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BASIC HOUSEHOLD INFORMATION
SMOKE ALARMS/DETECTORS

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

If ‘Yes’ …

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

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

4. How do you test your smoke alarm(s)?
   (Do not prompt. Code one only)
   • Press test button
   • Flick the light switch (Fire Angel Brand Only)
   • Other (please specify)
   • Have never tested smoke alarm
   • Don’t know
GENERAL HEALTH SECTION

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

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

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

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

5. ALL
Do you have any long-standing illness, disability or infirmity? By “long-standing” I mean anything that has troubled you over a period of time or that is likely to affect you over a period of time?

IF YES TO Q5 ASK Q6
6. "Does this illness or disability limit your activities in anyway?":
   - yes
   - no

IF YES AT Q6 THEN ASK Q7

7. Would you mind telling me what this health problem or infirmity is?
   - What long-standing illness
8. ALL
Now I’d like you to think about the two weeks ending yesterday. During those two weeks, did you have to cut down on any of the things you usually do (about the house or at work or in your free time) because of (LONG-STANDING ILLNESS or some other) illness or injury?

IF YES TO Q8 ASK Q9, Q10

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

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

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

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

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

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

15. Was the person consulted… RUNNING PROMPT
   1. A GP i.e. family doctor
   2. a Specialist
   3. Other type of doctor?

16. During the last 2 weeks ending yesterday, did you see a practice nurse at the GP surgery on your own behalf?
   EXCLUDE CONSULTATIONS WITH COMMUNITY NURSES
   1. Yes
   2. No
17. **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"

18. **ALL**
And do any of the things on this card apply to you":
Set of

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

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

19. **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

20. **ALL**
Which of the following best describes the life you lead?
- very healthy
- fairly healthy
- fairly unhealthy
- very unhealthy
21. ALL
Do you feel there is anything you can do to make your own life healthier?
- yes
- no

IF Q21 = NO THEN ASK Q22

22. 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 Q22 = ‘too difficult’…THEN ASK Q23

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

IF Q21 = YES THEN ASK Q24

24. 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

25. 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 Q25 = RESPONSE OTHER THAN ‘NONE OF THESE’ ASK Q26

26. 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

Q27. 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 Q27 = RESPONSE OTHER THAN ‘NONE OF THESE’ THEN ASK Q28

Q28. Of the changes you would like to make which are you thinking of making in the next six months?
   - cut down smoking
   - stop smoking
   - cut down the amount of alcohol I drink
   - stop drinking alcohol
   - be more physically active
   - control weight
   - eat more healthily
   - reduce the amount of stress in my life
SPECIFIC MEDICAL CONDITIONS

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

   IF Q1 = YES THEN ASK Q2

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

   IF Q1 = NO THEN ASK Q3

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

   IF FEMALE AGED 16-45 ASK Q4

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

   IF Q1 = YES THEN ASK Q5

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

   IF YES AT Q1 AND FEMALE ASK Q6

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

   IF YES AT Q6 ASK Q7

7. Have you ever had high blood pressure apart from when you were pregnant?

   IF Q5 = YES OR Q7 = YES ASK Q8

8. Are you currently taking any medicines, tablets or pills for high blood pressure?

   IF Q8 = NO ASK Q9, Q10

9. Do you still have high blood pressure?
10. Have you ever taken medicines, tablets or pills for high blood pressure in the past?

IF YES AT Q10 ASK Q11

11. Why did you stop taking medicines, tablets or pills for high blood pressure?

- Doctor advised to stop due to improvement
- Doctor advised me to stop due to lack of improvement
- Doctor advised me to stop due to other problem
- Respondent decided to stop because felt better
- Respondent decided to stop for other reason
- Other

IF OTHER AT Q11:

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

IF YES AT Q5 AND MALE OR NO AT Q6 OR YES AT Q7 ASK Q13

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

IF YES AT Q13 ASK Q14

14. What other treatment or advice have you had?

- Blood pressure monitored by GP/ other doctor/ nurse
- Blood tests
- Advice or treatment to lose weight
- Advice about diet
- Advice about exercise
- Advice about smoking
- Advice about drinking alcohol
- Advice about stress
- Other treatment or advice

IF OTHER AT 14 ASK Q15

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

IF YES AT Q5 AND MALE OR NO AT Q6 OR YES AT Q7 ASK Q16

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

- yes
- no

IF YES AT Q16 ASK Q17

17. What did you do?"

- Lost weight
- Changed diet (e.g. reduced salt intake)
- Exercised more
- Stopped/reduced smoking
Stopped/reduced drinking alcohol
Stopped/ reduced stress
other - specify

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

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

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

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

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

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

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

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

26. If Yes to ‘COPD’…
   I would now like to ask you a few questions in relation to your treatment of this condition:
   Have you been immunised against seasonal influenza in the last 12 months? Note: relates only to seasonal flu, does not include swine flu.
Have you been immunised against pneumococcal pneumonia in the last 5 years?
Have you used home oxygen within the last 12 months?
Have you been in hospital for your chest condition within the last 12 months?

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

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

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

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

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

IF INFORMANT HAS HAD DIABETES NOT DURING PREGNANCY OR YES AT Q31 ASK Q32

Q32. (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

Q33. Do you currently inject insulin for diabetes?
yes no

Q34. Are you currently taking any medicines, tablets or pills (other than insulin injections) for diabetes?:
yes no

Q35. Are you currently receiving any (other) treatment or advice for diabetes (INCLUDE REGULAR CHECKUPS):
yes no

IF YES AT Q35 ASK Q36

Q36. What (other) treatment or advice are you currently receiving for diabetes
Special diet”,
Regular check-up with GP/hospital/clinic”,

12
Eye screening
Other (Record at next question)

IF OTHER AT Q36 ASK Q37

Q37. Please specify:

Q38. How often do you usually have your blood checked for glucose or sugar by yourself or by a family member or friend?
   - daily
   - weekly
   - monthly
   - yearly
   - never

Q39. RECORD HERE THE NUMBER OF TIMES PER DAY, PER MONTH ETC RESPONDENT HAS BLOOD CHECKED FOR GLUCOSE OR SUGAR:

Q40. In the past 12 months, has a health care professional tested you for haemoglobin “A-one-C”?
(An “A-one-C” haemoglobin test measures the average level of blood sugar over a 3-month period)

IF Q40 = YES THEN ASK Q41

Q41. How many times?

Q42. In the past 12 months, has a health care professional checked your feet for any sores or irritations?

IF YES TO Q42 ASK Q43

Q43. How many times?

Q44. In the past 12 months, has a health care professional tested your urine for protein (i.e. Microalbumin)?

Q45. Have you ever had the back of your eyes photographed (retinopathy screening)?

IF Q45 = YES THEN ASK Q46

Q46. When was the last time?
   - less than one month ago
   - 1 month to less than 1 year ago
   - 1 year to less than 2 years ago
   - 2 or more years ago
Flu vaccinations

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

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

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

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

IF YES TO Q50 AND NO TO Q51

Q53 Do you feel you received sufficient information about the vaccine to make an informed choice?

1. yes
2. no

If ‘no’…

Q54 What would have helped you to make an informed choice?
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.

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

**Ask if Q3 = yes (been offered assessment)**

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

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

Q7. Cakes, buns, desserts, eg 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 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)@/@R
   On average how many portions of fruit do you eat each day": 1..9
   IF A, B OR C IN Q10

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

Q13. The Department of Health advises people to eat a certain number of portions of fruit and vegetables every day as part of a healthy diet. At least how many potions do you think people are advised to eat every day?

Q14. Have you changed your eating habits in the past 3 years to lose weight?
Q15, Q16 AND Q17 To be asked of those who have tried to control weight/eat more healthily or would like to from the ‘Changes made to improve health’ section.

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

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

Q17 Here are some reasons why people find it difficult to eat more healthily. Which, if any, prevent you from eating more healthily?
- family discouraging or unsupportive
- friends discouraging or unsupportive
- people at work discouraging or unsupportive
- not knowing what changes to make
- not knowing how to cook more healthy foods
- lack of choice of healthy foods in canteens and restaurants
- lack of choice of healthy foods in places where you do your main shop
- healthy foods are too expensive
- healthy foods take too long to prepare
- healthy foods too boring
- lack of will-power
- don’t like the taste/don’t enjoy healthy foods
- none of these – nothing prevents me from eating more healthily
- other – please specify
**Food security** The following questions are about the food situation for your household in the past 12 months. (to be asked of one adult per 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

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

- 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
PHYSICAL ACTIVITY SECTION
Now I am going to ask you about the time you spent being physically active during the last 7 days. Please answer each question even if you do not consider yourself to be an active person. I will be asking you about activities you did at work, to get from place to place, for exercise or sport, or as part of your house or garden chores. (CONTINUE);

ALL
Q1 During the last 7 days, on how many days did you do activities which took vigorous or hard effort, for at least 10 minutes at a time, like running, aerobics, heavy gardening or anything else that caused large increases in breathing or heart rate?

IF Q1 = RESPONSE OF 1,2,3 …7 DAYS THEN ASK Q2
Q2 On each day you did vigorous activity for at least 10 minutes, how much time on average (in minutes) did you spend doing it?
INTERVIEWER - PLEASE RECORD TIME IN MINUTES

ALL
Q3 During the last 7 days, on how many days did you do activities which took moderate effort, for at least 10 minutes at a time, like cycling, vacuuming, gardening or anything else that caused some increase in breathing or heart rate?
Please do not include walking in your answer

IF Q3 = RESPONSE OF 1,2,3 …7 DAYS THEN ASK Q4
Q4 On each day you did moderate activity for at least 10 minutes, how much time on average (in minutes) did you spend doing it?
INTERVIEWER - PLEASE RECORD TIME IN MINUTES

ALL
Q5 During the last 7 days, on how many days did you walk at a brisk or fast pace, for at least 10 minutes at a time, to get from place to place, for recreation, pleasure or exercise?

IF Q5 = RESPONSE OF 1,2,3 …7 DAYS THEN ASK Q6
Q6 On each day when you walked briskly for at least 10 minutes, how much time on average (in minutes) did you spend walking?
INTERVIEWER - PLEASE RECORD TIME IN MINUTES

ALL
Q7 I would like you now to think about all of the walking you have done in last 4 weeks, either locally or away from home. Please include any country walks and any walking in the course of your work or to and from work.":
(CONTINUE);

ALL
Q8 In the past 4 weeks have you done a continuous walk that lasted at least 5 minutes":
(A "Yes",
B "No",
C "Can’t walk at all")
IF Q8 = YES THEN ASK Q9
Q9 In the past four weeks, have you done a continuous walk that lasted at least 15 minutes: yesno

IF Q9 = YES THEN ASK Q10
Q10 During the past four weeks, on how many days did you do a walk of at least 15 minutes:
IF Q9 = YES THEN ASK Q11
Q11 On that day (any of those days) did you do more than one walk lasting at least 15 minutes:
(A "Yes, more than one walk of 15+ minutes (on at least one day)",
B "No, only one walk of 15+ mins a day")

IF Q10 > 1 AND Q11 = A THEN ASK Q12
Q12 On how many days in the last four weeks did you do more than one walk that lasted at least
15 minutes:

IF Q9 = YES THEN ASK Q13
Q13 How long did you usually spend walking each time you did a walk for 15 minutes or more?
INTERVIEWER: IF VERY DIFFERENT LENGTHS, PROBE FOR MOST REGULAR. RECORD HOURS SPENT BELOW. @/ ENTER ZERO IF LESS THAN ONE HOUR. RECORD MINUTES AT NEXT QUESTION.

Q14 Record here minutes spent walking

ALL
Q15 Which of the following best describes your usual walking pace:
(a "A slow pace",
b "A steady average pace",
c "A fairly brisk pace",
d "A fast pace - at least 4 mph",
e "None of these")

ALL
Q16 Can you tell me if you have done any activities on this card during the last 4 weeks. Include teaching, coaching, training and practice sessions.

IF Q16 = YES THEN ASK Q17
Q17 Which have you done in the last four weeks?
(a "Swimming",
b "Cycling",
c "Workout at a gym/ exercise bike/ weight training",
d "Aerobics/ keep fit/ gymnastics/ dance for fitness",
e "Any other type of dancing",
f "Running/ jogging",
g "Football/ rugby",
h "Badminton/ tennis",
i "Squash",
j "Exercises (e.g. press-ups, sit ups)"

ALL
Q18 Have you an injury/disability/medical condition which limits your physical activity?

IF Q18 = YES THEN ASK Q19
Q19 Please specify the illness/disability/medical condition
Q20 I would now like to ask you some questions about moderate intensity physical activity. By moderate intensity physical activity I mean that the activity makes you out of breath or causes you to sweat. This includes all types of moderate intensity activity, such as sport, housework, gardening, DIY, walking. What do you think is the recommended minimum amount of moderate intensity physical activity needed for a healthy lifestyle? SINGLE CODE ONLY

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>90 minutes per day, every day</td>
<td>1</td>
</tr>
<tr>
<td>B</td>
<td>60 minutes per day, every day</td>
<td>2</td>
</tr>
<tr>
<td>C</td>
<td>30 minutes per day, every day</td>
<td>3</td>
</tr>
<tr>
<td>D</td>
<td>15 minutes per day, every day</td>
<td>4</td>
</tr>
<tr>
<td>E</td>
<td>90 minutes per day, 5 days per week</td>
<td>5</td>
</tr>
<tr>
<td>F</td>
<td>60 minutes per day, 5 days per week</td>
<td>6</td>
</tr>
<tr>
<td>G</td>
<td>30 minutes per day, 5 days per week</td>
<td>7</td>
</tr>
<tr>
<td>H</td>
<td>15 minutes per day, 5 days per week</td>
<td>8</td>
</tr>
<tr>
<td>I</td>
<td>90 minutes per day, 3 days per week</td>
<td>9</td>
</tr>
<tr>
<td>J</td>
<td>60 minutes per day, 3 days per week</td>
<td>10</td>
</tr>
<tr>
<td>K</td>
<td>30 minutes per day, 3 days per week</td>
<td>11</td>
</tr>
<tr>
<td>L</td>
<td>15 minutes per day, 3 days per week</td>
<td>12</td>
</tr>
<tr>
<td>M</td>
<td>90 minutes per day, 1 day per week</td>
<td>13</td>
</tr>
<tr>
<td>N</td>
<td>60 minutes per day, 1 day per week</td>
<td>14</td>
</tr>
<tr>
<td>O</td>
<td>30 minutes per day, 1 day per week</td>
<td>15</td>
</tr>
<tr>
<td>P</td>
<td>15 minutes per day, 1 day per week</td>
<td>16</td>
</tr>
</tbody>
</table>

Q21 The government’s Chief Medical Officer recommends that a total of at least 30 minutes a day moderate intensity physical activity on five or more days a week brings about health benefits.

In a typical week do you achieve this recommended level? SINGLE CODE ONLY

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>
CHECK

Q1. IS THIS RESPONDENT RESPONSIBLE FOR ANY OF THE CHILDREN IN THE HOUSEHOLD:
   yesno ;

IF YES TO Q1

Q2. HAS 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

Q3. 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?

Q4. THE CHILDREN IN THE HOUSEHOLD ARE:
   "Person number" : 

ALL

Q5. Given ^NCHILD's age and height, would you say that he/she was:
   Abr "About the right weight",
   Th "Too heavy",
   Ti "Too light",
   NS "Not sure";

ALL

Q6. Over the last twelve months would you say your child’s health has on the whole been…
   - good
   - fairly good
   - not good

ALL

Q7. 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

Q8. Does ^NCHILD have any long standing illness, disability or infirmity? By 'long-standing' I
   mean anything that has troubled him/her over a period of time or is likely to affect him/her over a period of time":
   yesno
IF YES AT Q8 ASK Q9, Q10

Q9. Would you mind telling me what this illness or infirmity is:

Q10. Does this illness or disableity limit his/ her activities in any way:
    Yes
    No

ALL
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 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
Q12. And on average how many portions of salad, or vegetables, including fresh, frozen, tinned or
    dried does your child eat each day? : 1..9
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.
   (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. “Thats the end of the example questions, the interviewer must now hand over the computer to the respondent, if they have not already done so. PRESS '1' TO CONTINUE":

(continue);

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

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

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

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 you 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";
Q18. "Have you recently been able to face up to your problems?"
   - more than usual: "More than usual",
   - same as usual: "Same as usual",
   - less so than usual: "Less so than usual",
   - much less able: "Much less able"

Q19. "Have you recently been feeling unhappy and depressed?"
   - not at all: "Not at all",
   - no more than usual: "No more than usual",
   - rather more than usual: "Rather more than usual",
   - much more than usual: "Much more than usual"

Q20. "Have you recently been losing confidence in yourself?"
   - not at all: "Not at all",
   - no more than usual: "No more than usual",
   - rather more than usual: "Rather more than usual",
   - much more than usual: "Much more than usual"

Q21. "Have you recently been thinking of yourself as a worthless person?"
   - not at all: "Not at all",
   - no more than usual: "No more than usual",
   - rather more than usual: "Rather more than usual",
   - much more than usual: "Much more than usual"

Q22. "Have you recently been feeling reasonably happy, all things considered?"
   - more so than usual: "More so than usual",
   - same as usual: "Same as usual",
   - less so than usual: "Less so than usual",
   - much less happy: "Much less happy"

Q23. "Are you taking any medicine or tablets for stress/anxiety or depression?"
   - YES NO

Q24. "Do you think you have a nervous illness?"
   - YES NO
WARWICK EDINBURGH MENTAL WELL-BEING SCALE

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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CERVICAL SMEAR SELF COMPLETION WOMEN AGED 20 TO 64

Q1 Have you ever had a cervical smear test

IF YES AT Q1 ASK Q2

Q2. When did you last have a cervical smear test
   A "Within the last six months",
   B "More than six months ago but within the last year",
   C "More than one year ago but within the last two years",
   D "More than two years ago but within the last five years",
   E "More than five years ago",
   F "Can't remember"

IF NO AT Q1 ASK Q3

Q3 Have you ever been invited or advised to have a cervical smear test

IF YES AT Q3 ASK Q4

Q4. "Could you please tell me why you didn't have a cervical smear test at that time":
   A "I didn't think it would help me",
   B "I was afraid it might be painful",
   C "I was too embarrassed",
   D "I may have had to be examined by a male",
   E "I couldn't go at a convenient time",
   F "I couldn't have it at a convenient place",
   G "Other reason"

IF G AT Q4 ASK Q5

Q5. What was the reason
BREAST SCREENING SELF COMPLETION WOMEN 50-69

Q1. "Have you ever undergone breast screening":
    yesno

IF YES AT 1 ASK Q2

Q2. "When did you last undergo breast screening":
    A "Within the last six months",
    B "More than six months ago but within the last year",
    C "More than one year ago but within the last two years",
    D "More than two years ago but within the last five years",
    E "More than five years ago",
    F "Can't remember"

IF NO AT Q2 ASK Q3

Q3. "Have you ever been invited or advised to undergo breast screening":
    yesno

IF YES AT Q3 ASK Q4

Q4. Could you please tell me why you didn't undergo breast screening at that time
    A "I didn't think it would help me",
    B "I was afraid it might be painful",
    C "I was too embarrassed",
    D "I may have had to be examined by a male",
    E "I couldn't go at a convenient time",
    F "I couldn't have it at a convenient place",
    G "Other reason"

IF G AT Q4

Q43. "What was the reason
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.

Q1. “Mobility”:
   A "I have no problem in walking about",
   B "I have some problem in walking about",
   C "I am confined to bed?"

Q2. "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?"

Q3. "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"

Q4. "Pain/ Discomfort”:
   A "I have no pain or discomfort",
   B "I have moderate pain or discomfort",
   C "I have extreme pain or discomfort"

Q5. "Anxiety/ Depression”:
   A "I am not anxious or depressed",
   B "I am moderately anxious or depressed",
   C "I am extremely anxious or depressed"

Q6. "Please look at the showcard 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

Q7. "Please indicate the description that best applies to you”:
   A "I am a current smoker",
   B "I am an ex-smoker",
   C "I have never smoked"

Q8. "Have you consulted your GP or other health professional in the past two weeks":
   yesno

Q9. “Have you visited a hospital for treatment or examination(s) or test(s) in the past year?”
   yesno
Q10. "Are you currently receiving treatment for any of the following problems":
   SET OF
   A "Musculo-skeletal problems (such as arthritis, rheumatism)",
   B "Respiratory problems (such as asthma or emphysema)",
   C "Heart or circulatory problems (such as angina or high blood pressure)",
   D "Endocrine problems (such as diabetes or thyroid disorder)",
   E "Gastrointestinal or digestive problems (such as stomach ulcer)",
   F "Genito-urinary problems (such as kidney or bladder disorder)",
   G "Psychological health problems (such as anxiety or depression)",
   H "Cancer",
   I "Gynaecological or reproductive problems",
   J "Blood problems (such as anaemia)",
   K "Eye/nose/ear problems",
   L "Skin problems (such as eczema)",
   M "Other"

IF M AT Q10 ASK Q11

Q11. "Specify other":

Q12. "Which of the following best describes your main activity":
   (A "Employed or self-employed",
   B "Retired",
   C "Housework",
   D "Student",
   E "Seeking work",
   F "Other")

"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."
Smoking

Now some questions on attitudes to smoking

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

<table>
<thead>
<tr>
<th>Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>I support the current ban on smoking in enclosed or substantially enclosed public places</td>
</tr>
<tr>
<td>I would challenge someone smoking in a non-smoking area</td>
</tr>
<tr>
<td>I would ask someone who smokes to smoke outside of my home</td>
</tr>
<tr>
<td>Children are more at risk from passive smoking than adults</td>
</tr>
<tr>
<td>Babies exposed to passive smoking are more at risk to cot death</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agree strongly</th>
<th>Agree</th>
<th>Disagree</th>
<th>Disagree Strongly</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>I support the current ban on smoking in enclosed or substantially enclosed public places</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
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</tr>
<tr>
<td>Babies exposed to passive smoking are more at risk to cot death</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

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

Q4  Do you smoke cigarettes at all nowadays?

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

Q5  Have you ever smoked cigarettes regularly?

1. Yes -> [Q16]
2. No

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

Q8  Do you smoke mainly.....

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

Q9  From where do you normally purchase your tobacco products?

1. local shop
2. supermarket
3. specialist tobacconist
4. mail order/internet
5. public house/vending machine
6. other............please specify

Q10 Which brand of cigarettes do you usually smoke?

Q11 CODE FOR BRAND :

Q12 description from file

Q13 tar level from file

Q14 Does price have any influence on your choice of brand?

1. considerable influence
2. some influence
3. no influence

Q15 To what extent do you agree that the sale/purchase of illicit cigarettes is a criminal offence?

1. strongly agree
2. agree
3. neither agree nor disagree
4. disagree
5. strongly disagree
6. don’t know

Q16 How old were you when you started to smoke cigarettes regularly?

Q17 When did you stop smoking cigarettes?

1. Less than 3 months ago
2. Between 3 months and 6 months ago
3. More than 6 months ago
4. Can’t remember
If GRIDX.GRIDX.Numpers >1] \{Number of persons in household from household grid\}

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

\{Smokers only\}

Q21 Has the smoking ban in public places affected the rules about smoking in your home?
READ OUT – SELECT ONE ONLY

1. It has made me stricter about the amount I smoke at home when I am with non-smoker.
2. It has made me stricter about the amount I smoke at home in general.
3. It has made me smoke more at home when I am with non-smokers.
4. It has made me smoke more at home in general.
5. It has not affected the rules about smoking in my home.

\{Ask All\}

Q22 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
Q23 Have you ever tried to quit smoking?

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

Q24 Roughly how many times have you ever tried to quit smoking?
IF THE ANSWER IS "LOTS" "HUNDREDS OF TIMES" ETC. ASK THEM TO ESTIMATE THE NUMBER OR RANGE OF ACTUAL QUIT ATTEMPTS. IF A RANGE IS GIVEN (E.G. "20 TO 30") GIVE THE MID POINT OF THE RANGE, IN THIS CASE 25

Q25 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

Q26 Enter Number of Days/Months/Years

Q27 Did you gradually cut down on the number of cigarettes you smoked or did you suddenly stop?
1. Cut down gradually -> Q28
2. Suddenly stopped -> Q29

Q28 By cutting down gradually do you mean by trying to smoke less and less or by delaying the first cigarette of the day for longer and longer? Or both?

1. By trying to smoke less and less
2. By delaying the first cigarette of the day
3. Both
4. Don’t Know

Q29 Now I would like to ask you one or two questions about any thoughts you might have had about quitting smoking.

1. CONTINUE

Q30 Are you planning to quit smoking.. READ OUT

1. Within the next month? -> [Q32]
2. Within the next 6 months? -> [Q32]
3. Sometime in the future, beyond 6 months? -> [Q32]
4. Or are you not planning to quit -> [Q31]
Q31  Do you want to quit smoking at all?

1. Yes -> [Q32]
2. No -> [Q32]
3. Don’t know -> [Q32]

Q32
IF Q30 = 4
Even though you have mentioned that you are not currently planning to quit, in the past 6 months, have any (**each?**) of the following things on this card led you to think about quitting, not at all, somewhat or very much?

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

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

**SMOKERS AND EX-SMOKERS who quit < 6mths ago**

Q33  Have you heard about medications to help people stop smoking such as Nicotine Replacement Therapies like nicotine gum, nicotine patches, sprays or pills such as Zyban.

1. Yes -> [Q34]
2. No -> [Q35]

Q34  Have you ever used any stop-smoking medication or Nicotine replacement therapies?

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

Q35  In the last 6 months have you used any stop-smoking medication such as Nicotine Replacement Therapies like nicotine gum, nicotine patches, or pills such as Zyban.

1. Yes -> [Q36]
2. No -> [Q40]
Q36 Which product or products did you use most recently?
CODE ALL THAT APPLY – we want type (e.g. gum, patch) not brand (e.g. nicorette)
1. Nicotine Water
2. Nicotine gum
3. Nicotine patch
4. Nicotine lozenges
5. Nicotine (sub-lingual) tablets
6. Nicotine inhaler
7. Nicotine nasal spray
8. Zyban (or buproprion)
9. Wellbutrin
10. Other specify

Q37 Other Specify ___________________________________________________________

Q38 Where did you get your nicotine replacement therapy? 
1. By prescription
2. Over the counter/off the shelf
3. From a friend
4. Smoking Cessation Clinic
5. Other

Q39 Please Specify :string[200];

Q40 In last 6 months (since ^6MONTHS) have you visited a doctor or health professional in relation to smoking?

1. Yes -> Q41
2. No -> Q42

Q41 Did your doctor or health professional give you advice about giving up smoking?

Q42 SHOWCARD 17 (QUIT HELP) Finally, in last 6 months (since ^6MONTHS) have you have you received advice or information about quitting smoking from any of the following?
CODE ALL THAT APPLY
1. Call a Telephone helpline
2. Checked the Internet,
3. Read a book or leaflets
4. Attend a Local stop-smoking services (such as clinics or specialists, sometimes called cessation clinic))
5. Speak to a doctor or nurse
6. Speak to a Pharmacist
7. None of the above

FOR EACH IN Q42 (not 7)
Q43 Did the ^QUITADV3 help you in your quit attempt?

1. Yes
2. No
3. Don’t Know
DRINKING:

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

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

[DRINKANY] Could I just check, does that mean you never have an alcoholic drink nowadays, or do you have an alcoholic drink very occasionally, perhaps for medicinal purposes or on special occasions like Christmas or New Year?

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

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

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

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

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

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

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

Drink regularly/occasionally:

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

1. hardly drink at all |
2. drink a little |
3. drink a moderate amount |
4. drink quite a lot |
5. or drink heavily? |
INTERVIEWER - READ OUT: I'd like to ask you whether you have drunk different types of alcoholic drink in the last 12 months. I do not need to know about non-alcoholic or low alcohol drinks.

1. PRESS ENTER TO CONTINUE

SHOW CARD 34 (FREQUENCY DRINK)
I'd like to ask you first about NORMAL STRENGTH beer or cider which has less than 6% alcohol. How often have you had a drink of NORMAL STRENGTH BEER, LAGER, STOUT, CIDER or SHANDY (excluding cans and bottles of shandy) during the last 12 months?

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

SHOW CARD 594 (MEASURES)
How much NORMAL STRENGTH BEER, LAGER, STOUT, CIDER or SHANDY (excluding cans and bottles of shandy) have you usually drunk on any one day during the last 12 months? INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

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

Enter at most 4 values

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

IF NBEERM=BOTTLES (4)

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

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

DESCRIPTION FROM FILE - COMPUTED

ALCOHOL LEVEL FROM FILE – COMPUTED
**[SBEER]**

SHOW CARD 34 (FREQUENCY DRINK)

Now I’d like to ask you about STRONG BEER OR CIDER which has 6% or more alcohol eg Tennants Extra, Special Brew, Diamond White).

How often have you had a drink of strong BEER, LAGER, STOUT or CIDER during the last 12 months?

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

**[SBEERM]**

How much STRONG BEER, LAGER, STOUT or CIDER have you usually drunk on any one day during the last 12 months?

INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE

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

Enter at most 4 values

**[SBEERQ1..4]**

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

Enter a numeric value between 1 and 97

IF SBEERM=BOTTLES (4)

**[SBOTTLE]**

ASK OR CODE: What make of STRONG BEER, LAGER, STOUT or CIDER do you usually drink from bottles? INTERVIEWER: IF RESPONDENT DOES NOT KNOW WHAT MAKE, OR RESPONDENT DRINKS DIFFERENT MAKES OF STRONG BEER, LAGER, STOUT or CIDER, PROBE:

'What make have you drunk most frequently or most recently?'

**[SCODEEIQ]**

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

**[DESCRIPS]**

DESCRIPTION FROM FILE - COMPUTED

**[ALCLEVS]**

ALCOHOL LEVEL FROM FILE - COMPUTED
### SPIRITS

**SHOW CARD 34 (FREQUENCY DRINK)**

How often have you had a drink of SPIRITS OR LIQUEURS, such as gin, whisky, brandy, rum, vodka, advocaat or cocktails during the last 12 months?

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

**[SPIRITSQ]**

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

CODE THE NUMBER OF SINGLES - COUNT DOUBLES AS TWO SINGLES.

Enter a numeric value between 1 and 97

### SHERRY

**SHOW CARD 34 (FREQUENCY DRINK)**

How often have you had a drink of SHERRY OR MARTINI including port, vermouth, Cinzano and Dubonnet, during the last 12 months?

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

**[SHERRYQ]**

How much SHERRY OR MARTINI, including port, vermouth, Cinzano and Dubonnet have you usually drunk on any one day during the last 12 months?

CODE THE NUMBER OF GLASSES.

Enter a numeric value between 1 and 97

### WINE

**SHOW CARD 34 (FREQUENCY DRINK)**

How often have you had a drink of WINE, including Babycham and champagne, during the last 12 months?

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

**[WINEQ]**

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

CODE THE NUMBER OF GLASSES. 1 BOTTLE = 6 GLASSES, 1 LITRE = 8 GLASSES

Enter a numeric value between 1 and 97
SHOW CARD 34 (FREQUENCY DRINK)

How often have you had a drink of ALCOHOLIC LEMONADE, ALCOHOLIC COLAS OR OTHER ALCOHOLIC FRUIT- OR HERB-FLAVOURED DRINKS (eg. Bacardi breezer, Smirnoff ice, WKD etc), during the last 12 months?

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

How much ALCOHOLIC LEMONADE, ALCOHOLIC COLAS OR OTHER ALCOHOLIC FRUIT- OR HERB-FLAVOURED DRINKS have you usually drunk on any one day during the last 12 months? CODE THE NUMBER OF BOTTLES

Enter a numeric value between 1 and 97

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

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

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

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

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

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

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

WHAT OTHER MEASURE?

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

Enter a numeric value between 0 and 97
Have you drunk any other types of alcoholic drink in the last 12 months?

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

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

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

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

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

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

WHAT OTHER MEASURE?

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

Enter a numeric value between 0 and 97

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

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

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

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

1. Almost every day | 5. once or twice a month
2. 5 or 6 days a week | 6. once every couple of months
3. 3 or 4 days a week | 7. once or twice a year
4. once or twice a week | 8. not at all in last 12 months
How much ... have you usually drunk on any one day during the last 12 months? INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

1. Pints     -> [OTHQC]
2. Singles   -> [OTHQC]
3. Glasses   -> [OTHQC]
4. Bottles   -> [OTHQC]
5. Other     -> [OTHQOC]

WHAT OTHER MEASURE?

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

Enter a numeric value between 0 and 97
[**DRINKOFT**] SHOW CARD 34 (FREQUENCY DRINK)
Thinking now about all kinds of drinks, how often have you had an alcoholic drink of any kind during the last 12 months?

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

[ **DRAMOUNT** ] **[*]** Compared to five years ago, would you say that on the whole you drink more, about the same or less nowadays?

1. More nowadays  
2. About the same  
3. Less nowadays  

[ **OFFLIC** ] On average, how much money would ___ spend each week on alcohol at offsales, including drinks you buy for other people?
INTERVIEWER NOTE: OFF-SALES INCLUDES ALL SALES OF ALCOHOL WHERE IT IS NOT CONSUMED ON THE PREMISES WHERE IT WAS PURCHASED, I.E OFF-LICENCE, WINE CLUBS, INTERNET SALES, SUPERMARKETS ETC

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

[ **EXPPUBS** ] On average, how much money would ___ spend each week on alcohol at pubs, restaurants, clubs etc, including drinks you buy for other people?
INTERVIEWER NOTE: THIS INCLUDES EXPENDITURE ON ALCOHOL WHICH IS CONSUMED ON LICENSED PREMISES I.E BARS, RESTAURANTS, SOCIAL OR SPORTS CLUBS

1. None  
2. Less than £10  
3. Between £10 and £20  
4. Between £20 and £30  
5. Between £30 and £40  
6. Between £40 and £50  
7. More than £50
People have different views concerning the effects of drinking on health, so I'd like to ask you how you feel about this.

Do you think that drinking alcohol can damage people's health?

1. Yes – unqualified
2. Yes, if in excess/no, not in moderation/depends on amount
3. No – unqualified
4. Other answer

What other answer would you give?

You may know that the Department of Health and the medical profession recommend that people should drink no more than a certain amount each week. Do you think you usually drink more or less than the recommended amount?

1. More
2. Less
3. Recommended amount

The recommended weekly drinking limit is sometimes described in units of alcohol. For example a pint of beer contains 2 units, a measure of spirit 1.5 units and a glass of wine/sherry contains 1 unit.

Have you heard about units of alcohol before?

1. Yes
2. No

What do you think is the recommended weekly drinking limit for men(women)? You can describe the recommended weekly limit either by the number of units or by the number of pints of beer or, glasses of wine, etc. Enter the category chosen (ONE CATEGORY ONLY)

1. units
2. pints of beer
3. glasses of wine/sherry
4. spirits (single measure)
5. don't know

Enter the number of .. MEASURES ..

Enter a numeric value between 1 and 100
What do you think is the recommended Daily drinking limit for women?
You can describe the recommended Daily limit either by the number of units or by the number of pints of beer or glasses of wine, etc.
Enter the category chosen:
   (unit "units",
    beer "pints of beer",
    wine "glasses of wine\sherry",
    spirits "spirits (single measure)",
    dontk "don't know");

Enter the number of ^quan

CONVERT TO UNITS

What do you think is the recommended Daily drinking limit for men?
You can describe the recommended Daily limit either by the number of units or by the number of pints of beer or, glasses of wine, etc.
Enter the category chosen:
   (unit "units",
    beer "pints of beer",
    wine "glasses of wine\sherry",
    spirits "spirits (single measure)",
    dontk "don't know");

Enter the number of

CONVERT TO UNITS
**SEXUAL HEALTH** (this section will be asked at the end)

**Respondents aged 16-55**

Ask of ALL

<table>
<thead>
<tr>
<th>Q1. Which of the following best describes you?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) I have had sex only with women</td>
</tr>
<tr>
<td>2) I have had sex only with men</td>
</tr>
<tr>
<td>3) I have usually had sex only with women but have had sex at least once with a man</td>
</tr>
<tr>
<td>4) I have usually had sex only with men but have had sex at least once with a woman</td>
</tr>
<tr>
<td>5) I have had sex with both men and women</td>
</tr>
<tr>
<td>6) I have not yet had sex</td>
</tr>
<tr>
<td>7) Refuse to answer</td>
</tr>
<tr>
<td>8) Don’t know</td>
</tr>
</tbody>
</table>

Ask if Q1 is not option 6…

<table>
<thead>
<tr>
<th>Q2. How many partners have you had a sexual experience with <strong>in the last year</strong>, be that vaginal, oral or anal sex?</th>
</tr>
</thead>
<tbody>
<tr>
<td>RECORD NUMBER:</td>
</tr>
<tr>
<td>Don’t know</td>
</tr>
<tr>
<td>Refuse to answer</td>
</tr>
</tbody>
</table>

Ask if Q2 is 1 or more…

<table>
<thead>
<tr>
<th>Q3. With regard to the number of sexual partners you had <strong>in the last year</strong>, did any of these relationships overlap?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Only ever had 1 partner</td>
</tr>
<tr>
<td>Refuse to answer</td>
</tr>
<tr>
<td>Don’t know</td>
</tr>
</tbody>
</table>

Ask if Q1 is not option 6…

<table>
<thead>
<tr>
<th>Q4. Thinking about your most recent sexual experience, what was the nature of this relationship?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Met each other for the first time/ didn’t previously know each other</td>
</tr>
<tr>
<td>Knew each other but didn’t have a steady relationship at the time</td>
</tr>
<tr>
<td>Knew each other and met up occasionally for sex</td>
</tr>
<tr>
<td>Had a steady relationship at the time</td>
</tr>
<tr>
<td>Living together/ co-habiting/ married or engaged</td>
</tr>
<tr>
<td>Paid for sex</td>
</tr>
<tr>
<td>Other (ADD 1 ADDITIONAL VARIABLE)</td>
</tr>
<tr>
<td>Refuse to answer</td>
</tr>
<tr>
<td>Don’t know</td>
</tr>
</tbody>
</table>
Q5. The following statements are about condoms and other protection against STIs, please indicate if you either agree or disagree with each…

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

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

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

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

(TICK ONE ONLY)

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

*Ask if Q7 is not option 5 or 6*

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

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

**Ask of All**

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

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

*If ‘Yes’ at Question Q9…*

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

(TICK ALL THAT APPLY)

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

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

(TICK ALL THAT APPLY)

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

**Ask of all**

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

(TICK ALL THAT APPLY)

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

**Ask of all**

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

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

**Ask of all**

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

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

<table>
<thead>
<tr>
<th>Yes</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Refuse to answer</td>
<td></td>
</tr>
<tr>
<td>Don’t know</td>
<td></td>
</tr>
</tbody>
</table>
Ask of all

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

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

[DENOMIN] I would like to ask you now about religion. What is your religion, even if you are not currently practising??

2. Presbyterian | 11. Hindu
3. Church of Ireland | 12. Jewish
4. Methodist | 13. Muslim
5. Baptist | 14. Sikh
6. Free Presbyterian | 15. Other Religion -> [OTHDENOM]
7. Brethren | 16. Unwilling to answer
8. Protestant - not specified | 17. No religion
9. Other Christian

[OTHDENOM] Please describe other religion.

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

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

Sexual identity

SIDFtFQn "@RSHOWCARD 24 SID^CardNo @R/{For this person, please use @RSHOWCARD ^CardNo] @B@R
/@@/@AWhich of the options on this card best describes how you think of yourself?
@/Please just read out the number next to the description.
@/@/^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. Detailed training was given regarding the use of the Frankfort plane for height measurements and how to measure height and weights of children.

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

   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 .....

   How tall are you without shoes on?

   How much do you weigh?

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

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

   Please enter if height is measured:

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

   ·Please enter height of person in centimetres

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

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

   If other reason given
   Please specify

   Were their any problems experienced in measuring the height of the respondent or was a reliable height measured
      Yes problems
      No problems, reliable measurement
**If there are problems**
With problems experienced, is measurement likely to be reliable, slightly reliable or unreliable
- Reliable
- Slightly reliable
- Unreliable

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

Please enter weight of person in kilograms

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

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

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

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

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

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