planning clinic/contraceptive clinic/reproductive health clinic
4. NHS ante-natal clinic/midwife
5. Private clinic, *please specify...*
6. Youth advisory clinic (e.g. Brook clinic)
7. Pharmacy/chemist
8. Internet/website
9. Supplies from school/college/university services
10. Over the counter at a petrol station/supermarket/other shop
11. Vending machine
12. Mail order
13. Hospital accident & emergency (A&E) department
14. Any other place, *please specify...*
15. I have not sought advice or supplies

### **Ask of all respondents aged 16-74**

Q20 A person’s sex life includes their sexual thoughts, sexual feelings, sexual activity and sexual relationships. Thinking about your sex life in the last year, how much do you agree or disagree with the following statement:

I think I have a healthy and enjoyable sex life

Strongly agree/Agree/Neither agree nor disagree/ Disagree/Strongly disagree

## 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.

[RELRACT] 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
2. At least once a week
3. At least once a fortnight
4. At least once a month
5. At least once every few months
6. At least once a year
7. Less often
8. Never
9. Unable to attend

## ETHNICITY & COUNTRY OF BIRTH

Ethnic " What is your ethnic group?

Choose one option that best describes your ethnic group or background":

- (A "White",
- B "Irish Traveller",
- C "White and Black Caribbean",
- D "White and Black African",
- E "White and Asian",
- F "Any other Mixed/ Multiple ethnic background",
- G "Indian",
- H "Pakistani",
- I "Bangladeshi",
- J "Chinese",
- K "Any other Asian background",
- L "African",
- M "Caribbean",
- N "Any other Black/ African/ Caribbean background",
- O "Arab",
- P "Any other ethnic group")

Birth What is ^name's country of birth?

- (a1 "Northern Ireland",
- a2 "Republic of Ireland",
- a3 "England",
- a4 "Scotland",
- a5 "Wales",
- a6 "Outside the UK(please specify)
- if other then

Birtho Please specify the country.

## 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.

@/@/^LText@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.

Q1 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 .....

Q2 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 there 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