<table>
<thead>
<tr>
<th>TOPICS INCLUDED</th>
<th>PAGE NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household information</td>
<td>2</td>
</tr>
<tr>
<td>Smoke alarms/detectors</td>
<td>5</td>
</tr>
<tr>
<td>Carbon monoxide alarms</td>
<td>6</td>
</tr>
<tr>
<td>General health</td>
<td>8</td>
</tr>
<tr>
<td>Improving health</td>
<td>10</td>
</tr>
<tr>
<td>Specific medical conditions</td>
<td>12</td>
</tr>
<tr>
<td>Visits to hospital</td>
<td>14</td>
</tr>
<tr>
<td>GP module</td>
<td>21</td>
</tr>
<tr>
<td>Medicines module</td>
<td>27</td>
</tr>
<tr>
<td>Pharmacy module</td>
<td>31</td>
</tr>
<tr>
<td>Views on health &amp; social care services</td>
<td>33</td>
</tr>
<tr>
<td>Complaints procedure</td>
<td>34</td>
</tr>
<tr>
<td>Personal &amp; Public Involvement</td>
<td>35</td>
</tr>
<tr>
<td>Carers</td>
<td>36</td>
</tr>
<tr>
<td>Child health</td>
<td>37</td>
</tr>
<tr>
<td>Skin Cancer Prevention Module</td>
<td>39</td>
</tr>
<tr>
<td>Physical activity</td>
<td>42</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>43</td>
</tr>
<tr>
<td>EQ5D</td>
<td>45</td>
</tr>
<tr>
<td>Smoking (short version)</td>
<td>47</td>
</tr>
<tr>
<td>Drinking (short version)</td>
<td>49</td>
</tr>
<tr>
<td>Sexual health</td>
<td>50</td>
</tr>
<tr>
<td>Religion, Ethnic group &amp; Sexual identity</td>
<td>55</td>
</tr>
<tr>
<td>Physical measurements</td>
<td>57</td>
</tr>
</tbody>
</table>
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.

1. 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:**

2. Sex

3. Age and date of birth

4. Marital status:

   Single, that is never married
   Married and living with husband\wife
   a civil partner in a legally-recognised Civil Partnership
   Married and separated from husband\wife
   Divorced
   Widowed
   In a legally-recognised Civil Partnership and separated from his/her civil partner",
   Formerly a civil partner, the Civil Partnership now legally dissolved",
   A surviving civil partner: his/her partner having since died

IF 16-18

5. In full-time education or not

ALL:

6. Relationship to head of household:

   Household Reference Person
   Spouse of HRP
   Child of HRP\wife
   Parent\grandparent of HRP\wife
   Brother\sister of HRP\wife
   Nephew\niece of HRP\wife
   Grandchild of HRP\wife
   Other relation of HRP\wife
   Cohabitee
   Civil partner
   Other

7. Family unit
8. Position in family unit:
   Head
   Spouse/partner
   Dependant

9. 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 ENTERED IN BOX THEN:

10. Sex

11. Age and Date of Birth

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

13. Whether or not foster child

14. 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

15. Family unit

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

17. Type of house/bungalow?
   Detached
   Semi-detached
   Terraced/end of terrace

18. Type of flat/Maisonette?
   a purpose built block
   a converted house/some other kind of building

19. Type of Other accommodation?
   a caravan, mobile home or houseboat
   or some other kind of accommodation
20. 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

21. If less than 12 months
   How many months have you lived here? 0..12

22. 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;

23. How many bedrooms do you have? :0..20;

24. 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

25. How old were you when you left school?

26. How old were you when you left full-time continuous education?

27. I would like to ask you about your educational qualifications. Which qualifications do (you
    think) you have?
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
CARBON MONOXIDE ALARMS/POISONING

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

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

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

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

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

6. How often are the chimney(s)/flue(s) in your home cleaned?
   (Code one only)
   - Yearly
   - Every 2 years
   - Every 3 years or longer
7. Do you know what the symptoms of carbon monoxide poisoning are?

DO NOT PROMPT

- Headache
- Tiredness/fatigue
- Nausea
- Breathlessness
- Dizziness
- Collapse/Unconsciousness
- Drowsiness
- Vomiting
- Pains in the chest
- Stomach pains
- Erratic behaviour
- Visual problems
- Flu-like symptoms
GENERAL HEALTH 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 physical or mental health conditions or illnesses lasting or expected to last 12 months or more?
  - Yes
  - No

IF YES TO Q5 ASK Q6

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

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

IF YES AT Q6 THEN ASK Q7
7. Would you mind telling me what this condition or illness is?
   What long-standing illness

8. ALL
   Now I’d like you to think about the two weeks ending yesterday. During those two weeks, did
   you have to cut down on any of the things you usually do (about the house or at work or in your
   free time) because of (LONG-STANDING ILLNESS or some other) illness or injury?
   IF YES TO Q8 ASK Q9

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

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

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

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

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

IF Q3 = NO THEN ASK Q4

4. Which of the following statements best describes why you don’t feel there is anything you can do to make your own life healthier?
- I already lead a healthy life
- I don’t want to make any changes to my life
- It’s just too difficult for me to do anything to make my life healthier

IF Q4 = ‘too difficult’…THEN ASK Q5

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

IF Q3 = YES THEN ASK Q6

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

7. ALL
Thinking back over the past year, that is since (date one year ago), have you **tried** to make any of the following changes in your lifestyle to improve your health, even if only for a short time?

- cut down smoking
- stop smoking
- cut down the amount of alcohol I drink
- stop drinking alcohol
- be more physically active
- control weight
- eat more healthily
- reduce the amount of stress in my life
- none of these

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

8. And which, if any, have you managed to maintain?

- cut down smoking
- stop smoking
- cut down the amount of alcohol I drink
- stop drinking alcohol
- be more physically active
- control weight
- eat more healthily
- reduce the amount of stress in my life

**9. ALL**

Which of these changes, if any, would you like to make?

- cut down smoking
- stop smoking
- cut down the amount of alcohol I drink
- stop drinking alcohol
- be more physically active
- control weight
- eat more healthily
- reduce the amount of stress in my life
- none of these

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

10. Of the changes you would **like** to make which are you thinking of making in the next six months?

- cut down smoking
- stop smoking
- cut down the amount of alcohol I drink
- stop drinking alcohol
- be more physically active
- control weight
- eat more healthily
- reduce the amount of stress in my life
SPECIFIC MEDICAL CONDITIONS

ALL:
You have told me about your general health; now I’d like to ask you about some particular conditions.

IF FEMALE AGED 16-45 ASK Q1

1. We are asking slightly different questions for pregnant women so, may I just check, are you pregnant?
2. Have you ever been told by a doctor or a nurse that you had high blood pressure?

IF YES AT Q2 AND FEMALE ASK Q3

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

IF YES AT Q3 ASK Q4

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

IF Q2 = YES OR Q4 = YES ASK Q5

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

IF Q5 = NO ASK Q6

6. Do you still have high blood pressure?

ALL

7. 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
   - none of these

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

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

10. If Yes to ‘heart murmur’…
    Have you had a heart murmur during the past 12 months?
11 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?

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

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

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

15 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?
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?

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

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

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

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

20 May I just check, have you ever been told by a doctor that you had diabetes apart from when you were pregnant?
VISITS TO HOSPITAL

Intro: I’d now like to ask you some questions on any visits you may have had to a hospital during the last year.

1. ALL
   During the last year, have you attended hospital ... 
   a) as an inpatient, i.e. by this I mean being admitted to hospital as either a day patient or for a period of time that covered at least one overnight stay?
   b) for an outpatient appointment i.e. by this I mean visiting the hospital for an appointment when you did not need to be admitted?
   c) A&E or Casualty department?

IF YES AT A, B OR C ABOVE, ASK QUESTIONS 2, 3 & 4 BELOW AS APPROPRIATE

2. Thinking about your most recent experience as an in-patient...
   a) Was your most recent hospital stay planned in advance or an emergency?
      - Emergency or urgent → go to question 2b
      - Waiting list or planned in advance → go to question 2f
   b) When you arrived at hospital did you go to the Accident and Emergency Department?
      - Yes → go to question 2c
      - No → go to question 2k
      - Don’t know → go to question 2k
   c) Following arrival at the hospital, how long did you wait before being admitted to a bed or ward?
      - Less than 1 hour
      - At least 1 hour but less than 2 hours
      - At least 2 hours but less than 4 hours
      - At least 4 hours but less than 8 hours
      - 8 hours or longer
      - Can’t remember
      - I did not have to wait
   d) For most of this time, were you waiting in ..?
      - A cubicle
      - An open plan area
      - A corridor
      - Somewhere else
      - Can’t remember
   e) Overall how would you rate the way you were treated at the Accident and Emergency Department. For example, the length of time you waited to be treated, the courtesy of Accident and Emergency staff, the standard of treatment etc?
      - Excellent
      - Good
      - Fair
      - Poor
      - Very Poor
   f) Overall, from the time you first talked to a health professional about being referred to a hospital, how long did you wait to be admitted to hospital?
      - Up to 1 month
- 1 to 2 months
- 3 to 4 months
- 5 to 6 months
- More than 6 months
- Don’t know/Can’t remember

g) Did your symptoms or condition get worse while you were waiting for your appointment?
- Yes, definitely
- Yes, to some extent
- No
- Don’t know/Can’t remember

h) How do you feel about the length of time you were on the waiting list before your admission to hospital?
- I was admitted as soon as I thought was necessary
- I should have been admitted a bit sooner
- I should have been admitted a lot sooner

i) When you were told you would be going into hospital, were you given enough notice of your date of admission?
- Yes, enough notice
- No, not enough notice
- Don’t know/Can’t remember

j) Overall how would you rate the way the hospital managed the period between deciding to admit you and your actual admission? *For example, the length of time you waited, the amount of notice you were given about your admission, information or instructions provided about your admission and treatment etc?*
- Excellent
- Good
- Fair
- Poor
- Very Poor

**Thinking about your time in hospital...**

k) How much do you agree or disagree with each of the following about your stay in hospital?

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Not relevant</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>The main ward or room I stayed in was clean</td>
<td></td>
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<tr>
<td>The bathrooms and toilets were clean</td>
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<tr>
<td>I was happy with the food and drink that I received</td>
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<td>When I called I received assistance within a reasonable time</td>
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<td>I was able to get adequate pain relief when I needed it</td>
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<td>I had privacy when being examined or treated</td>
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<tr>
<td>I had privacy when my condition and treatment was discussed</td>
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</tbody>
</table>
1) How much do you agree or disagree with each of the following when you think of the medical staff who you came into contact with?

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Not relevant</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>There was enough time to talk to the medical staff</td>
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<tr>
<td>Medical staff explained the risks and benefits of any treatment in a way I could understand</td>
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<tr>
<td>Medical staff talked in a way that helped me understand my condition and treatment</td>
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<tr>
<td>Medical staff told me how my operation or procedure had gone in a way I could understand</td>
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<tr>
<td>Medical staff talked in front of me as if I was not there</td>
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<tr>
<td>Medical staff listened to me if I had any questions or concerns</td>
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</table>

**Leaving hospital**

m) How much do you agree or disagree with each of the following when you think about what happened when you were leaving hospital?

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Not relevant</th>
<th>Don’t know</th>
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<tbody>
<tr>
<td>My family or home situation was taken into account when planning for me leaving hospital</td>
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<td>I was happy with how long I had to wait around when I was told I could go home</td>
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<td>Any medicines I needed before I could go home were given to me in reasonable time</td>
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<td>I was given help with arranging transport</td>
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<tr>
<td>I understood who to contact if I had any questions after leaving hospital</td>
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<td>I was told about any danger signals to watch for when I got home</td>
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<td>I was given advice on how to look after myself</td>
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<td>I was confident that any help I needed had been arranged for when I left hospital</td>
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n) Overall, how would you rate the arrangements made for you leaving hospital?
   - Excellent
   - Good
   - Fair
   - Poor
   - Very poor
Overall views

o) Overall, did you feel you were treated with respect and dignity while you were in the hospital?
   - Yes, all of the time
   - Yes, some of the time
   - No

p) How would you rate how well the health and social care staff worked together?
   - Excellent
   - Good
   - Fair
   - Poor
   - Very poor

q) Were you involved as much as you wanted to be in decisions about your care and treatment?
   - Yes, definitely
   - Yes, to some extent
   - No

r) How would you rate the care you received?
   - Excellent
   - Good
   - Fair
   - Poor
   - Very poor

3. Thinking about your most recent experience as an outpatient...

a) From the time you were first told you needed an appointment to the time you went to the Outpatients Department, how long did you wait for your appointment?
   - up to 1 month
   - 1 month to 6 weeks
   - more than 6 weeks but no more than 3 months
   - more than 3 months but no more than 5 months
   - more than 5 months but no more than 12 months
   - more than 12 months but no more than 18 months
   - more than 18 months
   - I went to Outpatients without an appointment
   - Don’t know/Can’t remember

b) Did your symptoms or condition get worse while you were waiting for your appointment?
   - Yes, definitely
   - Yes, to some extent
   - No
   - Don’t know/Can’t remember

c) How do you feel about the length of time you were on the waiting list before your hospital appointment?
   - My appointment was as soon as I thought was necessary
   - My appointment should have been a bit sooner
   - My appointment should have been a lot sooner
d) Were you given a choice of appointment times?
   - Yes
   - No, but I did not need/want a choice
   - No, but I would have liked a choice
   - Don’t know/Can’t remember

e) Was your appointment changed to a later date by the hospital?
   - No
   - Yes, once
   - Yes, 2 or 3 times
   - Yes, 4 times or more

Leaving hospital

f) How much do you agree or disagree with each of the following when you think about what happened when you were leaving hospital?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Not relevant</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>I understood who to contact if I had any questions after leaving hospital</td>
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<tr>
<td>I was told about any danger signals to watch for when I got home</td>
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<tr>
<td>I was given advice on how to look after myself</td>
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<tr>
<td>I was confident that any help I needed had been arranged for when I left hospital</td>
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</tbody>
</table>

g) Were you kept informed of the outcome of your appointment. For example, did the consultant or your GP provide you with the results of diagnostic tests undertaken or tell you what was going to happen next about your medical condition?
   - Yes → go to question 3h
   - No → go to question 3i
   - Don’t know → go to question 3i

h) If yes, how did you feel about the length of time you waited to hear the outcome of your appointment?
   - It was reasonable
   - It was too short
   - It was too long

Overall views

i) Overall, did you feel you were treated with respect and dignity while you were at the hospital?
   - Yes, all of the time
   - Yes, some of the time
   - No

j) How would you rate how well the health and social care staff worked together?
   - Excellent
   - Good
   - Fair
k) Were you involved as much as you wanted to be in decisions about your care and treatment?
   - Yes, definitely
   - Yes, to some extent
   - No

l) How would you rate the care you received?
   - Excellent
   - Good
   - Fair
   - Poor
   - Very poor

4. Thinking about your most recent visit to an A&E or Casualty department...

a) What was the MAIN reason you went to A&E?
   - I was told to go to A&E by a health professional (e.g. GP, nurse)
   - I was taken to A&E by the Ambulance Service
   - My GP surgery or health centre was closed
   - I was not aware of any other service available at the time
   - I didn’t get a satisfactory response from the GP out-of-hours service
   - I wanted a second opinion
   - It seemed the easiest option
   - I decided that I needed to go to A&E
   - Somebody else (e.g. friend, relative, colleague) decided that I needed to go to A&E

b) Would you mind telling me what your illness/condition was?

c) Were you given enough privacy when being examined or treated?
   - Yes, definitely
   - Yes, to some extent
   - No

d) Overall, did you feel you were treated with respect and dignity while you were at A&E?
   - Yes, all of the time
   - Yes, some of the time
   - No

e) How would you rate how well the health and social care staff worked together?
   - Excellent
   - Good
   - Fair
   - Poor
   - Very poor
   - Not applicable

f) Were you involved as much as you wanted to be in decisions about your care and treatment?
   - Yes, definitely
   - Yes, to some extent
   - No
g) How would you rate the care you received?
   - Excellent
   - Good
   - Fair
   - Poor
   - Very poor

h) Overall, how long did your visit to A&E last?
   - Up to 1 hour
   - More than 1 hour but no more than 2 hours
   - More than 2 hours but no more than 4 hours
   - More than 4 hours but no more than 8 hours
   - More than 8 hours but no more than 12 hours
   - More than 12 hours but no more than 24 hours
   - More than 24 hours
   - Don’t know/Can’t remember

i) What happened at the end of your visit to A&E?
   - I was admitted to the same hospital
   - I was transferred to a different hospital or to a nursing home
   - I went home
   - I went to stay with a friend or relative
   - I went to stay somewhere else
GP MODULE

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

1. [CONSLT] 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 -> [NUMCONS]
   2. No -> [SEENURSE]

2. [NUMCONS] How many times did you talk to him/her in these 2 weeks?

3. RECORD NUMBER OF TIMES

4. [SEENURSE] 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 -> [NNURSE]
   2. No

5. [NNURSE] How many times did you see a practice nurse at the GP surgery in these 2 weeks?

6. 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 routing 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.

Getting through on the phone

Please think about times you have phoned your GP surgery or health centre in the past 6 months.

Q1. In the past 6 months, how easy have you found the following?

<table>
<thead>
<tr>
<th></th>
<th>Haven’t tried</th>
<th>Very easy</th>
<th>Fairly easy</th>
<th>Not very easy</th>
<th>Not at all easy</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting through on the phone</td>
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<td>Speaking to a doctor on the phone</td>
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<td>Speaking to a nurse on the phone</td>
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<tr>
<td>Getting test results on the phone</td>
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</table>
Seeing a GP or healthcare professional

Q2. In the past 6 months, have you tried to see a GP or healthcare professional fairly quickly? *By ‘fairly quickly’ we mean on the same day or in the next 2 days the GP surgery or health centre was open*.
- Yes → go to question 3
- No → go to question 6
- Can’t remember → go to question 6

Q3. Think about the last time you tried to see a GP or healthcare professional fairly quickly. *Were you able to see a GP or healthcare professional on the same day or in the next 2 days the GP surgery or health centre was open?*
- Yes → go to question 6
- No → go to question 4
- Can’t remember → go to question 6

Q4. If you couldn’t be seen within the next 2 days the GP surgery or health centre was open, why was that? *Please select all that apply to you.*
- There weren’t any appointments
- The times offered didn’t suit me
- The appointment was with a doctor I didn’t want to see
- I could have seen a nurse but I wanted to see a doctor
- Another reason
- Can’t remember

Q5. What did you do on that occasion?
- Got an appointment for a later day
- Had a consultation over the phone
- Went to A&E or Casualty department
- Saw a pharmacist
- Decided to contact my surgery another time
- Didn’t see or speak to anyone

Q6. In the past 6 months, have you tried to book ahead for an appointment with a GP or healthcare professional? *By ‘booking ahead’ we mean booking an appointment more than 2 full days in advance.*
- Yes → go to question 7
- No → go to question 9
- Can’t remember → go to question 9

Q7. Last time you tried to, were you able to get an appointment with a GP or healthcare professional more than 2 full days in advance?
- Yes → go to question 9
- No → go to question 8
- Can’t remember → go to question 9

Q8. What did you do on that occasion?
- Had a consultation over the phone
- Went to A&E or Casualty department
- Saw a pharmacist
- Decided to contact my surgery another time
- Didn’t see or speak to anyone
Q9. When did you last see a GP or healthcare professional at your GP surgery or health centre?
- In the past 3 months → go to question 11
- Between 3 and 6 months ago → go to question 11
- More than 6 months ago → go to question 10
- I have never been seen at my present GP surgery or health centre → go to question 10

Q10. If you haven’t seen a GP or healthcare professional in the past 6 months, why is that?
Please select all that apply to you.
- I haven’t needed to go
- I couldn’t be seen at a convenient time
- I couldn’t get to the GP surgery or health centre easily
- I didn’t like or trust the doctors
- Another reason

Seeing a doctor in the GP surgery or health centre

Please answer these next questions about the last time you saw a doctor at your GP surgery or health centre.

Q.11 Last time you saw a doctor at your GP surgery or health centre, how good was the doctor at each of the following?

<table>
<thead>
<tr>
<th></th>
<th>Very good</th>
<th>Good</th>
<th>Neither good nor poor</th>
<th>Poor</th>
<th>Very poor</th>
<th>Doesn’t apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Giving you enough time</td>
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<tr>
<td>Asking about your symptoms</td>
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<tr>
<td>Listening to you</td>
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<tr>
<td>Explaining tests and treatments</td>
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<tr>
<td>Involving you in decisions about your care</td>
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<td>Treating you with care and concern</td>
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<tr>
<td>Taking your problems seriously</td>
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Q.12 Did you have confidence and trust in the doctor you saw?
- Yes, definitely
- Yes, to some extent
- No, not at all
- Don’t know/can’t say

Seeing a practice nurse in the GP surgery or health centre

Please answer these next questions about the last time you saw a practice nurse at your GP surgery or health centre.

Q.13 Have you seen a practice nurse at your GP surgery or health centre in the past 6 months?
- Yes → go to question 14
- No → go to question 15
Q.14 How easy is it for you to get an appointment with a practice nurse at your GP surgery or health centre?
- Haven’t tried
- Very easy
- Fairly easy
- Not very easy
- Not at all easy
- Don’t know

Q.15 Last time you saw a practice nurse at your GP surgery or health centre, how good was the practice nurse at each of the following?

<table>
<thead>
<tr>
<th></th>
<th>Very good</th>
<th>Good</th>
<th>Neither good nor poor</th>
<th>Poor</th>
<th>Very poor</th>
<th>Doesn’t apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Giving you enough time</td>
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<tr>
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<tr>
<td>Treating you with care and concern</td>
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<tr>
<td>Taking your problems seriously</td>
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</table>

Q.16 Did you have confidence and trust in the nurse you saw?
- Yes, definitely
- Yes, to some extent
- No, not at all
- Don’t know/can’t say

**Your overall satisfaction**

Q.17 In general, how satisfied are you with the care you get at your GP surgery or health centre?
- Very satisfied
- Fairly satisfied
- Neither satisfied nor dissatisfied
- Fairly dissatisfied
- Very dissatisfied

**Planning your care**

*The next few questions are about discussions you may have had with any doctor or nurse.*

IF YES AT QUESTION 5 IN GENERAL HEALTH SECTION, THEN ASK QUESTIONS 18 – 21, IF NO AT QUESTION 5 IN GENERAL HEALTH SECTION GO TO QUESTION 22

You mentioned before that you have a physical or mental health condition or illness lasting or expected to last 12 months or more...
Q.18 Have you had discussions in the past 12 months with a doctor or nurse about how best to deal with your health problem?
  - Yes → go to question 19
  - No → go to question 22

Q.19 In these discussions...

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the doctor or nurse take notice of your views about how to deal with your health problem?</td>
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<tr>
<td>Did the doctor or nurse give you information about the things you might do to deal with your health problem?</td>
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<tr>
<td>Did you and the doctor or nurse agree about how best to manage your health condition?</td>
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<tr>
<td>Did the doctor or nurse give you a written document about the discussions you had about managing your health problem?</td>
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Q.20 Do you think that having these discussions with your doctor or nurse had helped improve how you manage your health problem?
  - Yes, definitely
  - Yes, to some extent
  - No, not at all
  - Don’t know/can’t remember

Q.21 In the last 6 months, have you had enough support from local services or organisations to help you to manage your long-term health condition(s)?
Please think about all services and organisations, not just health services.
  - Yes, definitely
  - Yes, to some extent
  - No
  - I have not needed such support
  - Don’t know/can’t say

**Out of hours care**

The next few questions are about contacting an out-of-hours GP service when your GP surgery or health centre is closed (for example, in the evening, at night or at the weekend).

These questions are not about Accident and Emergency (A&E) or Casualty services.

Q. 22 If you wanted to, would you know how to contact an out-of-hours GP service when the GP surgery or health centre is closed?
  - Yes
  - No

Q.23 In the past 6 months, have you tried to call an out-of-hours GP service when the GP surgery or health centre was closed?
  - Yes, for myself → go to question 24
  - Yes, for someone else → go to question 24
  - No → go to next section
Q.24 How easy was it to contact the out-of-hours GP service by telephone?
   - Very easy → go to question 25
   - Fairly easy → go to question 25
   - Not very easy → go to question 25
   - Not at all easy → go to question 25
   - Didn’t make contact → go to question 29
   - Don’t know → go to question 25

Q.25 Were you prescribed or recommended any medicines by the out-of-hours GP service you contacted?
   - Yes → go to question 26
   - No → go to question 27
   - Don’t know/doesn’t apply → go to question 27

Q.26 How easy was it to get these medicines?
   - Very easy
   - Fairly easy
   - Not very easy
   - Not at all easy

Q.27 How do you feel about how quickly you received care from the out-of-hours GP service?
   - It was about right
   - It took too long
   - Don’t know/doesn’t apply

Q.28 Overall, how do you feel about the care you received from the out-of-hours GP service?
   - Very good → go to next section
   - Good → go to next section
   - Neither good nor poor → go to next section
   - Poor → go to question 30
   - Very poor → go to question 30
   - Don’t know/doesn’t apply → go to next section

Q.29 You mentioned that you were unable to make contact with the out-of-hours GP service. What did you do on that occasion?
   - Went to A&E or Casualty department → go to next section
   - Saw a pharmacist → go to next section
   - Decided to contact my surgery another time → go to next section
   - Didn’t see or speak to anyone → go to next section
   - Other (please specify) → go to next section

Q.30 You mentioned that you felt the care you received from the out-of-hours GP service was poor. Did you seek assistance from another healthcare service on that occasion?
   - Went to A&E or Casualty department → go to next section
   - Saw a pharmacist → go to next section
   - Decided to contact my surgery another time → go to next section
   - Other (please specify) → go to next section
Medicines Module

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.
- In Northern Ireland, medicines may be prescribed by doctors and by some nurses, pharmacists and other health professionals who have special training. Because of this, these questions refer to ‘your healthcare professional’; this just means the person who prescribed or reviewed your medicines.

I’d like to ask you about medicines which have been prescribed for you by a doctor or other health professional.

ASK ALL

Q1. In the past 12 months have you had medicines prescribed for you by a healthcare professional?
   - Yes → go to question 2
   - No → go to next section

Q2. Did your healthcare professional clearly explain your disease or condition?
   - Yes, fully
   - Yes, partly
   - No
   - Not applicable
   - Don’t know/Can’t remember

Q3. Were you involved as much as you wanted to be in decisions about your care and treatment?
   - Yes, fully
   - Yes, partly
   - No
   - Not applicable
   - Don’t know/Can’t remember

Q4. Did your healthcare professional clearly explain how a medicine(s) will help you?
   - Yes, fully
   - Yes, partly
   - No
   - Not applicable
   - Don’t know/Can’t remember

Q5. Did your healthcare professional tell you about medication side-effects to watch out for?
   - Yes, fully
   - Yes, partly
   - No
   - Not applicable
   - Don’t know/Can’t remember
Q6. Were you told how to take your medication in a way you could understand?
- Yes, fully
- Yes, partly
- No
- Not applicable
- Don’t know/Can’t remember

Q7. Did your healthcare professional ask if you had any worries about taking the medicine(s) (e.g. about side-effects or becoming dependent on them)?
- Yes, fully
- Yes, partly
- No
- Not applicable
- Don’t know/Can’t remember

Q8. Were you involved as much as you wanted to be in decisions about the best medicine for you?
- Yes, fully
- Yes, partly
- No
- Not applicable
- Don’t know/Can’t remember

Q9. Did you decide NOT to take a medicine that your healthcare professional prescribed for you?
- Yes, fully
- Yes, partly
- No
- Not applicable
- Don’t know/Can’t remember

IF YES FULLY OR YES PARTLY AT Q9

Q10. Why did you decide this?

When you collect your medicines, the pharmacist or person who gives them to you should check that you have all the information you need to help you take them in the right way.

Q11. Who usually gives you your medicines?
- Pharmacist
- Dispenser or pharmacy staff
- Delivery driver from the pharmacy providing a collection and delivery service

Q12. Did the person who gave you the medicine (e.g. pharmacist, pharmacy staff or driver) check if you had any questions (e.g. about how much to take or when to take it)?
- Yes, fully
- Yes, partly
- No
- Not applicable
- Don’t know/Can’t remember
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.

Q13. Have you been taking medicines for a long time, by that I mean one year or more?
   ▪ Yes → go to question 14
   ▪ No → go to next section

Q14. Has a healthcare professional talked to you about your medicines within the past 12 months?
   ▪ Yes → go to question 15
   ▪ No → go to next section

Q15. Who was this?
   ▪ doctor → go to question 17
   ▪ nurse → go to question 17
   ▪ pharmacist → go to question 17
   ▪ other → go to question 16

Q16. Please specify

Q17. During this talk (medicines review) did your healthcare professional ask you if you had any worries about your medicines (e.g. about side-effects or becoming dependent on them)?
   ▪ Yes, fully
   ▪ Yes, partly
   ▪ No
   ▪ Not applicable
   ▪ Don’t know/Can’t remember

Q18. During this talk (medicines review) did your healthcare professional ask you if you had any problems with opening bottles or packets?
   ▪ Yes, fully
   ▪ Yes, partly
   ▪ No
   ▪ Not applicable
   ▪ Don’t know/Can’t remember

Q19. During this talk (medicines review) did your healthcare professional ask you if you had missed any doses of your medicines recently?
   ▪ Yes, fully
   ▪ Yes, partly
   ▪ No
   ▪ Not applicable
   ▪ Don’t know/Can’t remember

Q20. During this talk (medicines review) did your healthcare professional ask you if you’d cut down on your medicines?
   ▪ Yes, fully
   ▪ Yes, partly
   ▪ No
   ▪ Not applicable
   ▪ Don’t know/Can’t remember
Q21. During this talk (medicines review) did your healthcare professional ask you if you’d stopped taking your medicines?
   - Yes, fully
   - Yes, partly
   - No
   - Not applicable
   - Don’t know/Can’t remember

Q22. Has your healthcare professional said that you should keep a list of all medicines you are taking?
   - Yes → go to question 23
   - No → go to next section

Q23. Do you keep a list?
   - Yes → go to question 24
   - No → go to next section

Q24. Does your list include:
   a) prescribed medicines?
      - yes
      - no
   b) medicines you have bought?
      - yes
      - no
   c) vitamin, mineral or herbal supplements?
      - yes
      - no
   d) notes on any allergies or other harmful effects you’ve had after taking medicines or supplements?
      - yes
      - no
Pharmacy Module

Intro: I’d now like to ask you some questions relating to community pharmacies and the role of pharmacists.

Q1. In the past 12 months have you visited a community pharmacy?
   ▪ Yes → go to question 2
   ▪ No → go to question 10

Q2. What was the reason for your visit?
   *Tick all that apply*
   ▪ to have a prescription dispensed
   ▪ to purchase a medicine over the counter
   ▪ for advice about medicines
   ▪ for advice about the treatment of a minor condition
   ▪ for advice about the treatment of a long-term condition
   ▪ to use a service provided by the pharmacy (e.g. stop smoking, minor ailments, medicines review)
   ▪ to purchase products other than medicines

Q3. How would you rate the service provided by the community pharmacy in terms of...
   ...The convenience/ease of accessing your community pharmacy?
   1 Excellent
   2 Good
   3 Fair
   4 Poor

Q4. How would you rate the service provided by the community pharmacy in terms of...
   ...The standard of the premises?
   1 Excellent
   2 Good
   3 Fair
   4 Poor

Q5. How would you rate the service provided by the community pharmacy in terms of...
   ...The opening hours?
   1 Excellent
   2 Good
   3 Fair
   4 Poor

Q6. How would you rate the service provided by the community pharmacy in terms of...
   ...The quality of the advice and information provided by the pharmacist?
   1 Excellent
   2 Good
   3 Fair
   4 Poor
   5 Not Applicable
Q7. How would you rate the service provided by the community pharmacy in terms of... ..The confidentiality of the service?

1  Excellent
2  Good
3  Fair
4  Poor
5  Not Applicable

Q8. How satisfied or dissatisfied were you with the service provided by the community pharmacy?

1  Very satisfied
2  Satisfied
3  Dissatisfied
4  Very dissatisfied

Greater emphasis is being placed on pharmacists working more closely with GPs and other healthcare professionals to help manage people’s health, especially those using medicines to treat long-term conditions.

Q9. In that context, how content would you be for an appropriately trained pharmacist to have an increased involvement in helping you to manage your medicines by:

<table>
<thead>
<tr>
<th></th>
<th>Content</th>
<th>Not content</th>
<th>Neither</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td>having access to information about medicines prescribed for you</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b)</td>
<td>providing more detailed information about your medicines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c)</td>
<td>providing relevant health information to help you manage a long-term condition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d)</td>
<td>reviewing your medicines regularly with you to help ensure that you get the expected outcomes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e)</td>
<td>identifying any changes needed to your treatment to help you get the most benefit from your medicines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f)</td>
<td>referring you to your GP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g)</td>
<td>referring you to other health or social care services</td>
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<td></td>
</tr>
</tbody>
</table>

Greater emphasis is also being placed on the role of pharmacists in improving public health by providing accessible and confidential advice, information and services to help people take care of their health throughout their lives.

Q10. In that context, how likely are you to use the following services at a community pharmacy:

<table>
<thead>
<tr>
<th></th>
<th>Very likely</th>
<th>Likely</th>
<th>Unlikely</th>
<th>Very unlikely</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td>provision of advice and information to help you stay healthy or make lifestyle changes to improve your wellbeing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b)</td>
<td>provision of services which screen or test for undiagnosed conditions, e.g. diabetes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c)</td>
<td>flu vaccination clinic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d)</td>
<td>weight management service</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>e)</td>
<td>contraception</td>
<td></td>
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<tr>
<td>f)</td>
<td>sexual health services</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>g)</td>
<td>reducing alcohol use</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h)</td>
<td>stop smoking services</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
VIEWS ON HEALTH & SOCIAL CARE SERVICES

Intro: I'd now like to ask you a few questions on your views of health & social care services overall.

1. Overall, how would you rate the quality of health & social care services in terms of....

...safety? 
- Excellent
- Good
- Fair
- Poor
- Very poor

...effectiveness? 
- Excellent
- Good
- Fair
- Poor
- Very poor

...patient experience? 
- Excellent
- Good
- Fair
- Poor
- Very poor

Notes/Definitions
From the Department’s Quality 2020 strategy for each of the terms:

Safety – avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Effectiveness – the degree to which each patient and client receives the right care, at the right time in the right place, with the best outcome.

Patient experience – all patients and clients are entitled to be treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.
COMPLAINTS PROCEDURE SECTION

1. Have you ever been asked to give your views on the quality of the care you received from a health & social care service?
   - Yes
   - No
   - Don’t know/Can’t remember

2. Are you aware that there is a Health and Social Care Complaints Procedure?
   - Yes
   - No

3. While at a health & social care building, have you ever seen any posters or leaflets explaining how to complain about the care you received?
   - Yes
   - No
   - Don’t know/Can’t remember

4. Would you know how to go about making a complaint?
   - Yes
   - No

5. Have you ever wanted to complain about the care you received?
   - Yes → go to question 6
   - No → go to next section
   - Don’t know → go to next section

6. Have you ever made a complaint?
   - Yes → go to question 7
   - No → go to next section
   - Don’t know → go to next section

7. Did any member of staff or organisation help you to make your complaint?
   - Yes (please specify)
   - No
   - e.g. complaints manager, patient client council though DO NOT PROMPT
Personal and Public involvement

ALL

1. Are you aware that it is a legal requirement for all health & social care bodies to involve and consult with people in decisions about the planning and delivery of health and social care services?
   - Yes
   - No

2. The Department wants people to be more involved in helping to develop policies about health and social care. The following is a list of ways in which a person could become involved. Which of these do you think you would be likely to participate in, if asked to do so?
   - attend a one-off meeting to look at changes to a health service in which you have a particular interest
   - participating in a group which meets on more than one occasion to look at changes to a health service in which you have a particular interest
   - attend a one-off meeting about health & social care in general
   - participating in a group which meets on more than one occasion, looking at health & social care in general
   - answering telephone surveys

3. Do you have any other suggestions on how people could have a useful input into health and social care policy development and decision-making?
CARERS

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

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

Ask If Q1 = yes (is a carer)

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

Please include any time you spend travelling so that you can do these activities:
(1 "I only give occasional help",
 2 "0 to less than 1 hrs a week",
 3 "1 to less than 5 hrs a week",
 4 "5 hrs or more to less than 10 hrs a week",
 5 "10 hrs or more to less than 20 hrs a week",
 6 "20 hrs or more to less than 35 hrs a week",
 7 "35 hrs or more to less than 50 hrs a week",
 8 "50 hrs or more to less than 100 hrs a week",
 9 "100 or more hrs a week",
 10 "Varies - under 20 hrs a week",
 11 "Varies - 20 or more hours a week")
1. **IS THIS RESPONDENT RESPONSIBLE FOR ANY OF THE CHILDREN IN THE HOUSEHOLD:**
   yesno

   **IF YES TO Q1**

2. **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

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",
   - Ti "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?**
   yesno

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

10. **Does this condition or illness reduce his/her ability to carry out day-to-day activities?**
    Yesno

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

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

12. CONS "During the last 2 weeks, ending yesterday (apart from any visits to a hospital), did ^NUM talk to a GP (i.e. family doctor) either in person or by telephone, or did you or any other member of the household do so on ^HISHER behalf?
@/INCLUDE TELEPHONE CONVERSATIONS ON BEHALF OF CHILDREN UNDER 16": yesno

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

14. seenurse "During the last 2 weeks ending yesterday, did ^NUM see a practice or treatment room nurse at the GP surgery
Please remember that this could have been on the same occasion that your child saw a GP.
@/EXCLUDE CONSULTATIONS WITH COMMUNITY NURSES?": yesno

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

ASK ALL

1. Which, if any, of the following methods of sun protection do you use?
   5. Never go out in the sun
   6. Avoid the mid-day sun
   7. Where practical, stay in the shade
   8. Cover up (long sleeves, loose clothing, etc)
   9. Wear a hat
   10. Sunscreens
   11. Regular skin checks
   12. No protective measures taken

ASK THOSE WHO INDICATED SUNSCREENS AT QUESTION 1

2. On which of these occasions do you use a sunscreen?
   1. Sunbathing abroad, in a warm country
   2. Outdoors when abroad, but not sunbathing
   3. Sunbathing in this country
   4. Outdoors in this country doing something else

ASK THOSE WHO INDICATED SUNSCREENS AT QUESTION 1

3. Which factor level of sunscreen do you use most often?
   Note: I vary SPF as I become more tanned – applies to the practice of reducing SPF as the individual develops tanned skin so that they may start with a higher factor than as skin tans they reduce the SPF.
   1. 2 – 5
   2. 6 – 10
   3. 11 – 14
   4. 15 or over
   5. I vary SPF as I become more tanned
   6. Don’t know

ASK ALL

4. How many times during the past year have you had sunburn causing redness and soreness of the skin lasting for at least 1-2 days?
   1. Never
   2. Once
   3. Twice
   4. Three times
   5. Four or more times
   6. Not in the last year
   7. Don’t know
ASK ALL

5. Which of these statements best describes what happens to your skin when you go out in the sun without protection?
   1. Always burns and never tans
   2. Burns at first and tans with difficulty
   3. Burns at first then tans easily
   4. Rarely burns and tans easily
   5. Never burns and tans easily
   6. Don't know

ASK ALL

6. Having a suntan makes me feel healthier.
   1. Strongly agree
   2. Agree
   3. Neither agree nor disagree
   4. Disagree
   5. Strongly disagree
   6. Don't know

ASK ALL

7. Having a suntan makes me look more attractive.
   1. Strongly agree
   2. Agree
   3. Neither agree nor disagree
   4. Disagree
   5. Strongly disagree
   6. Don't know

*Now a few questions about sunbeds. By sunbeds, I mean tanning machines that you either lie down on or cubicles that you stand up in to get a tan.*

ASK ALL

8. Which of these statements best describes how you use sunbeds nowadays?
   1. I currently use sunbeds
   2. I have used sunbeds in the past
   3. I have never used a sunbed but may do in the future
   4. I have never used a sunbed and would never want to
   5. I've never heard of sunbeds / don't know that they are

ASK THOSE WHO ANSWERED 1 OR 2 AT QUESTION 8 (those who currently use or have used sunbeds in the past)

9. How many sunbed sessions would you have / have had in a year?
   - less than 10 sessions per year
   - 10 to 20 session per year
   - 21 to 40 session per year
   - 41 to 60 session per year
   - 60+ sessions per year
ASK THOSE WHO ANSWERED 1 OR 2 AT QUESTION 8 (those who currently use or have used sunbeds in the past)

10. How long do you / did you usually spend on a sunbed in a typical session?
   -- minutes

ASK ALL

11. Which of the following groups of people do you believe should NOT use a sunbed?
   1. No one should ever use sunbeds → move on to question 12
   2. Children under 10 years old
   3. Young people under 18 years old
   4. People who have a large number of freckles and/or red hair
   5. People who have fair sensitive skin that burns easily or tans slowly
   6. People who have a family history of skin cancer
   7. People who have a large number of moles
   8. Don’t know

12. How often would you check your skin for changes that would indicate skin cancer?
   1. Daily
   2. Weekly
   3. Monthly
   4. Every 2-3 months
   5. Every 3-6 months
   6. More than 6 months between checking
   7. Whenever I think of it
   8. When I spot something I keep watching it
   9. Other (please specify)
   10. Never
   11. Don’t Know

13. Where have you heard or read information about care in the sun??
   1. Television
   2. Magazines
   3. Newspapers
   4. Health professionals (GP, nurses, etc)
   5. Posters/leaflets in public places
   6. Pharmacy
   7. Workplace
   8. School
   9. Internet
   10. Family/friends
   11. Other (please specify)
   12. Haven’t heard/read about skin cancer
   13. Don’t know
PHYSICAL ACTIVITY SECTION
**Breastfeeding (self-completion module)**

ASK ALL

*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?

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

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

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

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

<table>
<thead>
<tr>
<th>Breastfeeding is ...</th>
<th>Agree strongly</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Disagree strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Embarrassing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Offensive</td>
<td></td>
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<tr>
<td>c) Normal</td>
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<td></td>
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<tr>
<td>d) Distasteful</td>
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<td></td>
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<tr>
<td>e) Good for baby</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4. How much do you agree/disagree with the following statements about breastfeeding?

<table>
<thead>
<tr>
<th>Agree strongly</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Disagree strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Formula feeding is more convenient than breastfeeding.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Formula is as healthy for an infant as breast milk.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Breastfeeding is more convenient than formula feeding.</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Child still breastfeeding</th>
<th>age of child in weeks/months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child still breastfeeding</td>
<td>☐</td>
</tr>
<tr>
<td>Less than one day</td>
<td>☐</td>
</tr>
<tr>
<td>More than 1 day but less than 2 weeks</td>
<td>☐</td>
</tr>
<tr>
<td>More than 2 weeks but less than 6 weeks</td>
<td>☐</td>
</tr>
<tr>
<td>More than 6 weeks but less than 3 months</td>
<td>☐</td>
</tr>
<tr>
<td>More than 3 months but less than 6 months</td>
<td>☐</td>
</tr>
<tr>
<td>6 months or more</td>
<td>☐</td>
</tr>
</tbody>
</table>
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 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

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

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

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

IF M AT Q10 ASK Q11

11. Specify other:

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

1. Have you ever smoked a cigarette, a cigar or a pipe?
   1. Yes -> [Q2]
   2. No -> [Q9]

2. Do you smoke cigarettes at all nowadays?
   1. Yes -> [Q4]
   2. No -> [Q3]

3. Have you ever smoked cigarettes regularly?
   1. Yes -> [Q7]
   2. No -> [Q9]

4. About how many cigarettes a DAY do you usually smoke at weekends?
5. About how many cigarettes a DAY do you usually smoke on weekdays?

6. Do you smoke mainly.....
   1. Filter-tipped cigarettes
   2. Plain or untipped cigarettes
   3. Hand-rolled cigarettes

7. How old were you when you started to smoke cigarettes regularly?

IF YES AT QUESTION 3, THAN ASK QUESTION 8

8. 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\}

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

ELSE \{question not asked\}
   3. Lives alone

ENDIF
10. \( = \text{GRIDX.GRIDX.NUMCHILD} \) Number of Children in household 0..16
\( \{ \text{Question not asked number of children in household from household grid} \} \)

11. 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

\( \{ \text{Ask All} \} \)

12. 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

13. Have you ever tried to quit smoking?

1. Yes
2. No
**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**]

5. [**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**]
SEXUAL HEALTH (SELF-COMPLETION)

Respondents aged 16-55

Questions in blue font added into questionnaire in July 2012.

Ask of ALL

1. Which of the following best describes you?

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

Ask if Q1 is not option 6...

2. 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

Ask of All

5. 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 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 as 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>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>
</tbody>
</table>
Ask of All

7. 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

8. 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

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

Yes
No
Refused
Don’t know

Ask of all

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

Yes
No
Refused to answer
Don’t know
1. Have you ever heard of CHLAMYDIA? (TICK ONE ONLY)

<table>
<thead>
<tr>
<th></th>
<th>True</th>
<th>False</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refused to answer</td>
<td>3</td>
<td></td>
<td>3</td>
</tr>
</tbody>
</table>

- go to Qu. 2
- go to Qu. 3
- Go to Qu. 3

2. Please indicate whether you think the following statements about CHLAMYDIA are either true or false. (TICK FOR EACH)

<table>
<thead>
<tr>
<th>Statement</th>
<th>True</th>
<th>False</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia does not always show symptoms</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Chlamydia is easily treated with antibiotics</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Chlamydia can cause infertility if untreated</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Chlamydia affects only women</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

3. Have you ever heard of GONORRHOEA? (TICK ONE ONLY)

<table>
<thead>
<tr>
<th></th>
<th>True</th>
<th>False</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Refused to answer</td>
<td>3</td>
<td></td>
<td>3</td>
</tr>
</tbody>
</table>

- go to Qu. 4
- Go to Qu. 5

4. Please indicate whether you think the following statements about GONORRHOEA are either true or false. (TICK FOR EACH STATEMENT)

<table>
<thead>
<tr>
<th>Statement</th>
<th>True</th>
<th>False</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gonorrhoea affects both men and women</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Gonorrhoea can be cured</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Gonorrhoea can occur in the mouth, throat, eyes, and anus</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Some women who are infected have no symptoms</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

5. Have you ever heard of SYPHILIS? (TICK ONE ONLY)

<table>
<thead>
<tr>
<th></th>
<th>True</th>
<th>False</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Refused to answer</td>
<td>3</td>
<td></td>
<td>3</td>
</tr>
</tbody>
</table>

- go to Qu. 6
- go to Qu. 7

6. Please indicate whether you think the following statements about SYPHILIS are either true or false. (TICK FOR EACH STATEMENT)

<table>
<thead>
<tr>
<th>Statement</th>
<th>True</th>
<th>False</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>It may not be obvious that a sexual partner has syphilis</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>All pregnant women are tested for syphilis</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Syphilis no longer exists</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Syphilis is very difficult to cure</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
7. Have you ever heard of GENITAL HERPES?  
(TICK ONE ONLY)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>-&gt; go to Qu. 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>-&gt; go to Qu. 9</td>
</tr>
<tr>
<td>Refused to answer</td>
<td>3</td>
<td>➔ Go to Qu. 9</td>
</tr>
</tbody>
</table>

8. Please indicate whether you think the following statements about GENITAL HERPES are either true or false.  
(TICK FOR EACH STATEMENT)

<table>
<thead>
<tr>
<th>Statement</th>
<th>True</th>
<th>False</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genital herpes can cause recurrent painful genital blisters and sores</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Genital herpes can be transmitted by oral sex</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>You can pass on genital herpes even when there are no blisters or sores in the genital region</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>There is no treatment that can cure genital herpes</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

9. Have you ever heard of GENITAL WARTS?  
(TICK ONE ONLY)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>-&gt; go to Qu. 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>-&gt; go to Qu. 11</td>
</tr>
<tr>
<td>Refused to answer</td>
<td>3</td>
<td>➔ Go to Qu. 11</td>
</tr>
</tbody>
</table>

10. Please indicate whether you think the following statements about GENITAL WARTS are either true or false.  
(TICK FOR EACH STATEMENT)

<table>
<thead>
<tr>
<th>Statement</th>
<th>True</th>
<th>False</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genital warts are the most common STI in Northern Ireland</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Most people infected with genital warts will not show any signs of infection</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Certain strains of the virus that causes genital warts can also lead to cervical cancer.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

11. Have you ever heard of HIV / AIDS?  
(TICK ONE ONLY)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>-&gt; go to Qu. 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>-&gt; go to Qu. 13</td>
</tr>
<tr>
<td>Refused to answer</td>
<td>3</td>
<td>➔ Go to Qu. 13</td>
</tr>
</tbody>
</table>

12. Please indicate whether you think the following statements about HIV/AIDS are true or false.  
(TICK FOR EACH STATEMENT)

<table>
<thead>
<tr>
<th>Statement</th>
<th>True</th>
<th>False</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>A person can be infected with HIV for years without developing AIDS</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Withdrawing before a man climaxes or ejaculates prevents the spread of HIV during sex</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>People who have another sexually transmitted infection such as Chlamydia, herpes or gonorrhoea have a higher risk of contracting HIV</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Northern Ireland has the highest rate of increase in HIV infection in the UK</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
13. Which of the following do you think act as **protection** against **sexually transmitted infections** (STIs)? **(TICK ALL THAT APPLY)** (SHOWCARD 9)

<table>
<thead>
<tr>
<th>Protection Method</th>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
<th>Never heard of it</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male condom (sheath/Durex/Mates)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Female condom (Femidom)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Dental Dam</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>The pill</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Female condom (Femidom)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Dental Dam</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>The pill</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Spermicides (gels/sprays/pessaries)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Safe period/rhythm method/Billings method/Persona</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Injections/implanted capsules/patches/vaginal ring</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Sterilisation (vasectomy/hysterectomy/tubal ligation)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Emergency contraception (morning after pill)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
RELIGION:

[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.

[RELPRAC] 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

Ethnic " What is your ethnic group? Choose one option that best describes your ethnic group or background":

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.

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

2. How tall are you without shoes on?

3. How much do you weigh?

4. 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