HEALTH SURVEY NORTHERN IRELAND 2016/17

QUESTIONNAIRE
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The 2016/17 Health Survey Questionnaire will run as two versions (A & B). This is indicated at the beginning of each topic.
GENERAL HEALTH & CONDITIONS (Questionnaire version A & B)

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 (answer option 1 or 2) 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>
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<td>Family life</td>
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<td>Schooling (if respondent has previously indicated that they are still at school)</td>
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<td>Further education (if respondent has previously indicated that they are in FE)</td>
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<tr>
<td>Employment</td>
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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?
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
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 SUGAR:
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
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
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
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

VISITS TO HOSPITAL (Questionnaire version A & B)

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

ALL
Q1  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 Q1 ASK

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

ALL

Q2  During the last year, have you been in hospital as an inpatient, overnight or longer?
   (1) Yes
   (2) No

IF YES AT Q2 ASK

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

ALL

Q3  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 Q3 ASK

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

ALL

Q4  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 Q4 ASK

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

IF YES AT 1, 2, 3 OR 4 ABOVE, ASK QUESTIONS 5, 6, 7 & 8 BELOW AS APPROPRIATE

ASK Q9 IF YES AT ANY OF 1, 2, 3 OR 4 ABOVE

Q5   A&E

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

Q5a  Please indicate which hospital or health facility you attended:
Q5b What was the **MAIN** reason you went to A&E?
(1) I was told to go to A&E by a health professional (e.g. GP, nurse)
(2) I was taken to A&E by the Ambulance Service
(3) My GP surgery or health centre was closed
(4) I was not aware of any other service available at the time
(5) I didn’t get a satisfactory response from the GP out-of-hours service
(6) I wanted a second opinion
(7) It seemed the easiest option
(8) I decided that I needed to go to A&E
(9) Somebody else (e.g. friend, relative, colleague) decided that I needed to go to A&E

Q5c Would you mind telling me what your illness/condition was?

Q5d Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you in the A&E Department?
(1) Yes, always
(2) Sometimes
(3) Rarely
(4) Never
(5) Don’t know
(6) Not relevant

Q5e Were you given enough privacy when being examined or treated?
(1) Yes, always
(2) Sometimes
(3) Rarely
(4) Never
(5) Don’t know
(6) Not relevant

Q5f Were you involved as much as you wanted to be in decisions about your care and treatment?
(1) Yes, always
(2) Sometimes
(3) Rarely
(4) Never
(5) Don’t know
(6) Not relevant

Q5g Overall, how long did your visit to A&E last?
(1) Up to 1 hour
(2) More than 1 hour but no more than 2 hours
(3) More than 2 hours but no more than 4 hours
(4) More than 4 hours but no more than 8 hours
(5) More than 8 hours but no more than 12 hours
(6) More than 12 hours but no more than 24 hours
(7) More than 24 hours
(8) Don’t know/Can’t remember

Q5h Overall, how would you rate the care you received in A&E?
- Excellent
- Good
- Fair
- Poor
- Very poor

Q6 Inpatient

Thinking about your most recent experience as an in-patient...

Q6a Please indicate at which hospital or health facility you were a patient:
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<th>South Eastern HSCT</th>
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Q6b Was your most recent hospital stay planned in advance or an emergency?
(1) Emergency or urgent → go to question 6c
(2) Waiting list or planned in advance → go to question 6d

Q6c When you arrived at hospital did you go to the Accident and Emergency Department?
(1) Yes → go to question 6f
(2) No → go to question 6f
(3) Don’t know → go to question 6f

Q6d Thinking about the length of time you were on the waiting list before your admission to hospital. Do you think it was...
(1) An acceptable length of time
(2) It was too long
(3) Don’t know
(4) Not relevant

Q6e Was your admission date changed by the hospital?
(1) No
(2) Yes, it was brought forward
(3) Yes, it was put back

Q6f From the time you arrived at the hospital, did you feel that you had to wait a long time to get to a bed on a ward?
(1) Yes, definitely
(2) To some extent
(3) No
(4) Don’t know

Q6g From the time you arrived at the hospital, how long did you wait before being admitted to a bed on a ward?
(1) Less than 1 hour
(2) At least 1 hour but less than 2 hours
(3) At least 2 hours but less than 4 hours
(4) At least 4 hours but less than 8 hours
(5) 8 hours or longer
(6) Can’t remember
(7) I did not have to wait

The next questions are about the time you spent in hospital after you were admitted to a ward.

Q6h Did medical staff talk in front of you as if you weren’t there?
Q6i  Were you involved as much as you wanted to be in decisions about your care and treatment?
   (1) Yes, always
   (2) Sometimes
   (3) Rarely
   (4) Never
   (5) Don’t know
   (6) Not relevant

Q6j  Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you?
   (1) Yes, always
   (2) Sometimes
   (3) Rarely
   (4) Never
   (5) Don’t know
   (6) Not relevant

Q6k  During your stay on the ward, was your bed in an area of the ward where male and female patients were being cared for beside each other?
   (1) Yes
   (2) No
   (3) I was in a side/private room
   (4) Don’t know

Q6l  Were you given enough privacy when being examined or treated?
   (1) Yes, always
   (2) Sometimes
   (3) Rarely
   (4) Never
   (5) Don’t know
   (6) Not relevant

Q6m  On the day you left hospital, was your discharge delayed for any reason?
   (1) Yes  → go to question 6n
   (2) No  → go to question 6o

Q6n  What was the MAIN reason for the delay?
   (1) I had to wait to see the doctor
   (2) I had to wait for an ambulance/transport
   (3) I had to wait for medicines
   (4) Other, please specify

The following questions are about the hospital itself.
Q6o Were you ever bothered at night by noise from other patients?
   (1) Yes
   (2) No
   (3) Not relevant
   (4) Don’t know

Q6p Were you ever bothered at night by noise from hospital staff?
   (1) Yes
   (2) No
   (3) Not relevant
   (4) Don’t know

Q6q In your opinion, how clean was the hospital room or ward that you were in?
   (1) Very clean
   (2) Fairly clean
   (3) Not very clean
   (4) Not at all clean
   (5) Not relevant
   (6) Don’t know

Q6r How would you rate the hospital food overall?
   (1) Very good
   (2) Good
   (3) Fair
   (4) Poor
   (5) Very poor

Q6s Overall, how would you rate the care you received as an inpatient?
   (1) Excellent
   (2) Good
   (3) Fair
   (4) Poor
   (5) Very poor

Q7 Day-patient

Thinking about your most recent experience as a day-patient...
Q7a Please indicate at which hospital or health facility you were a patient:

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<thead>
<tr>
<th>Belfast HSCT</th>
<th>Northern HSCT</th>
<th>South Eastern HSCT</th>
<th>Southern HSCT</th>
<th>Western HSCT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belfast City</td>
<td>Antrim Area</td>
<td>Ards</td>
<td>Craigavon Area</td>
<td>Altnagelvin</td>
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<tr>
<td>Cancer Centre</td>
<td>Causeway</td>
<td>Bangor</td>
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<td>South West Acute</td>
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<td>Whiteabbey</td>
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</table>

Q7b Thinking about the length of time you were on the waiting list before your visit to hospital. Do you think it was...

1. An acceptable length of time
2. It was too long
3. Don’t know
4. Not relevant

Q7c Was your admission date changed by the hospital?

1. No
2. Yes, it was brought forward
3. Yes, it was put back

The next questions are about the time you spent in hospital after you were admitted to a hospital bed or day ward.

Q7d Did medical staff talk in front of you as if you weren’t there?

1. Yes, always
2. Sometimes
3. Rarely
4. Never
5. Don’t know
6. Not relevant

Q7e Were you involved as much as you wanted to be in decisions about your care and treatment?

1. Yes, always
2. Sometimes
3. Rarely
4. Never
5. Don’t know
6. Not relevant

Q7f Were you given enough privacy when being examined or treated?

1. Yes, always
2. Sometimes
3. Rarely
4. Never
5. Don’t know
6. Not relevant

Q7g In your opinion, how clean was the hospital room or ward that you were in?

1. Very clean
(2) Fairly clean
(3) Not very clean
(4) Not at all clean
(5) Not relevant
(6) Don’t know

Q7h Overall, how would you rate the care you received as a day-patient?
   (1) Excellent
   (2) Good
   (3) Fair
   (4) Poor
   (5) Very poor

Q8 Outpatient

Thinking about your most recent experience as an outpatient...
Q8a  Please indicate at which hospital or health facility you were a patient:

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<thead>
<tr>
<th>Belfast H SCT</th>
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<th>South Eastern HSCT</th>
<th>Southern HSCT</th>
<th>Western HSCT</th>
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Q8b  From the time you were first told you needed an appointment to the time you went to the Outpatients Department, how long did you wait for your appointment?
   (1) up to 1 month
   (2) 1 month to 6 weeks
   (3) more than 6 weeks but no more than 3 months
   (4) more than 3 months but no more than 5 months
   (5) more than 5 months but no more than 12 months
   (6) more than 12 months but no more than 18 months
   (7) more than 18 months
   (8) I went to Outpatients without an appointment
   (9) Don’t know/Can’t remember

Q8c  Thinking about the length of time you were on the waiting list before your hospital appointment. Do you think it was...
   (1) An acceptable length of time
   (2) It was too long
   (3) Don’t know
   (4) Not relevant

Q8d  Was your appointment date changed by the hospital?
   (1) No
   (2) Yes, it was brought forward
   (3) Yes, it was put back

Q8e  Were you involved as much as you wanted to be in decisions about your care and treatment?
   (1) Yes, always
   (2) Sometimes
   (3) Rarely
   (4) Never
   (5) Don’t know
   (6) Not relevant

Q8f  Were you given enough privacy when being examined or treated?
   (1) Yes, always
   (2) Sometimes
   (3) Rarely
   (4) Never
   (5) Don’t know
   (6) Not relevant
Q8g  Were you kept informed of the outcome of your appointment? For example, did the consultant or your GP provide you with the results of diagnostic tests undertaken or tell you what was going to happen next about your medical condition?
   (1) Yes, completely
   (2) To some extent
   (3) No
   (4) Don’t know
   (5) Not relevant

Q8h  Overall, how would you rate the care you received as an outpatient?
   (1) Excellent
   (2) Good
   (3) Fair
   (4) Poor
   (5) Very poor

ASK Q9 IF YES AT ANY OF 1, 2, 3 OR 4 ABOVE
Q9  Leaving Hospital

The following questions are about the arrangements made for you leaving hospital.

Q9a  Did a member of staff explain to you about any symptoms you should watch for after you went home?
     (1) Yes, completely  
     (2) To some extent  
     (3) No  
     (4) It was not necessary  
     (5) Don’t know  
     (6) Not relevant

Q9b  Did a member of staff explain the purpose of any medicines you were to take at home in a way you (or your carer) could understand?
     (1) Yes, completely  → go to question 9c  
     (2) To some extent  → go to question 9c  
     (3) No  → go to question 9c  
     (4) I did not need an explanation  → go to question 9c  
     (5) I had no medicines  → end of module

Q9c  Did a member of staff tell you (or your carer) about medication side effects to watch for when you went home?
     (1) Yes, completely  
     (2) To some extent  
     (3) No  
     (4) I did not need an explanation

END OF MODULE
The following questions are about whether you were satisfied or dissatisfied with any aspect of care within the health & social care system in Northern Ireland and whether you communicated this to staff or other relevant organisations.

Health & social care refers to hospital staff, GPs, pharmacists, dentists, opticians, social care staff and staff providing community based services.

Please note that your responses will in no way affect your future treatment by healthcare staff.

Q1. During the last year, have you had any contact or treatment with the health & social care system in Northern Ireland?
   1) Yes Go to Q2
   2) No End of module

Q2. Did you make a complaint (or complaints) about any aspect of care or treatment during the last year?
   1) Yes Go to Q3
   2) No Go to Q5

Q3. What form did the complaint(s) take?
   Multi-select
   1) Written complaint, e.g. letter or e-mail Go to Q4
   2) Verbal complaint Go to Q4
   3) Other Go to Q4

Q4. Thinking about your most recent experience, how well was your complaint dealt with?
   1) Very well Go to Q5
   2) Well Go to Q5
   3) Not very well Go to Q5
   4) Not well at all Go to Q5
   5) Not yet dealt with Go to Q5

Please note that this questionnaire is not a complaints form and that any complaints should be submitted through the official complaints process.

Q5. Did you compliment a member of health & social care staff or an organisation about the care and treatment they provided during the last year?
   1) Yes Go to Q6
   2) No End of module

Q6. What form did this compliment(s) take?
   Multi-select
   1) Written compliment, e.g. letter, card or e-mail End of module
   2) Verbal compliment End of module
   3) Gift End of module
   4) Other End of module
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 talk to/see a practice or treatment room nurse at the GP surgery on your own behalf?
   Please remember that this could have been on the same occasion that you saw a GP.
   EXCLUDE CONSULTATIONS WITH COMMUNITY NURSES
   (1) Yes
   (2) No

IF YES AT Q4 ASK Q5

Q5 How many times did you see a practice nurse at the GP surgery in these 2 weeks?
   RECORD NUMBER OF TIMES __________

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

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

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

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

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

Q2. In the past 6 months, have you tried to see a GP, practice nurse or other healthcare professional fairly quickly?

By ‘fairly quickly’ we mean on the same day or in the next 2 days the GP surgery or health centre was open

- Yes → go to question 3
- No → go to question 6
- Can’t remember → go to question 6

Q3. Think about the last time you tried to see a GP, practice nurse or other healthcare professional fairly quickly. Were you able to see them on the same day or in the next 2 days the GP surgery or health centre was open?

- Yes → go to question 6
- No → go to question 4
- Can’t remember → go to question 6

Q4. If you couldn’t be seen within the next 2 days the GP surgery or health centre was open, why was that? Please select all that apply to you.

- There weren’t any appointments
- The times offered didn’t suit me
- The appointment was with a doctor I didn’t want to see
- I could have seen a nurse but I wanted to see a doctor
- Another reason
- Can’t remember

Q5. What did you do on that occasion?

- Got an appointment for a later day
- Had a consultation over the phone
- Went to A&E or Casualty department
- Saw a pharmacist
- Decided to contact my surgery another time
- Didn’t see or speak to anyone

Q6. In the past 6 months, have you tried to book ahead for an appointment with a GP, practice nurse or other healthcare professional?

By ‘booking ahead’ we mean booking an appointment more than 2 full days in advance.

- Yes → go to question 7
- No → go to question 9
- Can’t remember → go to question 9
Q7. Last time you tried to, were you able to get an appointment with a GP, practice nurse or other healthcare professional more than 2 full days in advance?
   - Yes → go to question 9
   - No → go to question 8
   - Can’t remember → go to question 9

Q8. What did you do on that occasion?
   - Had a consultation over the phone
   - Went to A&E or Casualty department
   - Saw a pharmacist
   - Decided to contact my surgery another time
   - Didn’t see or speak to anyone

Q9. When did you last see a GP, practice nurse or other healthcare professional at your GP surgery or health centre?
   - In the past 3 months → go to question 11
   - Between 3 and 6 months ago → go to question 11
   - More than 6 months ago → go to question 10
   - I have never been seen at a GP surgery or health centre → go to question 10

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

Seeing a healthcare professional at the GP surgery or health centre

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

Q11. Last time you saw healthcare professional at your GP surgery or health centre, how good were they at each of the following?

<table>
<thead>
<tr>
<th></th>
<th>Very good</th>
<th>Good</th>
<th>Neither good nor poor</th>
<th>Poor</th>
<th>Very poor</th>
<th>Doesn’t apply</th>
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<tbody>
<tr>
<td>Giving you enough time</td>
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<tr>
<td>Asking about your symptoms</td>
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<tr>
<td>Listening to you</td>
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<tr>
<td>Explaining tests and treatments</td>
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<td>Involving you in decisions about your care</td>
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<tr>
<td>Treating you with care and concern</td>
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<td>Taking your problems seriously</td>
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</table>

Q12. Did you have confidence and trust in the healthcare professional you saw?
   - Yes, definitely
   - Yes, to some extent
   - No, not at all
   - Don’t know/can’t say
**Your overall satisfaction**

Q.13 In general, how satisfied are you with the care you get at your GP surgery or health centre?
- Very satisfied
- Fairly satisfied
- Neither satisfied nor dissatisfied
- Fairly dissatisfied
- Very dissatisfied

**Out of hours care**

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

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

Q. 14 If you wanted to, would you know how to contact an out-of-hours GP service when the GP surgery or health centre is closed?
- Yes
- No

Q.15 In the past 6 months, have you tried to call an out-of-hours GP service when the GP surgery or health centre was closed?
- Yes, for myself → go to question 16
- Yes, for someone else → go to question 16
- No → go to next section

Q.16 How easy was it to contact the out-of-hours GP service by telephone?
- Very easy → go to question 17
- Fairly easy → go to question 17
- Not very easy → go to question 17
- Not at all easy → go to question 17
- Didn’t make contact → go to question 21
- Don’t know → go to question 17

Q.17 Were you prescribed or recommended any medicines by the out-of-hours GP service you contacted?
- Yes → go to question 18
- No → go to question 19
- Don’t know/doesn’t apply → go to question 19

Q. 18 How easy was it to get these medicines?
- Very easy
- Fairly easy
- Not very easy
- Not at all easy

Q.19 How do you feel about how quickly you received care from the out-of-hours GP service?
- It was about right
- It took too long
- Don’t know/doesn’t apply
Q.20 Overall, how do you feel about the care you received from the out-of-hours GP service?
- Very good → go to next section
- Good → go to next section
- Neither good nor poor → go to next section
- Poor → go to question 22
- Very poor → go to question 22
- Don’t know/doesn’t apply → go to next section

Q.21 You mentioned that you were unable to make contact with the out-of-hours GP service. What did you do on that occasion?
- Went to A&E or Casualty department → go to next section
- Saw a pharmacist → go to next section
- Decided to contact my surgery another time → go to next section
- Didn’t see or speak to anyone → go to next section
- Other (please specify) → go to next section

Q.22 You mentioned that you felt the care you received from the out-of-hours GP service was poor. Did you seek assistance from another healthcare service on that occasion?
- Went to A&E or Casualty department → go to next section
- Saw a pharmacist → go to next section
- Decided to contact my surgery another time → go to next section
- Other (please specify) → go to next section
Knowledge of and Planning for Social Care (Questionnaire version A)

Ask all aged 30+

Many people need care and support in their day to day lives because of long-term physical or mental health conditions, disabilities or problems related to old age.

We want to find out whether people know about who pays for this type of care. Please think about how things work at the moment. It’s a subject a lot of people don’t know much about, so don’t worry if you are not sure about some of the questions.

INTERVIEWER NOTE: these questions are about respondents’ knowledge, NOT their opinion of how things should be.

Q1 Firstly, I’d like you to think about when people need care and support at home. Where this can’t be provided by family or friends, Health and Social Care Trusts may provide some support in the form of domiciliary care. Where a Trust provides domiciliary care, do people have to pay for it themselves?

INTERVIEWER NOTES:
- Domiciliary care is personal care in the home, such as: help with washing, dressing, eating and toileting. It does not include: community meals (meals on wheels), respite (break from caring for family member), district nursing, physiotherapy, occupational therapy, dietetics, podiatry.
- HSC Trusts provide domiciliary care on the basis of assessed need against eligibility criteria.

IF RESPONDENT SAYS DON’T KNOW, PLEASE ENCOURAGE A GUESS

(1) Pay for all of it themselves
(2) Pay for some of it themselves
(3) Not have to pay for any of it
(4) Depends on circumstances
(5) Don’t know (SPONTANEOUS)

Q2 Are you currently receiving domiciliary care?
(1) Yes
(2) No
(3) Don’t know

Q3 I’d now like you to think about when people need care and support in a residential home or a nursing home. At the moment do they have to pay for this themselves?

(1) Pay for all of it themselves
(2) Pay for some of it themselves
(3) Not have to pay for any of it
(4) Depends on circumstances
(5) Don’t know (SPONTANEOUS)
Q4 In Northern Ireland local Health & Social Care Trusts do provide funding for **residential and nursing homes**. Do you think they pay for care for **everyone**, or do you think they pay for care for **some people** based on each person’s ability to pay?
   (1) They pay for care for **everyone**
   (2) They contribute to the cost of care for **some people** (based on person’s ability to pay)
   (3) Don’t know (SPONTANEOUS)

Q5 Many people do pay for their care and support. Which, if any, of these affect whether people have to pay something towards their care in a **residential or nursing home**?

   **TICK ALL THAT APPLY**
   (1) Pension and income
   (2) Amount of savings
   (3) Having relatives who can provide financial support
   (4) Owning their own home and/or the value of their home
   (5) Having worked for long enough/made enough National Insurance contributions
   (6) How much they have already paid for care and support
   (7) Having private health insurance/health plan
   (8) Other things
   (9) None of these (SPONTANEOUS)
   (10) Don’t know (SPONTANEOUS)

Q6 And what about this list, do any of these things affect whether people have to pay something towards their care in a **residential or nursing home**?

   **TICK ALL THAT APPLY**
   (1) Whether they live alone
   (2) Having relatives who can care for them
   (3) Whether they have a disability
   (4) What services are available in their area
   (5) None of these (SPONTANEOUS)
   (6) Don’t know (SPONTANEOUS)

Q7 Now I’d like you to think about when people need care and support, either in their **own home** or **in a residential or nursing home**. Which of these might provide something towards the cost of their care?

   **TICK ALL THAT APPLY**
   (1) Health & Social Care Trusts
   (2) Charity/religious organisation
   (3) Private health insurance
   (4) Insurance policy (e.g. to cover illness or inability to work)
   (5) The person themselves
   (6) None of these (SPONTANEOUS)
   (7) Don’t know (SPONTANEOUS)

Q8 I’d like you to think about any of your family and friends who have **needed care** and support in the last five years. Were you involved in arranging their care or support?

   **CODE FOR ALL HELPED IN LAST 5 YEARS**
   (1) Yes
   (2) No
   (3) None have needed care and support
IF Q8 = (1), ASK Q9

Q9  Who has contributed to paying for the care for this person (or these people)?
   CODE ALL THAT APPLY
   (1) Health & Social Care Trust
   (2) Charity/religious organisation
   (3) The person themselves
   (4) Me
   (5) Other relatives
   (6) Another source
   (7) SPONTANEOUS [The care did not cost anything]
   (8) SPONTANEOUS [No care used in the end]

Q10  I’d now like you to think about any needs you yourself may have when you are older. Have you thought about who will look after you in the future, should you need any help?
   (1) I’ve thought about it in great detail
   (2) I’ve thought about it a little
   (3) I know I should have thought about it but haven’t done so yet
   (4) I haven’t thought about this at all yet

Q11  Still thinking about any needs you yourself may have. Have you thought about how to pay for what you need when you are older?
   (1) I’ve thought about it in great detail
   (2) I’ve thought about it a little
   (3) I know I should have thought about it but haven’t done so yet
   (4) I haven’t thought about this at all yet

Q12  Have you done any of the following things?
   CODE ALL THAT APPLY
   (1) Joined a company pension scheme
   (2) Started a private pension scheme
   (3) Paid extra contributions into a pension scheme
   (4) Taken out private health insurance /health plan
   (5) Taken out insurance (e.g. to cover illness or inability to work)
   (6) Consulted a financial advisor
   (7) Started saving for when you are older
   (8) Bought property so you can use the money when you are older
   (9) Any other financial planning for when you are older
   (10) None of these

Q13  Have you done any of these other things to prepare for old age?
   CODE ALL THAT APPLY
   (1) I’ve spoken to family/friends
   (2) I’ve researched care and accommodation options
   (3) I’ve taken steps to improve my health, e.g. exercise, diet
   (4) I’ve made my home suitable for old age, e.g. installed rails, ramps or wetroom, bedroom/bathroom downstairs
   (5) I’ve moved house, e.g. to a bungalow
   (6) Other
   (7) None of these
Q14 Now, I’d like you to think about your family and friends who don’t need care and support at the moment. How many of them have made plans for how they might pay for what they need when they are older?
   (1) Almost all
   (2) Quite a lot
   (3) Only a few
   (4) Almost nobody

Source: Questions adapted from those asked in Health Survey England 2014
Caring responsibilities *(Questionnaire version A & B)*

**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
(3) Doesn’t work

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
EQUIPMENT *(Questionnaire version A & B)*

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
Social care registration (Questionnaire version A)

Background note: Since 2005, all professionally qualified social workers have had to register with the Northern Ireland Social Care Council in order to hold a social work post. In June 2015, the Health Minister Simon Hamilton announced the launch of the phased rollout of compulsory registration of the remainder of the social care workforce. Compulsory registration means that social care workers practising in domiciliary care, adult day care and residential and supported living services will need to be registered with Northern Ireland Social Care Council. It is anticipated that the registration process for all groups will be completed by 31 March 2017.

Registration means that all social workers and social care staff have to comply with the social care council standards and code of practice. Complaints of poor practice will be investigated by the council and sanctions can be applied if the complaint is found against the staff member. This includes being taken off the register which means that they are no longer able to work as a social worker or care worker.

ASK ALL

Q1 In the last 12 months, have you had contact with....?

- A qualified social worker
  
  This is a person who is professionally qualified to work with individuals and families, to assist them to live independently, and to protect vulnerable adults and children.

- A social care worker
  
  This is a person who provides care to people in a range of settings including their own home, in residential and nursing homes and day care settings.

- Both
- None of the above

We are interested in your views on social care services. Even if you have not had any contact with social care services, please let us know what your views are.

ASK ALL

Q2 Thinking about all social care services, which include social work, Domiciliary Care and Residential and Nursing Home Care, overall, what is your view on the quality of these services?

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Very Poor</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

Note: By overall quality we mean how good you think generally these services are at understanding people’s needs and then meeting them, by providing a safe, reliable and efficient service.
ASK ALL

Q3 What is your view on the competence of qualified social workers?

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Very Poor</th>
<th>Don't Know</th>
</tr>
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<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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</tr>
</tbody>
</table>

Note: By competence we mean how good you think Social Workers are at understanding what people need and providing effective support

ASK ALL

Q4 What is your view on the competence of other social care staff (i.e. not including qualified social workers)?

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Very Poor</th>
<th>Don't Know</th>
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<td>1</td>
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<td>6</td>
</tr>
</tbody>
</table>

Note: By competence we mean how good you think Social Care Staff are at understanding what people need and providing effective support

ASK ALL

Q5 We are interested to know how, if at all, you think registration might affect aspects of social care services. So, please listen to the following statements and indicate the extent to which you either agree or disagree with each…

<table>
<thead>
<tr>
<th></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>
</tr>
</thead>
<tbody>
<tr>
<td>I have more confidence in social care staff knowing that they are registered</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Registration of social care staff will improve the quality of social care</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Registration of social care staff is likely to reduce the risk of something going wrong</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Because of registration, I am more confident that, if something goes wrong, those responsible will be prevented from making the same errors again</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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Medicines Module (Questionnaire version A)

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

Background notes for interviewers:
- Medicines include all tablets, capsules, liquids for oral use, creams, lotions for use on the skin, inhalers, injections, eye drops, contraceptive pill, etc.
- Some medicines are available to purchase from pharmacies or supermarkets, while others require a prescription from your GP or another healthcare professional.

**Prescription-only medicines**
Prescription-only medicines (POMs) need a prescription issued by a GP or other suitably qualified healthcare professional. You then take the prescription to a pharmacy or a dispensing GP surgery to collect your medicine.

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

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

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

**ASK ALL**

Q1 Are you currently taking any medications that are prescribed for you by a healthcare professional?
   (1) Yes
   (2) No → go to question 13

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

Q2. Who usually gives you your medicines?
   - Pharmacist
   - Dispenser or pharmacy staff
   - Someone in the pharmacy, not sure who they were
   - Delivery driver from the pharmacy providing a collection and delivery service
   - Pharmacist or other healthcare staff from the pharmacy who delivered the medicines

Q3. Did the person who gave you the medicine (e.g. pharmacist, pharmacy staff or driver) check if you had any questions (e.g. about how much to take or when to take it)?
   - Yes, fully
   - Yes, partly
   - No
   - Not applicable
   - Don’t know/Can’t remember

IF YES AT Q1 ASK Q4
Q4  Have you been taking medicines for a long time, by that I mean one year or more?
   (1) Yes
   (2) No

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

Q5  Has a healthcare professional talked to you about your medicines within the past 12 months?
   (1) Yes
   (2) No

*IF YES AT Q5 ASK Q6 & Q7*

Q6. Who was this?
   - GP
   - Doctor in hospital
   - Nurse in hospital
   - Pharmacist in hospital
   - Nurse at my local GP surgery
   - Pharmacist at my local GP surgery
   - Community nurse
   - Community pharmacist
   - Other, please specify ___________________

Q7  During this talk (medicines review) did your healthcare professional ask you if you had any concerns or worries about your medicines?
   (1) Yes, fully
   (2) Yes, partly
   (3) No
   (4) Not applicable
   (5) Don’t know/can’t remember

*ASK ALL THOSE WHO ANSWER YES AT Q1*

Q8  Do you have any concerns or worries about your medicines?
   (1) Yes
   (2) No

*IF YES AT Q8 ASK Q9*

Q9  Please tell me what your concerns/worries are...
   *Do not prompt – multi-select*
   (1) Side-effects – impact on my mental health, e.g. feelings of depression or anxiety
   (2) Side-effects – impact on my physical well-being, e.g. tiredness, headaches, nausea
   (3) Side-effects – limits mobility or restricts activity
   (4) Long-term implications on health
   (5) Becoming dependent on the medicines
   (6) Remembering when/how often to take my medication
   (7) Other, please specify
ASK ALL THOSE WHO ANSWER YES AT Q1

Q10 Do you know who to contact if you have concerns or worries about your medicine?
   (1) Yes
   (2) No

IF YES AT Q10 ASK Q11

Q11 Who would this be?
   Select one answer only
   (1) GP
   (2) Nurse at GP surgery
   (3) Pharmacist at GP surgery
   (4) Hospital ward that I stayed in
   (5) Hospital pharmacy
   (6) Community/local pharmacy
   (7) Other, please specify ____________________

ASK ALL THOSE WHO ANSWER YES AT Q1

I mentioned before that if you are on a medicine for a long time, a healthcare professional should talk to you about your medicines from time to time and at least once a year.

Q12 Where would you prefer this talk to take place?
   (1) At my local GP surgery with a doctor
   (2) At my local GP surgery with a pharmacist
   (3) At my local GP surgery with any healthcare professional
   (4) At the hospital where I was treated with a doctor
   (5) At the hospital where I was treated with a pharmacist
   (6) At my local community pharmacy with a pharmacist
   (7) Other, please specify ____________________

ASK ALL

Q13 Are you currently taking any prescription only medicines that have not been prescribed for you by a healthcare professional?
   (1) Yes
   (2) No

IF YES AT Q13 ASK Q14 & Q15

Q14 Where do you get these medicines? Please select all that apply
   (1) I buy them over the internet/online
   (2) I get them from a family member
   (3) I get them from friends
   (4) Other, please specify
Q15 For what reasons, do you take prescription only medicines that have not been prescribed for you by a healthcare professional? Please select all that apply
(1) For a minor ailment, not worth going to the doctor about
(2) It is quicker than making an appointment to see or speak with a GP
(3) I feel I need additional medicines to those I am prescribed
(4) My GP will not prescribe the medicines I feel I need
(5) Other reason, please specify

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

ASK ALL

Q16 In the past 12 months, have you taken an antibiotic?
(1) Yes
(2) No
(3) Don’t know

ASK ALL

Q17 Please indicate whether you think the following statements are true, false or don’t know:  
Answer options: true/false/don’t know

Select the one option that best applies to each particular statement (rather than indicating which statements they think are true)

- Antibiotics are used to treat bacterial infections
- Antibiotics work on colds and flus
- It is okay to stop taking an antibiotic when you feel better
- If you take an antibiotic when you don’t need it then you can become resistant to the antibiotic
- If you take antibiotics when you don’t need them drug-resistant bacteria can develop and spread to other people
- You increase your chances of developing drug-resistant bacteria if you do not finish the course of antibiotics
- Diseases such as pneumonia and meningitis are becoming more difficult to treat because of drug-resistant bacteria
- It is generally expected that you will be assessed by your doctor prior to commencing your course of antibiotics.
Pharmacy Module (Questionnaire version A)

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

ASK ALL

Q1. In the past 12 months have you visited a community pharmacy?
   1) Yes → go to question 2
   2) No → go to question 6

Q2. How often have you visited a community pharmacy in the last 12 months?
   1) A few times a month
   2) Once a month
   3) Every 2-3 months
   4) Once or twice a year

Q3. What is the MAIN reason you normally visit a community pharmacy?
   Select one answer only
   a) to have a prescription dispensed
   b) to purchase a medicine over the counter
   c) for advice about medicines
   d) for advice about the treatment of a minor condition (e.g. cough/cold, headlice)
   e) for advice about the treatment of a long-term condition
   f) to use a service provided by the pharmacy (e.g. stop smoking, minor ailments, medicines review)
   g) to purchase products other than medicines

Q4. Have you done any of these things whilst you were there?
   Tick all that apply
   a) had a prescription dispensed
   b) purchased a medicine over the counter
   c) got advice about medicines
   d) got advice about the treatment of a minor condition
   e) got advice about the treatment of a long-term condition
   f) used a service provided by the pharmacy (e.g. stop smoking, minor ailments, medicines review)
   g) purchased products other than medicines
   h) got advice or information to help you stay healthy

IF Q3=f or Q4=f, ASK Q5

Q5. Which service did you use?
   Tick all that apply
   a) stop smoking
   b) minor ailments
   c) medicines review
   d) other, please specify -----------------------------------
ASK ALL

Q6 Would you go to a community pharmacy for advice and information regarding medicines?
   1) Yes
   2) No
   3) Don’t know
   4) Not applicable

IF Q6 IS 2 OR 3, ASK Q7

Q7 Why not?(unprompted/multi-select):
   1) always go to my GP practice
   2) didn’t think to go to community pharmacy
   3) don’t live near one
   4) do not have a pharmacist that I know personally/would trust
   5) did not know they gave advice/not aware they could do this/thought only handed out medicines
   6) do not trust their advice/not as trained as GPs
   7) not open at convenient times
   8) no privacy/don’t like talking in front of others
   9) Other

ASK ALL

Q8. Do you think it would be a good idea for people to register with one local pharmacy, just like we do with GPs?
   1) Yes
   2) No
   3) Not sure/depends
Wellbeing & Lifestyle Questions

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)"
,
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")

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
Care in the sun Module (Questionnaire version A)

ASK ALL

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

ASK THOSE WHO INDICATED SUNSCREENS AT QUESTION 1

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

ASK THOSE WHO INDICATED SUNSCREENS AT QUESTION 1

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

ASK ALL

4. How many times during the past year have you had sunburn causing redness and soreness of the skin lasting for at least 1-2 days?
   1. Never
   2. Once
   3. Twice
   4. Three times
   5. Four or more times
   6. Not in the last year
   7. Don’t know
5. Which of these statements best describes what happens to your skin when you go out in the sun without protection?
   1. Always burns and never tans
   2. Burns at first and tans with difficulty
   3. Burns at first then tans easily
   4. Rarely burns and tans easily
   5. Never burns and tans easily
   6. Don’t know

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

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

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

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

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

9. How many sunbed sessions would you have / have had in a year?
   - less than 10 sessions per year
   - 10 to 20 session per year
   - 21 to 40 session per year
   - 41 to 60 session per year
   - 60+ sessions per year
10. How long do you / did you usually spend on a sunbed in a typical session? -- minutes

ASK ALL

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

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

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

ASK ALL

Now I’d like to ask you some questions about things that you have done that involve physical activity. This may be things that you have done at work, college or in your leisure time.

(CONTINUE);

Work

First of all, in the last 4 weeks, that is since (date of interview – 4 weeks), did you do any paid or unpaid work either as an employee or as self employed?

Please include any voluntary work or part time work you may have done.

1. Yes
2. No

IF Work = Yes THEN

Offsick

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

1. Yes
2. No

If Offsick = Yes then

Dayssick

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

1. WrkDays

On how many days did you work in the last 4 weeks?

INTERVIEWER: PLEASE INCLUDE ANY PAID OR UNPAID OVERTIME. INCLUDE ALL JOBS IF MORE THAN ONE. INCLUDE ALL DAYS RESPONDENT WORKED EVEN IF THEY WERE NOT FULL WORKING DAYS.

Range: 0..28

1. WrkAct2

SHOWCARD  F1

Looking at showcard F1, which of these did you do whilst working? Please include any work you did on weekends.

CODE ALL THAT APPLY

1. Sitting down or standing up
2. Walking at work (e.g. door to door sales, hospital nurse work)
3. Climbing stairs or ladders
4. Lifting, carrying or moving heavy loads

IF WorkAct2 = Sit THEN

1. WrkAct3H

On an average work day in the last four weeks, how much time did you usually spend sitting down or standing up?

INTERVIEWER: IF RESPONDENT WAS ON HOLIDAY OR UNABLE TO WORK ON ANY DAYS IN THE LAST FOUR WEEKS, ASK THEM TO REPORT THE AVERAGE NUMBER OF HOURS ON THOSE DAYS THEY WORKED.

RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.

Range: 0..20

1. WrkAct3M

(On an average work day, how much time did you usually spend sitting down or standing up?)

ENTER NUMBER OF MINUTES. IF AN EXACT HOUR, ENTER 0 FOR MINUTES
IF WorkAct2 = walking at work

WrkAct4H
On an average work day in the last four weeks, how much time did you usually spend walking at work (e.g. door to door sales, hospital nurse work)?
INTERVIEWER: IF RESPONDENT WAS ON HOLIDAY OR UNABLE TO WORK ON ANY DAYS IN THE LAST FOUR WEEKS, ASK THEM TO REPORT THE AVERAGE NUMBER OF HOURS ON THOSE DAYS THEY WORKED.
RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.
Range: 0..20

WrkAct4M
(On an average work day in the last four weeks, how much time did you usually spend walking at work e.g. door to door sales, hospital nurse work)?
INTERVIEWER: IF RESPONDENT WAS ON HOLIDAY OR UNABLE TO WORK ON ANY DAYS IN THE LAST FOUR WEEKS, ASK THEM TO REPORT THE AVERAGE NUMBER OF HOURS ON THOSE DAYS THEY WORKED.
ENTER NUMBER OF MINUTES. IF AN EXACT HOUR, ENTER 0 FOR MINUTES
Range: 0..59
END IF

IF WorkAct2 = climbing stairs or ladders

WrkAct5H
On an average work day in the last four weeks, how much time did you usually spend climbing stairs or ladders?
INTERVIEWER: IF RESPONDENT WAS ON HOLIDAY OR UNABLE TO WORK ON ANY DAYS IN THE LAST FOUR WEEKS, ASK THEM TO REPORT THE AVERAGE NUMBER OF HOURS ON THOSE DAYS THEY WORKED.
RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.
Range: 0..20

WrkAct5M
On an average work day, how much time did you usually climbing stairs or ladders?
ENTER NUMBER OF MINUTES. IF AN EXACT HOUR, ENTER 0 FOR MINUTES
Range: 0..59
END IF

IF WorkAct2 = lifting, carrying or moving heavy loads

WrkAct6H
On an average work day in the last four weeks, how much time did you usually spend lifting, carrying or moving heavy loads?
INTERVIEWER: IF RESPONDENT WAS ON HOLIDAY OR UNABLE TO WORK ON ANY DAYS IN THE LAST FOUR WEEKS, ASK THEM TO REPORT THE AVERAGE NUMBER OF HOURS ON THOSE DAYS THEY WORKED.
RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.
Range: 0..20

WrkAct6M
On an average work day, how much time did you lifting, carrying or moving heavy loads?
ENTER NUMBER OF MINUTES. IF AN EXACT HOUR, ENTER 0 FOR MINUTES
Range: 0..59
END IF
IF WorkAct2 = climbing stairs or ladders
    WrkCliEv
    You said that you do some climbing of stairs or ladders at work. Do you do that every working day, or only on some days?
    1    Every working day
    2    Only some days

IF WrkCliEv = Only some days
    WrkCliD
    On how many days in the last four weeks did you do some climbing at work?
    Range: 1..28

IF WorkAct2 = lifting, carrying or moving heavy loads
    WrkLftEv
    You said that you do some lifting, carrying or moving heavy loads at work. Do you do that every working day, or only on some days?
    1    Every working day
    2    Only some days

IF WrkLftEv = Only some days
    Wrklftd
    On how many days in the last four weeks did you do some lifting, carrying or moving heavy loads at work?
    Range: 1..28

ASK ALL

Active
Thinking about your job in general would you say that you are ...READ OUT…
    1    ...very physically active,
    2    ...fairly physically active,
    3    ...not very physically active,
    4    ...or, not at all physically active in your job?

END IF

Housewrk
I'd like you to think about all the physical activities you have done in the last few weeks when you were not doing your (paid) job. Have you done any housework in the past four weeks, that is from (date of interview - 4 weeks) up to yesterday?
    1    Yes
    2    No

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

HevyHWrk
SHOW CARD F3
Some kinds of housework are heavier than others. This card gives some examples of heavy housework. It does not include everything, these are just examples. Was any of the housework you did in the last four weeks this kind of heavy housework?
    1    Yes
    2    No
IF HeavyHWrk = Yes THEN
  HeavyDay
  During the past four weeks on how many days have you done this kind of heavy housework?
  Range: 1..28

IF HeavyDay IN [1..28] THEN
  HrsHHW
  On the days you did heavy housework, how long did you usually spend?
  RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.
  Range: 0..20

  MinHHW
  RECORD MINUTES SPENT ON HEAVY HOUSEWORK.
  Range: 0..59
END IF
END IF
END IF

ASK ALL AGE 16+

Garden
Have you done any gardening, DIY or building work in the past four weeks, that is since (date of interview – 4 weeks)?
  1 Yes
  2 No

IF Garden = Yes THEN
  GardList
  SHOW CARD F4
  Have you done any gardening, DIY or building work listed on this card?
  1 Yes
  2 No

  ManWork
  SHOW CARD F5
  Have you done any gardening, DIY or building work from this other card, or any similar heavy manual work?
  1 Yes
  2 No

IF ManWork = Yes THEN
  ManDays
  During the past four weeks on how many days have you done this kind of heavy manual gardening or DIY?
  Range: 1..28

  HrsDIY
  On the days you did heavy manual gardening or DIY, how long did you usually spend?
  ENTER HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.
  Range: 0..20

  MinDIY
  RECORD MINUTES SPENT ON GARDENING OR DIY.
  Range: 0..59
END IF
END IF
Wlk5it
I’d like you to think about all the walking you have done in the past four weeks either locally or away from here. Please include any country walks, walking to and from work or college and any other walks that you have done.

In the past four weeks, that is since (date of interview – 4 weeks), have you done a continuous walk that lasted at least 5 minutes?
1  Yes
2  No
3  Can't walk at all

IF Wlk5Int = Yes THEN
Wlk10M
In the past four weeks, have you done a continuous walk that lasted at least 10 minutes? (That is since (date of interview – 4 weeks)).
1  Yes
2  No

IF Wlk10M = Yes THEN
DayWlk
During the past four weeks, on how many days did you do a walk of at least 10 minutes? (That is since (date of interview – 4 weeks)).
Range: 1..28

Day1Wlk
On any of those days did you do more than one walk lasting at least 10 minutes?
1  Yes, more than one walk of 10+ mins (on at least one day)
2  No, only one walk of 10+ mins a day

IF (DayWlk in [2..28]) AND (Day1Wlk = Yes) THEN
Day2Wlk
On how many days in the last four weeks did you do more than one walk that lasted at least 10 minutes?
Range: 1..28

END IF

IF Wlk10M = Yes THEN
HrsWlk
How long did you usually spend walking each time you did a walk for 10 minutes or more?
IF VERY DIFFERENT LENGTHS, PROBE FOR MOST REGULAR. RECORD HOURS SPENT BELOW.
ENTER 0 IF LESS THAN 1 HOUR.RECORD MINUTES AT NEXT QUESTION.
Range: 0..20

MinWlk
RECORD MINUTES SPENT WALKING.
Range: 0..59

IF Day1Wlk = 1 and TotTim = 10-14 THEN
WLK30 MIN
On how many days in the last four weeks did you spend 30 minutes or more walking (this could be made up of more than one walk)?
Range 1..28

END IF

END IF

END IF

WalkPace
Which of the following best describes your usual walking pace ...READ OUT...
1  ...a slow pace,
ASK ADULTS AGED 65 AND OVER

Walk65
During the past four weeks, was the effort of walking for 10 minutes or more usually enough to make you breathe faster, feel warmer or sweat?
  1  Yes
  2  No

END IF

ActPhy
SHOW CARD F6
Can you tell me if you have done any activities on this card during the last 4 weeks, that is since (date of interview – 4 weeks)? Please include teaching, coaching, training and practice sessions.
  1  Yes
  2  No

IF ActPhy = Yes THEN

WhtAct
SHOW CARD F6
Which have you done in the last four weeks?
PROBE: ‘What others?’
CODE ALL THAT APPLY.
  1  Swimming
  2  Cycling
  3  Workout at a gym/Exercise bike/Weight training
  4  Aerobics/Keep fit/Gymnastics/Dance for fitness
  5  Any other type of dancing
  6  Running/Jogging
  7  Football/Rugby
  8  Badminton/tennis
  9  Squash
 10  Exercises (e.g. press-up, sit-ups).

FOR i = 1 TO 6 DO
  Records up to 6 additional sports
  OActQ[i]
  Have you done any other sport or exercise not listed on the card?
    1  Yes
    2  No

IF (OActQ = Yes) THEN
  COthAct
  INTERVIEWER: Record brief details of the (first/second/third/fourth/fifth/sixth) other sport exercise activity.
  Type in the first few letters of the sport to enter coding frame.
  Type ‘other’ if the sport is not listed. Type ‘xxx’ (for not listed/don’t know) if unable to code.
  On exiting coding frame press <Enter> to move to next question.

Note: records up to 6 activities.

OthAct
INTERVIEWER: ENTER BRIEF DESCRIPTION OF THIS SPORT.
Note: ActVar is a combination of WhtAct and OactQ. ActVar = 1 to 10 comes from WhtAct = 1 to 10. ActVar = 11-16 comes from OactQ = 11-16.

FOR ActVar = 1 TO 16 DO
    IF ((ActVar in [1..10]) AND (ActVar IN WhtAct)) OR ((ActVar in [11..16]) AND (OActQ[ActVar] = Yes)) THEN
        DayExc
        Can you tell me on how many separate days you did (name of activity) for at least 10 minutes a time during the past four weeks, that is since (date of interview – 4 weeks)?
        IF ONLY DONE FOR LESS THAN 10 MINUTES ENTER 0.
        Range: 0..28
    IF DayExc in [1..28] THEN
        ExcHrs
        How much time did you usually spend doing (name of activity) on each day? Only count times you did it for at least 10 minutes.
        RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.
        Range: 0..20
        ExcMin
        RECORD MINUTES HERE.
        Range: 0..59
    ExcSwt
    During the past four weeks, was the effort of (name of activity) usually enough to make you out of breath or sweaty?
    1 Yes
    2 No
    END IF

Note: repeated for each activity named in WhtAct.

IF WhtAct = 1, 3 OR 4 THEN
    Intro
    Now, I’d like to ask you some further questions about some of the things you have done in the last four weeks. This may include some of the things you have just told me about, but we are interested to know what different types of activities people regularly take part in.
    END IF

    IF WhtAct=1 THEN
    Swim
    You said that you did some swimming. What was it that you did mainly; swimming as a family or social activity OR swimming laps or lengths?
    CODE ONE ONLY. IF RESPONDENT SAYS BOTH, PROBE FOR THE ACTIVITY THAT THEY DID MOST OFTEN.
    1 Swimming as a social or family activity
    2 Swimming laps or lengths
    END IF
IF WhtAct = 3 THEN
  Workout
  SHOW CARD F7
  You mentioned **workout at a gym / exercise bike / weight training.** What did you do specifically?
  CODE ALL THAT APPLY
  1  Strength work out at a gym using machines or free weights
  2  Exercise bike
  3  Spinning classes
  4  Stepping machines, rowing machines or cross trainer
  5  Treadmill running

FOR  Workout = 1 to 5, i = 1 to 5 DO
  Day2Exc(i)
  Can you tell me on how many separate days you did *(name of activity)* for at least 10 minutes a time during the past four weeks, that is since *(date of interview − 4 weeks)*?
  IF ONLY DONE FOR LESS THAN 10 MINUTES ENTER 0.
  Range: 0..28

  IF Day2Exc(i) in [1..28] THEN
    Exc2Hrs(i)
    How much time did you usually spend doing *(name of activity)* on each day? Only count times you did it for at least 10 minutes.
    RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.
    Range: 0..20

    Exc2Min(i)
    RECORD MINUTES HERE.
    Range: :0..59

    Exc2Swt(i)
    During the past four weeks, was the effort of *(name of activity)* usually enough to make you out of breath or sweaty?
    1  Yes
    2  No
  END IF
END DO
END IF

IF WhtAct = 4 THEN
  KeepFit
  SHOW CARD F8
  You said that you did some Aerobics/Keep fit/Gymnastics/ Dance for fitness. What was that specifically?
  CODE ALL THAT APPLY
  1  Aerobics/keep fit classes
  2  Fitness dancing
  3  Aqua Aerobics
  4  Gymnastics
  5  Circuit training

FOR  Keepfit = 1 to 5, i = 1 to 5 DO
  Day3Exc(i)
  Can you tell me on how many separate days you did *(name of activity)* for at least 10 minutes a time during the past four weeks, that is since *(date of interview − 4 weeks)*?
  IF ONLY DONE FOR LESS THAN 10 MINUTES ENTER 0.
Range: 0..28

IF Day3Exc(i) in [1..28] THEN
Exc3Hrs(i)
How much time did you usually spend doing (name of activity) on each day? Only count times you did it for at least 10 minutes. RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.
   Range: 0..20

Exc3Min(i)
RECORD MINUTES HERE.
   Range: 0..20

Exc3Swt(i)
During the past four weeks, was the effort of (name of activity) usually enough to make you out of breath or sweaty?
   1  Yes
   2  No

IF [WhtAct = 3, 4 OR 10] OR COthAct = Repsonse THEN
ExcMus
During the past four weeks, was the effort of [name of activity recorded at WhtAct or COthAct] usually enough to make your muscles feel some tension, shake or feel warm?
   1  Yes
   2  No
END IF

ASK AGED 65+

IF WhtAct =10 OR COthAct = Repsonse THEN
ExcMov
Did these exercises involve you standing up and moving about?
   1  Yes
   2  No
END IF

IntroSit
Now I’d like to ask you some questions about time that you might have spent sitting down. For these questions, I’d like you to think about what you have done in the last four weeks, that is since (date of interview – 4 weeks) when you were not doing your (paid) job.
INTERVIEWER: PRESS 1 AND ENTER TO CONTINUE
   1..1

TVWkHr
In the last 4 weeks, how much time did you spend sitting down watching TV (including DVDs and videos) on an average weekday (that is Monday to Friday)? RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.
   Range: 0..20

TVWkMin
RECORD MINUTES HERE.
   Range: 0..59
In the last four weeks, how much time did you spend sitting down doing any other activity on an average weekday (that is Monday to Friday)? Please do not include time spent doing these activities while at work.

INTERVIEWER: EXAMPLES OF THESE ACTIVITIES INCLUDE READING, STUDYING, DRAWING, USING A COMPUTER, PLAYING VIDEO GAMES.

RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.

Range: 0..20

**WkSit2H**

RECORD MINUTES HERE.

Range: 0..59

**WESit1H**

In the last four weeks, how much time did you spend watching TV (including watching DVDs and videos) on an average weekend day (that is Saturday and Sunday)?

INTERVIEWER: RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.

Range: 0..20

**WESit1M**

RECORD MINUTES HERE.

Range: 0..59

**WESit2H**

In the last 4 weeks, how much time did you spend sitting down doing any other activity on an average weekend day (that is Saturday and Sunday)? Please do not include time spent doing these activities while at work.

INTERVIEWER: EXAMPLES OF THESE ACTIVITIES INCLUDE READING, STUDYING, DRAWING, USING A COMPUTER, PLAYING VIDEO GAMES.

RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.

Range: 0..20

**WESit2M**

RECORD MINUTES HERE.

Range: 0..59

**Usual**

Compared with the amount of activity that you usually do both at work and in your free time would you say that in the last four weeks you were...READ OUT...

1 ...more active than usual,
2 less active than usual,
3 Or, about the same as usual?

Source: Questions adapted from those in Health Survey England & Scottish Health Survey
DIETARY INFORMATION (Questionnaire version A & B)

ASK ALL

Q1. 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)
On average how many portions of fruit do you eat each day": 1..9

Q2. And on average how many portions of salad, or vegetables, including fresh, frozen, tinned or dried do you eat each day: 1..9

Q3 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?

FOOD SECURITY

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

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

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

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

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

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

to be asked of all families with children under 16 – one adult per household

Q1 Are you aware of the family support hub service provided throughout Northern Ireland?
Definition: ‘A family support hub is a multiagency network of statutory, voluntary and community organisations that either provide early intervention services or work with families who need early intervention services. The network accepts referrals of families who need early intervention family support and uses their knowledge of local services to signpost families with specific needs to appropriate services’

Yes / No

If ‘Yes’, please answer Q2

Q2 Have you or your family contacted a family support hub to enquire about support in the last 12 months?
Yes / No

Q3 If ‘yes’, how would you rate the family support service you received in terms of the impact it made on your situation:
□ positive impact
□ no change
□ negative impact
LOOPED BLIND CORD INJURIES/DEATHS *(Questionnaire version A & B)*

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 THOSE WHO ANSWERED YES AT Q2
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 THOSE WHO ANSWERED YES AT Q2

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:

Attitudinal questions on mental health (SELF-COMPLETION)
(Questionnaire version A & B)

EVERYONE PLEASE ANSWER
Below are some things people have said about mental health problems. Please tick the box to say how much you agree or disagree with each of these statements.

Tick ONE box

Agree strongly
Tend to agree
Neither agree nor disagree
Tend to disagree
Strongly disagree
Don’t know

One of the main causes of mental illness is a lack of self-discipline and will-power
There is something about people with mental illness that makes it easy to tell them from normal people
We need to adopt a far more tolerant attitude toward people with mental illness in our society
People with mental illness don’t deserve our sympathy
I would not want to live next door to someone who has been mentally ill
It is frightening to think of people with mental problems living in residential neighbourhoods
Mental illness is an illness like any other
Virtually anyone can become mentally ill
The best therapy for many people with mental illness is to be part of a normal community
People with mental health problems are far less of a danger than most people suppose
People with mental health problems should not be given any responsibility
I have very little knowledge about mental illness
Most women who were once patients in a mental hospital can be trusted as babysitters
WARWICK EDINBURGH MENTAL WELLBEING SCALE (Questionnaire version A & B) (SELF COMPLETION)

Below are some statements about feelings and thoughts.
Please tick the box that best describes your experience of each over the last 2 weeks

All to answer:-

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

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

Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)
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GHQ12 (SELF COMPLETION) (included in the fieldwork from August 2016 onwards)

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";
Q7. "Have you recently been able to enjoy your normal day-to-day activities?":
   mothan "More so than usual",
   samusual "Same as usual",
   lessso "Less so than usual",
   muusual "Much less able";

Q8. "Have you recently been able to face up to your problems?"
   mothan "More so than usual",
   samusual "Same as usual",
   lessso "Less so than usual",
   muusual "Much less able";

Q9. "Have you recently been feeling unhappy and depressed?"
   notatall "Not at all",
   nomore "No more than usual",
   more "Rather more than usual",
   muchmore "Much more than usual";

Q10. "Have you recently been losing confidence in yourself?"
   notatall "Not at all",
   nomore "No more than usual",
   more "Rather more than usual",
   muchmore "Much more than usual";

Q11. "Have you recently been thinking of yourself as a worthless person?"
   notatall "Not at all",
   nomore "No more than usual",
   more "Rather more than usual",
   muchmore "Much more than usual";

Q12. "Have you recently been feeling reasonably happy, all things considered?"
   morehapp "More so than usual",
   samehapp "Same as usual",
   lesshapp "Less so than usual",
   mlhapp "Much less happy";

Q13. "Are you taking any medicine or tablets for stress/ anxiety or depression?"
    YESNO

Q14. "Do you think you have a nervous illness?"
    YESNO
Mental Health *(Questionnaire version A & B)*

As well as physical health, we are also interested in asking about mental health and wellbeing.

By mental health, we mean conditions/illnesses like depression, anxiety, stress, bipolar disorder, eating disorder, etc.

**ASK ALL**

**Q1** Have you had concerns about your mental health in the past year?
   a) Yes definitely
   b) To some extent
   c) No
   d) Don’t know

**IF Q1 = a or b, ASK Q2**

**Q2** Did you seek help from anyone?
   a) Yes
   b) No

**IF Q2 = a, ASK Q3**

**Q3** Who did you seek help from? *TICK ALL THAT APPLY*
   a) Family member
   b) Friend
   c) GP
   d) A&E
   e) Hospital
   f) District/community nurse
   g) Lifeline
   h) Community group
   i) Mental health charity
   j) Other, please specify

**IF Q2 = b, ASK Q4**

**Q4** Why did you not seek help? *TICK ALL THAT APPLY*
   a) I could handle things on my own
   b) I didn’t know where to go to get help
   c) I was too embarrassed
   d) I felt unable to speak with anyone
   e) I was too busy/didn’t have time
   f) I asked for help before and didn’t get any
   g) Other, please specify

**IF Q1 = a or b, ASK Q5**

**Q5** Have you received any of the following therapy (such as counselling, CBT) or medical treatment (including medication) for a mental health problem in the past year? *TICK ALL THAT APPLY*
   a) Counselling
   b) Cognitive behavioural therapy
   c) Psychotherapy or psychoanalysis
   d) Medication
   e) Other, please specify
   f) No therapy or treatment
IF Q5 = a to e, ASK Q6

Q6  How helpful did you find/are you finding your therapy/treatment?
    a) Very helpful
    b) Quite helpful
    c) Not very helpful
    d) Not at all helpful

IF Q1 = a or b, ASK Q7

Q7  Did you miss work/studies as a result of your condition, illness or treatment? TICK ONE ANSWER ONLY
    a) Yes, I missed work
    b) Yes, I missed school/university/tech etc.
    c) No, I did not miss work or studies
    d) I was not working or studying at the time

IF Q7 = a or b, ASK Q8

Q8  If so, how long was your absence in total during this past year? TICK ONE ANSWER ONLY
    a) Less than 1 week
    b) More than 1 week but less than 4 weeks
    c) More than 1 month but less than 3 months
    d) More than 3 months but less than 6 months
    e) More than 6 months

IF Q1 = a or b, ASK Q9

Q9  Were any of your normal activities adversely affected as a result of your condition, illness or treatment?
    a) Yes
    b) No

ASK ALL

Q10  Do you think the health service values mental health equally with physical health?
     (INTERVIEWER NOTE: for example, in terms of the proportionate amount of money spent, time and staff resource, access to treatment, efforts to improve quality of care, focus on recovery)
     a) Yes
     b) No
     c) Don’t know

ASK ALL

Q11  Do you think there should be parity of esteem (equal value) for mental health (compared to physical health)?
     a) Yes
     b) No
     c) Don’t know

ASK ALL

Q12  In general, how comfortable would you feel talking to a friend or family member about your mental health, for example, telling them you have a mental health diagnosis and how it affects you?
     1) Very comfortable
     2) Quite comfortable
     3) Quite uncomfortable
     4) Very uncomfortable
Q13  In general, how comfortable would you feel talking to a current or prospective employer about your mental health, for example, telling them you have a mental health diagnosis and how it affects you?
   (1) Very comfortable
   (2) Quite comfortable
   (3) Quite uncomfortable
   (4) Very uncomfortable

Q14  Who is the person closest to you who has or has had some kind of mental illness?
     Please just give me the number from this card.

     INTERVIEWER: IF MORE THAN ONE, CODE FIRST ON LIST

     a) Immediate family (spouse, child, sister, brother, parent, etc.)
     b) Partner (living with you)
     c) Partner (not living with you)
     d) Other family (uncle, aunt, cousin, grandparent, etc.)
     e) Friend
     f) Acquaintance
     g) Work colleague
     h) Myself
     i) Other (please specify)
     j) Don't know anyone with a mental health illness

Q15  Have you heard of the Northern Ireland Mental Capacity Bill?
     a) Yes
     b) No
Loneliness (self-completion) (Questionnaire version A & B)

The next few questions are about how you are feeling..

<table>
<thead>
<tr>
<th>How often do you feel you lack companionship?</th>
<th>Hardly ever</th>
<th>Some of the time</th>
<th>Often</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>How often do you feel isolated from others?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>How often do you feel left out?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>How often do you feel in tune with the people around you?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

ELSA measures loneliness with a four-item scale (Hughes et al., 2004), which is based on the widely-used 20-item Revised UCLA loneliness scale (Russell, 1996).
SOCIAL SUPPORT (Questionnaire version A & B)

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

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

(CONTINUE);

Q1 "There are people among my family or friends who can be relied on no matter what happens; Is that...";
   nottrue "Not true",
   partrue "Partly true",
   certtrue "Or certainly true";

Q2 "There are people among my family or friends who would see that I was taken care of, if I needed to be; Is that..."
   nottrue "Not true",
   partrue "Partly true",
   certtrue "Or certainly true";

Q3 "There are people among my family or friends who make me feel an important part of their lives; Is that...";
   nottrue "Not true",
   partrue "Partly true",
   certtrue "Or certainly true";

Q4 There are people among my family or friends who give me support and encouragement; Is that...";
   nottrue "Not true",
   partrue "Partly true",
   certtrue "Or certainly true";

Q5 How many people are so close to you that you can count on them if you have serious personal problems?
   None
   1 or 2
   3 to 5
   6 or more

Q6 How easy is it to get practical help from neighbours if you should need it?
   Very easy
   Easy
   Possible
   Difficult
   Very difficult

NEW Q7 Who do you see/spend time with on a weekly basis?
   TICK ALL THAT APPLY
   (1) Family members
   (2) Friends
   (3) Charity worker
(4) Social worker
(5) Community worker
(6) Religious representative
(7) Other
(8) Wouldn’t normally see anyone on a weekly basis

NEW Q8 Do you do any of the following things regularly?
TICK ALL THAT APPLY
(1) Volunteer
(2) Go out shopping
(3) Member of club/society/organisation
(4) Attend community social events
(5) Exercise class/gym/walking etc
(6) Attend course/night class
(7) Other
(8) None of these
SMOKING (Questionnaire version A & B)

Q1  Can you please tell me to what extent do you agree or disagree with the following statement 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>
</tbody>
</table>

Q2  First of all have you ever smoked a tobacco cigarette, a cigar or a pipe?
(1) Yes -> [Q3]
(2) No -> [Q11]

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

Q4  Have you ever smoked cigarettes regularly?
(1) Yes -> [Q9]
(2) No -> [Q11]

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 TO BE ASKED OF THOSE WHO ANSWERED YES AT Q3 OR YES AT Q4
Q9  How old were you when you started to smoke cigarettes regularly?

IF YES AT QUESTION 4, THEN ASK QUESTION 10
Q10  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

Q11 TO BE ASKED OF ALL
Q11  Have you ever used an electronic cigarette?
     1. Yes -> [Q12]
     2. No

Q12  Do you use electronic cigarettes at all nowadays?
     1. Yes -> [Q14]
     2. No -> [Q13]

Q13  Have you ever used electronic cigarettes regularly?
     1. Yes -> [Q14]
     2. No

Q14  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.
     8. None of these.

Q15 TO BE ASKED OF THOSE WHO ANSWERED YES AT Q12
Q15  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.

**Q16 TO BE ASKED OF THOSE WHO ANSWERED YES AT Q3**

Q16 Have you ever tried to quit smoking?
   1. Yes -> Q17
   2. No -> Q17

Q17 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

**ASK ALL**
if GRIDX.GRIDX.Numpers >1] {Number of persons in household from household grid}

Q18 Does anyone in your household smoke?
   1. Yes – lives with smokers
   2. No

ELSE {question not asked}
   3. Lives alone

ENDIF

Q19 = GRIDX.GRIDX.NUMCHILD Number of Children in household 0..16
{Question not asked number of children in household from household grid}

**ASK ALL**
Q20 Is smoking allowed inside your home? IF YES PLEASE PROBE FOR CERTAIN PLACES, ANYWHERE OR SPECIAL OCCASIONS
   1. No, smoking is not allowed at all
   2. Yes, allowed anywhere in my home
   3. Yes, only allowed in certain places
   4. Yes, only allowed on special occasions
   5. Yes, only allowed on special occasions in certain places

**ASK ALL**
Q21 And what are the rules about smoking in your family car or cars? Would you say that..
   1. Smoking is never allowed in any car
   2. Smoking is allowed sometimes or in some cars
3. Smoking is allowed in all cars
4. Do not have a family car
5. Smoking is not allowed when children are travelling in car

**ASK ALL**

**Q22** 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 Q22 = 1-6, ASK Q23**

**Q23** Does this bother you at all?

(1) Yes
(2) No
(3) Don’t know
(4) Not applicable
DRINKING (Questionnaire version A & B)

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

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

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

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

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

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

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

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

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

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

Drink regularly/occasionally:

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

1. hardly drink at all 
2. drink a little 
3. drink a moderate amount 
4. drink quite a lot 
5. or drink heavily?
**SHOW CARD 34 (FREQUENCY DRINK)**

Thinking now about all kinds of drinks, how often have you had an alcoholic drink of any kind during the last 12 months?

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

**DRAMOUNT**

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

1. More nowadays
2. About the same
3. Less nowadays
PHYSICAL MEASUREMENTS *(Questionnaire version A & B)*

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