HEALTH SURVEY NORTHERN IRELAND 2017/18

QUESTIONNAIRE
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BASIC HOUSEHOLD INFORMATION

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

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

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

FIRST NAME OF EACH ADULT ENTERED IN BOX THEN:

Q2. Sex

Q3. Age and date of birth

Q4. Marital status:

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

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

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

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

IF 16-18

Q5. In full-time education or not
Q6. Relationship to head of household:
   (1) Household Reference Person
   (2) Spouse of HRP
   (3) Child of HRP\wife
   (4) Parent\grandparent of HRP\wife
   (5) Brother\sister of HRP\wife
   (6) Nephew\niece of HRP\wife
   (7) Grandchild of HRP\wife
   (8) Other relation of HRP\wife
   (9) Cohabitee
   (10) Civil partner
   (11) Other

Q7. Family unit (number of family units in household)

Q8. Position in family unit:

   Head
   Spouse/partner
   Dependant

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

   FIRST NAME OF EACH CHILD ENTERED IN BOX THEN:

Q10. Sex

Q11. Age and Date of Birth

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

Q13. Whether or not foster child

Q14. Relationship to head of household:

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

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

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

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

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

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

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

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

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

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

Q25. How many cars\vans are available?
   "Number of cars\vans" :
   1..10;
Q26. I would like to ask you about the age at which you finished various stages of your education.

INTERVIEWER CHECK - IS RESPONDENT STILL AT SCHOOL?
(i.e ELEMENTARY, SECONDARY OR GRAMMAR ONLY)
Still at school
Left school
Never went to school

Q27. How old were you when you left school?

Q28. Are you currently a full-time student?
   Yes
   No

Q29. How old were you when you left full-time continuous education?

Q30. Do you have any of the qualifications, or have you passed any of the examinations of the types listed on this card, whether you are making use of them or not?
FIRE SAFETY/SMOKE ALARMS/DETECTORS

ASK ALL
Q1. Do you have a smoke alarm in your home?
   (1) Yes – GO TO Q2
   (2) No - GO TO Q6

IF YES AT Q1 ASK Q2, Q3, Q4 & Q5

Q2. In which of these places in your home is there a smoke alarm fitted?
   Kitchen
   Dining Room
   Ground Floor Hallway
   Lounge / Sitting Room
   Upstairs Hallway
   Bedroom 1
   Bedroom 2
   Bedroom 3
   Bedroom 4
   Bedroom 5
   Bathroom
   Other (specify)

Q3. Are the smoke alarms...
   (1) Battery operated
   (2) Wired to the electrics
   (3) Combination of both
   (4) Don't know

Q4. How often is/are the smoking alarm(s) in your home tested? Read out. Code one only
   (1) At least weekly
   (2) Every 2-3 weeks
   (3) Monthly
   (4) Every 2-7 months
   (5) Every 8-12 months
   (6) Yearly
   (7) Other (please specify)
   (8) Have never tested smoke alarm
   (9) Don't know

Q5. Are all the smoking alarms working?
   (1) Yes
   (2) No
   (3) Don't know

Q6. Are there ever candles lit in your home?
   (1) Yes, regularly
   (2) Yes, only occasionally
   (3) No, never
GENERAL HEALTH & CONDITIONS

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

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

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

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

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

IF YES TO Q5 ASK Q6

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

IF YES TO Q6 (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/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/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
The following questions relate to the impact your Autism/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:

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<th>To a great extent</th>
<th>To some extent</th>
<th>Not at all</th>
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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?
     (1) Yes
     (2) No

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

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

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

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

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

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

IF YES TO ANSWER OPTION 9 (Deafness or severe hearing impairment) AT Q8 ASK Q17 & Q17a

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

Q17a  Which health professional is your main point of contact for this long-term condition?
      (1) GP
      (2) Consultant
      (3) Community nurse
      (4) Hospital nurse
      (5) Community organisation
      (6) Social worker
      (7) Other, please specify
IF YES TO ANSWER OPTION 10 (Diabetes, during pregnancy) AT Q8 ASK Q18 & Q18a
Q18 Has your condition been diagnosed by a doctor or other healthcare professional?
   (1) Yes
   (2) No

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

IF YES TO ANSWER OPTION 11 (Diabetes, not during pregnancy) AT Q8 ASK Q19 THROUGH TO Q19t
Q19 Has your condition been diagnosed by a doctor or other healthcare professional?
   (1) Yes
   (2) No

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

Q19c Have you been told whether you have Type 1 or Type 2 diabetes?
   (1) Yes, Type 1 diabetes
   (2) Yes, Type 2 diabetes
   (3) Not been told
   (4) Not sure which type

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? *Not asked in this format*
   (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?
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
   (2) No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

IF YES AT Q3 ASK Q4

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

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

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

Q5 In the last 12 months, have you and a health professional agreed a Personal Care Plan for your overall health and social care needs?
   (1) Yes, have agreed a personal care plan in the last 12 months
   (2) Yes, agreed a personal care plan more than 12 months ago
   (3) No, do not have a personal plan
IF NO AT Q5 ASK Q6

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

IF YES AT Q6 ASK Q7

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

IF NO AT Q6 ASK Q8

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

IF YES AT Q5 ASK Q9

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

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

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

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

ASK ALL WHO HAVE A LONG TERM CONDITION (I.E. IF YES TO Q5 IN GENERAL HEALTH SECTION)

Q13 What would be the most useful way for you to have a copy of or access to your Personal Care Plan?
   (1) Paper booklet
   (2) Electronic booklet - e-mailed to you so you can read it on the computer
   (3) Online – logging into an NHS website where you can see your plan and communicate with your health team
(4) Online – logging into your preferred voluntary care provider website to see your plan
(5) Online – within a private group specifically for people with your condition
(6) On a mobile device, e.g. iPhone
(7) Other, please specify

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

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

PROBE FULLY: Which others?
CODE ALL THAT APPLY.

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

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

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

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

IF YES TO OPTION 3 ASK

Have you found the Patient Education Program useful in helping to manage your condition?
Yes/No/Don’t know

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

Imaging a scale from 1 to 10, where 1 is “I am still learning about my condition and how to manage it” and 10 is “I proactively manage all aspects of my condition”, where would you place yourself on the scale in terms of how well you feel you understand and can manage your condition?
I am still learning about the condition & how to manage it. I proactively manage all aspects of my condition.

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

Q17 Do you feel you receive enough support from health and social care services to help you to manage your long-term condition?
   (1) Yes
   (2) No
   (3) Unsure
   (4) I don’t need any help to manage my condition

Q18 Has the support or treatment you received from health and social care services for your long-term condition improved your quality of life?
   (1) Yes, definitely
   (2) To some extent
   (3) No
   (4) Don’t know

Q19 How confident are you that you can manage your own health?
   (1) Very confident
   (2) Fairly confident
   (3) Not very confident
   (4) Not at all confident

Q20 What other help do you think could be provided to help you to manage your condition? Free text
VISITS TO HOSPITAL

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

ALL
Q1  During the last year, have you attended hospital 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
GP 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.
Experience of Health & Social Care

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, doctors, GPs, nurses, pharmacists, dentists, opticians, allied health professionals (e.g. speech therapists, physiotherapists), 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

NEW Thinking about the wider Health and Social Care system, how satisfied were you with the overall experience you received during the last year?

   (1) Very satisfied
   (2) Satisfied
   (3) Neither satisfied or dissatisfied
   (4) Dissatisfied
   (5) Very dissatisfied

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
RQIA

Q1  Are you aware of The Regulation and Quality Improvement Authority (RQIA). It is sometimes referred to in the media as Northern Ireland’s health watchdog, or Health and Social Care regulator?
(1) Yes (GO TO Q2)
(2) No (GO TO Q2)

Q2  Do you think the following would be the responsibility of the regulator (RQIA)?

<table>
<thead>
<tr>
<th>Responsibility</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>The registration and inspection of health and social care services (e.g. care homes, domiciliary care services, dental practices)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>People with mental ill health and those with a learning disability (formerly carried out by the Mental Health Commission)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carrying out investigations/reviews of Health and Social Care services? (Recent reviews include Regional Emergency Social Work Service, Eating Disorder Services etc.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ASK ALL

Q3  Have you had any contact with RQIA seeking information or advice?
(1) Yes (GO TO Q4)
(2) No (GO TO NEXT MODULE)

Q4  How did you contact RQIA? SELECT ALL THAT APPLY
(1) By telephone
(2) By e-mail
(3) RQIA website (e.g. inspection reports)
(4) In person (e.g. during an inspection, review or information event)
(5) Other, please specify

Q5  How satisfied were you with this contact?
(1) Very Satisfied
(2) Satisfied
(3) Neither satisfied or dissatisfied
(4) Dissatisfied
(5) Very Dissatisfied
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"

NEW Why does this person/these people you care for need your help?
(Tick as many boxes as you need)

<table>
<thead>
<tr>
<th>Reason</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>They have problems related to old age</td>
<td>☐ 1</td>
</tr>
<tr>
<td>They have a physical or sensory disability, e.g. they have difficulties seeing or hearing, or need to use a wheelchair</td>
<td>☐ 2</td>
</tr>
<tr>
<td>They have a learning disability. This means they have trouble learning new things or understanding difficult information.</td>
<td>☐ 3</td>
</tr>
<tr>
<td>They have a mental illness, e.g. anxiety or depression.</td>
<td>☐ 4</td>
</tr>
<tr>
<td>They use drugs or alcohol</td>
<td>☐ 5</td>
</tr>
<tr>
<td>Other (please say what)</td>
<td>☐ 7</td>
</tr>
</tbody>
</table>
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

ASK ALL

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
Home Environment

1. Falls at home
   Have you fallen in or around your home in the last 2 years? Yes/no
   Yes – go to question 2

2. Where did you fall? NOTE TO INTERVIEWER: IF RESPONDENT HAS FALLEN ON MORE THAN ONE OCCASION DURING THE PAST 2 YEARS RECORD THE PLACES THE FALL/FALLS OCCURRED.
   - Outside the dwelling/in garden
   - Front steps
   - On the level e.g. living room
   - In the bathroom/toilet
   - Getting out of a seat/off toilet or bed
   - Going up stairs

3. Which, if any, of these things happened as a result of your fall/falls in the last two years? (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 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
   - None of these

4. And looking at this card, can you tell me which, if any, apply to you as a result of your fall/falls in the last two years?
   - Experienced pain
   - I am afraid of further falls
   - I am less independent now
   - I need more care now
   - Loss of confidence
   - Don’t go out as much now
   - None of these

5. What housing features or home adaptations, if any, would have helped to prevent falls at home? (Select 1 or multiple response)
   - A home without steps or stairs e.g. ground floor flat.
   - Hand rails on stairs/outside steps
   - Graduated – (gently sloping) entrance or ramp
   - No door thresholds
   - A stair or inter-floor lift
   - Grab rails in the bathroom
   - Slip resistant flooring
   - Better lighting
   - Colour contrast in fixtures and fittings
   - Other – please specify
   - None of these
6. Have you personally experienced a burn at home or been burned in the last 2 years?
   Yes/no

   If yes at Q6 ask Q7.

7. What caused the burn/burns?
   INTERVIEWER NOTE: IF RESPONDENT HAS BEEN BURNED ON MORE THAN ONE OCCASION DURING THE PAST 2 YEARS RECORD THE CAUSES OF THE BURNS.
   • Scalded by hot water in bath
   • Scalded by hot water in shower
   • Experienced a burned lighting or maintaining the fire
   • Experienced burned using a cooking appliance
   • Other – please specify

8. Which, if any, of these things happened as a result of your burn/burns? (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 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
   • None of these

9. What housing features or home adaptations would have helped to prevent burns at home? (Select 1 or multiple response)
   • Better lighting
   • Automatic forms of heating e.g. oil fired or gas
   • Thermostatic controls in shower
   • Thermostats on sinks/bath
   • Better design of cooking appliances
   • Other- please specify
   • None of these
EQUIPMENT

ASK ALL AGED 65+

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

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

ASK ALL AGED 65+
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)

ASK ALL AGED 65+
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

ASK ALL AGED 65+
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)
ASK ALL AGED 65+

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
USE OF COMPUTERS FOR HEALTH REASONS

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

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

Q1  Look up health information on the internet
    Yes/No/Don’t know
    If Yes, how often would you do this?
    Weekly/Fortnightly/Monthly/Less often

Q2  Order or request a prescription
    Yes/No/Don’t know
    If Yes, how often would you do this?
    Weekly/Fortnightly/Monthly/Less often

Q3  Schedule an appointment with a health care provider
    Yes/No/Don’t know
    If Yes, how often would you do this?
    Weekly/Fortnightly/Monthly/Less often

Q4  Communicate with a health care provider by e-mail
    Yes/No/Don’t know
    If Yes, how often would you do this?
    Weekly/Fortnightly/Monthly/Less often

Q5  Use online chat groups to learn about health topics
    Yes/No/Don’t know
    If Yes, how often would you do this?
    Weekly/Fortnightly/Monthly/Less often

Q6  Buy medicines over the internet
    Yes/No/Don’t know
    If Yes, how often would you do this?
    Weekly/Fortnightly/Monthly/Less often
Wellbeing 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)"",
a8 (7)"",
a9 (8)"",
a10 (9)"
,a11 (10) "Completely")
Q4  WELLB4  On a scale where 0 is 'not at all anxious' and 10 is 'completely anxious', overall, how anxious did you feel yesterday?

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

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

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

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

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

**NEW** How much do you agree/disagree with the following statements…?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree or disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am confident I can have a positive effect on my health</td>
<td></td>
<td></td>
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<tr>
<td>If I needed to, I could set some definite goals to improve my health</td>
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<tr>
<td>I am confident that I could meet the goals I set for myself to improve my health</td>
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<tr>
<td>If I wanted to, I could actively work to improve my health</td>
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</tr>
<tr>
<td>I feel that I am in control of how and what I learn about my health</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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

**IF Q3 = NO THEN ASK Q4**

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

**IF Q4 = ‘too difficult’…THEN ASK Q5**

5. Please tell me why you feel it’s too difficult for you to do anything to make your life healthier?
IF Q3 = YES THEN ASK Q6

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

7. ALL
   Thinking back over the past year, have you tried to make any of the following changes in your lifestyle to improve your health, even if only for a short time?
   - cut down smoking
   - stop smoking
   - cut down the amount of alcohol I drink
   - stop drinking alcohol
   - be more physically active
   - control weight
   - eat more healthily
   - reduce the amount of stress in my life
   - none of these

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

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

9. ALL
   Which of these changes, if any, would you like to make?
   - cut down smoking
   - stop smoking
   - cut down the amount of alcohol I drink
   - stop drinking alcohol
   - be more physically active
   - control weight
   - eat more healthily
   - reduce the amount of stress in my life
   - none of these
IF Q9 = RESPONSE OTHER THAN ‘NONE OF THESE’ THEN ASK Q10

10. Of the changes you would **like** to make which are you thinking of making in the next six months?
   - cut down smoking
   - stop smoking
   - cut down the amount of alcohol I drink
   - stop drinking alcohol
   - be more physically active
   - control weight
   - eat more healthily
   - reduce the amount of stress in my life
   - none of these
Tattooing & Piercing

The next set of questions relate to tattooing and piercing. By a tattoo, we mean permanent tattooing, not semi-permanent or henna.

ASK ALL
Q1 Have you had a tattoo or piercing (other than earlobes) in the last 10 years?
   - Yes, tattoo  GO TO Q2
   - Yes, piercing  GO TO Q3
   - Yes, both tattoo & piercing  GO TO Q2
   - No  GO TO Q6

Q2 What age were you when you had your first tattoo?
ENTER AGE

Q4 Did you have any problems such as infection or pain after your tattooing/s or piercing/s?
   - Yes
   - No

IF Q4 = YES, ASK Q5

Q5 Did you seek medical advice, e.g. from a pharmacist, GP or A&E?
   - Yes
   - No

ASK ALL
Q6 Do you know if there is an age restriction on getting a tattoo?
   - No age restriction – anyone can get a tattoo
   - 16 and over
   - 18 and over
   - 25 and over
   - Don’t know

Q7 Are you aware that tattooing/piercing businesses must be registered with their local council?
   - Yes
   - No
PHYSICAL ACTIVITY

We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. I am going to ask you about the time you spent being physically active during the last 7 days. Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do at work, as part of your housework or gardening, to get from place to place, and in your spare time for recreation, exercise or sport.

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

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

☐ days per week  GO TO Q2

OR

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

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

Write in hours and minutes

☐ hours per day

☐ minutes per day

☐ don’t know/not sure

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

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

☐ days per week  GO TO Q4

OR

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

*Write in hours and minutes*

☐   hours per day

☐   minutes per day

☐   don’t know/not sure

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

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

☐   days per week   GO TO Q6

OR

☐   No walking in the last 7 days   GO TO Q7

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

*Write in hours and minutes*

☐   hours per day

☐   minutes per day

☐   don’t know/not sure

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

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

*Write in hours and minutes*

☐   hours per day

☐   minutes per day

☐   don’t know/not sure
Q8 This question is about the time you spent sitting on weekends during the last 7 days. Include time spent at work, at home, and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

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

Write in hours and minutes

☐ hours per day
☐ minutes per day
☐ don’t know/not sure
DIETARY INFORMATION

ALL ANSWER A "More than once a day", B "Once every day", C "Most days", D "Once or twice a week", E "Less often or never?")

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

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

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

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

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

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

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

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

Q8a Sugary fizzy drinks or squashes (do not include diet or no added sugar drinks)

Q8b Diet or no added sugar fizzy drinks or squashes

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

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

ASK ALL

Q11 Please look at this card, the card illustrates what is considered as a portion. DO NOT READ OUT, FOR INFO ONLY:-
A portion equals one piece of medium sized fruit e.g., a pear or banana or two small fruits, eg kiwis, mandarins or plums or 2 tablespoonfuls of fruit salad or one glass of pure orange juice - @ Note:- 2 glasses of pure orange juice does not count as 2 portions)@/@R
On average how many portions of fruit do you eat each day": 1..99

Q12 And on average how many portions of salad, or vegetables, including fresh, frozen, tinned or dried do you eat each day: 1..99

Q13 The Department of Health advises people to eat a certain number of portions of fruit and vegetables every day as part of a healthy diet. At least how many potions do you think people are advised to eat every day?
Q14 How often do you usually eat breakfast on weekdays?
   (1) Never
   (2) One day
   (3) Two days
   (4) Three days
   (5) Four days
   (6) Five days
   (7) Dk
   (8) R

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

Q16 In the past 7 days, how many times did you eat any food purchased from a fast food place or takeaway shop, such as fish and chips, burgers, fried chicken, Chinese, Indian, or pizza? This includes snacks as well as mealtimes.

   Number of times___________

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

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

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

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

Now, some questions about the foods you eat.

ANSWER OPTIONS: Yes (or sometimes) No

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

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

Do you choose certain foods because of the...

Q5 lower fat content?
Q6 fibre content?
Q7 calcium content?
Q low sugar content?

Do you avoid certain foods because of the...

Q8 fat content?
Q9 type of fat they contain?
Q10 salt content?
Q11 cholesterol content?
Q12 calorie content?
Q sugar content?
Q13 Have you changed your eating habits in the past 3 years to lose weight?
   (1) Yes
   (2) No

Q14, Q15 AND Q16 To be asked of those who have tried to control weight/eat more healthily or would like to from the ‘Changes made to improve health’ section.

Q14. You mentioned previously that you have tried/ would like to try to control your weight or eat more healthily.
   Which of these reasons, if any, was the main reason you decided to eat more healthily or control your weight?
   - to feel better/fitter
   - to lose weight
   - to improve my general appearance
   - to improve my overall health
   - to help reduce the risk of a particular illness or disease
   - to save money
   - to make meals more tasty and enjoyable
   - suggested by doctor/health professional
   - none of these
   - other – please specify

Q15. Thinking overall about the things you eat, which of these best describes the kind of food you eat nowadays?
   - very healthy
   - fairly healthy
   - fairly unhealthy
   - very unhealthy

Q16. Here are some reasons why people find it difficult to eat more healthily. Which, if any, prevent you from eating more healthily?
   family discouraging or unsupportive
   - friends discouraging or unsupportive
   - people at work discouraging or unsupportive
   - not knowing what changes to make
   - not knowing how to cook more healthy foods
   - lack of choice of healthy foods in canteens and restaurants
   - lack of choice of healthy foods in places where you do your main shop
   - healthy foods are too expensive
   - healthy foods take too long to prepare
   - healthy foods too boring
   - lack of will-power
   - don’t like the taste/don’t enjoy healthy foods
   - none of these – nothing prevents me from eating more healthily
   - other – please specify
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

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"
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/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
**Autism– CHILDREN**  
Asked of each child and will be routed from Q11

IF YES TO ANSWER OPTION 2 (Autism/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, e.g.
      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..99

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..99
LOOPED BLIND CORD INJURIES/DEATHS

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

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

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

IF YES AT Q3 ASK Q4

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

ALL 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:

WEMWBS
GHQ12
Mental health services
Loneliness
Breastfeeding
Drugs
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
GHQ12 (SELF COMPLETION)

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

ALL
Q1. Have you recently been able to concentrate on whatever you are doing?":
   - better  "Better than usual",
   - same    "Same as usual",
   - less     "Less than usual",
   - muchless "Much less than usual";

ALL
Q2. Have you recently lost much sleep over worry?":
   - notatall "Not at all",
   - nomore   "No more than usual",
   - more     "Rather more than usual",
   - muchmore "Much more than usual";

ALL
Q3. "Have you recently felt that you are playing a useful part in things?":
   - moreso   "More so than usual",
   - sameas   "Same as usual",
   - lessuse  "Less so than usual",
   - mluseful "Much less useful";

ALL
Q4. "Have you recently felt capable of making decisions about things?":
   - morethan "More so than usual",
   - sameuse  "Same as usual",
   - lessthan "Less so than usual",
   - mlcapab  "Much less capable";

ALL
Q5. "Have you recently felt under constant strain?":
   - notatall "Not at all",
   - nomore   "No more than usual",
   - more     "Rather more than usual",
   - muchmore "Much more than usual";

ALL
Q6. "Have you recently felt you couldn't overcome your difficulties?":
   - notatall "Not at all"
   - nomore   "No more than usual",
   - more     "Rather more than usual",
   - muchmore "Much more than usual";
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

General Health Questionnaire (GHQ – 12) ©David Goldberg, 1978
Mental Health (self-completion)

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

Q15  Have you heard of the Northern Ireland Mental Capacity Act?
    a)  Yes
    b)  No

INTERVIEWER NOTE: The Mental Capacity Act received Royal Assent in May 2016. It has not yet been commenced and no date has been decided. If and when it is enacted, it will repeal the Mental Health Order for everyone over the age of 16. It will presume that everyone over 16 has mental capacity to make decisions, unless it can be proved otherwise.
## Loneliness (self-completion)

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

<table>
<thead>
<tr>
<th></th>
<th>Hardly ever</th>
<th>Some of the time</th>
<th>Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often do you feel you lack companionship?</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).
Breastfeeding (self-completion module)

ASK ALL

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

Are you aware of businesses (e.g. retail outlets, restaurants/coffee shops, hair dressers) or council facilities (e.g. leisure centres) in your area that support the ‘Breastfeeding Welcome Here’ scheme? Please do not include any Health Care Premises (e.g. GP surgery) in your response as they are expected to support and promote breastfeeding.

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

Copy of sticker supplied to CSU

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

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

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree strongly</th>
<th>Agree</th>
<th>Disagree</th>
<th>Disagree strongly</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Breastfed babies get fewer ear, chest and stomach infections.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Bottle-fed babies are more likely to be admitted to hospital with diarrhoea and vomiting.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Breastfeeding helps protect children from childhood cancers.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Breastfeeding helps promote babies intelligence (IQ).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Bottle-fed babies are at increased risk of sudden infant death (cot-death).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) Breastfeeding reduces the risk of breast cancer in women.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g) Breastfeeding reduces the risk of ovarian cancer in women.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2. The following statements are things some people have said about breastfeeding. How much do you agree or disagree with each one?

<table>
<thead>
<tr>
<th></th>
<th>Agree strongly</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Disagree strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>b) Women should only breastfeed their babies at home or in private.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) There should be a law in Northern Ireland to protect women who want to breastfeed in public.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Mums should feel free to breastfeed their babies in public.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) People should support mums who breastfeed in public.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) Most mums in Northern Ireland breastfeed their babies.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Breastfeeding is ...</th>
<th>Agree strongly</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Disagree strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Embarrassing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Offensive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Normal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Distasteful</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Good for baby</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

**Now some questions on attitudes to smoking**

**Q1** Can you please tell me to what extent do you agree or disagree with the following statement about smoking?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree strongly</th>
<th>Agree</th>
<th>Disagree</th>
<th>Disagree strongly</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>I support a ban on smoking in cars when children are present</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Children are more at risk from passive smoking than adults</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Outdoor areas commonly used by children, such as playgrounds and beaches,</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>should be smoke-free</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Babies exposed to passive smoking are more at risk to cot death</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</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 -> [Q14]

**Q3** Do you smoke cigarettes at all nowadays?

(1) Yes -> [Q5]
(2) No -> [Q4]

**Q4** Have you ever smoked cigarettes regularly?

(1) Yes -> [Q11]
(2) No -> [Q14]

**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
(7) None of these places
Q8 From where do you normally purchase your tobacco products?
   (1) Local shop
   (2) Supermarket
   (3) Specialist tobacconist
   (4) Mail order/internet
   (5) Public house/vending machine
   (6) Other (please specify)

Q9 Does price have any influence on your choice of brand?
   (1) Considerable influence
   (2) Some influence
   (3) No influence

Q10 To what extent do you agree that the sale/purchase of illicit cigarettes is a criminal offence?
   (1) Strongly agree
   (2) Agree
   (3) Neither agree nor disagree
   (4) Disagree
   (5) Strongly disagree
   (6) Don’t know

Q11 TO BE ASKED OF THOSE WHO ANSWERED YES AT Q3 OR YES AT Q4

Q11 How old were you when you started to smoke cigarettes regularly?

IF RESPONDENT AGED 16-30 AND ANSWERED YES AT Q3 OR YES AT Q4, ASK Q12

Q12 Why did you first start to smoke?
   TICK ALL THAT APPLY
   (1) My friends smoked
   (2) My parents smoked
   (3) My brothers/sisters smoked
   (4) To socialise
   (5) To relax
   (6) To deal with stress
   (7) To control weight
   (8) Made me feel cool
   (9) Made me feel grown-up
   (10) Enjoyment
   (11) Other, please specify

IF YES AT QUESTION 4, THEN ASK QUESTION 13

Q13 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
**Q14 TO BE ASKED OF ALL**

**Q14** Have you ever used an electronic cigarette?
   1. Yes -> [Q15]
   2. No

**Q15** Do you use electronic cigarettes at all nowadays?
   1. Yes -> [Q17]
   2. No -> [Q16]

**Q16** Have you ever used electronic cigarettes regularly?
   1. Yes -> [Q17]
   2. No

**Q17** 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. I can use them in places where tobacco smoke is banned
   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. I have never used tobacco but enjoy vaping
   9. I occasionally use tobacco but prefer vaping.
   10. None of these.

**IF YES AT Q15, ASK Q18**

**Q18** From where do you normally purchase your electronic cigarettes?
   (1) Local shop
   (2) Supermarket
   (3) Mail order/internet
   (4) Chemist
   (5) Specialist electronic cigarette shop
   (6) Market stalls/car boot sales
   (7) Other (please specify)

**Q19 TO BE ASKED OF THOSE WHO ANSWERED YES AT Q15**

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

Q20 TO BE ASKED OF THOSE WHO ANSWERED YES AT Q3

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

Q21  Which of the following best describes you...

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

Q22  All current smokers answer Q22 (i.e. Q3=Yes)

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

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Some-</th>
<th>Very</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Concern for your personal health</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>b. Concern for the effect of your cigarette smoke on non-smokers</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>c. That society disapproves of smoking</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>d. The price of cigarettes</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>e. Smoking restrictions at work</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>f. Smoking restrictions in public places like restaurants or bars (cafes or pubs)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>g. Advice from doctor, dentist, or other health professional to quit</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>h. Free or lower-cost stop-smoking medication</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>i. Warning labels on cigarette packets</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>j. Setting an example for children</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>k. Widespread availability of e-cigarettes</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>l. Smoking restrictions in hospitals/hospital grounds</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
</tr>
</tbody>
</table>
SMOKERS AND EX-SMOKERS who quit < 6mths ago

Q23 TO BE ASKED OF THOSE WHO ANSWERED YES AT Q20

Q23 Have you ever used any of the following methods to help you quit smoking?

1. Cold turkey
2. Stop-smoking medication (eg zyban or champix)
3. Nicotine replacement therapies (NRT)- provided from a stop smoking service
4. Nicotine replacement therapies (NRT)- purchased
5. A stop smoking clinic (eg in a GP/ pharmacy or community group)
6. Helpline
7. Leaflet/books
8. Information from the internet
9. Stop smoking text services
10. Stop smoking apps
11. Quit kit
12. Anything else

FOR EACH OPTION CHOSEN AT Q23 (except 12) ASK Q24

Q24 Did this METHOD (from list above) help you in your quit attempt?
   1. Yes
   2. No
   3. Don’t Know

Q25 TO BE ASKED OF THOSE WHO ANSWERED 2, 3 or 4 at Q23

Q25 Have you used any stop-smoking medication/NRT in the last 6 months?
   1. Yes -> [Q26]
   2. No -> [Q28]

Q26 Where did you get your stop-smoking medication/nicotine replacement therapy?
   1. By prescription
   2. Over the counter/off the shelf
   3. Online/from the internet
   4. From a friend
   5. Stop Smoking Clinic (e.g. in a GP surgery, pharmacy or community group)
   6. Other

Q27 Please Specify :string[200];
ASK ALL
If GRIDX.GRIDX.Numpers >1] {Number of persons in household from household grid}

Q28 Does anyone in your household smoke?
   1. Yes – lives with smokers
   2. No

ELSE {question not asked}
   3. Lives alone

ENDIF

Q29 = GRIDX.GRIDX.NUMCHILD Number of Children in household 0..16
{Question not asked number of children in household from household grid}

ASK ALL
Q30 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
Q31 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
Q32 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 Q32 = 1-6, ASK Q33

Q33 Does this bother you at all?
   (1) Yes
   (2) No
   (3) Don’t know
   (4) Not applicable
DRINKING

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

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

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

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

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

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

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

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

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

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

Drink regularly/occasionally:

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

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

1. PRESS ENTER TO CONTINUE

SHOW CARD 34 (FREQUENCY DRINK)

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

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

How much NORMAL STRENGTH BEER, LAGER, STOUT, CIDER or SHANDY (excluding cans and bottles of shandy) have you usually drunk on any one day during the last 12 months?

INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

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

Enter at most 4 values

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

IF NBEERM=BOTTLES (4)

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

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

DESCRIPTION FROM FILE - COMPUTED

ALCOHOL LEVEL FROM FILE – COMPUTED
Now I'd like to ask you about STRONG BEER OR CIDER which has 6% or more alcohol eg Tennants Extra, Special Brew, Diamond White).

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

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

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

INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE

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

Enter at most 4 values

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

Enter a numeric value between 1 and 97

IF SBEERM=BOTTLES (4)

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

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

DESCRIPTION FROM FILE - COMPUTED

ALCOHOL LEVEL FROM FILE - COMPUTED
SPIRITS

SHOW CARD 34 (FREQUENCY DRINK)

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

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

SPIRITSQ

How much SPIRITS OR LIQUEURS, such as gin, whisky, brandy, rum, vodka, advocaat or cocktails have you usually drunk on any one day during the last 12 months? CODE THE NUMBER OF SINGLES - COUNT DOUBLES AS TWO SINGLES.

Enter a numeric value between 1 and 97

SHERRY

SHOW CARD 34 (FREQUENCY DRINK)

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

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

SHERRYQ

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

Enter a numeric value between 1 and 97

WINE

SHOW CARD 34 (FREQUENCY DRINK)

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

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

WINEQ

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

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

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

How much ALCOHOLIC LEMONADE, ALCOHOLIC COLAS OR OTHER ALCOHOLIC FRUIT- OR HERB-FLAVOURED DRINKS have you usually drunk on any one day during the last 12 months? CODE THE NUMBER OF BOTTLES
Enter a numeric value between 1 and 97

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

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

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

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

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

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

WHAT OTHER MEASURE?

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

Have you drunk any other types of alcoholic drink in the last 12 months?
1. Yes  -> [OTHDRNKB]
2. No  -> [DRINKOFT]
[OTHDRNK]  What other type of alcoholic drink have you drunk in the last 12 months?
CODE FIRST MENTIONED ONLY.

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

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

[OTHQOB]  WHAT OTHER MEASURE?

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

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

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

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

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

[OTHQOC]  WHAT OTHER MEASURE?

[OTHQOC]  ASK OR CODE How many .. MEASURES .. of .... have you usually drunk on any one day during the last 12 months?
Enter a numeric value between 0 and 97
SHOW CARD 34 (FREQUENCY DRINK)
Thinking now about all kinds of drinks, how often have you had an alcoholic drink of any kind during the last 12 months?

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

[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

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

1. More
2. Less
3. Recommended amount

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

Have you heard about units of alcohol before?

1. Yes
2. No

SHOW CARD 36 (UNITS OF ALCOHOL)

Weekly drinking limits

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

1. units
2. pints of beer
3. glasses of wine/sherry
4. spirits (single measure)
5. don’t know – *go to next question*
Enter the number of .. MEASURES ..

Enter a numeric value between 1 and 100

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

1. units
2. pints of beer
3. glasses of wine/sherry
4. spirits (single measure)
5. don't know – *go to next question*

Enter the number of .. MEASURES ..

Enter a numeric value between 1 and 100
Classificatory variables

EMPLOYMENT

INCOME & BENEFITS

RELIGION:

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

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

[OTHDENOM] Please describe other religion.

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

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

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

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

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

SEXUAL IDENTITY

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

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

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

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

Q2 How tall are you without shoes on?

Q3 How much do you weigh?

Q4 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