HEALTH SURVEY NORTHERN IRELAND 2015/16

FINAL QUESTIONNAIRE
<table>
<thead>
<tr>
<th>TOPICS INCLUDED</th>
<th>PAGE NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic household information</td>
<td>3</td>
</tr>
<tr>
<td>General health &amp; conditions</td>
<td>10</td>
</tr>
<tr>
<td>Angina or long-term heart problem</td>
<td>11</td>
</tr>
<tr>
<td>Asthma</td>
<td>12</td>
</tr>
<tr>
<td>Autism Spectrum Disorder/Aspergers</td>
<td>13</td>
</tr>
<tr>
<td>Cancer</td>
<td>14</td>
</tr>
<tr>
<td>COPD</td>
<td>16</td>
</tr>
<tr>
<td>Diabetes</td>
<td>17</td>
</tr>
<tr>
<td>Use of services</td>
<td>23</td>
</tr>
<tr>
<td>GP &amp; nurse consultations</td>
<td>24</td>
</tr>
<tr>
<td>Blood cholesterol &amp; blood pressure</td>
<td>25</td>
</tr>
<tr>
<td>Equipment</td>
<td>28</td>
</tr>
<tr>
<td>Untreated problems or symptoms</td>
<td>30</td>
</tr>
<tr>
<td>Parental history</td>
<td>31</td>
</tr>
<tr>
<td>Dementia</td>
<td>33</td>
</tr>
<tr>
<td>Attitudes to e health services</td>
<td>35</td>
</tr>
<tr>
<td>Health &amp; lifestyle</td>
<td>36</td>
</tr>
<tr>
<td>Health literacy</td>
<td>38</td>
</tr>
<tr>
<td>Carers</td>
<td>42</td>
</tr>
<tr>
<td>Physical activity - short version</td>
<td>45</td>
</tr>
<tr>
<td>Dietary information</td>
<td>47</td>
</tr>
<tr>
<td>Food security</td>
<td>51</td>
</tr>
<tr>
<td>Child health</td>
<td>53</td>
</tr>
<tr>
<td>Looped blind cords</td>
<td>56</td>
</tr>
<tr>
<td>GHQ12</td>
<td>60</td>
</tr>
<tr>
<td>EQ5D</td>
<td>62</td>
</tr>
<tr>
<td>Stress</td>
<td>63</td>
</tr>
<tr>
<td>Smoking</td>
<td>66</td>
</tr>
<tr>
<td>Drinking</td>
<td>73</td>
</tr>
<tr>
<td>Sexual health</td>
<td>86</td>
</tr>
<tr>
<td>Classificatory variables</td>
<td>94</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.

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

FIRST NAME OF EACH ADULT ENTERED IN BOX THEN:

Q2. Sex

Q3. Age and date of birth

Q4. Marital status:

(1) Single, that is never married and never registered in a same-sex civil partnership
(2) Married
(3) In a registered same-sex civil partnership
(4) Separated, but still legally married
(5) Divorced
(6) Widowed
(7) Separated, but still legally in a same-sex civil partnership
(8) Formerly, in a same-sex civil partnership which is now legally dissolved
(9) Surviving partner from a same-sex civil partnership

IF AGE>= 16 AND IF MORE THAN 1 PERSON IN HOUSEHOLD AND ANSWERS 1, 4, 5, 6, 7, 8 OR 9 AT Q4

Q. May I just check, are you living with someone in this household as a couple?

(1) Yes – opposite sex couple
(2) Yes – same sex couple
(3) No

IF 16-18

Q5. In full-time education or not
ALL:

Q6. Relationship to head of household:
   (1) Household Reference Person
   (2) Spouse of HRP
   (3) Child of HRP\wife
   (4) Parent\grandparent of HRP\wife
   (5) Brother\sister of HRP\wife
   (6) Nephew\niece of HRP\wife
   (7) Grandchild of HRP\wife
   (8) Other relation of HRP\wife
   (9) Cohabitee
   (10) Civil partner
   (11) Other

Q7. Family unit

Q8. Position in family unit:
   Head
   Spouse/partner
   Dependant

Q9. How many children are there in your household, that is, people aged under 16 whose main residence this is and who are catered for by the same person as yourself or share living accommodation with you?
   FIRST NAME OF EACH CHILD ENTERED IN BOX THEN:

Q10. Sex

Q11. Age and Date of Birth

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

Q13. Whether or not foster child

Q14. Relationship to head of household:
   Son/daughter (incl. Step-/adopted)
   Foster child
   Son-/daughter-in-law
   Brother/sister
   Foster brother/sister
   Brother-/sister-in-law
   Grandchild
   Other related
   Other not related

Q15. Family unit
Q16. ACCOMODATION SECTION INTERVIEWER CODE, Is the households accommodation...
a house or bungalow
flat or maisonette",
a room/rooms",
other

Q17. Type of house/bungalow?
Detached
Semi-detached
Terraced/ end of terrace

Q18. Type of flat/Maisonette?
a purpose built block
a converted house/some other kind of building

Q19. Type of Other accommodation?
a caravan, mobile home or houseboat
or some other kind of accommodation

Q20. How long have you lived at this address?
Less than 12 months
12 months but less than 2 years
2 years but less than 3 years
3 years but less than 5 years
5 years but less than 10 years
10 years but less than 20 years
20 years or longer

Q21. If less than 12 months
How many months have you lived here? 0..12

Q22. I would like to ask you about all the rooms you have in your household's
accommodation. How many rooms do you have altogether in your accommodation, that's
excluding bathrooms and toilets, but including kitchens? : 0..20;

Q23. How many bedrooms do you have? :0..20;

Q24. Is there a car or van normally available for use by you or any member of your household?
INCLUDE ANY PROVIDED BY EMPLOYERS IF NORMALLY AVAILABLE FOR PRIVATE
EXCLUDE ANY USED SOLELY FOR THE CARRIAGE OF GOODS
"Car or van available" :
(1) Yes
(2) No

Q25. How many cars\vans are available?
"Number of cars\vans" :
1..10;
Q26. I would like to ask you about the age at which you finished various stages of your education. INTERVIEWER CHECK - IS RESPONDENT STILL AT SCHOOL? (i.e ELEMENTARY, SECONDARY OR GRAMMAR ONLY)  
Still at school  
Left school  
Never went to school  

Q27. How old were you when you left school?  

Q28. How old were you when you left full-time continuous education?  

Q29. I would like to ask you about your educational qualifications. Which qualifications do (you think) you have?
FIRE SAFETY/SMOKE ALARMS/DETECTORS

ASK ALL

Q1. Do you have a smoke alarm in your home?
   (1) Yes – **GO TO Q2**
   (2) No - **GO TO Q4**

IF YES AT Q1 ASK Q2 & Q4

Q2. Is there a smoke alarm fitted in any of the following places in your home?

<table>
<thead>
<tr>
<th>Place</th>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kitchen</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dining Room</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ground Floor Hallway</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lounge / Sitting Room</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upstairs Hallway</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bedroom 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bedroom 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bedroom 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bedroom 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bedroom 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bathroom</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q3. How often is/are the smoking alarm(s) in your home tested?

*Read out. Code one only*

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

ASK ALL

Q4. How likely or unlikely do you think you would be to wake up if there was a fire at night in your home?

(1) Very likely
(2) Likely
(3) No strong views
(4) Not very likely
(5) Not at all likely
(6) Don't know
ASK ALL

Q5. What do you think is the biggest cause of domestic fires in Northern Ireland each year?

DO NOT PROMPT

(1) Burning cigarettes
(2) Electrical faults
(3) Children playing with matches
(4) Chip pan fires
(5) Grill pan fires
(6) Open fires
(7) Gas flame hobs
(8) Candles
(9) Other (please specify)
(10) Don’t know

ASK ALL

Q6. What do you think is the biggest cause of fire related fatalities in Northern Ireland each year?

DO NOT PROMPT

(1) Burning cigarettes
(2) Electrical faults
(3) Children playing with matches
(4) Chip pan fires
(5) Grill pan fires
(6) Open fires
(7) Gas flame hobs
(8) Candles
(9) Other (please specify)
(10) Don’t know

ASK ALL

Q7. Do you take any fire safety precautions before going to bed?

(1) Yes
(2) No
(3) Don’t know

IF YES AT Q7 ASK Q8

Q8. What fire safety precautions do you take before going to bed? DO NOT PROMPT

(1) Pull out plugs
(2) Put up fireguard
(3) Close doors
(4) Turn off switches/electrical appliances
(5) Empty ashtrays
(6) Other (please specify)
ASK ALL
Q9. Is there an escape plan for getting out of your home in case of a fire?
   (1) Yes
   (2) No

IF YES AT Q9, ASK Q10
Q10. Have the members of your household ever discussed this plan?
   (1) Yes
   (2) No
GENERAL HEALTH & CONDITIONS

Q1. ALL
"How is your health in general, would you say it was":
   (1) Very Good
   (2) Good
   (3) Fair
   (4) Bad
   (5) Very Bad

Q2. ALL
"Over the last 12 months would you say your health has, on the whole, been ...":
   (1) Good
   (2) Fairly good
   (3) Not good

Q3. ALL
Compared to one year ago, how would you say your health is now?
   (1) much better now than 1 year ago
   (2) somewhat better now (than 1 year ago)
   (3) about the same as 1 year ago
   (4) somewhat worse now (than 1 year ago)
   (5) much worse now (than 1 year ago)

Q4. ALL
How satisfied are you with your life in general?
   (1) very satisfied
   (2) satisfied
   (3) neither satisfied nor dissatisfied
   (4) dissatisfied
   (5) very dissatisfied

Q5. ALL
Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?
   (1) Yes
   (2) No

IF YES TO Q5 ASK Q6

Q6. Does your condition or illness/do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?
   (1) Yes, a lot
   (2) Yes, a little
   (3) Not at all

IF YES TO Q6 ASK Q7

Q7. For how long has your ability to carry out day-to-day activities been reduced?
   - Less than six months
   - Between six months and 12 months
   - 12 months or more
IF YES AT Q5 THEN ASK Q8

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

*Showcard - Select all that apply*

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

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

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

(1) Yes
(2) No

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

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

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

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

(1) Yes
(2) No

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

(1) GP
(2) Consultant
(3) Community nurse
(4) Hospital nurse
(5) Community organisation
(6) Social worker
(7) Other, please specify
Q10b  Have you had angina during the past 12 months?
   (1) Yes
   (2) No

Q10c  Have you had a heart attack during the past 12 months?
   (1) Yes
   (2) No

Q10d  Have you had a heart murmur during the past 12 months?
   (1) Yes
   (2) No

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

Q11  Has your condition been diagnosed by a doctor or other healthcare professional?
   (1) Yes
   (2) No

Q11a  Which health professional is your main point of contact for this long-term condition?
   (1) GP
   (2) Consultant
   (3) Community nurse
   (4) Hospital nurse
   (5) Community organisation
   (6) Social worker
   (7) Other, please specify

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

Q12  Has your condition been diagnosed by a doctor or other healthcare professional?
   (1) Yes
   (2) No

Q12a  Which health professional is your main point of contact for this long-term condition?
   (1) GP
   (2) Consultant
   (3) Community nurse
   (4) Hospital nurse
   (5) Community organisation
   (6) Social worker
   (7) Other, please specify

Q12b  How soon after your symptoms appeared, did you seek medical advice?
   (1) Straight away
   (2) Within one week
   (3) More than a week but within one month
   (4) More than a month but within 3 months
   (5) Between 3 and 6 months
   (6) More than 6 months
   (7) Don’t know/Can’t remember
Q12c  How do you feel about the length of time between you seeking medical advice and a diagnosis by a doctor or other healthcare professional?
   (1) It was an acceptable length of time
   (2) It was too long
   (3) Don't know

Q12d  Have you had an asthma attack during the past 12 months?
   (1) Yes
   (2) No
   (3) No, controlled by medication

Q12e  In the past 12 months, have you taken any medication for asthma such as inhalers, nebulizers, pills, liquids or injections?
   (1) Yes
   (2) No

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

Q13  Has your condition been diagnosed by a doctor or other healthcare professional?
   (1) Yes
   (2) No

Q13a  Which health professional is your main point of contact for this long-term condition?
   (1) GP
   (2) Consultant
   (3) Community nurse
   (4) Hospital nurse
   (5) Community organisation
   (6) Social worker
   (7) Other, please specify

Q13b  Have you had any help with your condition from health and social services?
   (1) Yes
   (2) No

IF YES AT Q13b ASK Q13c

Q13c  If yes, how satisfied are you with the level of help received?
   (1) Very satisfied
   (2) Satisfied
   (3) Neither satisfied nor dissatisfied
   (4) Dissatisfied
   (5) Very dissatisfied
Q13d  The following questions relates to the impact your ASD/Aspergers is currently having on your daily life.

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

<table>
<thead>
<tr>
<th></th>
<th>To a great extent</th>
<th>To some extent</th>
<th>Not at all</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family life</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social life</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schooling (if respondent has previously indicated that they are still at school)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Further education (if respondent has previously indicated that they are in FE)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Q14  Has your condition been diagnosed by a doctor or other healthcare professional?
(1) Yes
(2) No

Q14a  Which health professional is your main point of contact for this long-term condition?
(1) GP
(2) Consultant
(3) Community nurse
(4) Hospital nurse
(5) Community organisation
(6) Social worker
(7) Other, please specify

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

Q15  Has your condition been diagnosed by a doctor or other healthcare professional?
(1) Yes
(2) No

Q15a  Which health professional is your main point of contact for this long-term condition?
(1) GP
(2) Consultant
(3) Community nurse
(4) Hospital nurse
(5) Community organisation
(6) Social worker
(7) Other, please specify
IF YES AT Q15 ASK Q15b & Q15c

Q15b  How soon after your symptoms appeared, did you seek medical advice?
   (1) Straight away
   (2) Within one week
   (3) More than a week but within one month
   (4) More than a month but within 3 months
   (5) Between 3 and 6 months
   (6) More than 6 months
   (7) Don’t know/Can’t remember

Q15c  How do you feel about the length of time between you seeking medical advice and a diagnosis by a doctor or other healthcare professional?
   (1) It was an acceptable length of time
   (2) It was too long
   (3) Don’t know

IF FEMALE

Q15d  What type of cancer do/did you have?
   Select all that apply
   (1) Breast
   (2) Cervix
   (3) Colorectal
   (4) Kidney
   (5) Lung
   (6) Lymphoma
   (7) Oesophagus
   (8) Ovary
   (9) Pancreas
   (10) Skin (melanoma)
   (11) Skin (non-melanoma)
   (12) Stomach
   (13) Uterus
   (14) Other – please specify

IF MALE

Q15e  What type of cancer do/did you have?
   Select all that apply
   (1) Bladder
   (2) Brain
   (3) Colorectal
   (4) Head & neck
   (5) Kidney
   (6) Lung
   (7) Lymphoma
   (8) Oesophagus
   (9) Pancreas
   (10) Prostate
   (11) Skin (melanoma)
   (12) Skin (non-melanoma)
   (13) Stomach
   (14) Other – please specify
IF YES TO ANSWER OPTION 8 (COPD) AT Q8 ASK Q16 THROUGH TO Q16e

Q16 Has your condition been diagnosed by a doctor or other healthcare professional?
(1) Yes
(2) No

Q16a Which health professional is your main point of contact for this long-term condition?
(1) GP
(2) Consultant
(3) Community nurse
(4) Hospital nurse
(5) Community organisation
(6) Social worker
(7) Other, please specify

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

Q16b Have you been immunised against seasonal influenza in the last 12 months?
(1) Yes
(2) No

Q16c Have you been immunised against pneumococcal pneumonia in the last 5 years?
(1) Yes
(2) No

Q16d Have you used home oxygen within the last 12 months?
(1) Yes
(2) No

Q16e Have you been in hospital for your chest condition within the last 12 months?
(1) Yes
(2) No

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

Q17 Has your condition been diagnosed by a doctor or other healthcare professional?
(1) Yes
(2) No

Q17a Which health professional is your main point of contact for this long-term condition?
(1) GP
(2) Consultant
(3) Community nurse
(4) Hospital nurse
(5) Community organisation
(6) Social worker
(7) Other, please specify
IF YES TO ANSWER OPTION 10 (Diabetes, during pregnancy) AT Q8 ASK Q18 & Q18a

Q18 Has your condition been diagnosed by a doctor or other healthcare professional?
   (1) Yes
   (2) No

Q18a Which health professional is your main point of contact for this long-term condition?
   (1) GP
   (2) Consultant
   (3) Community nurse
   (4) Hospital nurse
   (5) Community organisation
   (6) Social worker
   (7) Other, please specify

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

Q19 Has your condition been diagnosed by a doctor or other healthcare professional?
   (1) Yes
   (2) No

Q19a Which health professional is your main point of contact for this long-term condition?
   (1) GP
   (2) Consultant
   (3) Community nurse
   (4) Hospital nurse
   (5) Community organisation
   (6) Social worker
   (7) Other, please specify

Q19b How soon after your symptoms appeared, did you seek medical advice?
   (1) Straight away
   (2) Within one week
   (3) More than a week but within one month
   (4) More than a month but within 3 months
   (5) Between 3 and 6 months
   (6) More than 6 months
   (7) Don't know/Can’t remember

Q19c How do you feel about the length of time between you seeking medical advice and a diagnosis by a doctor or other healthcare professional?
   (1) It was an acceptable length of time
   (2) It was too long
   (3) Don’t know

Q19d May I just check, have you ever been told by a doctor that you had diabetes apart from when you were pregnant?
   (1) Yes
   (2) No
IF RESPONDENT HAS HAD DIABETES NOT DURING PREGNANCY

Q19e  (Apart from when you were pregnant). Approximately how old were you when you were first told by a doctor that you had diabetes: 0..110

Q19f  Being diabetic, are there things you have to do, look out for, or keep a check on, to help manage your condition?
DO NOT PROMPT – Select all that apply
   (1) Check blood sugar levels
   (2) Check feet for sores or irritations
   (3) Inject insulin
   (4) Eating a healthy diet
   (5) Take medication
   (6) Take regular exercise
   (7) Attend healthcare check-ups
   (8) Other, please specify

Q19g  Do you currently inject insulin for diabetes?
   (1) Yes
   (2) No

Q19h  Are you currently taking any medicines, tablets or pills (other than insulin injections) for diabetes?
   (1) Yes
   (2) No

Q19i  Are you currently receiving any (other) treatment or advice for diabetes (INCLUDE REGULAR CHECKUPS)?
   (1) Yes
   (2) No

IF YES AT Q19i ASK Q19j

Q19j  What (other) treatment or advice are you currently receiving for diabetes?
   (1) Special diet
   (2) Regular check-up with GP/hospital/clinic
   (3) Eye screening
   (4) Other (Record at next question)

IF OTHER AT Q19j ASK Q19k

Q19k  Please specify:

Q19l  How often do you usually have your blood checked for glucose or sugar by yourself or by a family member or friend?
   (1) Daily
   (2) Weekly
   (3) Monthly
   (4) Yearly
   (5) never
Q19m  RECORD HERE THE NUMBER OF TIMES PER DAY, PER MONTH ETC RESPONDENT HAS BLOOD CHECKED FOR GLUCOSE OR SUGER:

Q19n  In the past 12 months, has a health care professional tested you for haemoglobin “A-one-C? (An “A-one-C” haemoglobin test measures the average level of blood sugar over a 3-month period)
   (1) Yes
   (2) No

IF Q19n = YES THEN ASK Q19o

Q19o  How many times?

Q19p  In the past 12 months, has a health care professional checked your feet for any sores or irritations?
   (1) Yes
   (2) No

IF YES TO Q19p ASK Q19q

Q19q  How many times?

Q19r  In the past 12 months, has a health care professional tested your urine for protein (i.e. Microalbumin)?
   (1) Yes
   (2) No

Q19s  Have you ever had the back of your eyes photographed (retinopathy screening)?
   (1) Yes
   (2) No

IF Q19s = YES THEN ASK Q19t

Q19t  When was the last time?
   (1) less than one month ago
   (2) 1 month to less than 1 year ago
   (3) 1 year to less than 2 years ago
   (4) 2 or more years ago

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

Q20  Has your condition been diagnosed by a doctor or other healthcare professional?
   (1) Yes
   (2) No

Q20a  Which health professional is your main point of contact for this long-term condition?
   (1) GP
   (2) Consultant
   (3) Community nurse
   (4) Hospital nurse
   (5) Community organisation
   (6) Social worker
   (7) Other, please specify
IF YES TO ANSWER OPTION 13 (high blood pressure) AT Q8 ASK Q21 & Q21a
Q21 Has your condition been diagnosed by a doctor or other healthcare professional?
  (1) Yes
  (2) No

Q21a Which health professional is your main point of contact for this long-term condition?
  (1) GP
  (2) Consultant
  (3) Community nurse
  (4) Hospital nurse
  (5) Community organisation
  (6) Social worker
  (7) Other, please specify

IF YES TO ANSWER OPTION 14 (kidney or liver disease) AT Q8 ASK Q22 & Q22a
Q22 Has your condition been diagnosed by a doctor or other healthcare professional?
  (1) Yes
  (2) No

Q22a Which health professional is your main point of contact for this long-term condition?
  (1) GP
  (2) Consultant
  (3) Community nurse
  (4) Hospital nurse
  (5) Community organisation
  (6) Social worker
  (7) Other, please specify

IF YES TO ANSWER OPTION 15 (long-term back problem) AT Q8 ASK Q23 & Q23a
Q23 Has your condition been diagnosed by a doctor or other healthcare professional?
  (1) Yes
  (2) No

Q23a Which health professional is your main point of contact for this long-term condition?
  (1) GP
  (2) Consultant
  (3) Community nurse
  (4) Hospital nurse
  (5) Community organisation
  (6) Social worker
  (7) Other, please specify
IF YES TO ANSWER OPTION 16 (long-term mental health problem) AT Q8 ASK Q24 & Q24a
Q24 Has your condition been diagnosed by a doctor or other healthcare professional?
   (1) Yes
   (2) No

Q24a Which health professional is your main point of contact for this long-term condition?
   (1) GP
   (2) Consultant
   (3) Community nurse
   (4) Hospital nurse
   (5) Community organisation#
   (6) Social worker
   (7) Other, please specify

IF YES TO ANSWER OPTION 17 (long-term neurological problem) AT Q8 ASK Q25 & Q25a
Q25 Has your condition been diagnosed by a doctor or other healthcare professional?
   (1) Yes
   (2) No

Q25a Which health professional is your main point of contact for this long-term condition?
   (1) GP
   (2) Consultant
   (3) Community nurse
   (4) Hospital nurse
   (5) Community organisation
   (6) Social worker
   (7) Other, please specify

IF YES TO ANSWER OPTION 18 (skin complaints) AT Q8 ASK Q26 & Q26a
Q26 Has your condition been diagnosed by a doctor or other healthcare professional?
   (1) Yes
   (2) No

Q26a Which health professional is your main point of contact for this long-term condition?
   (1) GP
   (2) Consultant
   (3) Community nurse
   (4) Hospital nurse
   (5) Community organisation
   (6) Social worker
   (7) Other, please specify
IF YES TO ANSWER OPTION 19 (Stroke/cerebral haemorrhage/cerebral thrombosis) AT Q8 ASK Q27, Q27a & Q27b

Q27  Has your condition been diagnosed by a doctor or other healthcare professional?
     (1) Yes
     (2) No

Q27a  Which health professional is your main point of contact for this long-term condition?
     (1) GP
     (2) Consultant
     (3) Community nurse
     (4) Hospital nurse
     (5) Community organisation
     (6) Social worker
     (7) Other, please specify

Q27b  Have you had a stroke/cerebral haemorrhage/cerebral thrombosis during the past 12 months?
     (1) Yes
     (2) No

Now I’d like you to think about the two weeks ending yesterday.

ALL Q28  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?
     (1) Yes
     (2) No

IF YES TO Q28 ASK Q29

Q29  How many days was this in all during these 2 weeks, including Saturdays and Sundays? _____
USE OF SERVICES

ALL
Q30  During the last year, have you been in hospital for treatment as a day-patient, i.e. admitted to a hospital bed or day ward, but not required to remain overnight?
   (1) Yes
   (2) No

IF YES AT Q30 ASK

   How many times have you attended hospital for treatment as a day-patient in the last year?
   ENTER NUMBER 1-50

ALL
Q31  During the last year, have you been in hospital as an inpatient, overnight or longer?
   (1) Yes
   (2) No

IF YES AT Q31 ASK

   How many times have you been in hospital as an inpatient in the last year?
   ENTER NUMBER 1-50

ALL
Q32  During the last year, have you attended hospital for an outpatient appointment, by this I mean visiting the hospital for an appointment when you did not need to be admitted?
   (1) Yes
   (2) No

IF YES AT Q32 ASK

   How many times have you attended hospital for an outpatient appointment in the last year?
   ENTER NUMBER 1-50

ALL
Q33  During the last year, have you attended a hospital A&E/Emergency Department on your own behalf? Do not include if they accompanied someone else
   (1) Yes
   (2) No

IF YES AT Q33 ASK

   How many times have you attended a hospital A&E/Emergency Department in the last year?
   ENTER NUMBER 1-50
GP & Nurse consultations

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

ALL
Q1 During the last 2 weeks, ending yesterday apart from any visits to a hospital, did you talk to a GP (i.e. family doctor) on your own behalf, either in person or by telephone?
   (1) Yes
   (2) No

IF YES AT Q1 ASK Q2 & Q3

Q2 Was this consultation...
   (1) under the NHS
   (2) paid for privately

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

RECORD NUMBER OF TIMES __________

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

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

EXCLUDE CONSULTATIONS WITH COMMUNITY NURSES

   (1) Yes
   (2) No

IF YES AT Q4 ASK Q5

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

RECORD NUMBER OF TIMES __________

Definitions:
Practice / Treatment room nurses assess, screen, treat and educate all sections of the community, from babies to older people. They work within GP practices to help doctors give nursing and medical care. Possible practice nurse duties include: setting up and running clinics for conditions such as asthma, diabetes, heart conditions and skin disorders; taking blood and urine samples and other specimens and swabs; performing 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.
BLOOD CHOLESTEROL & BLOOD PRESSURE

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

ALL
Q1 Have you ever had your blood cholesterol checked?
   (1) Yes
   (2) No

IF YES AT Q1 ASK Q2
Q2 Have you ever been told by a doctor, nurse or other health professional that your blood cholesterol is high?
   (1) Yes
   (2) No

Q3 Have you taken/used any statins (drugs to lower cholesterol) in the last 7 days?
   (1) Yes
   (2) No

Q4 Are you taking statins bought over the counter from a pharmacist without the prescription of a doctor?
   (1) Yes
   (2) No

IF Q3 = NO ASK Q5
Q5 Do you still have high cholesterol?
   (1) Yes
   (2) No

ALL
Q6 Have you ever had your blood pressure taken?
   (1) Yes
   (2) No

IF Q6 = YES THEN ASK Q7
Q7 When was the last time your blood pressure was measured by a doctor or nurse?
   (1) During the last 12 months
   (2) At least a year but less than 3 years ago
   (3) At least 3 years but less than 5 years ago
   (4) 5 or more years ago

IF Q6 = NO THEN ASK Q8
Q8 What are the reasons that you have not had your blood pressure taken in the past?
   (1) have not gotten around to it
   (2) respondent – did not think it was necessary
   (3) doctor – did not think it was necessary
   (4) personal or family responsibilities
(5) not available – at time required
(6) not available – at all in the area
(7) waiting time was too long
(8) transportation – problems
(9) language – problem
(10) did not know where to go/uninformed
(11) fear (e.g. painful, embarrassing, find something wrong)
(12) unable to leave the house because of a health problem
(13) other - specify

IF FEMALE AGED 16-45 ASK Q9

Q9 We are asking slightly different questions for pregnant women so, may I just check, are you pregnant?
   (1) Yes
   (2) No

IF Q6 = YES THEN ASK Q10

Q10 Have you ever been told by a doctor or a nurse that you had high blood pressure?
   (1) Yes
   (2) No

IF YES AT Q6 AND FEMALE ASK Q11

Q11 May I just check, were you pregnant when you were told that you had high blood pressure?
   (1) Yes
   (2) No

IF YES AT Q11 ASK Q12

Q12 Have you ever had high blood pressure apart from when you were pregnant?
   (1) Yes
   (2) No

IF Q10 = YES OR Q12 = YES ASK Q13

Q13 Are you currently taking any medicines, tablets or pills for high blood pressure?
   (1) Yes
   (2) No

IF Q13 = NO ASK Q14, Q15

Q14 Do you still have high blood pressure?
   (1) Yes
   (2) No

Q15 Have you ever taken medicines, tablets or pills for high blood pressure in the past?
   (1) Yes
   (2) No
IF YES AT Q15 ASK Q16

Q16 Why did you stop taking medicines, tablets or pills for high blood pressure?
   (1) doctor advised to stop due to improvement
   (2) doctor advised me to stop due to lack of improvement
   (3) doctor advised me to stop due to other problem
   (4) respondent decided to stop because felt better
   (5) respondent decided to stop for other reason
   (6) other

IF OTHER AT Q16 ASK Q17

Q17 What other reason(s) do you have for not taking medicines, tablets or pills for high blood pressure?

IF YES AT Q10 AND MALE OR NO AT Q11 OR YES AT Q12 ASK Q18

Q18 Have you had any other treatment or advice because of your high blood pressure?

IF YES AT Q18 ASK Q19

Q19 What other treatment or advice have you had?
   (1) Blood pressure monitored by GP/other doctor/nurse
   (2) Blood tests
   (3) Advice or treatment to lose weight
   (4) Advice about diet
   (5) Advice about exercise
   (6) Advice about smoking
   (7) Advice about drinking alcohol
   (8) Advice about stress
   (9) Other treatment or advice

IF OTHER AT Q19 ASK Q20

Q20 What other kind of treatment or advice have you had?

IF YES AT Q10 AND MALE OR NO AT Q11 OR YES AT Q12 ASK Q21

Q21 Did you do anything, recommended by a health professional, to reduce or control your blood pressure?
   (1) Yes
   (2) No

IF YES AT Q21 ASK Q22

Q22 What did you do?
   (1) Lost weight
   (2) Changed diet (e.g. reduced salt intake)
   (3) Exercised more
   (4) Stopped/reduced smoking
   (5) Stopped/reduced drinking alcohol
   (6) Stopped/reduced stress
   (7) Other - specify
EQUIPMENT

ASK ALL AGED 65+

We are interested in whether people have any aids or equipment to help them stay in their own homes.

Q1 Do you have an alarm which you can use to call for help?
   *This could be worn round your neck or may be a button or pull cord in your home.*
   *Please tell me about any alarms you have even if you have not had to use them.*
   *Do not include alarm clocks, timers, smoke or burglar alarms.*
   (1) Yes
   (2) No

Q2 Do you have a stairlift for your use at home?
   *Please include any stairlift which you use for getting up and down stairs on a regular basis, even if it was not installed for you.*
   (1) Yes
   (2) No
   (3) Not applicable (no stairs in property/there is a lift instead/live on ground floor)

Q3 Have you used or received any other equipment or adaptations such as those shown on this card to help you with daily living?
   *INTERVIEWER: PLEASE ONLY INCLUDE EQUIPMENT RESPONDENT HAS TO USE THEMSELVES.*
   *DO NOT INCLUDE STAIRLIFTS*
   *SEE LIST AT Q4 BELOW*
   (1) Yes
   (2) No

Q4 Which of the equipment or adaptations shown on this card do you have for your use, even if it was not installed or provided for you? *CODE ALL THAT APPLY*
   (1) Bed lever or bed rail
   (2) Toilet equipment or commode
   (3) Hoist
   (4) Outdoor railing
   (5) Outdoor ramp
   (6) Grab rail or stair rail
   (7) Bath or shower seat
   (8) Changes to the kitchen
   (9) Other (please specify)

IF YES AT Q3 ASK Q5

Q5 Who paid for the adaptation(s)?
   *CODE ALL THAT APPLY*
   (1) Health & Social Care Trust (NHS, health service)
   (2) You or your spouse/partner
   (3) Landlord/housing association
   (4) Modification was already in the property
   (5) Other (please specify)
Q6  Do you currently use any of these?
INTERVIEWER: ITEMS USED INDOORS AND/OR OUTDOORS SHOULD BE INCLUDED
CODE ALL THAT APPLY
   (1) A manual wheelchair
   (2) An electric wheelchair
   (3) A mobility scooter
   (4) Elbow crutches
   (5) Walking stick
   (6) Zimmer frame or other walking frame
   (7) Other (please specify)
   (8) None of these

IF Q6 = ANSWER OPTION 1 OR 2 ASK Q7

Q7  Can you manage this wheelchair on your own or do you need someone to help push/control it?
   IF NEEDS HELP, ASK: Do you always need help or sometimes need help to push/control the wheelchair?
   (1) Manage yourself
   (2) Always need help
   (3) Sometimes need help
UNTREATED PROBLEMS OR SYMPTOMS

We would now like to ask you about problems that may have troubled you which you have **not** been to see a doctor or nurse about.

**Q1** In the last 12 months have you had any of the following and **not** been to see a doctor or nurse about them? **TICK ALL THAT APPLY**

1. Backache
2. Joint pain, muscle pain or stiffness
3. Troublesome varicose veins
4. Shortness of breath, tight chest or wheezing
5. Chest pain
6. Dizziness, giddiness or fainting
7. Loss of appetite or unexplained weight-loss
8. Lumps in breast, armpit or groin
9. Sudden loss of hearing or vision
10. An injury that limited your activities in some way
11. Feeling depressed or anxious
12. None of these

**IF 1-11 AT Q1 ASK Q2**

**Q2** Why have you **not** been to see a doctor or nurse about your symptoms in the last 12 months? **TICK ALL THAT APPLY**

1. I feel nervous or uncomfortable going to the doctor or hospital
2. I did not think my symptoms seemed serious enough
3. My symptoms went away by themselves
4. It is difficult to see a doctor/It would have taken too long
5. I have learnt to live with my symptoms/I put up with my symptoms
6. I have seen someone else about my symptoms in the last 12 months
7. I have seen a doctor about these symptoms more than 12 months ago
8. Other reasons
PARENTAL HISTORY

There has been a lot of talk about health and people’s family background. If you wouldn’t mind, I would now like to ask some more general questions about your parents.

Q1 Can I just check, is your natural mother still alive?
   (1) Yes
   (2) No

IF YES AT Q1 ASK Q2
Q2 How old is your natural mother?
   Range: 1…120

IF NO AT Q1 ASK Q3
Q3 Did your natural mother die from any of the conditions on this card?
   CODE ONE ONLY
   (1) High blood pressure (sometimes called hypertension)
   (2) Angina
   (3) Heart attack (including myocardial infarction and coronary thrombosis)
   (4) Stroke
   (5) Other heart trouble (incl. heart murmur, damaged heart valves, trachycardia or rapid heart)
   (6) Diabetes
   (7) None of the above conditions

IF NO AT Q1 ASK Q4
Q4 How old was your natural mother when she died?
   Range: 10…120

Q5 Can I just check, is your natural father still alive?
   (1) Yes
   (2) No

IF YES AT Q5 ASK Q6
Q6 How old is your natural father?
   Range: 10…120

IF NO AT Q5 ASK Q7
Q7 Did your natural father die from any of the conditions on this card?
   CODE ONE ONLY
   (1) High blood pressure (sometimes called hypertension)
   (2) Angina
   (3) Heart attack (including myocardial infarction and coronary thrombosis)
   (4) Stroke
   (5) Other heart trouble (incl. heart murmur, damaged heart valves, trachycardia or rapid heart)
None of the above conditions

IF NO AT Q5 ASK Q8

Q8 How old was your natural father when he died?
Range: 1...120

ASK ALL

We are interested in the way some health conditions seem to run in families. I am going to ask you about some conditions which may have been experienced by your own relatives, including those living and any who are deceased.

Q9 Have any of your parents, children or your brothers or sisters, ever had Type 1 or Type 2 diabetes?
INTERVIEWER: IF ASKED, INCLUDE RELATIVES WHO HAVE DIED BUT EXCLUDE NON-BLOOD RELATIVES E.G. STEP-BROTHERS, PARENTS-IN-LAW. IF ADOPTED: IF POSSIBLE ANSWER ABOUT BIRTH PARENTS, IF NOT ANSWER ABOUT ADOPTIVE FAMILY
(1) Yes
(2) No

Q10 Have either of your parents developed heart disease or had a stroke before the age of 60?
INTERVIEWER: EXCLUDE CONGENITAL HEART DISEASE (I.E. HEART CONDITIONS PEOPLE ARE BORN WITH)
(1) Yes
(2) No

Q11 Have any of your brothers or sisters developed heart disease or had a stroke before the age of 60?
INTERVIEWER: EXCLUDE CONGENITAL HEART DISEASE (I.E. HEART CONDITIONS PEOPLE ARE BORN WITH)
(1) Yes
(2) No
(3) Only child – no brothers/sisters

Q12 Have any of your aunts, uncles or first cousins developed heart disease or had a stroke before the age of 60?
INTERVIEWER: EXCLUDE CONGENITAL HEART DISEASE (I.E. HEART CONDITIONS PEOPLE ARE BORN WITH)
(1) Yes
(2) No
(3) Does not have any aunts, uncles or first cousins

IF YES AT Q12 ASK Q13

Q13 How many of them?
1...97
DEMENTIA

Q1 Have you ever personally known anyone with dementia or had it yourself?
   (1) No, I don’t know anyone who has or had dementia
   (2) Yes, my job involves/involved working with people who have dementia
   (3) Yes, I have dementia myself
   (4) Yes, my partner or a member of my close/immediate family
   (5) Yes, a friend(s) I know fairly well
   (6) Yes, a friend(s) or acquaintance(s) I know less well
   (7) Yes, a colleague/someone at my work
   (8) Yes, someone else
   (9) Not sure

Thinking about your knowledge and attitude towards dementia....

Q2 Which, if any, of the following apply to you?

TICK ALL THAT APPLY

(1) I know less about dementia than most other serious conditions (e.g. cancer, heart disease, strokes, etc)
(2) I would like to know more about dementia
(3) I think that in general, people don’t talk about dementia enough
(4) If people talked about dementia more, it would help me understand the condition better
(5) I don’t know where to find information about dementia
(6) Dementia isn’t something that concerns me
(7) I currently have a good knowledge of dementia
(8) I think that there are lots or resources available to me that explain what dementia is
(9) I think more about getting other conditions (e.g. cancer, heart disease, strokes, etc) than I think about getting dementia
(10) None of these

Q3 Thinking about dementia... which, if any, of the following apply to you?

TICK ALL THAT APPLY

(1) I am worried about getting dementia in later life
(2) I am worried about someone I know getting dementia in later life
(3) I am worried about my dementia developing
(4) I am worried about dementia in another way
(5) I am not worried about dementia at all
(6) Don’t know
Q4 Which, if any, of the following statements about dementia do you think are TRUE?

TICK ALL THAT APPLY

(1) Dementia is a result of old age
(2) There is nothing you can do to reduce your risk of getting dementia
(3) Dementia is a terminal illness
(4) There is nothing you can do about dementia once you have it
(5) If someone in your family has dementia you will have it too
(6) I don’t think that any of these statements are true

Q5 Which, if any, of the following statements about people with dementia do you think are TRUE?

TICK ALL THAT APPLY

(1) People with dementia can be aggressive
(2) People with dementia are usually forgetful
(3) People with dementia can have hallucinations
(4) People with dementia do not know who they are any more
(5) People with dementia can have poor coordination
(6) People with late stage dementia can no longer communicate

Q6 Thinking about if a family member were to develop dementia in the future...
Which, if any, of the following statements apply to you?

TICK ALL THAT APPLY

(1) I have a plan in place for this (e.g. how I would deal with it, how I would help this family member, etc)
(2) I wouldn’t know how to deal with this
(3) I don’t need to worry about this happening
(4) I don’t have a plan at the moment but I think there would be lots of information available to me if this happened
(5) I’d prefer not to think about this happening
(6) None of these
ATTITUDES TO E HEALTH SERVICES

Q1 If available, which of the following services would you use?  
CODE ALL THAT APPLY

(1) A health service website to learn more about my condition  
(2) A health service website to learn more about managing my condition  
(3) A health service website to access information on health care services  
(4) Online/internet service to request a prescription refill  
(5) Online/internet services to schedule appointments with a health care provider  
(6) E-mail to communicate with health care provider  
(7) App on mobile phone to communicate with health care provider  
(8) None of the above

IF ANSWER OPTION 8 AT Q1 ASK Q2

Q2 You have just indicated that you would not use any of the services listed, why is this?  
CODE ALL THAT APPLY  
DO NOT PROMPT

(1) No access or limited access to online services  
(2) Have a disability which impedes my use of technological devices, e.g. poor eyesight  
(3) Prefer direct contact with my health care provider  
(4) I don’t feel my information would be secure  
(5) Do not have the required technical ability/knowhow to use such methods  
(6) Other, please specify
Health & Lifestyle Questions

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

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

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

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

IF Q3 = NO THEN ASK Q4

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

IF Q4 = ‘too difficult’…THEN ASK Q5

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

IF Q3 = YES THEN ASK Q6

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

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

8. And which, if any, have you managed to maintain?
- cut down smoking
- stop smoking
- cut down the amount of alcohol I drink
- stop drinking alcohol
- be more physically active
- control weight
- eat more healthily
- reduce the amount of stress in my life

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

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

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

Answer options: Very easy
Fairly easy
Fairly difficult
Very difficult
Don’t know
Not applicable

Health promotion
Managing resources for health and well-being

On a scale from very easy to very difficult, how easy would you say it is to...

(1) find information on healthy activities such as exercise, healthy food and nutrition?
(2) find out about activities that are good for your mental well-being? (Instructions: meditation, exercise, walking, pilates etc.)
(3) find information on how your neighbourhood could be more health-friendly? (Instructions: Reducing noise and pollution, creating green spaces, leisure facilities)
(4) find out about political changes that may affect health? (Instructions: legislation, new health screening programmes, changing of government, restructuring of health service)
(5) find out about efforts to promote your health at work?
(6) understand advice on health from family members or friends?
(7) understand information on food packaging?
(8) understand information in the media on how to get healthier? (Instructions: Internet, newspapers, magazines)
(9) understand information on how to keep your mind healthy?
(10) judge how where you live affects your health and well-being? (Instructions: Your community, your neighbourhood)
(11) judge how your housing conditions help you to stay healthy?
(12) judge which everyday behaviour is related to your health? (Instructions: Drinking and eating habits, exercise etc.)
(13) make decisions to improve your health?
(14) join a sports club or exercise class if you want to?
(15) influence your living conditions that affect your health and well being? (Instructions: Drinking and eating habits, exercise etc.)
(16) take part in activities that improve health and well-being in your community?

Q17 Do you have a family member or a friend to take with you to a doctor’s appointment?
   (1) Yes
   (2) No
   (3) DK (SPONTANEOUS)

Q18 Are you actively involved in your community, for example do you volunteer or take part in activities?
   (1) Almost everyday
   (2) A few times a week
   (3) A few times a month
   (4) A few times a year
   (5) Not at all
   (6) DK/ Refusal (SPONTANEOUS)
Q19 Have you ever been trained or employed in a healthcare profession e.g. as nurse, doctor, pharmacist?
   (1) Yes
   (2) No
   (3) DK (SPONTANEOUS)
   (4) Refusal (SPONTANEOUS)

Q20 During the last twelve months, would you say you had difficulties to pay your bills at the end of the month...?
   (1) Most of the time
   (2) From time to time
   (3) Almost never\ never
   (4) Refusal (SPONTANEOUS)

Q21 On the following scale, step '1' corresponds to "the lowest level in the society"; step '10' corresponds to "the highest level in the society". Could you tell me on which step you would place yourself?

1. The lowest level in the society
2. –
3. –
4. –
5. –
6. –
7. –
8. –
9. –
10. The highest level in society
11. Refusal (SPONTANEOUS)
I would now like to ask you some questions about your feelings on aspects of your life. There are no right or wrong answers. For each of these questions I'd like you to give an answer on a scale of 0 to 10, where 0 is not at all and 10 is completely.

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

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

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

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

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

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

Q3 WELLB3 Overall, how happy did you feel yesterday?

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

(a1 (0)"Not at all",
 a2 (1)"",
 a3 (2)"",
 a4 (3)"",
 a5 (4)"",
 a6 (5)"",
 a7 (6)"",
 a8 (7)"",
 a9 (8)"",
 a10 (9)"",
 a11 (10)"Completely")
Q4  WELLB4  On a scale where 0 is 'not at all anxious' and 10 is 'completely anxious', overall, how anxious did you feel yesterday?

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

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

   (1) Yes
   (2) No

Ask if Q1 = yes

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 and Q2 >= 3

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

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

   Since you started caring for this person/these people, has anyone from your Health & Social Care Trust, such as a social worker or a nurse, offered you a Carer’s assessment?

   (1) Yes
   (2) No
   (3) Don’t Know
Ask if Q3 = yes (been offered assessment)

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

Again, thinking about the person/people you currently care for...

Have you ever had a Carer's assessment that was carried out in person by a HSC Trust staff member?

1. Yes
2. No
3. Don’t Know

Q5. Have you needed to take time off work during the last 12 months because of your caring obligations?

1. Yes
2. No

If so, was this...

1. One or more times off, totalling to one week or less?
2. One or more times off, totalling to more than a week but under three months?
3. One or more times off, totalling to more than three months but less than a year?
4. Have quit work/ongoing absence lasting over 12 months due to caring duties.

Q6. Do you receive any money for helping/looking after this person/people?

INTERVIEWER: DO NOT INCLUDE GIFTS, TREATS OR OCCASIONAL PAYMENTS OF EXPENSES SUCH AS PETROL MONEY OR LUNCH

1. Yes, this person pays me
2. Yes, I receive a carer’s allowance
3. Yes, I receive money in another way
4. No, I receive no money for helping this person

Q7. Do you receive any of these types of support in your caring role?

Please think only about help or support given directly to you.

CODE ALL THAT APPLY

1. Help from GP or nurse
2. Access to respite care
3. Help from professional care staff
4. Help from carers’ organisation or charity
5. Help from other family members
6. Advice from local authority/social services
7. Help from friends/neighbours
8. None of these
Q8. In the last three months, has your own health been affected, in any of the ways listed on this card, by the help or support that you give to the person/people you care for?

CODE ALL THAT APPLY
(1) Feeling tired
(2) Feeling depressed
(3) Loss of appetite
(4) Disturbed sleep
(5) General feeling of stress
(6) Physical strain
(7) Short tempered
(8) Developed my own health condition
(9) Made an existing condition worse
(10) Other
(11) No, none of these

Q9. Have you seen your GP because your health has been affected by the support you give to the person/people that you care for?
(1) Yes
(2) No

Q10. Have you experienced any musculoskeletal injuries e.g. a “bad back” as a result of caring for an older or disabled person (including children)?
(1) Yes
(2) No

If yes go to question 11

Q11. What happened as a result of your injury? (Select 1 or multiple response)

- I recovered without any need for outside help
- I needed to visit my GP
- I needed medication
- I needed a Hospital A&E visit
- I needed a hospital inpatient stay
- I needed aftercare in a residential or nursing home
- I needed an increased package of home care
- I needed rehabilitation/reablement by a Physiotherapist/Occupational Therapist
PHYSICAL ACTIVITY

We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. 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. Please think about the activities you do at work, as part of your housework or gardening, to get from place to place, and in your spare time for recreation, exercise or sport.

Q1  Think about all the vigorous activities that you did in the last 7 days. Vigorous physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, digging, aerobics, or fast bicycling?

[ ] days per week  GO TO Q2

OR

[ ] No vigorous physical activities in the last 7 days  GO TO Q3

Q2  How much time did you usually spend doing vigorous physical activities on one of those days?

Write in hours and minutes

[ ] hours per day

[ ] minutes per day

[ ] don’t know/not sure

Q3  Think about all the moderate activities that you did in the last 7 days. Moderate activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

During the last 7 days, on how many days did you do moderate physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking.

[ ] days per week  GO TO Q4

OR

[ ] No moderate physical activities in the last 7 days  GO TO Q5
Q4 How much time did you usually spend doing **moderate** physical activities on one of those days?

*Write in hours and minutes*

- [ ] hours per day
- [ ] minutes per day
- [ ] don’t know/not sure

Q5 Think about the time you spent **walking** in the last 7 days. This includes at work and at home, walking to travel from place to place, and any other walking that you have done solely for recreation, sport, exercise, or leisure.

During the last 7 days, on how many days did you **walk** for at least 10 minutes at a time?

- [ ] days per week GO TO Q6

**OR**

- [ ] No walking in the last 7 days GO TO Q7

Q6 How much time did you usually spend **walking** on one of those days?

*Write in hours and minutes*

- [ ] hours per day
- [ ] minutes per day
- [ ] don’t know/not sure

Q7 This question is about the time you spent **sitting** on **weekdays** during the last 7 days. Include time spent at work, at home, and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

During the last 7 days, how much time did you spend **sitting** on a **week day**?

*Write in hours and minutes*

- [ ] hours per day
- [ ] minutes per day
- [ ] don’t know/not sure
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?")

Thinking about the food that you eat, I would like you to tell me how often you usually eat the following foods.

Q1 Firstly; Processed meat or chicken products - including meat pies, pasties, sausage rolls, burgers, sausages, chicken nuggets or breaded chicken

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

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

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

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

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

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

Q8 Sugary fizzy drinks or squashes

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

Q10 Salad or vegetables, including fresh, frozen, dried and tinned vegetables, but excluding potatoes:

ASK 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 e.g., a pear or banana or two small fruits, eg kiwis, mandarins or plums or 2 tablespoonfuls of fruit salad or one glass of pure orange juice - @/
Note:- 2 glasses of pure orange juice does not count as 2 portions)@/@R
On average how many portions of fruit do you eat each day": 1..9

ASK ALL

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 How often do you usually eat breakfast on weekdays?
   (1) Never
   (2) One day
   (3) Two days
   (4) Three days
   (5) Four days
   (6) Five days
   (7) Dk
   (8) R

Q15 How often do you usually have breakfast on the weekend?
   (1) Never
   (2) One day
   (3) Both Saturday and Sunday
   (4) Dk
   (5) R

Q16 Which of these statements best describes your eating and/or cooking habits most of the time?
   (1) I eat/cook homemade meals from scratch using fresh, raw ingredients
   (2) I eat/cook meals using a combination of fresh ingredients and packets/jars of ingredients/sauces
   (3) I heat up ready meals in the oven/microwave oven (i.e. pizza, lasagne, frozen fish, chicken and veg)
   (4) I eat out
   (5) I eat take away food
   (6) Dk
   (7) R

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

Q17 Do you (or the person who prepares your meals) add salt when you (they) are cooking?
   (1) Yes, often
   (2) Occasionally
   (3) No
   (4) Don’t know

Q18 Do you (or anyone else) add salt to your food at the table?
   (1) Yes, often
   (2) Occasionally
   (3) No
   (4) Don’t know
FOOD CHOICES

In general, would you say that your eating habits are:
(1) Excellent
(2) Very good
(3) Good
(4) Fair
(5) Poor

Now, some questions about the foods you eat.

ANSWER OPTIONS:  Yes (or sometimes)  No

Do you choose certain foods or avoid others because you are concerned about...

Q1  your body weight?
Q2  heart disease?
Q3  cancer?
Q4  osteoporosis (brittle bones)?

Do you choose certain foods because of the...

Q5  lower fat content?
Q6  fibre content?
Q7  calcium content?

Do you avoid certain foods because of the...

Q8  fat content?
Q9  type of fat they contain?
Q10  salt content?
Q11  cholesterol content?
Q12  calorie content?

Q13  Have you changed your eating habits in the past 3 years to lose weight?
Q14, Q15 AND Q16 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.

Q14. 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

Q15. 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

Q16. 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
The following questions are about the food situation for your household. (to be asked of one adult per household)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

IF YES TO Q1

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

IF NO AT Q2

ASK FOR EVERY CHILD BETWEEN 2 AND 15 IN THE HOUSEHOLD

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

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

AGE & GENDER OF CHILD TO BE COLLECTED AT THIS STAGE

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

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

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

ALL
8. Does ^NCHILD have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?
   Yes/no
IF YES AT Q8 ASK Q9

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

IF YES AT Q9 ASK Q10

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

IF YES AT Q8 ASK Q11

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

ASD – CHILDREN
Asked of each child and will be routed from Q11

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

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

IF YES TO Q12 ASK Q13

Q13 If yes, how satisfied are you with the level of help received?
   1 Very satisfied
   2 Satisfied
   3 Neither satisfied nor dissatisfied
   4 Dissatisfied
   5 Very dissatisfied
GP & Nurse consultations - CHILDREN
TO BE ASKED FOR EACH CHILD AND THE AGE OF EACH CHILD SHOULD BE RECORDED AT THIS STAGE

Q14 CONS "During the last 2 weeks, ending yesterday (apart from any visits to a hospital), did ^NUM talk to a GP (i.e. family doctor) either in person or by telephone, or did you or any other member of the household do so on ^HISHER behalf? @/INCLUDE TELEPHONE CONVERSATIONS ON BEHALF OF CHILDREN UNDER 16": yes/no

IF YES TO Q14 ASK Q15 & Q16

Q15 Was this consultation......
   • Under the NHS
   • Paid for privately

Q16 NUMCONS "How many times did you, ^NUM or any other member of your household talk to a GP on behalf of ^NUM in these 2 weeks?": 1..50

Q17 seenurse "During the last 2 weeks ending yesterday, did ^NUM see a practice or treatment room nurse at the GP surgery
Please remember that this could have been on the same occasion that your child saw a GP.

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

IF YES TO Q17 ASK Q18

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

Fruit & Vegetables – children

ALL Q19 Please look at this card, the card illustrates what is considered as a portion.
      DO NOT READ OUT, FOR INFO ONLY:-
      A portion equals one piece of medium sized fruit eg, a pear or banana or two small fruits, eg kiwis, mandarins or plums or 2 tablespoonfulls of fruit salad or one glass of pure orange juice -
      Note:- 2 glasses of pure orange juice does not count as 2 portions

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

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

Q1. Are you responsible for looking after a child/children under the age of 5 in your home or would a child/children under 5 regularly visit your home?
(Responsibility could be from a Parent/Grandparent/Family Member/Childminder operating from home)
- Yes  Go to Q2
- No  No need to ask any further questions in this section

Q2. Do you have looped blind cords in any of your rooms at home?
Definition: This is the cord used to open/close/raise/lower the blinds. Many cords will have a continuous loop which can be a hazard. Alternatives to the looped blind cords include wands and battery-operated motors.
- Yes  Go to Q3
- No  No need to ask any further questions in this section

Q3. Are you aware that looped blind cords can cause death or injury to young children as a result of entanglement?
- Yes
- No

IF YES AT Q3 ASK Q4

Q4. How did you find out about the dangers associated with looped blind cords? Multi-select
- Family member
- Friend
- Information Flyer/Pamphlet – can you remember who it was produced by? Please specify
- Newspaper article/ Television news report
- Blinds Supplier
- The Fitter who installed the blinds
- Home Safety Visit
- Health Visitor
- Other – please specify

ALL
Q5. Have you purchased blinds with looped cords within the last 12 months?
- Yes
- No

IF YES AT Q5 ASK Q6

Q6. Were safety fittings supplied with the blinds (e.g. cleats, chain tidies & chain-break connectors? Background note: a cleat is a T-shaped piece of metal, plastic, or wood around which the blind cord ropes can be attached)
- Yes
- No
ALL
Q7. Do you have any safety equipment installed for use with looped blind cords (e.g. cleats, chain tidies & chain connectors)?
   - Yes
   - No

IF NO AT Q7 ASK Q8
Q8. Which of these reasons best explain why you do not have safety equipment installed?
   - Wasn’t aware of any safety issues
   - Don’t know what safety equipment is available
   - Don’t know where to buy the safety equipment
   - Can’t afford to buy the safety equipment
   - I don’t like the look of them
   - They would damage my window frames/decor
   - Haven’t gotten around to it
   - Other, please specify
SELF COMPLETION MODULES:

GHQ12, EQ5D, STRESS & SEXUAL HEALTH.

Q1. "I'd like to ask you some more questions about your general health but it may be quicker if you fill in the answers yourself on the computer.

INTERVIEWER: SHOW RESPONDENT HOW TO ENTER ANSWERS BY USING FOLLOWING EXAMPLES. EMPHASIS SHOULD BE PLACED ON PRESSING THE SPACE BAR BETWEEN MULTIPLE ANSWERS AND THEN THE ENTER BUTTON WHEN CHOICE IS COMPLETE. IF RESPONDENT PREFERENCES NOT TO USE COMPUTER, GIVE QUESTIONS AND ANSWERS ON PAPER INCLUDED IN YOUR SURVEY MATERIAL LABELLED SELF COMPLETION FOR GHQ12 AND SOCIAL SUPPORT, AND ASK FOR NUMBER INDICATING CHOSEN ANSWER TO EACH QUESTION": (CONTINUE);

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

IF ORDQUES AT Q2 ASK Q3

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

IF REFS AT Q2 ASK Q4

Q4. "ENTER THE REASON FOR REFUSAL":

IF NOT EMPTY AT Q4

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

Please return the computer to the interviewer - Thank You
Please return the computer to the interviewer - Thank You
Please return the computer to the interviewer - Thank You
Please return the computer to the interviewer - Thank You.

(CONTINUE);
Q6. "A few example questions will now be shown":

(CONTINUE);

Q7. "How often have you used a computer?":

freq "I use a computer very frequently",
haveused "I have used a computer, but don't use one very often",
never "I have never used a computer");

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

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

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

Q10. I'd like to know if you have had any medical complaints and how your
health has been in general over the past few weeks.
Remember, I want to know about PRESENT and RECENT complaints, NOT
those you had in the past. It is important that you try to answer all the questions, PRESS '1' TO
CONTINUE":
(continue);
GHQ12 (SELF COMPLETION)

We should like to know how your health has been in general over the past few weeks. Please answer ALL the questions by selecting the answer which you think most applies to you.

ALL
Q1. 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
Q2. 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
Q3. "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
Q4. "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
Q5. "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
Q6. "Have you recently felt you couldn't overcome your difficulties?":
   - notatall  "Not at all"
   - nomore    "No more than usual"
   - more      "Rather more than usual"
   - muchmore  "Much more than usual");
General Health Questionnaire (GHQ – 12) ©David Goldberg, 1978
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

6. 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

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

© 1990 EuroQol Group. EQ-5D® is a trade mark of the EuroQol Group

62
STRESS

Q1 Thinking about stress in your day-to-day life, what would you say is the most important thing contributing to feelings of stress you may have?

DO NOT PROMPT?

(1) Time pressures / not enough time
(2) Own physical health problem or condition
(3) Own emotional or mental health problem or condition
(4) Financial situation (e.g. not enough money, debt)
(5) Own work situation (e.g. hours of work, working conditions)
(6) School
(7) Employment status (e.g. unemployment)
(8) Caring for - own children
(9) Caring for – others
(10) Other personal or family responsibilities
(11) Personal relationships
(12) Discrimination
(13) Personal and family’s safety
(14) Health of family members
(15) Other (please specify)
(16) Nothing

STRESS AT WORK

Q1 Are you currently in paid employment?

(1) Yes PROCEED WITH QUESTIONS
(2) No END OF SECTION

Q2 Some people tell us their jobs are stressful. In general, how do you find your job?

(1) Not at all stressful
(2) Mildly stressful
(3) Moderately stressful
(4) Very stressful
(5) Extremely stressful

Q3 How satisfied are you with the balance between the time you spend on your paid work and the time you spend on other aspects on your life?

0 extremely dissatisfied
1
2
3
4
5
6
7
8
9
10 extremely satisfied
The following statements are about the working conditions in your main job. Each statement refers to your current job and I would like you to say how often certain circumstances or conditions apply to you.

Q4  I have unrealistic time pressures at work
   (1) always
   (2) often
   (3) sometimes
   (4) seldom
   (5) never

Q5  I have a choice in deciding how I do my work.
   (1) always
   (2) often
   (3) sometimes
   (4) seldom
   (5) never

Q6  I am clear what my duties and responsibilities are at work.
   (1) always
   (2) often
   (3) sometimes
   (4) seldom
   (5) never

How much do you agree or disagree with each of the following statements?

Q7  My line manager encourages me at work
   (1) strongly agree
   (2) tend to agree
   (3) neutral
   (4) tend to disagree
   (5) strongly disagree
   (6) not applicable

Q8  I get the help and support I need from colleagues at work
   (1) strongly agree
   (2) tend to agree
   (3) neutral
   (4) tend to disagree
   (5) strongly disagree
   (6) not applicable

Q9  Relationships at work are strained
   (1) strongly agree
   (2) tend to agree
   (3) neutral
   (4) tend to disagree
   (5) strongly disagree
   (6) not applicable
Q10  Staff are consulted about change at work
     (1) strongly agree
     (2) tend to agree
     (3) neutral
     (4) tend to disagree
     (5) strongly disagree
     (6) not applicable

Q11  How likely is it that you will lose your job and become unemployed within the next twelve months?
     Please estimate the possibility of such a change on a scale from 0 to 100.
     0 means that such a change will definitely not take place
     100 means that such a change definitely will take place

     Circle one box

     0  10  20  30  40  50  60  70  80  90  100
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>Agree strongly</th>
<th>Agree</th>
<th>Disagree</th>
<th>Disagree strongly</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>I would support a ban on smoking in cars when children are present</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I would ask someone who smokes to smoke outside of my home</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Children are more at risk from passive smoking than adults</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Babies exposed to passive smoking are more at risk to cot death</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Q2 First of all have you ever smoked a tobacco cigarette, a cigar or a pipe?
   (1) Yes  -> [Q3]
   (2) No   -> [Q15]

Q3 Do you smoke cigarettes at all nowadays?
   (1) Yes  -> [Q5]
   (2) No   -> [Q4]

Q4 Have you ever smoked cigarettes regularly?
   (1) Yes  -> [Q12]
   (2) No   -> [Q15]

Q5 About how many cigarettes a DAY do you usually smoke at weekends?

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

Q7 In which of these places, if any, did you smoke in during the last 7 days ending yesterday? CODE ALL THAT APPLY
   (1) Inside my home
   (2) Outside my home (e.g. in garden or on doorstep)
   (3) Outside (other than at home)
   (4) Inside other people’s homes
   (5) Whilst travelling by car
   (6) Inside other places
IF Q7 = 3, ASK Q8

Q8 Where did you smoke outside during the last 7 days ending yesterday? CODE ALL THAT APPLY
   (1) In the street, or out and about
   (2) Outside at work
   (3) Outside at other people’s home
   (4) Outside pubs or bars
   (5) Outside restaurants, cafes or canteens
   (6) Outside shops
   (7) In public parks
   (8) Outside other places

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 Does price have any influence on your choice of brand?
   (1) Considerable influence
   (2) Some influence
   (3) No influence

Q11 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

Q12 TO BE ASKED OF THOSE WHO ANSWERED YES AT Q3 OR YES AT Q4

Q12 How old were you when you started to smoke cigarettes regularly?

IF RESPONDENT AGED 16-30 AND ANSWERED YES AT Q3 OR YES AT Q4, ASK Q13

Q13 Why did you first start to smoke? TICK ALL THAT APPLY
   (1) My friends smoked
   (2) My parents smoked
   (3) My brothers/sisters smoked
   (4) To socialise
   (5) To relax
   (6) To deal with stress
(7) To control weight
(8) Made me feel cool
(9) Made me feel grown-up
(10) Enjoyment
(11) Other, please specify

IF YES AT QUESTION 4, THEN ASK QUESTION 14

Q14 When did you stop smoking cigarettes?
   (1) Less than 3 months ago
   (2) Between 3 months and 6 months ago
   (3) Between 6 months and 1 year ago
   (4) More than 1 year ago
   (5) Can’t remember

Q15 TO BE ASKED OF ALL

Q15 Have you ever used an electronic cigarette?
   1. Yes -> [Q16]
   2. No

Q16 Do you use electronic cigarettes at all nowadays?
   1. Yes -> [Q18]
   2. No -> [Q17]

Q17 Have you ever used electronic cigarettes regularly?
   1. Yes -> [Q18]
   2. No

Q18 Please indicate which, if any, of the following statements reflect your reasons for using electronic cigarettes:

MULTISELECT

1. They have helped me to quit smoking tobacco products completely.
2. They enable me to reduce the number of cigarettes I would normally smoke.
3. They allow me to smoke indoors.
4. They provide health benefits when compared to smoking.
5. They are cheaper than using tobacco products.
6. They protect those around me from exposure to secondhand smoke.
7. I was attracted by the advertisements for electronic cigarettes.

Q19 Do you intend to stop using electronic cigarettes...
   1. Within the next month?
   2. Within the next 6 months?
   3. Sometime in the future, beyond 6 months?
   4. Or, are you not planning to stop?
Now I would like to ask you one or two questions about any thoughts you might have had about quitting smoking.

**Q20 TO BE ASKED OF THOSE WHO ANSWERED YES AT Q3**

Q20 Have you ever tried to quit smoking?
   1. Yes → Q21
   2. No → Q21

Q21 Which of the following best describes you...

**READ OUT**
(1) I REALLY want to stop smoking and intend to do so in the next month
(2) I REALLY want to stop smoking and intend to do so in the next 3 months
(3) I want to stop smoking and hope to do so soon
(4) I REALLY want to stop smoking but I don’t know when I will
(5) I want to stop smoking but haven’t thought about when
(6) I know I should stop smoking but I don’t really want to
(7) I don’t want to stop smoking

Q22 IF Q21 = ANSWER OPTIONS 4, 5, 6 OR 7

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>
<tr>
<td>k. Widespread availability of e-cigarettes</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
</tr>
</tbody>
</table>
SMOKERS AND EX-SMOKERS who quit < 6mths ago

Q23 Have you ever used any stop-smoking medication or Nicotine replacement therapies?
   (1) Yes -> [GO TO Q24]
   (2) No -> [GO TO Q29]

Q24 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 -> [Q25]
   2. No -> [Q29]

Q25 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 (please specify)

Q26 please specify other

Q27 Where did you get your nicotine replacement therapy? set [5] of
   1. By prescription
   2. Over the counter/off the shelf
   3. From a friend
   4. Smoking Cessation Clinic
   5. Other

Q28 Please Specify :string[200];

Q29 SHOWCARD 17 (QUIT HELP) Finally, in last 6 months (since ^6MONTHS) have you received advice or information about quitting smoking from any of the following?
   CODE ALL THAT APPLY
   1. Call a Telephone helpline
   2. Checked the Internet,
   3. Read a book or leaflets
   4. Attend a Local stop-smoking services (such as clinics or specialists, sometimes called cessation clinic))
   5. Speak to a doctor or nurse
   6. Speak to a Pharmacist
   7. None of the above

FOR EACH IN Q29 (not 7)
Q30 Did the ^QUITADV3 help you in your quit attempt?

1. Yes
2. No
3. Don’t Know

ASK ALL
If GRIDX.GRIDX.NumPersh >1] {Number of persons in household from household grid}

Q31 Does anyone in your household smoke?

1. Yes – lives with smokers
2. No

ELSE {question not asked}

3. Lives alone

ENDIF

Q32 = GRIDX.GRIDX.NUMCHILD Number of Children in household 0..16

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

ASK ALL
Q33 Is smoking allowed inside your home? IF YES PLEASE PROBE FOR CERTAIN PLACES, ANYWHERE OR SPECIAL OCCASIONS

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

ASK ALL
Q34 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

ASK ALL
Q35 Are you regularly exposed to other people’s tobacco smoke in any of these places?

CODE ALL THAT APPLY

(1) At own home
(2) At work
(3) In other people’s homes
(4) Travelling by car/van
(5) Outdoor smoking areas of pubs/restaurants/cafes
(6) In other places
(7) No, none of these
IF Q35 = 1-6, ASK Q36

Q36 Does this bother you at all?
   (1) Yes
   (2) No
   (3) Don’t know
   (4) Not applicable

ASK ALL
Q37 Did your father ever smoke regularly when you were a child?
   (1) Yes
   (2) No
   (3) Don’t know
   (4) Not applicable

ASK ALL
Q38 Did your mother ever smoke regularly when you were a child?
   (1) Yes
   (2) No
   (3) Don’t know
   (4) Not applicable
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
2. Don't like it
3. Parent's advice/influence
4. Health reasons
5. Can't afford it
6. Other -> [DRINKEFF]

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

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

Drink regularly/occasionally:

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

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

INTERVIEWER - READ OUT: I'd like to ask you whether you have drunk different types of alcoholic drink in the last 12 months. I do not need to know about non-alcoholic or low alcohol drinks.

1. PRESS ENTER TO CONTINUE

[NBEER] 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?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Almost every day</td>
<td>-&gt; NBEERM</td>
</tr>
<tr>
<td>2. 5 or 6 days a week</td>
<td>-&gt; NBEERM</td>
</tr>
<tr>
<td>3. 3 or 4 days a week</td>
<td>-&gt; NBEERM</td>
</tr>
<tr>
<td>4. once or twice a week</td>
<td>-&gt; NBEERM</td>
</tr>
<tr>
<td>5. once or twice a month</td>
<td>-&gt; NBEERM</td>
</tr>
<tr>
<td>6. once every couple of months</td>
<td>-&gt; NBEERM</td>
</tr>
<tr>
<td>7. once or twice a year</td>
<td>-&gt; NBEERM</td>
</tr>
<tr>
<td>8. not at all in last 12 months</td>
<td>-&gt; SBEER</td>
</tr>
</tbody>
</table>

[NBEERM] 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.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Pints</td>
<td></td>
</tr>
<tr>
<td>2. Small cans</td>
<td></td>
</tr>
<tr>
<td>3. Large cans</td>
<td></td>
</tr>
<tr>
<td>4. Bottles</td>
<td></td>
</tr>
</tbody>
</table>

Enter at most 4 values

[NBEERQ1..4] 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)

[NBOTTLE] 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?'

[NCODEEQ] 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'

[DESCRIPTN] DESCRIPTION FROM FILE - COMPUTED

[ALCLEVN] 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)
[SBBOTTLE] 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?’

[SCODEEQ] 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'

[DESCRIPTS] DESCRIPTION FROM FILE - COMPUTED

[ALCLEVS] ALCOHOL LEVEL FROM FILE - COMPUTED
SHOW CARD 34 (FREQUENCY DRINK)

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

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

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

SHOW CARD 34 (FREQUENCY DRINK)

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

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

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

SHOW CARD 34 (FREQUENCY DRINK)

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

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

How much WINE, including Babycham and champagne, have you usually drunk on any one day during the last 12 months? CODE THE NUMBER OF GLASSES. 1 BOTTLE = 6 GLASSES, 1 LITRE = 8 GLASSES

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

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

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

Enter a numeric value between 1 and 97

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

1. Yes -> 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.
[FREQB] How often have you had a drink of .... in the last 12 months?
1. Almost every day | 5. once or twice a month
2. 5 or 6 days a week | 6. once every couple of months
3. 3 or 4 days a week  | 7. once or twice a year
4. once or twice a week | 8. not at all in last 12 months

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

[OTHQOB] WHAT OTHER MEASURE?

[OTHQBO] ASK OR CODE How many .. MEASURES .. of .... have you usually drunk on any one day during the last 12 months?
Enter a numeric value between 0 and 97

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

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

[FREQC] How often have you had a drink of .... in the last 12 months?
1. Almost every day | 5. once or twice a month
2. 5 or 6 days a week | 6. once every couple of months
3. 3 or 4 days a week  | 7. once or twice a year
4. once or twice a week | 8. not at all in last 12 months

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

[OTHQOC] WHAT OTHER MEASURE?

[OTHQCO] 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
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  

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  

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

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

1. None  
2. Less 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  

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

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

1. None  
2. Less 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  -> [UNILIM]
2. Yes, if in excess/no, not in moderation/depends on amount  -> [UNILIM]
3. No – unqualified  -> [UNILIM]
4. Other answer  -> [OTHEREFF]

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

SHOW CARD 36 (UNITS OF ALCOHOL) 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  -> RECAMDRM  | 4. spirits (single measure)  -> RECAMDRM
2. pints of beer  -> RECAMDRM  | 5. don't know  -> DD1
3. glasses of wine/sherry  -> RECAMDRM

Enter a numeric value between 1 and 100

CONVERT TO UNITS - COMPUTED
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
ALCOHOL HARM TO OTHERS

ASK ALL

The following questions relate to you and other people’s drinking.

Q1   Because of someone else’s drinking...

   How many times in the past 12 months have you...
   Answer options: none/1-3 times/4 or more times
   a. Had family problems or relationship difficulties due to someone else’s drinking?
   b. Been a passenger with a driver who had too much to drink?
   c. Been hit or assaulted by someone who had been drinking?
   d. Had financial trouble because of someone else’s drinking?
   e. Had property vandalised by someone who had been drinking?
   f. Been involved in a traffic accident because of someone else’s drinking?

ASK OF THOSE WHO WORK (PAID OR VOLUNTARY)

The next questions relate to co-workers (paid workers or volunteers) who you consider to be fairly heavy drinkers or someone who drinks a lot sometimes...

Q2   Because of your co-worker’s drinking, how many times in the last 12 months...
   Answer options: none/1-3 times/4 or more times
   a. Has your ability to do your job been negatively affected?
   b. Were you involved in an accident or a close call at work?
   c. Have you had to work extra hours?

ASK OF THOSE WHO HAVE PARENTAL RESPONSIBILITY (any children within the household)

The next set of questions relate to children for whom you have some parental/guardian responsibility, (whether they live with you or not) and other people’s drinking (other people refers to anyone you may know)

Q3   Because of someone else’s drinking...

   How many times in the past 12 months were...
   Answer options: none/1-3 times/4 or more times
   a. Children left in an unsupervised or unsafe situation because of someone else’s drinking?
   b. Children yelled at, criticised or otherwise verbally abused because of someone else’s drinking?
   c. Children physically hurt because of someone else’s drinking?
   d. Children witness to serious violence in the home because of someone else’s drinking?
ASK ALL

The following questions relate to people you may know whom you consider to be fairly heavy drinkers or someone who drinks a lot sometimes.

Q4 Thinking about the last 12 months, do you know some people who you consider to be fairly heavy drinkers or someone who drinks a lot sometimes?
   (1) Yes, specify number of people _____________
   (2) No

IF YES AT Q4 ASK Q5

Q5 Did their drinking negatively affect you in some way in the last 12 months?
   (1) Yes, specify number of people _____________
   (2) No

IF YES AT Q5 ASK Q6

Q6 Overall, on a scale of 1 to 10, where 1 is a little and 10 a lot, how much have these people’s drinking negatively affected you in the last 12 months?
   (a little) 1 2 3 4 5 6 7 8 9 10 (a lot)

IF YES AT Q5 ASK Q7

Q7 Thinking now about the person whose drinking has had the greatest negative affect on you in the last 12 months, can you please tell me their relationship to you?
   (1) Household member
   (2) Family member not in household
   (3) Co-worker
   (4) Friend
   (5) Other, please specify

Q8 In the last 12 months, how many days of work, training or education did you miss because of other people’s drinking? Please provide your best estimate in whole days.
   _______ days
**ALCOHOL HARM TO SELF**

The next questions relate to the respondent’s drinking and should be asked of respondents who have had a drink in the past 12 months.

**IF DRINKOFT IS ANSWER OPTIONS 1 TO 7 ASK Q9 & Q10**

**Q9**  
During the last 12 months, have you...  
*Answer options: No, never/Yes, once/Yes, more than once*  
  a. Felt that your drinking harmed your home life or marriage?  
  b. Felt that your drinking harmed your friendships or social life?  
  c. Felt that your drinking harmed your health?  
  d. Felt that your drinking harmed your work or studies, e.g. missing school/work, not doing your work/studies or losing your job/dropping out of school?  
  e. Felt that your drinking harmed your finances?  
  f. Been in an accident when you had been drinking?  
  g. Got into a physical fight when you had been drinking?  
  h. Have you been stopped by the police because of drunk driving or drunken behaviour?  
  i. Felt that you should cut down on your drinking?  
  j. Regretted something you said or did after drinking?

**Q10**  
In the last 12 months, how many days of work, training or education did you miss because of your own use of alcohol? *Please provide your best estimate in whole days.*

_______ days


ALCOHOL SERVICE USE

Now thinking about services you may have used in the last 12 months...

Q11  How many times in the last 12 months have YOU attended A&E due to other people’s drinking?  
     INTERVIEWER NOTE: THIS QUESTION ASKS ABOUT RESPONDENT’S INJURIES, NOT THE DRINKERS  
     (1) One or more, please specify ___  
     (2) None  

Q12  How many times in the last 12 months have YOU attended A&E due to your own drinking?  
     (1) One or more, please specify ___  
     (2) None
SEXUAL HEALTH

RESPONDENTS AGED 16-74

ASK OF ALL

1. Have you ever heard of CHLAMYDIA? (TICK ONE ONLY)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Go to Qu. 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Refuse to answer</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></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>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Go to Qu. 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Refused to answer</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>True</th>
<th>False</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<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>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Go to Qu. 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Refused to answer</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></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>An early symptom of syphilis may be a painless sore(s) on the genitals, anus or mouth.</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>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></td>
</tr>
<tr>
<td>Refused to answer</td>
<td>3</td>
<td></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></th>
<th>True</th>
<th>False</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genital herpes can be transmitted by oral sex.</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)

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
<td>Go to Qu. 10</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>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></th>
<th>True</th>
<th>False</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<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? (TICK ONE ONLY)

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
<td>Go to Qu. 12</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>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 are true or false. (TICK FOR EACH STATEMENT)

<table>
<thead>
<tr>
<th></th>
<th>True</th>
<th>False</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Withdrawing before a man climaxes or ejaculates prevents passing on 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>
</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></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/Passante)</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>Dam (or 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>Coil / IUD / Mirena</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Cap/ diaphragm</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>
Sexual experiences - Ask of all respondents aged 16-74

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

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

<table>
<thead>
<tr>
<th>Option</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) I have had sex only with women</td>
<td>GO TO Q15</td>
</tr>
<tr>
<td>2) I have had sex only with men</td>
<td>GO TO Q15</td>
</tr>
<tr>
<td>3) I have usually had sex only with women but have had sex at least once with a man</td>
<td>GO TO Q15</td>
</tr>
<tr>
<td>4) I have usually had sex only with men but have had sex at least once with a woman</td>
<td>GO TO Q15</td>
</tr>
<tr>
<td>5) I have had sex with both men and women</td>
<td>GO TO Q15</td>
</tr>
<tr>
<td>6) I have not yet had sex</td>
<td>GO TO Q20</td>
</tr>
<tr>
<td>7) Refuse to answer</td>
<td>GO TO Q15</td>
</tr>
<tr>
<td>8) Don’t know</td>
<td>GO TO Q15</td>
</tr>
</tbody>
</table>

Recent sexual experience

ASK IF Q14 IS NOT OPTION 6

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

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

16. Thinking about the number of sexual partners you have had in the last year, with how many of these would you have had sex (vaginal, oral or anal) without using a condom?

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

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

<table>
<thead>
<tr>
<th>Option</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Met each other for the first time/ didn’t previously know each other</td>
<td>1</td>
</tr>
<tr>
<td>Knew each other but didn’t have a steady relationship at the time</td>
<td>2</td>
</tr>
<tr>
<td>Knew each other and met up occasionally for sex</td>
<td>3</td>
</tr>
<tr>
<td>Had a steady relationship at the time</td>
<td>4</td>
</tr>
<tr>
<td>Living together/ co-habiting/ in a civil partnership/ married or engaged</td>
<td>5</td>
</tr>
<tr>
<td>Paid for sex</td>
<td>6</td>
</tr>
<tr>
<td>Other (ADD 1 ADDITIONAL VARIABLE)</td>
<td>7</td>
</tr>
<tr>
<td>Refuse to answer</td>
<td>8</td>
</tr>
<tr>
<td>Don’t know</td>
<td>9</td>
</tr>
</tbody>
</table>
Q18  Again, thinking about your most recent sexual experience (be that vaginal, oral or anal sex), did you use a condom or other protection against sexually transmitted infections (STIs), i.e. Femidom or dam? (TICK ONE ONLY)

<table>
<thead>
<tr>
<th>Yes</th>
<th>GO TO Q20</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>GO TO Q19</td>
</tr>
<tr>
<td>Don’t know</td>
<td>GO TO Q20</td>
</tr>
<tr>
<td>Refuse to answer</td>
<td>GO TO Q20</td>
</tr>
</tbody>
</table>

Definitional note:

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

A dam or dental dam is a thin square of latex that can be used to prevent the spread of sexually transmitted infections during oral sex. They can be bought in some stores, or you can make your own using a condom or a latex glove.

IF NO AT Q18 ASK Q19

Q19. If STI protection was NOT USED why was this? (TICK ALL THAT APPLY)

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

20. How would you rate your own risk of becoming infected with an STI (including HIV)? (TICK ONE ONLY) (included previously in 11/12 & 13/14)

<table>
<thead>
<tr>
<th>Greatly at risk</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderately at risk</td>
<td>2</td>
</tr>
<tr>
<td>Not very much at risk</td>
<td>3</td>
</tr>
<tr>
<td>Not at all at risk</td>
<td>4</td>
</tr>
<tr>
<td>Refused to answer</td>
<td>5</td>
</tr>
<tr>
<td>Don’t know</td>
<td>6</td>
</tr>
</tbody>
</table>

If Q20 is answered 1-4 …

21. Why do you think this in relation to your risk of infection? (TICK ALL THAT APPLY) (included previously in 11/12 & 13/14)

| 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

22. Have you ever sought information or advice on STIs (including HIV)? (included previously in 11/12 & 13/14)

| Yes |  |
| No |  |
| Refused |  |
| Don’t know |  |

If ‘Yes’ at Question Q22…

23. Have you accessed information or advice on STIs (including HIV) from any of the following? (TICK ALL THAT APPLY) (included previously in 11/12 & 13/14)

| Chemist/ Pharmacy |  |
| Family/ Friends |  |
| Family planning or Well Woman Clinic |  |
| GP |  |
| Genito-urinary Medicine Clinic (GUM) / Health service sexual health clinic |  |
| Internet / online |  |
| Sexual health app |  |
| Student health clinic |  |
| Telephone help line |  |
| School nurse |  |
| Voluntary / community organisation e.g. FPA, Brook, Rainbow Project, Positive Life |  |
| Don’t know |  |
| No – none of these places |  |
| Other, please tell us (ADD 2 ADDITIONAL VARIABLES) |  |
| Refuse to answer |  |
Ask of all
24. Have you ever been told by a doctor or other health professional that you had an STI (including HIV)?
   *(included previously in 11/12 & 13/14)*
   Yes
   No
   Refused to answer
   Don’t know

Ask of all
25. 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.*
   *(included previously in 11/12 & 13/14)*
   Yes
   No
   Refuse to answer
   Don’t know

Ask of all
26. If you were to **seek treatment** for STIs (including HIV) where would you prefer to go? *(TICK ONE ONLY)*
   *(included previously in 11/12 & 13/14)*
   GP
   Family planning or Well Woman clinic
   Hospital outpatient department
   Genito-urinary Medicine Clinic (GUM), Health service sexual health clinic
   Chemist/Pharmacy
   Student health clinic
   Private clinic
   Internet / online
   Against teachings of church or religious beliefs
   Other, please tell us *(ADD 2 ADDITIONAL VARIABLES)*
   Don’t know
   Refuse to answer
Ask of all  
27. Have you ever purchased a STI (including HIV) home testing kit from any of the following sources? (TICK ALL THAT APPLY)  

<table>
<thead>
<tr>
<th>Source</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Online</td>
<td>1</td>
</tr>
<tr>
<td>Over the counter from a pharmacy</td>
<td>2</td>
</tr>
<tr>
<td>Other, please tell us (ADD 2 ADDITIONAL VARIABLES)</td>
<td>3</td>
</tr>
<tr>
<td>No – I have never used</td>
<td>4</td>
</tr>
<tr>
<td>Refuse to answer</td>
<td>5</td>
</tr>
</tbody>
</table>

Definitional Note  
STI testing is available for free at health service sexual health clinics, genitourinary medicine (GUM) clinics and GP surgeries. STI home test kits are available for sale which allow you to do the STI test at home without having to make an appointment with the clinic or a doctor. There are different types of tests for use at home:  
(i) a self-test allows you to take a sample (of urine, blood or saliva, sometimes with a swab), undertake the STI test, and read the test result without a health professional or lab being involved;  
(ii) a home sampling test, sometimes called a home screening test or postal test, allows you to take a sample which you then post to a lab for testing, and you receive the test result by phone, text or online from the lab.

If yes to 1, 2 or 3 at Q27 then ask  
28. Which of the following were reasons for you deciding to purchase a home testing kit? (TICK ALL THAT APPLY)  

<table>
<thead>
<tr>
<th>Reason</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Concern about confidentiality</td>
<td></td>
</tr>
<tr>
<td>Lack of services locally</td>
<td></td>
</tr>
<tr>
<td>Embarrassment</td>
<td></td>
</tr>
<tr>
<td>Opening hours of services not convenient</td>
<td></td>
</tr>
<tr>
<td>Having to make an appointment at a GUM clinic</td>
<td></td>
</tr>
<tr>
<td>Worried about being judged</td>
<td></td>
</tr>
<tr>
<td>Convenience</td>
<td></td>
</tr>
<tr>
<td>Privacy of testing at home</td>
<td></td>
</tr>
<tr>
<td>Don’t know</td>
<td></td>
</tr>
<tr>
<td>Other, please tell us (ADD 1 ADDITIONAL VARIABLE)</td>
<td></td>
</tr>
<tr>
<td>Refuse to answer</td>
<td></td>
</tr>
</tbody>
</table>

29. Have you ever tested positive for a STI (including HIV) using a home testing kit? (TICK ONE ONLY)  

<table>
<thead>
<tr>
<th>Status</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Refuse to answer</td>
<td>3</td>
</tr>
</tbody>
</table>

If ‘Yes’ at Q29 then ask  
30. As a result of using the home testing kit, did you access treatment for any STI (including HIV)? (TICK ONE ONLY)  

<table>
<thead>
<tr>
<th>Status</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Refuse to answer</td>
<td>3</td>
</tr>
</tbody>
</table>

If ‘Yes’ at Q30 then ask  
31. From which of the following did you access treatment? (TICK ALL THAT APPLY)  

<table>
<thead>
<tr>
<th>Treatment</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Genito-urinary Medicine Clinic (GUM) / Health service sexual health clinic</td>
<td></td>
</tr>
<tr>
<td>GP</td>
<td></td>
</tr>
<tr>
<td>Student health clinic</td>
<td></td>
</tr>
<tr>
<td>Family planning or well woman clinic</td>
<td></td>
</tr>
<tr>
<td>Private clinic</td>
<td></td>
</tr>
<tr>
<td>From the company selling the STI home testing kit</td>
<td></td>
</tr>
<tr>
<td>Internet / online</td>
<td></td>
</tr>
<tr>
<td>Other, please tell us (ADD 2 ADDITIONAL VARIABLES)</td>
<td></td>
</tr>
<tr>
<td>Refuse to answer</td>
<td></td>
</tr>
</tbody>
</table>
Ask of All

32. The following statements are about **condoms and other protection against STIs**, please indicate if you either agree or disagree with each…

*(included previously in 11/12 & 13/14)*

<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>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>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>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. <em>(not applicable for those who have not had sex)</em></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>Using drugs has contributed to me having sex without using them. <em>(not applicable for those who have not had sex)</em></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

33. How easy / difficult would it be for you to talk to a sexual partner about the following before having sex with them for the first time? *(TICK FOR EACH STATEMENT)*

<table>
<thead>
<tr>
<th>Statement</th>
<th>Very difficult</th>
<th>Difficult</th>
<th>Neither</th>
<th>Easy</th>
<th>Very easy</th>
<th>Depends on partner</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>…the number of people he/she has slept with previously?</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>…whether he/she has ever had unprotected sex in the past? <em>(i.e. not used a condom, femidom or dental dam)</em></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>…whether he/she has ever been tested for STIs?</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>…wanting to use condoms/another method to protect against STIs</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>
EMPLOYMENT

INCOME & BENEFITS:

RELIGION:

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

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

[OTHDENOM] Please describe other religion.

[RELPRACT] Do you consider that you are actively practising your religion?

1. Yes
2. No

[ATTEND] And how often do attend your place of worship?

1. More than once a week  | 6. At least once a year
2. At least once a week   | 7. Less often
3. At least once a fortnight | 8. Never
4. At least once a month   | 9. Unable to attend
5. At least once every few months
ETHNICITY & COUNTRY OF BIRTH

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

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

Birth What is ^name's country of birth? 
(a1 "Northern Ireland",
a2 "Republic of Ireland",
a3 "England",
a4 "Scotland",
a5 "Wales",
a6 "Outside the UK(please specify)"
if other then
Birtho Please specify the country.

SEXUAL IDENTITY

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

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

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

Q1  Firstly, Given your age and height, would you say that you are-
    1. About the right weight .....
    2. Too heavy .....
    3. Too light .....
    4. Not sure .....

Q2  At the present time are you trying to lose weight, trying to gain weight, or are you not trying to change your weight?

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

Please enter if height is measured:

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

Please enter height of person in centimetres

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

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

If other reason given
Please specify

Were 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