HEALTH SURVEY NORTHERN IRELAND 2018/19

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

ALL:

Q6. Relationship to head of household:

(1) Household Reference Person
(2) Spouse of HRP
(3) Child of HRP\wife
(4) Parent\grandparent of HRP\wife
(5) Brother\sister of HRP\wife
(6) Nephew\niece of HRP\wife
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 household’s 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

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?

hiquaf    Now thinking of any qualifications you may have, could you please select the highest level of any qualification that you have obtained, or it's nearest equivalent, from this list? CODE 35 FOR NONE
If 'trade apprenticeship' please code as 24: O level or GCSE grade A-C@o" :
   (A "Higher degree and postgraduate qualifications",
    B "First degree (including B.Ed, BSc, BA)",
    C "Postgraduate Diplomas and Certificates (including PGCE)",

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D "Professional qualifications at degree level e.g. graduate member of professional institute, chartered accountant or surveyor",
E "NVQ or SVQ level 4 or 5",
F "Diplomas in higher education & other higher education qualifications",
G "HNC, HND, Higher level BTEC",
H "Teaching qualifications for schools or further education (below Degree level standard)"
I "Nursing, or other medical qualifications not covered above (below Degree level standard)"
   J "RSA higher diploma",
   K "A level or equivalent",
   L "AS level",
   M "SCE Higher, Scottish Certificate Sixth Year Studies or equivalent",
   N "NVQ or SVQ level 3",
   O "GNVQ Advanced or GSVQ level 3",
   P "OND, ONC, BTEC National, SCOTVEC National Certificate",
   Q "City & Guilds advanced craft, Part III (& other names)",
   R "RSA advanced diploma",
   S "NVQ or SVQ level 2",
   T "GNVQ intermediate or GSVQ level 2",
   U "RSA Diploma",
   V "City & Guilds Craft or Part II (& other names)",
   W "BTEC, SCOTVEC first or general diploma",
   X "O level or GCSE grade A*-C, SCE Standard or Ordinary grades 1-3",
   Y "NVQ or SVQ level 1",
   Z "GNVQ Foundation level, GSVQ level 1",
   AA "GCSE or O level below grade C, SCE Standard or Ordinary below grade 3",
   AB "CSE below grade 1",
   AC "BTEC, SCOTVEC first or general certificate",
   AD "SCOTVEC modules",
   AE "RSA Stage I, II or III",
   AF "City and Guilds part I",
   AG "Junior certificate",
   AH "Other vocational or professional or foreign qualifications",
   AI "No qualifications"

berhi "Derived highest qualification based on hiqual" :
(A "Degree, or Degree equivalent and above",
 B "Other higher education below degree level",
 C "A levels, vocational level 3 and equivalents",
 D "GCSE/O level grade A*-C. vocational level 2 and equivalents",
 E "Qualifications at level 1 and below",
 F "Other qualifications",
 G "No qualification")
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

ASK ALL

Q8. Have you ever had any of the conditions listed on this card?
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 condition, please specify
(ALLOW 3 ADDITIONAL CONDITIONS)

IF YES TO ANSWER OPTION 1 (Alzheimer’s disease or dementia) AT Q8 ASK Q9 THROUGH TO Q9c

Q9. Was your condition diagnosed by a doctor or other healthcare professional?
   (1) Yes
   (2) No

Q9a. Which health professional was/is your main point of contact for this condition?
   (1) GP
   (2) Consultant
   (3) Community nurse
   (4) Hospital nurse
   (5) Community organisation
   (6) Social worker
   (7) Other, please specify
Q9b  Does this condition 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 Q9b (answer option 1 or 2) ASK Q9c

Q9c  For how long has your ability to carry out day-to-day activities been reduced?
   (1) Less than six months
   (2) Between six months and 12 months
   (3) 12 months or more

IF YES TO ANSWER OPTION 2 (Angina or long-term heart problem) AT Q8 ASK Q10 THROUGH TO Q10f

Q10  Was your condition diagnosed by a doctor or other healthcare professional?
   (1) Yes
   (2) No

Q10a  Which health professional was/is your main point of contact for this 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

Q10e  Does this condition 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 Q10e (answer option 1 or 2) ASK Q10f

Q10f  For how long has your ability to carry out day-to-day activities been reduced?
  (1) Less than six months
  (2) Between six months and 12 months
  (3) 12 months or more

IF YES TO ANSWER OPTION 3 (Arthritis or long-term joint problem) AT Q8 ASK Q11 THROUGH TO Q11d

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

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

Q11b  Do you have arthritis or a long-term joint problem nowadays?
  (1) Yes
  (2) No

IF YES TO Q11b ASK Q11c

Q11c  Does this condition 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 Q11c (answer option 1 or 2) ASK Q11d

Q11d  For how long has your ability to carry out day-to-day activities been reduced?
  (1) Less than six months
  (2) Between six months and 12 months
  (3) 12 months or more

IF YES TO ANSWER OPTION 4 (Asthma) AT Q8 ASK Q12 THROUGH TO Q12g

Q12  Was your condition diagnosed by a doctor or other healthcare professional?
  (1) Yes
  (2) No
Q12a  Which health professional was/is your main point of contact for this 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

Q12f  Does this condition 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 Q12f (answer option 1 or 2) ASK Q12g

Q12g  For how long has your ability to carry out day-to-day activities been reduced?
   (1) Less than six months
   (2) Between six months and 12 months
   (3) 12 months or more
IF YES TO ANSWER OPTION 5 (Autism/Aspergers) AT Q8 ASK Q13 THRUUGH TO Q13e

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

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

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

IF YES AT Q13b ASK Q13c

Q13c If yes, how satisfied are you with the level of help received?
   (1) Very satisfied
   (2) Satisfied
   (3) Neither satisfied nor dissatisfied
   (4) Dissatisfied
   (5) Very dissatisfied

Q13d The following questions relates to the impact your 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 some extent</th>
<th>Not at all</th>
<th>Don’t know</th>
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IF YES TO Q13d (answer option ‘To a great extent’ or ‘To some extent’ at any of the 6 options) ASK Q13e

Q13e For how long has your ability to carry out day-to-day activities been reduced?
   (1) Less than six months
   (2) Between six months and 12 months
   (3) 12 months or more
IF YES TO ANSWER OPTION 6 (Blindness or severe visual impairment) AT Q8 ASK Q14 THROUGH TO Q14d

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

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

Q14b  Do you have blindness or severe visual impairment nowadays?
(1) Yes
(2) No

IF YES TO Q14b ASK Q14c

Q14c  Does this condition 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 Q14c (answer option 1 or 2) ASK Q14d

Q14d  For how long has your ability to carry out day-to-day activities been reduced?
(1) Less than six months
(2) Between six months and 12 months
(3) 12 months or more

IF YES TO ANSWER OPTION 7 (Cancer) AT Q8 ASK Q15 THROUGH TO Q15h

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

Q15a  Which health professional was/is your main point of contact for this 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) Bone
   (2) Bladder
   (3) Brain
   (4) Breast
   (5) Cervix
   (6) Colorectal (bowel/colon/rectum)
   (7) Head & neck
   (8) Kidney
   (9) Leukaemia
   (10) Liver
   (11) Lung
   (12) Lymphoma (blood)
   (13) Myeloma (bone marrow)
   (14) Oesophagus
   (15) Ovary
   (16) Pancreas
   (17) Skin (melanoma)
   (18) Skin (non-melanoma)
   (19) Stomach
   (20) Thyroid
   (21) Uterus (womb)
   (22) Other – please specify
IF MALE

Q15e What type of cancer do/did you have?
Select all that apply
(1) Bladder
(2) Bone
(3) Brain
(4) Breast
(5) Colorectal (bowel/colon/rectum)
(6) Head & neck
(7) Kidney
(8) Leukaemia
(9) Liver
(10) Lung
(11) Lymphoma (blood)
(12) Myeloma (bone marrow)
(13) Oesophagus
(14) Pancreas
(15) Prostate
(16) Skin (melanoma)
(17) Skin (non-melanoma)
(18) Stomach
(19) Testicular
(20) Thyroid
(21) Other – please specify

Q15f Have you received treatment for this condition?
(1) Yes, treatment ongoing
(2) Yes, within the last 6 months
(3) Yes, between 6-12 months ago
(4) Yes, more than 12 months ago
(5) Yes, more than 5 years ago
(6) No

Q15g Does this condition 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 Q15g (answer option 1 or 2) ASK Q15h

Q15h For how long has your ability to carry out day-to-day activities been reduced?
(1) Less than six months
(2) Between six months and 12 months
(3) 12 months or more
IF YES TO ANSWER OPTION 8 (COPD) AT Q8 ASK Q16 THROUGH TO Q16g

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

Q16a Which health professional was/is your main point of contact for this 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

Q16f Does this condition 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 Q16f (answer option 1 or 2) ASK Q16g

Q16g For how long has your ability to carry out day-to-day activities been reduced?
     (1) Less than six months
     (2) Between six months and 12 months
     (3) 12 months or more
IF YES TO ANSWER OPTION 9 (Deafness or severe hearing impairment) AT Q8 ASK Q17 THROUGH 17d

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

Q17a  Which health professional was/is your main point of contact for this condition?
      (1) GP
      (2) Consultant
      (3) Community nurse
      (4) Hospital nurse
      (5) Community organisation
      (6) Social worker
      (7) Other, please specify

Q17b  Do you have deafness or severe hearing impairment nowadays?
      (1) Yes
      (2) No

IF YES TO Q17b ASK Q17c

Q17c  Does this condition 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 Q17c (answer option 1 or 2) ASK Q17d

Q17d  For how long has your ability to carry out day-to-day activities been reduced?
      (1) Less than six months
      (2) Between six months and 12 months
      (3) 12 months or more

IF YES TO ANSWER OPTION 10 (Diabetes, during pregnancy) AT Q8 ASK Q18 THROUGH TO Q18b

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

Q18a  Which health professional was/is your main point of contact for this condition?
      (1) GP
      (2) Consultant
      (3) Community nurse
      (4) Hospital nurse
      (5) Community organisation
      (6) Social worker
      (7) Other, please specify
Q18b  Does **this** condition 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 ANSWER OPTION 11 (Diabetes, not during pregnancy) AT Q8 ASK Q19 THROUGH TO Q19x

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

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

Q19b  Have you been told whether you have/had 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

Q19c  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

Q19d  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 RESPONDENT HAS HAD DIABETES NOT DURING PREGNANCY

Q19f  (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

Q19g  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

Q19h  Do you currently inject insulin for diabetes?
(1) Yes
(2) No

Q19i  Are you currently taking any medicines, tablets or pills (other than insulin injections) for diabetes?
(1) Yes
(2) No

Q19j  Are you currently receiving any (other) treatment or advice for diabetes (INCLUDE REGULAR CHECKUPS)?
(1) Yes
(2) No

IF YES AT Q19j ASK Q19k

Q19k  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 Q19k ASK Q19l

Q19l  Please specify:

Q19m  How often do you usually have your blood checked for glucose or sugar by yourself or by a family member or friend?
(1) Daily
(2) Weekly
(3) Monthly
(4) Yearly
(5) never
Q19n RECORD HERE THE NUMBER OF TIMES PER DAY, PER MONTH ETC RESPONSANT HAS BLOOD CHECKED FOR GLUCOSE OR SUGAR:

Q19o Does your Diabetes 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 Q19o (answer option 1 or 2) ASK Q19p

Q19p For how long has your ability to carry out day-to-day activities been reduced?
   (1) Less than six months
   (2) Between six months and 12 months
   (3) 12 months or more

Q19q 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 Q19q = YES THEN ASK Q19r

Q19r How many times?

Q19t 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 Q19t ASK Q19u

Q19u How many times?

Q19v In the past 12 months, has a health care professional tested your urine for protein (i.e. Microalbumin)?
   (1) Yes
   (2) No

Q19w Have you ever had the back of your eyes photographed (retinopathy screening)?
   (1) Yes
   (2) No

IF Q19w = YES THEN ASK Q19x

Q19x 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 THROUGH TO Q20d

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

Q20a  Which health professional was/is your main point of contact for this condition?
     (1) GP
     (2) Consultant
     (3) Community nurse
     (4) Hospital nurse
     (5) Community organisation
     (6) Social worker
     (7) Other, please specify

Q20b  Do you have epilepsy nowadays?
     (1) Yes
     (2) No

IF YES AT Q20b ASK Q20c

Q20c  Does this condition 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 Q20c (answer option 1 or 2) ASK Q20d

Q20d  For how long has your ability to carry out day-to-day activities been reduced?
     (1) Less than six months
     (2) Between six months and 12 months
     (3) 12 months or more

IF YES TO ANSWER OPTION 13 (high blood pressure) AT Q8 ASK Q21 THROUGH TO Q21f

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

IF YES

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

IF NO, then no need to ask any further blood pressure questions
Q21  Was your condition diagnosed by a doctor or other healthcare professional?
   (1) Yes
   (2) No

Q21b  Are you currently taking any medicines, tablets or pills for high blood pressure?
   (1) Yes
   (2) No

IF Q21b = NO ASK Q21c

Q21c  Do you still have high blood pressure?
   (1) Yes
   (2) No

IF Q21b = YES OR Q21c = YES, ASK Q21d & Q21e

Q21d  Which health professional was/is your main point of contact for this condition?
   (1) GP
   (2) Consultant
   (3) Community nurse
   (4) Hospital nurse
   (5) Community organisation
   (6) Social worker
   (7) Other, please specify

Q21e  Does this condition 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 Q21e (answer option 1 or 2) ASK Q21f

Q21f  For how long has your ability to carry out day-to-day activities been reduced?
   (1) Less than six months
   (2) Between six months and 12 months
   (3) 12 months or more

IF YES TO ANSWER OPTION 14 (kidney or liver disease) AT Q8 ASK Q22 THROUGH TO Q22d

Q22  Was your condition diagnosed by a doctor or other healthcare professional?
   (1) Yes
   (2) No

Q22a  Which health professional was/is your main point of contact for this condition?
   (1) GP
   (2) Consultant
   (3) Community nurse
   (4) Hospital nurse
   (5) Community organisation
   (6) Social worker
   (7) Other, please specify
Q22b  Do you have kidney or liver disease nowadays?
   (1) Yes
   (2) No

IF YES AT Q22b ASK Q22c

Q22c  Does this condition 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 Q22c (answer option 1 or 2) ASK Q22d

Q22d  For how long has your ability to carry out day-to-day activities been reduced?
   (1) Less than six months
   (2) Between six months and 12 months
   (3) 12 months or more

IF YES TO ANSWER OPTION 15 (long-term back problem) AT Q8 ASK Q23 THROUGH TO Q23d

Q23  Was your condition diagnosed by a doctor or other healthcare professional?
   (1) Yes
   (2) No

Q23a  Which health professional was/is your main point of contact for this condition?
   (1) GP
   (2) Consultant
   (3) Community nurse
   (4) Hospital nurse
   (5) Community organisation
   (6) Social worker
   (7) Other, please specify

Q23b  Do you have a back problem nowadays?
   (1) Yes
   (2) No

IF Q23b = YES ASK Q23c

Q23c  Does this condition 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 Q23c (answer option 1 or 2) ASK Q23d

Q23d  For how long has your ability to carry out day-to-day activities been reduced?
   (1) Less than six months
   (2) Between six months and 12 months
   (3) 12 months or more
IF YES TO ANSWER OPTION 16 (long-term mental health problem) AT Q8 ASK Q24 THROUGH TO Q24d

Q24 Was your condition diagnosed by a doctor or other healthcare professional?
   (1) Yes
   (2) No

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

Q24b Do you have a mental health problem nowadays?
   (1) Yes
   (2) No

IF YES AT Q24b ASK Q24c

Q24c Does this condition 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 Q24c (answer option 1 or 2) ASK Q24d

Q24d For how long has your ability to carry out day-to-day activities been reduced?
   (1) Less than six months
   (2) Between six months and 12 months
   (3) 12 months or more

IF YES TO ANSWER OPTION 17 (long-term neurological problem) AT Q8 ASK Q25 THROUGH TO Q25d

Q25 Was your condition been diagnosed by a doctor or other healthcare professional?
   (1) Yes
   (2) No

Q25a Which health professional was/is your main point of contact for this condition?
   (1) GP
   (2) Consultant
   (3) Community nurse
   (4) Hospital nurse
   (5) Community organisation
   (6) Social worker
   (7) Other, please specify
Q25b  Do you have a neurological problem nowadays?
   (1) Yes
   (2) No

IF YES AT Q25b ASK Q25c

Q25c  Does this condition 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 Q25c (answer option 1 or 2) ASK Q25d

Q25d  For how long has your ability to carry out day-to-day activities been reduced?
   (1) Less than six months
   (2) Between six months and 12 months
   (3) 12 months or more

IF YES TO ANSWER OPTION 18 (skin complaints) AT Q8 ASK Q26 THROUGH TO Q26d

Q26  Was your condition diagnosed by a doctor or other healthcare professional?
   (1) Yes
   (2) No

Q26a  Which health professional was/is your main point of contact for this condition?
   (1) GP
   (2) Consultant
   (3) Community nurse
   (4) Hospital nurse
   (5) Community organisation
   (6) Social worker
   (7) Other, please specify

Q26b  Do you have a skin complaint nowadays?
   (1) Yes
   (2) No

IF YES AT Q26b ASK Q26c

Q26c  Does this condition 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 Q26c (answer option 1 or 2) ASK Q26d

Q26d  For how long has your ability to carry out day-to-day activities been reduced?
   (1) Less than six months
   (2) Between six months and 12 months
   (3) 12 months or more
IF YES TO ANSWER OPTION 19 (Stroke/cerebral haemorrhage/cerebral thrombosis) AT Q8 ASK Q27 THROUGH TO Q27d

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

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

Q27b  Does **this** condition 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 Q27b (answer option 1 or 2) ASK Q27c

Q27c  For how long has your ability to carry out day-to-day activities been reduced?
     (1) Less than six months
     (2) Between six months and 12 months
     (3) 12 months or more

Q27d  Have you had a stroke/cerebral haemorrhage/cerebral thrombosis during the past 12 months?
     (1) Yes
     (2) No

ALLOW FOR 3 ADDITIONAL CONDITIONS, REPEAT FOR EACH CONDITION...

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

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

Do you have this condition nowadays?
     (1) Yes
     (2) No
IF YES ABOVE, ASK...

Does **this** condition reduce your ability to carry out day-to-day activities?
   (1) Yes, a lot
   (2) Yes, a little
   (3) Not at all

IF YES ABOVE ASK...

For how long has your ability to carry out day-to-day activities been reduced?
   (1) Less than six months
   (2) Between six months and 12 months
   (3) 12 months or more
RESTRICTION OF ACTIVITIES

ALL
Do any of the things on this card apply to you?:

A "Cannot walk 200 yards or more on own without stopping or discomfort (with walking aid if normally used)",
B "Cannot walk up and down a flight of 12 stairs without resting",
C "Cannot follow a TV programme at a volume others find acceptable (with hearing aid if normally worn)",
D "Cannot see well enough to recognise a friend across a road (four yards away) (with glasses or contact lenses if normally worn)",
E "Cannot speak without difficulty",
F "None of these"

ALL
And do any of the things on this card apply to you":

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

ALL

Q1. During the last year, have you had any contact or treatment with the Health and Social Care system in Northern Ireland?
   1) Yes Go to Q1a
   2) No End of module

Q1a Thinking about the wider Health and Social Care system, how satisfied or dissatisfied 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
OPINION ON ISSUES FACING THE HEALTH AND SOCIAL CARE SERVICE

Thinking generally across the health and social care service, remembering that 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...

ALL

What do you think is the most important issue facing the health and social care service nowadays?

DO NOT PROMPT

- Mental health/illness
- Alcohol abuse/drinking related illnesses
- Drug misuse/drug related illnesses
- Obesity/overeating
- Smoking/smoking related illnesses
- Lifestyle choices generally
- Cancer
- Alzheimer’s disease or dementia
- Diabetes
- Lack of funding/too many cuts
- Money being wasted
- Not enough staff
- Unable/wait too long to get GP appointment
- Waiting times in A&E
- Waiting times for routine appointments/operations
- Lack of leadership/nobody making decisions
- People living longer/More older people (demographics shifting)
- Lack of social care
- More illnesses
- Hospital closures
- Not enough beds in hospitals
- Government decisions/reforms
- Increased demand on services
- People misusing the health service (e.g. unnecessary visits to A&E)
- Current service not fit for purpose/reforms needed
- Quality of care
- Patient safety
- Privatisation
- Services/treatment not available on NHS
- Dental costs
- Other, please specify
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 __________

   IF NO AT Q1 ASK NEW QUESTION

NEW When did you last talk to a GP (i.e. family doctor) on your own behalf, either in person or by telephone?
   (1) In the past 3 months
   (2) Between 3 and 6 months ago
   (3) Between 6 and 12 months ago
   (4) More than 12 months ago
   (5) Never

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.

**ALL**

**NEW** In the past 12 months have you visited a community pharmacy?

1) Yes
2) No

*Community pharmacy* includes pharmacy services in the community, sometimes known as high-street pharmacies.

**NEXT 2 QUESTIONS INCLUDED FROM OCT 2018 – MAR 2019**

ASK ALL

Would you go to a community pharmacy for advice and information regarding medicines?

1) Yes
2) No
3) Don’t know
4) Not applicable

IF Q ABOVE IS 2 OR 3, ASK Q BELOW

Why not? (unprompted/multi-select):

1) always go to my GP practice
2) didn’t think to go to community pharmacy
3) don’t live near one
4) do not have a pharmacist that I know personally/would trust
5) did not know they gave advice/not aware they could do this/thought only handed out medicines
6) do not trust their advice/not as trained as GPs
7) not open at convenient times
8) no privacy/don’t like talking in front of others
9) Other
Medicines Module (module included from Oct 2018 – Mar 2019)

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

Background notes for interviewers:
- Medicines include all tablets, capsules, liquids for oral use, creams, lotions for use on the skin, inhalers, injections, eye drops, contraceptive pill, etc.
- In Northern Ireland, medicines may be prescribed by doctors and by some nurses, pharmacists and other health professionals who have special training. Because of this, these questions refer to ‘your healthcare professional’; this just means the person who prescribed or reviewed your medicines.

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

ASK ALL

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

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

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

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

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

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

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

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

IF YES FULLY OR YES PARTLY AT Q9

Q10. Why did you decide this?
CARING RESPONSIBILITIES

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"

Q3. Why does this person/these people you care for need your help?

(Tick as many boxes as you need)

<table>
<thead>
<tr>
<th>They have problems related to old age</th>
<th>1</th>
</tr>
</thead>
<tbody>
<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

Q4. 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 Q4 = yes (been offered assessment)

Q5. 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
The following questions are about antibiotics, which are a group of medicines used to treat certain illnesses.

**ASK ALL**

Q1  In the past 12 months, have you taken an antibiotic?
   (1) Yes
   (2) No
   (3) Don’t know

**ASK ALL**

Q2  Please indicate whether you think the following statements are true, false or don’t know:
   *Answer options: True / False / Don’t know*

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

<table>
<thead>
<tr>
<th>Statement</th>
<th>True</th>
<th>False</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antibiotics are used to treat bacterial infections</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antibiotics work on colds and flus</td>
<td></td>
<td></td>
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<tr>
<td>It is okay to stop taking an antibiotic when you feel better</td>
<td></td>
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<tr>
<td>If you take an antibiotic when you don’t need it then you can become resistant to the antibiotic</td>
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<tr>
<td>If you take antibiotics when you don’t need them drug-resistant bacteria can develop and spread to other people</td>
<td></td>
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<tr>
<td>You increase your chances of developing drug-resistant bacteria if you do not finish the course of antibiotics</td>
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<tr>
<td>Diseases such as pneumonia and meningitis are becoming more difficult to treat because of drug-resistant bacteria</td>
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</tbody>
</table>
ATTITUDES TO E HEALTH SERVICES

Ask ALL

Q1  If available, which of the following services would you use?  

CODE ALL THAT APPLY

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

IF ANSWER OPTION 9 AT Q1 ASK Q2

Q2  You have just indicated that you would not use any of the services listed, why is this?  

CODE ALL THAT APPLY  

DO NOT PROMPT

(1) No access or limited access to online services  
(2) Have a disability which impedes my use of technological devices, e.g. poor eyesight  
(3) Prefer direct contact with my health care provider  
(4) I don’t feel my information would be secure  
(5) Do not have the required technical ability/knowhow to use such methods  
(6) Other, please specify
HEALTH LITERACY (module ran from April – September 2018)

INTERVIEWER NOTE: The questions below should be answered from the respondent’s own perspective.

ASK ALL

On a scale from very easy to very difficult, how easy or difficult would you say it is for you to: …

<table>
<thead>
<tr>
<th>Question</th>
<th>Very easy</th>
<th>Fairly easy</th>
<th>Fairly difficult</th>
<th>Very difficult</th>
<th>Don’t know</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>HL1 find information on treatments of illnesses that concern you?</td>
<td></td>
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<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>HL2 find out where to get professional help when you are ill?</td>
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<td></td>
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<tr>
<td>HL3 understand what your doctor says to you?</td>
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<tr>
<td>HL4 understand your doctor’s or pharmacist’s instruction on how to take a prescribed medicine?</td>
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<tr>
<td>HL5 use information the doctor gives you to make decisions about your illness?</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>HL6 follow instructions from your doctor or pharmacist?</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>HL7 find information on how to manage mental health problems like stress or depression?</td>
<td></td>
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<td></td>
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<tr>
<td>HL8 understand health warnings about behaviour such as smoking, low physical activity and drinking too much?</td>
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<tr>
<td>HL9 judge when you need to go to a doctor for a check-up?</td>
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<tr>
<td>HL10 find out about activities that are good for your mental well-being?</td>
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<tr>
<td>HL11 understand information on food packaging?</td>
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<tr>
<td>HL12 make decisions to improve your health?</td>
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</tbody>
</table>

SOCIAL CARE AND SOCIAL WORK WORKFORCE

INTRODUCTION to be read out: The title of social worker has been protected by law in Northern Ireland since 2005, and this means that only professionally qualified and registered staff can work as social workers.

In addition to this there is another group of staff who work in domiciliary care, day care and residential care and supported living setting. These staff are called social care workers, and whist they don’t require a profession qualification, they must be trained in social care practice that is required for their job role. Since 2017, they also have to be registered as social care workers.

ASK ALL
Q1 Were you aware, through media or perhaps personal experience, that all social care workers now have to be registered to work as a social care worker?
(1) Yes
(2) No

ASK ALL
Q2 In the last 12 months, have you had contact with a qualified social worker?
(1) No form of contact
(2) Yes, direct contact – personal first-hand experience, either for you or someone else
(3) Yes, indirect contact – close friend or family member telling you about their experience
(4) Yes, indirect contact – the experience of someone who is not a close friend or family member

ASK ALL
Q3 In the last 12 months have you had contact with a social care worker (domiciliary care workers, day care workers, residential care workers, supported living workers)?
(1) No form of contact
(2) Yes, direct contact – personal first-hand experience, either for you or someone else
(3) Yes, indirect contact – close friend or family member telling you about their experience
(4) Yes, indirect contact – the experience of someone who is not a close friend or family member

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

ASK ALL
Q4 Thinking about all social care services, which include social work, Domiciliary Care and Residential and Nursing Home Care, overall, what is your view on the quality of these services?

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

Note: By overall quality we mean how good you think generally these services are at understanding people’s needs and then meeting them, by providing a safe, reliable and efficient service.
ASK ALL
Q5 What is your view on the competence of qualified social workers?

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

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

ASK ALL
Q6 What is your view about the competence of social care workers?

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

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

ASK ALL
To be read out: Social care workers (domiciliary care workers, day care workers, residential care workers, supported living workers) and also qualified social workers work to an agreed set of care values and to agreed standards of practice (the quality of their work) and also conduct (the quality of their behaviour).

Please indicate the extent to which you either agree or disagree with each of the following statements about qualified social workers...

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q7 Qualified social workers treat people respectfully?</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Q8 Qualified social workers are trustworthy</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Q9 Qualified social workers are reliable and dependable</td>
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</tbody>
</table>

Please indicate the extent to which you either agree or disagree with each of the following statements about social care workers...

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q10 Social care workers treat people respectfully</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q11 Social care workers are trustworthy</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Q12 Social care workers are reliable and dependable</td>
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</tr>
</tbody>
</table>
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.

Ask ALL

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.

ASK ALL
Q1  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

ASK ALL
Q2  Which of the following best describes the life you lead?
    - very healthy
    - fairly healthy
    - fairly unhealthy
    - very unhealthy

ASK ALL
Q3  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>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If I needed to, I could set some definite goals to improve my health</td>
<td></td>
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</tr>
<tr>
<td>I am confident that I could meet the goals I set for myself to improve my health</td>
<td></td>
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</tr>
<tr>
<td>If I wanted to, I could actively work to improve my health</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>I feel that I am in control of how and what I learn about my health</td>
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</tr>
</tbody>
</table>

ASK ALL
Q4  Do you feel there is anything you can do to make your own life healthier?
    - Yes  Go to Q7
    - no

IF Q4 = NO THEN ASK Q5
Q5  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 Q5 = ‘too difficult’...THEN ASK Q6

Q6 Please tell me why you feel it’s too difficult for you to do anything to make your life healthier?

IF Q4 = YES THEN ASK Q7

Q7 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

ASK ALL

Q8 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 Q8 = RESPONSE OTHER THAN ‘NONE OF THESE’ ASK Q9

Q9 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
- none of these
ASK ALL
Q10  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 Q10 = RESPONSE OTHER THAN ‘NONE OF THESE’ THEN ASK Q11

Q11  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
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.

Ask ALL

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

Ask ALL

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

Ask ALL

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

NEW QUESTION:
Which of the following best describes your usual walking pace ...READ OUT...

1 ...a slow pace,
2 ...an average pace,
3 ...a fairly brisk pace,
4 ...or, a fast pace - at least 4 miles per hour?
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 weekday?

Write in hours and minutes

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

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

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, e.g. kiwis, mandarins or plums or 2 tablespoons of fruit salad or one glass of pure orange juice - @
Note:- 2 glasses of pure orange juice does not count as 2 portions).

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

ALL

8. Does ^NCHILD have any physical or mental health conditions or illnesses lasting or expected to 
   last 12 months or more? 
   Yes/no
IF YES AT Q8 ASK Q9
9. Does this condition or illness/do any of these conditions or illnesses reduce his/her ability to carry out day-to-day activities?
   - Yes, a lot
   - Yes, a little
   - Not at all

IF YES AT Q9 ASK Q10
10. For how long has his/her ability to carry out day-to-day activities been reduced?
    - Less than six months
    - Between six months and 12 months
    - 12 months or more

IF YES AT Q8 ASK Q11
11. Would you mind telling me what this condition or illness is: showcard
    (1) ADHD/ADD
    (2) Autism/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 for 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)"

1  Yes
2  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

ALL
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?"

1  Yes
2  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 e.g., a pear or banana or two small fruits, e.g. kiwis, mandarins or plums or 2 tablespoons 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
SELF COMPLETION MODULES:

WEMWBS
GHQ12
Mental health services
Stress
Loneliness
Sexual Health
WARWICK EDINBURGH MENTAL WELLBEING SCALE
(SELF COMPLETION)

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

All to answer:-

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

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

Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)
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**GHQ12**

(SELF COMPLETION)

*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",
     Mlhappy "Much less happy";

Q13. "Are you taking any medicine or tablets for stress/ anxiety or depression?"
    YES/NO

Q14. "Do you think you have a nervous illness?"
    YES/NO

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
STRESS
(SELF COMPLETION)

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

DO NOT PROMPT?

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

STRESS AT WORK

Q1 Are you currently in paid employment?
(1) Yes PROCEED WITH QUESTIONS
(2) No END OF SECTION

Q2 Some people tell us their jobs are stressful. In general, how do you find your job?
(1) Not at all stressful
(2) Mildly stressful
(3) Moderately stressful
(4) Very stressful
(5) Extremely stressful

Q3 How satisfied are you with the balance between the time you spend on your paid work and the time you spend on other aspects on your life?
0 Extremely dissatisfied
1
2
3
4
5
6
7
8
9
10 Extremely satisfied
LONELINESS
(SELF COMPLETION)

ASK ALL
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).
SMOKING

INTERVIEWER NOTE: THE NEXT FEW QUESTIONS RELATE TO TOBACCO; DO NOT INCLUDE ELECTRONIC CIGARETTES OR VAPING DEVICES

Ask ALL

Q1 First of all have you ever smoked a tobacco cigarette, a cigar or a pipe?
   (1) Yes -> [Q2]
   (2) No -> [Q17]

Q2 Do you smoke cigarettes at all nowadays?
   (1) Yes -> [Q4]
   (2) No -> [Q3]

Q3 Have you ever smoked cigarettes regularly?
   (1) Yes -> [Q12]
   (2) No -> [Q17]

Q4 Do you mainly smoke?
   (1) Packaged cigarettes
   (2) Hand rolling tobacco (HRT)

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 As a result of the introduction of standardised (or plain) packaging for tobacco products in May 2016, which of these statements would you say is most accurate?
   (1) I have reduced my cigarette use
   (2) I have increased my cigarette use
   (3) I have attempted at least once to quit smoking
   (4) It has had no impact on my cigarette use whatsoever

Q9 Compared to before the introduction of standardised/plain packaging, how do you rate your current brand of cigarettes in terms of:

<table>
<thead>
<tr>
<th></th>
<th>Higher</th>
<th>Lower</th>
<th>About the Same</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Quality</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Satisfaction</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Value for money</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Appeal of pack</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Q10  In the past month, to what extent have the health warnings on packs made you more motivated to quit smoking?
   1) Not at all
   2) A little more
   3) Somewhat more
   4) Much more
   5) Don’t know

Q11  In the past month, have you ever covered up or concealed your tobacco pack or put cigarettes in another container due to the standardised (plain) packaging?
   1) Never
   2) Once or twice
   3) Several times
   4) Don’t know

Q12 TO BE ASKED OF THOSE WHO ANSWERED YES AT Q2 OR YES AT Q3
Q12  How old were you when you started to smoke cigarettes regularly?

IF YES AT QUESTION 3, THEN ASK QUESTION 13 & QUESTION 14
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

ADAPTED QUESTION WITH NEW OPTIONS – PREVIOUSLY ASKED OF SMOKERS IN RELATION TO WHAT MAY HAVE LEAD THEM TO CONSIDER QUITTING
Q14  To what extent did each of the following things on this card lead you to stop smoking - not at all, somewhat or very much?

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Somewhat</th>
<th>Very much</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Concern for your personal health</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>b. Concern for the effect of your cigarette smoke on non-smokers</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>c. That society disapproves of smoking</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>d. The price of cigarettes</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>e. Smoking restrictions at work</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>f. Smoking restrictions in public places like restaurants or bars (cafes or pubs)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>g. Advice from doctor, dentist, or other health professional to quit</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>h. Free or lower-cost stop-smoking medication</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>i. Standardised/plain packaging</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>j. Health warnings on tobacco packs</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>k. Setting an example for children</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>l. Widespread availability of e-cigarettes</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>m. Smoking restrictions in hospitals/hospital grounds</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>n. Removal of tobacco products from display in shops and supermarkets</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
</tr>
</tbody>
</table>
Now I would like to ask you one or two questions about any thoughts you might have had about quitting smoking.

Q15 TO BE ASKED OF THOSE WHO ANSWERED YES AT Q2

Q15 Have you ever tried to quit smoking?
1. Yes -> Q16
2. No -> Q16

Q16 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

Q17 TO BE ASKED OF ALL

INTERVIEWER NOTE IF NECESSARY: An electronic cigarette is a device that can look like a normal cigarette (though some can look different) and that uses a battery to create a vapour that can look like smoke. Unlike normal cigarettes, they do not burn, nor contain tobacco. They should not be confused with nicotine inhalers/inhalators, which are licensed nicotine replacement therapy (NRT) products. A vaping device is any product that you can use to inhale vapour rather like you would a cigarette. It includes ones that have a battery as well as ones that do not such as voke.

Q17 Have you ever used an electronic cigarette or a vaping device?
1. Yes -> [Q18]
2. No -> [Q25]

Q18 Do you use electronic cigarettes or a vaping device at all nowadays?
1. Yes -> [Q20]
2. No -> [Q19]

Q19 Have you ever used electronic cigarettes or vaping devices regularly?
1. Yes -> [Q20]
2. No -> [Q25]

ASK Q20 IF (Q18 = YES OR Q19 = YES) AND (Q2 = YES OR Q3 = YES)
i.e. smokers and ex-smokers who either currently use e-cigarettes or have used e-cigarettes regularly

Q20 Did you start using electronic cigarettes/vaping device...

Running prompt
1) Before you started smoking cigarettes,
2) After you started smoking cigarettes,
3) Or at the same time that you started smoking cigarettes?
ASK Q21 IF (Q18 = YES OR Q19 = YES)

Q21 Please indicate which, if any, of the following statements reflect your reasons for using electronic cigarettes/vaping device:

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 second-hand smoke.
7. I was attracted by the advertisements for electronic cigarettes.
8. I like the different flavours.
9. I have never used tobacco but enjoy vaping
10. I occasionally use tobacco but prefer vaping.
11. None of these.

IF YES AT Q18, ASK Q22

Q22 NEW E-cigarette/vaping liquids and cartridges come in a variety of strengths. What strength do you typically use?
(1) 0mg nicotine
(2) 3-6mg nicotine
(3) 9-12mg nicotine
(4) 18-20mg nicotine
(5) 21-24mg nicotine
(6) Other
(7) Don’t know

Q23 NEW Has this strength...?
(1) Increased since you started using e-cigarettes
(2) Decreased since you started using e-cigarettes
(3) Remained the same as when you started using e-cigarettes
(4) Varied over time

Q24 TO BE ASKED OF THOSE WHO ANSWERED YES AT Q18

Q24 Do you intend to stop using electronic cigarettes/vaping device...
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?

Q25 TO BE ASKED OF ALL

Q25 Do you think electronic cigarettes/vaping devices are...?
(1) More harmful than tobacco cigarettes
(2) Less harmful than tobacco cigarettes
(3) Equally as harmful as tobacco cigarettes
ASK ALL
If GRIDX.GRIDX.Numpers >1} \{Number of persons in household from household grid\}

Q26 Does anyone in your household smoke?
   1. Yes – lives with smokers
   2. No

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

ENDIF

Q27 = GRIDX.GRIDX.NUMCHILD Number of Children in household 0..16
{Question not asked number of children in household from household grid}

ASK ALL
Q28 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
Q29 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
Q30 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 Q30 = 1-6, ASK Q31

Q31 Does this bother you at all?
   (1) Yes
   (2) No
   (3) Don’t know
   (4) Not applicable
ASK ALL
Q32 Are you regularly exposed to other people’s vapour from e-cigarettes or vaping devices 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

Ask ALL

[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. Drink heavily?
SHOW CARD 34 (FREQUENCY DRINK)
Thinking now about all kinds of drinks, how often have you had an alcoholic drink of any kind during the last 12 months?

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

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

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

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
SEXUAL HEALTH
Ask of all respondents aged 16-74

This next section relates to sexual health. We would like to reassure you that all of the information collected during this survey is confidential and you will not be identified from the answers you provide.

The first few questions relate to STIs (sexually transmitted infections)...

Q1 Which of the following do you think act as protection against sexually transmitted infections (STIs)?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
<th>Never heard of it</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male condom (Sheath/Durex/Mates/Passante)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Female condom (Femidom)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Dam (or Dental Dam)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>The pill</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Coil / IUD / Mirena</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Cap/ diaphragm</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Spermicides (Gels / sprays / pessaries)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Safe period/ Rhythm method/ Billings method/ Persona</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Injections/ implanted capsules/patches/vaginal ring</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Sterilisation (vasectomy/ hysterectomy/ tubal ligation)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Emergency contraception (morning after pill)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Q2 Have you ever sought treatment for STIs (including HIV)?

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

Q3 If you were to seek treatment for STIs (including HIV) where would you prefer to go?

(TICK ONE ONLY)

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>GP</td>
</tr>
<tr>
<td>Family planning or Well Woman clinic</td>
</tr>
<tr>
<td>Hospital outpatient department</td>
</tr>
<tr>
<td>Genito-urinary Medicine Clinic (GUM), Health service sexual health clinic</td>
</tr>
<tr>
<td>Chemist/ Pharmacy</td>
</tr>
<tr>
<td>Student health clinic</td>
</tr>
<tr>
<td>Private clinic</td>
</tr>
<tr>
<td>Internet / online</td>
</tr>
<tr>
<td>Against teachings of church or religious beliefs</td>
</tr>
<tr>
<td>Other, please tell us (ADD 2 ADDITIONAL VARIABLES)</td>
</tr>
<tr>
<td>Don’t know</td>
</tr>
<tr>
<td>Refuse to answer</td>
</tr>
</tbody>
</table>
Q4 Would any of the following be a barrier or put you off getting treatment for STIs (including HIV)?

**TICK ALL THAT APPLY**

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

Q5 The following statements are about condoms and other protection against STIs, please indicate if you either agree or disagree with each...

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither disagree nor agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Don’t know</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>It would be too embarrassing for me to buy or obtain them.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>It is necessary to use them with a new partner even if I/ they are using some other method of contraception</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>If a partner had taken an STI test and had been given the all clear I would not really feel the need to use them.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>If I wanted to have sex with a new partner, I wouldn’t do it if we didn’t have any.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>It is necessary to use them when engaging in oral sex.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Drinking alcohol has contributed to me having sex without using them. <em>(not applicable for those who have not had sex)</em></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Using drugs has contributed to me having sex without using them. <em>(not applicable for those who have not had sex)</em></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>
Q6 Have you ever purchased a STI (including HIV) home testing kit from any of the following sources?

(TICK ALL THAT APPLY)

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

**Definitional Note**

STI testing is available for free at health service sexual health clinics, genitourinary medicine (GUM) clinics and GP surgeries. STI home test kits are available for sale which allow you to do the STI test at home without having to make an appointment with the clinic or a doctor. There are different types of tests for use at home:

(i) a self-test allows you to take a sample (of urine, blood or saliva, sometimes with a swab), undertake the STI test, and read the test result without a health professional or lab being involved;

(ii) a home sampling test, sometimes called a home screening test or postal test, allows you to take a sample which you then post to a lab for testing, and you receive the test result by phone, text or online from the lab.

*If yes to 1, 2 or 3 at Q6 then ask Q7*

Q7 Which of the following were reasons for you deciding to purchase a home testing kit?

(TICK ALL THAT APPLY)

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

Q8 Have you ever tested positive for a STI (including HIV) using a home testing kit?

(TICK ONE ONLY)

<table>
<thead>
<tr>
<th>Test result</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>

*If ‘Yes’ at Q8 then ask Q9*

Q9 As a result of using the home testing kit, did you access treatment for any STI (including HIV)?

(TICK ONE ONLY)

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Refuse to answer</td>
<td>3</td>
</tr>
</tbody>
</table>
If ‘Yes’ at Q9 then ask Q10

Q10  From which of the following did you access treatment?
(TICK ALL THAT APPLY)

- Genito-urinary Medicine Clinic (GUM) / Health service sexual health clinic
- GP
- Student health clinic
- Family planning or well woman clinic
- Private clinic
- From the company selling the STI home testing kit
- Internet / online
- Other, please tell us (ADD 2 ADDITIONAL VARIABLES)
- Refuse to answer

Q11  Have you ever heard of HIV, apart from in this survey?
(TICK ONE ONLY)

- Yes ➔ Go to Q12
- No ➔ Go to Q13
- Refused to answer ➔ Go to Q13

Q12  Please indicate whether you think the following statements about HIV are true or false.
(TICK FOR EACH STATEMENT)

<table>
<thead>
<tr>
<th>Statement</th>
<th>True</th>
<th>False</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Withdrawing before a man climaxes or ejaculates prevents passing on HIV during sex.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>People who have another sexually transmitted infection such as Chlamydia, herpes or gonorrhoea have a higher risk of contracting HIV.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

The next questions relate to your own sexual experience and we appreciate that they may be sensitive. Please be assured that all of the information collected during this survey is confidential and you will not be identified from the answers you provide.

Q13  Which of the following best describes you?
(Select one option)

<table>
<thead>
<tr>
<th>Option</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) I have had sex only with women</td>
<td>GO TO Q14</td>
</tr>
<tr>
<td>2) I have had sex only with men</td>
<td>GO TO Q14</td>
</tr>
<tr>
<td>3) I have usually had sex only with women but have had sex at least once with a man</td>
<td>GO TO Q14</td>
</tr>
<tr>
<td>4) I have usually had sex only with men but have had sex at least once with a woman</td>
<td>GO TO Q14</td>
</tr>
<tr>
<td>5) I have had sex with both men and women</td>
<td>GO TO Q14</td>
</tr>
<tr>
<td>6) I have not yet had sex</td>
<td>GO TO Q20</td>
</tr>
<tr>
<td>7) Refuse to answer</td>
<td>GO TO Q14</td>
</tr>
<tr>
<td>8) Don’t know</td>
<td>GO TO Q14</td>
</tr>
</tbody>
</table>
**RECENT SEXUAL EXPERIENCE**

*ASK IF Q13 IS NOT OPTION 6*

**Q14** How many partners have you had a sexual experience with *in the last year*, be that vaginal, oral or anal sex?

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

*ASK IF NUMBER RECORDED AT Q14*

**Q15** Thinking about the number of sexual partners you have had *in the last year*, with how many of these would you have had sex (vaginal, oral or anal) without using a condom or other protection against sexually transmitted infections (STIs), i.e. Femidom or dam?

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

**Definitional note:**

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

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

*ASK IF Q13 IS NOT OPTION 6*

**Q16** Thinking about your *most recent* sexual experience (be that vaginal, oral or anal sex), did you use a condom or other protection against sexually transmitted infections (STIs), i.e. Femidom or dam? *(TICK ONE ONLY)*

<table>
<thead>
<tr>
<th>Yes</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Don’t know</td>
<td></td>
</tr>
<tr>
<td>Refuse to answer</td>
<td></td>
</tr>
</tbody>
</table>
IF NO AT Q16 ASK Q17

Q17 If STI protection was NOT USED why was this?
(TICK ALL THAT APPLY)

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

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 ORIENTATION

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

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

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

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

Q2 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 chair-bound
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