



Unit Area		Serial No.			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date		Day	Month
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Time started		<input type="text"/>	<input type="text"/>
--------------	--	----------------------	----------------------

Interviewer Number		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
--------------------	--	----------------------	----------------------	----------------------	----------------------

SURVEY OF ACTIVITY AND HEALTH

HOME ACTIVITIES

First, I'd like to ask you about some of the things you do at home

1.a) Have you done any housework in the past 12 months, that's from yesterday back to . . . (TODAY'S DATE A YEAR AGO)?

Yes	1 (b)	19
No	2 Q.2	

IF HOUSEWORK IN PAST 12 MONTHS

b) And have you done any housework in the past 4 weeks, that's from . . . up to yesterday?

Yes	1 (c)	20
No	2 Q.2	

IF HOUSEWORK IN PAST 4 WEEKS SHOW CARD 1

c) Some kinds of housework are heavier than others. This card gives examples of heavy housework, it does not include everything, these are just examples . Was any of the housework you did in the past 4 weeks this kind of heavy housework?

Yes	1 (d-f)	21
No	2 Q.2	

IF HEAVY HOUSEWORK IN PAST 4 WEEKS

d) During the past 4 weeks on how many days have you done that kind of heavy housework?

No. of days	<input type="text"/>	<input type="text"/>	22-23
-------------	----------------------	----------------------	-------

e) And during the last week, that's back to last . . . day, on how many days, if any, have you done that kind of heavy housework?

No. of days	<input type="text"/>	24
-------------	----------------------	----

f) On the day you most recently did some heavy housework, how long in total did you spend doing it? Please don't include any time you spent on lighter housework or any breaks you took. We want to know the actual time you spent on heavy housework.

Hours	<input type="text"/>	25
-------	----------------------	----

Minutes	<input type="text"/>	<input type="text"/>	26-27
---------	----------------------	----------------------	-------

	<input type="text"/>	28
--	----------------------	----

			Col. nos.
2a) Have you done any gardening in the past 12 months, that's from yesterday back to (TODAY' S DATE A YEAR AGO)	Yes No	1 (b) 2 Q3	29
IF GARDENING IN PAST 12 MONTHS SHOW CARD 2			
b) Could you have a good look at this card which divides gardening jobs into heavy manual work and lighter work. The card may not include everything, these are examples to help you to separate heavy work and lighter work. Was the gardening you did in the past 12 months of the <u>heavy manual</u> kind, the <u>lighter work</u> kind or both?	Heavy manual only Lighter work only Both	1 (c) 2 (g) 3 (c&g)	30
IF HEAVY MANUAL IN PAST 12 MONTHS			
c) Just thinking about the 4 weeks from up to yesterday, have you done any of this kind of heavy manual gardening in the past 4 weeks?	Yes No	1 (d-f) 2 (SEE g)	31
IF YES AT c)			
d) During the past 4 weeks, on how many days did you do that kind of heavy manual gardening?	No. of days	<input type="text"/> <input type="text"/>	32-33
e) And during the past week, that's back to last day, on how many days, if any, have you done that kind of heavy gardening?	No. of days	<input type="text"/>	34
f) On the day you most recently did some heavy gardening how long in total did you spend doing it? Please don' t include time spent on lighter kinds of gardening or any breaks you took. We want to know the actual time you spent on heavy gardening.	Hours Minutes	<input type="text"/> <input type="text"/> <input type="text"/>	35 36-37
IF LIGHTER WORK IN PAST 12 MONTHS			
	OTHERS DNA	X Q3	
g) (Just thinking about the 4 weeks from up to yesterday), have you done any of this kind of lighter gardening in the past 4 weeks?	Yes No	1 (h-j) 2 Q3	38
IF YES AT g)			
h) During the past 4 weeks, on how many days did you do that kind of lighter gardening?	No. of days	<input type="text"/> <input type="text"/>	39-40
i) And during the past week (that's back to last day) on how many days, if any, have you done that kind of lighter gardening?	No. of days	<input type="text"/>	41
j) On the day you most recently did some lighter gardening, how long in total did you spend doing it?	Hours Minutes	<input type="text"/> <input type="text"/> <input type="text"/>	42 43-44

			Col Nos
3a) Have you done any DIY, building work activities, car repairs or car cleaning in the past 12 months that's from yesterday back to (TODAY'S DATE A YEAR AGO)	Yes No	1 (b) 2 Q4	45
IF DIY OR BUILDING WORK IN PAST 12 MONTHS SHOW CARD 3			
b) Could you look at this card which divides this sort of work into heavy manual work and lighter work. The card may not include everything, these are examples to help you separate heavy work and lighter work. Was the DIY or building work you did in the past 12 months of the <u>heavy manual</u> kind, the <u>lighter work</u> kind or both?	Heavy manual only Lighter work only Both	1 (c) 2 (g) 3 (c&g)	46
IF HEAVY MANUAL IN PAST 12 MONTHS			
c) Just thinking about the 4 weeks from . . . up to yesterday, have you done any of this kind of <u>heavy manual</u> work in the past 4 weeks?	Yes No	1 (d-f) 2 SEE g)	47
IF YES AT c)			
d) On how many days during the past 4 weeks did you do that kind of heavy manual work?	No. of days	<input type="text"/> <input type="text"/>	48-49
e) And during the past week, that's back to last . . . day, on how many days, if any, have you done that kind of heavy manual work?	No. of days	<input type="text"/>	50
f) On the day you most recently did some heavy manual work, how long in total did you spend doing it? Please don' t include any time spent on lighter work or any breaks you took, we want to know the actual time you spent doing heavy manual work.	Hours Minutes	<input type="text"/> <input type="text"/> <input type="text"/>	51 52-53
IF LIGHTER WORK IN PAST 12 MONTHS			
	OTHERS DNA	X Q4	
g) (Just thinking about the 4 weeks from . . . up to yesterday) , have you done any of this kind of lighter work in the past 4 weeks?	Yes No	1 (h-j) 2 Q4	54
IF YES AT g)			
h) On how many days during the past 4 weeks did you do that kind of lighter work?	No. of days	<input type="text"/> <input type="text"/>	55-56
i) And during the past week (that's back to last . . . day) on how many days, if any, have you done that kind of lighter work?	No. of days	<input type="text"/>	57
j) On the day you most recently did some lighter work, how long in total did you spend doing it?	Hours Minutes	<input type="text"/> <input type="text"/> <input type="text"/>	58 59-60

WALKING

I'd like you to think now about all the walking you've done in the past 4 weeks, either locally or away from here including any country walks and any walking in the course of your work, or to and from work.

4a)	First, I'm interested in walks of 2 miles or more. These are long <u>continuous</u> walks that would usually take <u>at least 40 minutes</u> . Don't include anything shorter than that. Did you do any walks of that kind during the past 4 weeks that's from . . . up to yesterday?	Yes No	1 (b-d) 2 Q.5	61
	IF ANY WALKS OF AT LEAST 2 MILES IN PAST 4 WEEKS			
	b) During the past 4 weeks how many times did you do any long walks of 2 miles or more?	No. of times	<input type="text"/>	62-63
	c) And during the last week, that's back to last . . . day, how many times did you do any long walks of 2 miles or more?	No. of times	<input type="text"/>	64-65
	d) How long did you spend walking on the most recent occasion you did a long walk of 2 miles or more?	Hours	<input type="text"/>	66
		Minutes	<input type="text"/>	67-68
5a)	Now, thinking about the <u>past week</u> , that's back to last . . . day, did you do any walks of between 1 and 2 miles? That would usually be <u>continuous</u> walking for about <u>20 to 30 minutes</u> .	Yes No	1 (b-c) 2 (d)	69
	IF YES AT a)			
	b) During the past week how many times did you do any of these walks?	No. of times	<input type="text"/>	70-71
	c) And yesterday, that is . . . (DAY OF WEEK), how many times did you do any of these walks?	No. of times	<input type="text"/>	72-73
	ASK ALL			
	d) Have you done any shorter walks which lasted at least 5 minutes in the last week, that's back to last . . . day?	Yes No	1 2	74
6.	Which of the following best describes your usual walking pace . . . a slow pace * RUNNING PROMPT a steady average pace a fairly brisk pace or a fast pace - at least 4 mph?		1 2 3 4	75
7.	If you wanted to catch a bus or train would you be willing to run to catch it . . . * RUNNING PROMPT	... always some times or never?	1 2 3	76

CYCLING

<p>8a) Have you cycled at all during the past 12 months?</p>	<p>Yes No</p>	<p>1 (b) 2 Q9</p>		
<p>IF YES AT a)</p>				
<p>b) Have you cycled at all during the past 4 weeks, that is from up to yesterday?</p>	<p>Yes No</p>	<p>1 (c-f) 2 Q9</p>		
<p>IF YES AT b)</p>				
<p>c) During that 4 week period on how many occasions have you cycled?</p>	<p>No. of occasions</p>	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>		
<p>d) And during the last week, that's back to last day, on how many occasions have you cycled?</p>	<p>No. of occasions</p>	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>		
<p>On the <u>most recent</u> occasion that you cycled:</p>				
<p>e) How long did you spend cycling?</p>	<p>Hours</p>	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>		
	<p>Minutes</p>	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>		
<p>f) Was the effort of cycling enough to make you out of breath or sweaty?</p>	<p>Yes No</p>	<p>1 2</p>		
<hr/>				
<p>9a) Did anything happen to you in the past 4 weeks which made it different from usual, like illness or holidays etc. ?</p>	<p>Yes No</p>	<p>1 (b-c) 2 Q10</p>		
<p>IF YES AT a)</p>				
<p>b) What happened in the past 4 weeks that made it different from usual?</p>				
<p>* c) So overall were you more active, less active or the same as usual?</p>	<p>More active Less active The same</p>	<p>1 2 3</p>		
<hr/>				

SPORTS AND EXERCISE ACTIVITIES
SHOW BOOKLET

10a) Now I'd like you to think about any sport or exercise activities you do. WRITE
Can you look through this booklet and tell me which, if any, you've done NAME OF
during the past year, that's back to (TODAY'S DATE A YEAR AGO) ACTIVITY

b) Can I just check, are there any other sports or exercise WRITE
activities you've done in the past year? IN AS
NECESSARY

ASK Q11a) AND b) FOR EACH ACTIVITY IN TURN

ASK ai) FOR FIRST LISTED ACTIVITY THEN aii) FOR ALL OTHER ACTIVITIES December

11ai) Thinking first about (FIRST LISTED ACTIVITY) November

Let's work backwards through the year starting October

with the last calendar month that's September

Did you (FIRST LISTED ACTIVITY) in (MONTH) August

REPEAT FOR EACH MONTH IN TURN July

WORKING BACKWARDS THROUGH THE YEAR June

ASK aii) FOR ALL OTHER Activities May

aii) In which months during the past year April

did you (ACTIVITY) March

February

January

b) During the months that You (ACTIVITY),
how many times a month on average did you do it? No. of times

Now I want to ask you about the activities you have done in the
past 4 weeks that's the period from up to yesterday. Yes

ASK FOR EACH ACTIVITY LISTED No

12. Can I just check, did you (ACTIVITY) in the past 4 weeks

ASK Q.13a) TO f) FOR EACH ACTIVITY DONE IN PAST 4 WEEKS

13a) First (ACTIVITY), can you tell me on how many separate No. of
occasions you did that during the past 4 weeks? occasions in
past 4 weeks

b) And during the last week that's back to last on how No. of
many separate occasions did you (ACTIVITY)? occasions in
past week

c) Thinking about the most recent occasion, how long Time in
did you (ACTIVITY) for, please don't include travel hours &
time, time getting changed or any breaks you took. minutes
We want to know the actual time you were

d) Was that less or more time than usual, or Less
was it about average? More
Average

IF LESS OR MORE TIME ASK e) OTHERS GO TO f)

e) So how much time did you usually spend Time in
.... on each occasion? hours &
minutes

ASK ALL

f) During the past 4 weeks was the effort of Yes
usually enough to make you out of breath or sweaty? No

PAST PARTICIPATION

The kinds of activities that people do often change as they go through life so I'd like to talk a little about your teens and early twenties. It may help you to remember that time if we identify some landmarks.

14. Now I'd like you to think about the changes in your life between the ages of 14 and 24.

(CURRENT AGE IF LESS THAN 24)

	(YEAR)	AGE
	Age 14	14
a) First how old were you when you left school?	Left school	
	Finished F/T ed.	
b) Did you start work then or go on to further education (how old were you when you finished full time education?)	Started work	

c) Can you think of any other important things that happened to you between the time you were aged 14 to 24.	-----	

NO MORE THAN 3		
WRITE IN AND ESTABLISH AGE	Age 24	24

15a) When you were aged 14 to 19 (CURRENT AGE IF LESS) how much sport or exercise did you take part in? Would you say . . .

RUNNING PROMPT

- ... a lot, 1
- a moderate amount, 2
- very little, 3
- or none at all? 4

96

b) So compared to the other 14 to 19 year olds at that time, would you describe yourself as . . .

RUNNING PROMPT

- ... very physically active 1
- fairly physically active 2
- not very physically active 3
- or not at all physically active? 4

97

NOT YET AGED 20 YEARS DNA

x Q.17

16a) And when you were aged 20-24 (CURRENT AGE IF LESS) how much sport and exercise did you take part in then? Would you say . . .

RUNNING PROMPT

- ... a lot, 1
- a moderate amount, 2
- very little, 3
- or none at all, 4

98

b) So compared with other 20 to 24 year olds at that time would you describe yourself as . . .

RUNNING PROMPT

- ... very physically active 1
- fairly physically active 2
- not very physically active 3
- or not at all physically active? 4

99

Now I'd like to talk about any sports or exercise activities you've done regularly at any time since you were 14.

17. a) First, long walks. Thinking about the time from when you were 14 up to the present, during these years have you, at any time, walked for 2 miles or more on a regular basis. By regular I mean at least once a week for a period of a few months or more .

Yes 1 (b-d) 100
No 2 Q.18

IF YES AT a)

b) At what age did you start doing these regular long walks? Age started 101-102

c) At what age did you stop doing long walks regularly or do you still do long walks at least once a week for a few months of the year? Age stopped 103-104
Still regular 01

d) During this period of years were there any years when you didn't do any regular long walks? Yes - breaks 1 (e) 105
No - continuous 2 } SEE f)
Regular for less than a year 3 }

IF YES AT d)

e) For how many of those years did you not do them regularly? No. of years 106-107

IF STOPPED REGULAR LONG WALKS AT c)

SHOW CARD 4

OTHERS DNA x Q.18

f) Could you look at this card and tell me the main reason why you stopped doing long walks regularly? CODE FROM CARD 108-109

IF MORE THAN ONE STOP TAKE MOST RECENT OCCASION

18. a) During the years from when you were 14 up to the present, have you at any time cycled on a regular basis. By regular I mean at least once a week for a period Of a few months or more.

Yes 1 (b-d) 110
No 2 Q.19

IF YES AT a)

b) At what age did you start cycling regularly? Age started 111-112

c) At what age did you stop cycling regularly or do you still cycle at least once a week for a few months a year? Age stopped 113-114
Still regular 01

d) During this period of . . . years were there any years when you didn't cycle regularly? Yes - breaks 1 (e) 115
No - continuous 2 } SEE (f)
Regular for less than a year 3 }

IF YES AT d)

e) For how many of those years did you not do it regularly? No. of years 116-117

IF STOPPED REGULAR CYCLING AT c)

SHOW CARD 4

OTHERS DNA X Q.19

f) Could you look at this card and tell me the main reason why you stopped cycling regularly? CODE FROM CARD 118-119

IF MORE THAN ONE STOP TAKE MOST RECENT OCCASION

SHOW BOOKLET

--	--

19a) And again, during these years from when you were 14 up to the present, have you, at any time, done any of these activities on a regular basis. Please don't include any activities you only did in school time, but do include any activities you may already have mentioned. By regular I mean at least once a week for a few months or more.

GO THROUGH THE BOOKLET AND CODE EACH ACTIVITY EVER DONE REGULARLY

b) Can I just check, are there any other sports or exercise activities you've done on a regular basis? CODE OR SPECIFY

IF NO REGULAR ACTIVITIES AT ALL RING CODE → 1 GO TO Q.21

122

Office use ASK Q.20 FOR EACH ACTIVITY AND d) AND e) IF APPLICABLE

Q19 Regular at any time since age 14.			Q20a At what age did you start . . . (ACTIVITY) regularly? Age started	Q20b At what age did you stop . . . , regularly or do you still . . . at least once a week for a few months a year? Age stopped	Q20c During this period of . . . years were there any years when you did not . . . regularly? Yes, breaks < 1 yr No, cont.	Q20d IF YES AT Q20c OTHERS SEE Q20e For how many of those years did you not . . . regularly?	Q20e IF STOPPED (Q20b) SHOW CARD 4 Could you look at this card & tell me why you stopped . . . regularly? CODE FROM CARD
1-9						No. of years	
Swimming	01			01	1 2 X		
Tennis	02			01	1 2 X		
Table tennis	03			01	1 2 X		
Squash	04			01	1 2 X		
Badminton	05			01	1 2 X		
Football	06			01	1 2 X		
Rugby	07			01	1 2 X		
Cricket	08			01	1 2 X		
Rounders	09			01	1 2 X		
Hockey	10			01	1 2 X		
Netball	11			01	1 2 X		
Volleyball	12			01	1 2 X		
Basketball	13			01	1 2 X		
Golf	14			01	1 2 X		
Bowls	15			01	1 2 X		
Boxing	16			01	1 2 X		
Martial Arts	17			01	1 2 X		
Weight training	18			01	1 2 X		
Weight lifting	19			01	1 2 X		
Yoga	20			01	1 2 X		
Gymnastics				01	1 2 X		

	Q19 Regular at any time since age 14.	Q20a At what age did you start . . . (ACTIVITY) regularly? Age started	Q20b At what age did you stop . . . regularly or do you still . . . at least once a week for a few months a year? Age stopped still reg.	Q20c During this period of . . . years were there any years when you did not . . . regularly? Yes, No, breaks cont. <1 yr	Q20d IF YES AT Q20c OTHERS SEE Q20e For how many of those years did you not . . . regularly? No. of YEARS	Q20e IF STOPPED (Q20b) SHOW CARD 4 Could you look at this card & tell me why you stopped . . . regularly? CODE FROM CARD
Exercises	22		01	1 2 x		
Keep fit	23		01	1 2 x		
Aerobics	24		01	1 2 x		
Dancing for fitness	25		01	1 2 x		
Jogging/running	26		01	1 2 x		
Athletics	27		01	1 2 x		
Rambling	28		01	1 2 x		
Hiking/Backpacking	29		01	1 2 x		
Climbing	30		01	1 2 x		
Social dancing	31		01	1 2 x		
Snooker	32		01	1 2 x		
Darts	33		01	1 2 x		
Tenpin bowling	34		01	1 2 x		
Skittles	35		01	1 2 x		
Shooting	36		01	1 2 x		
Fishing	37		01	1 2 x		
Horse riding	38		01	1 2 x		
Skiing	39		01	1 2 x		
Motor sports	40		01	1 2 x		
Ice skating	41		01	1 2 x		
Roller skating	42		01	1 2 x		
Sailing	43		01	1 2 x		
Rowing	44		01	1 2 x		
Canoeing	45		01	1 2 x		
Other specify	46					
			01	1 2 x		
			01	1 2 x		
			01	1 2 x		

EMPLOYMENT

Now I'd like to talk about your activity at work.

21a) Are you in paid employment at the moment?	Yes	1 (b-c)	123
	No	2 (d-e)	
IF YES AT a)			
b) How many hours a week do you work (on average)?	No. of hours	<input type="text"/>	124-125
c) Do you do shift work?	Yes	1 } Q.22	126
	No	2 }	
IF NO AT a)			
d) Are you . . . . .	. . . seeking work	1 }	127
	unable to seek work because of temporary sickness or injury	2 }	
	permanently sick or disabled	3 (e)	
	retired	4 }	
	keeping house	5 }	
	or a full-time student?	6 Q.22	
	Other (SPECIFY)	7 (e)	
e) How long ago did you last have paid employment?	Less than 3 months	1 }	128
	3, less than 6 months	2 }	
	6 months, less than 1 year	3 Q.22	
	1 year, less than 5 years	4 }	
	5 years or more	5 }	
	Never worked	6 Q.32	
<hr/>			
22. DESCRIPTION OF MAIN JOB/LAST MAIN JOB	Occ	<input type="text"/>	129-131
(FOR STUDENTS: ENTER TITLE AND DESCRIPTION OF COURSE, c-e DNA)	Ind	<input type="text"/>	132-134
a) OCCUPATION		INTERVIEWER	
Job title :		CODE	
Description:			
b) INDUSTRY	Employee	1 (c-d)	135
	Self-employed	2 (e)	
IF EMPLOYEE			
c) Ask or record:	Manager	1	136
	Foreman/supervisor	2	
	Other employee	3	
d) How many employees work(ed) in this establishment?	Under 25	1 } SEE Q23	137
	25 or more	2 }	
IF SELF-EMPLOYED			
e) Do (did) you employ any other people? (PROBE FOR NUMBER)	Yes, under 25	1	138
	Yes, 25 or more	2	
	No	3	

Col.
Nos.

		Col. Nos.
<p>PEOPLE CURRENTLY IN FULL OR PART TIME EMPLOYMENT ONLY</p>	<p>OTHERS DNA</p>	<p>X Q.32</p>
<p>23. When you're at work are you mainly sitting down, standing up or walking about?</p>	<p>Sitting down Standing up Walking about</p>	<p>1 2 3</p> <p>139</p>
<p>24a Does your work involve you moving between floors?</p> <p>IF YES AT a)</p> <p>b) Do you mainly take the lift or climb the stairs?</p>	<p>Yes No</p> <p>Lift Stairs</p>	<p>1 (b) 2 Q.25</p> <p>1 2</p> <p>140</p> <p>141</p>
<p>25. Do you do any (other) climbing in the course of your work (ladders, scaffolding etc.)?</p> <p>IF YES SPECIFY TYPE AND FREQUENCY</p>	<p>Yes SPECIFY No</p>	<p>1 2</p> <p>142</p> <p>143-144</p>
<p>26. Do you usually have to lift or carry things at work which you find heavy?</p> <p>IF YES, PROMPT: Is that just lifting or lifting and carrying?</p>	<p>Lift heavy loads Lift & carry heavy loads No</p>	<p>1 2 3</p> <p>145</p>
<p>* 27. So overall, would you say that in terms of physical effort your work is . . .</p>	<p>. . . very demanding fairly demanding or not very demanding</p>	<p>1 2 3</p> <p>146</p>

SHOW CARD 5

* 28. Would you look at this card and tell me how often the following statements apply to you at work. Please give me a number from '1' to '5' .
'1' means it never applies to you, through 2,3, and 4 up to '5' which means it always applies to you.

What number on the card would you choose to show how often the following statements apply to you at work.

I don't have enough time to do everything at work

My work needs a high level of skill and expertise

I have to do the same things over and over again

I have a say in the way things are run at work

My working time can be flexible

I am able to work in my own way

My job provides me with variety

My job is boring

Never		Always			
1	2	3	4	5	147
1	2	3	4	5	148
1	2	3	4	5	149
1	2	3	4	5	150
1	2	3	4	5	151
1	2	3	4	5	152
1	2	3	4	5	153
1	2	3	4	5	154

29. How do you normally travel to work?

RING ALL THAT APPLY

Bus/train/tube	1	155
Car/motorcycle/scooter	2	156
Bicycle	3	157
Walk	4	158
Works at home	5	159
No regular place of work	6	160

30a) Do you do any other paid work in addition to the work you've been telling me about?

Yes 1 (b)
No 2 Q.32

161

IF YES AT a)

b) During the last 4 weeks how many hours have you spent doing other paid work?

No. of hours

--	--

162 163

31. **DESCRIPTION OF 2nd JOB**

Occ

164-166

OCCUPATION

Ind

167-169

INDUSTRY

INTERVIEWER
CODE

ASK ALL

Finally in this section on activities I'd like to talk briefly about other things that may involve you in physical activity.

<p>32a) First, stairs. Do you go up and down stairs at home?</p> <p style="text-align: right;">Yes No</p>	<p>1 (b-c) 2 Q.33</p>	<p>170</p>																
<p>IF YES AT a)</p>																		
<p>b) About how many times a day do you climb the stairs?</p> <p style="text-align: right;">No. of times</p>	<p><input type="text"/> <input type="text"/></p>	<p>171-172</p>																
<p>c) And how many steps are there in your stairs?</p> <p style="text-align: right;">No. of steps</p>	<p><input type="text"/> <input type="text"/></p>	<p>173-174</p>																
<hr/>																		
<p>33. a) In an average week on how many days, if any, do you usually climb stairs at work or elsewhere other than your home?</p> <p style="text-align: right;">None No. of days</p>	<p>0 Q.34 <input type="text"/> (b-c)</p>	<p>175</p>																
<p>IF SOME AT a)</p>																		
<p>b) About how many times a day do you climb up stairs at work or elsewhere?</p> <p style="text-align: right;">No. of times</p>	<p><input type="text"/> <input type="text"/></p>	<p>176-177</p>																
<p>c) And, on average, how many steps do you go up each time?</p> <p style="text-align: right;">No. of steps</p>	<p><input type="text"/> <input type="text"/></p>	<p>178-179</p>																
<hr/>																		
<p>34. Do you run up stairs . . .</p> <p style="text-align: right;">. . . rarely or never sometimes or often?</p>	<p>1 2 3</p>	<p>180</p>																
<p>RUNNING PROMPT</p>																		
<p>And now, caring for others.</p>																		
<hr/>																		
<p>35. In an average week on how many days, if any, do you carry a child around? Would you say rarely or never, 1-2 days, 3-5 days or most days?</p>	<table border="1"> <thead> <tr> <th>Rarely/ never</th> <th>1-2 days</th> <th>3-5 days</th> <th>Most days</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> </tbody> </table>		Rarely/ never	1-2 days	3-5 days	Most days	1	2	3	4	1	2	3	4	1	2	3	4
Rarely/ never	1-2 days	3-5 days	Most days															
1	2	3	4															
1	2	3	4															
1	2	3	4															
<p>REPEAT FOR b) AND C)</p>																		
<p>a) <u>"Carry a child around"</u></p>	<p>181</p>																	
<p>b) Push a child in a pram or pushchair</p>	<p>182</p>																	
<p>c) Play games with a young child that involve you in physical effort</p>	<p>183</p>																	
<hr/>																		
<p>36a) Do you help care for anyone who is disabled or has difficulty walking?</p> <p style="text-align: right;">Yes No</p>	<p>1 (b) 2 Q.37</p>	<p>184</p>																
<p>IF YES AT a)</p>																		
<p>b) In an average week on how many days, if any, do you lift or carry a disabled adult? Would you say rarely or never, 1 to 2 days, 3 to 5 days or most days?</p>	<table border="1"> <thead> <tr> <th>Rarely/ never</th> <th>1-2 days</th> <th>3-5 days</th> <th>Most days</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> </tbody> </table>		Rarely/ never	1-2 days	3-5 days	Most days	1	2	3	4	1	2	3	4	1	2	3	4
Rarely/ never	1-2 days	3-5 days	Most days															
1	2	3	4															
1	2	3	4															
1	2	3	4															
<p>REPEAT FOR C) AND d)</p>																		
<p>b) <u>" Lift or carry a disabled adult "</u></p>	<p>185</p>																	
<p>c) Give walking support to a disabled adult</p>	<p>186</p>																	
<p>d) Push a wheelchair</p>	<p>187</p>																	

OTHER ACTIVITY

37. Can I just check, is there anything else that you've done in the past 4 weeks which involved physical activity?

NO OTHER ACTIVITIES

0 Q.38

188

IF YES ASK (a-f) FOR EACH ACTIVITY AND RECORD IN GRID BELOW

- a) Name of activity
- b) On how many separate occasions did you do that during the past 4 weeks?
- c) Thinking about the most recent occasion, how long did you (ACTIVITY) for?
- d) Was that less or more time than usual or was it about average?

IF LESS OR MORE TIME ASK e)

- e) So how much time did you usually spend on each occasion?
- f) During the past 4 weeks was the effort of . . usually enough to make you out of breath or sweaty?

a) Name of activity	b) No. of occasions	c) Last time		d) Usual?		e) Usually		f) Out of breath	
		Hrs	Mins	L/M	Av	Hrs	Mins	Yes	No
								1	2
				1	2			1	2

189-199

200-210

38. We've talked a lot about the physical activities that people do in their spare time but there are many other ways people spend their leisure time.

a) Of all the activities that you do in your spare time ,which do you spend the most time doing?

211-212

* b) And which, if any, is the most important to you?

213-214

ATTITUDES TO ACTIVITY AND HEALTH

<p>* 39. Compared to other people of your age would you describe yourself as . . .</p> <p>RUNNING PROMPT</p> <p>... very physically active</p> <p>fairly physically active</p> <p>not very physically active</p> <p>or not at all physically active?</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p>	<p>215</p>																																																									
<p>*40. Compared to other people of your age, would you say you are . . .</p> <p>RUNNING PROMPT</p> <p>... very fit</p> <p>fairly fit</p> <p>not very fit</p> <p>or not at all fit?</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p>	<p>216</p>																																																									
<p>* 41. a) Do you think you get enough exercise at present to keep you fit?</p> <p>Yes</p> <p>No</p> <p>Don't know</p> <p>* b) Do you think most people get enough exercise in everyday life to keep themselves fit?</p> <p>Yes</p> <p>No</p> <p>Don't know</p>	<p>1</p> <p>2</p> <p>3</p> <p>1</p> <p>2</p> <p>3</p>	<p>217</p> <p>218</p>																																																									
<p>*42. I'm going to show you a list of things that people say stops them getting more exercise and I'd like you to tell me which, if any, apply to you.</p> <p>SHOW CARD 6</p> <p>REPEAT AS NECESSARY</p> <p>I'm not the sporty type</p> <p>I haven't got the time</p> <p>I've got young children to look after</p> <p>I'm too shy or embarrassed</p> <p>There's no-one to do it with</p> <p>I'm too old</p> <p>I have an injury or disability that stops me</p> <p>My health is not good enough</p> <p>There are no suitable facilities nearby</p> <p>I need to rest and relax in my spare time</p> <p>I don't have time because of my work</p> <p>I might get injured or damage my health</p> <p>I haven't got the right clothes or equipment</p> <p>I'd never keep it up</p> <p>I'm too fat</p> <p>I haven't got the energy</p> <p>I can't afford it</p> <p>I don't enjoy physical activity</p>	<table border="1"> <thead> <tr> <th></th> <th>Applies to me</th> <th>Does not</th> </tr> </thead> <tbody> <tr><td>I'm not the sporty type</td><td>1</td><td>2</td></tr> <tr><td>I haven't got the time</td><td>1</td><td>2</td></tr> <tr><td>I've got young children to look after</td><td>1</td><td>2</td></tr> <tr><td>I'm too shy or embarrassed</td><td>1</td><td>2</td></tr> <tr><td>There's no-one to do it with</td><td>1</td><td>2</td></tr> <tr><td>I'm too old</td><td>1</td><td>2</td></tr> <tr><td>I have an injury or disability that stops me</td><td>1</td><td>2</td></tr> <tr><td>My health is not good enough</td><td>1</td><td>2</td></tr> <tr><td>There are no suitable facilities nearby</td><td>1</td><td>2</td></tr> <tr><td>I need to rest and relax in my spare time</td><td>1</td><td>2</td></tr> <tr><td>I don't have time because of my work</td><td>1</td><td>2</td></tr> <tr><td>I might get injured or damage my health</td><td>1</td><td>2</td></tr> <tr><td>I haven't got the right clothes or equipment</td><td>1</td><td>2</td></tr> <tr><td>I'd never keep it up</td><td>1</td><td>2</td></tr> <tr><td>I'm too fat</td><td>1</td><td>2</td></tr> <tr><td>I haven't got the energy</td><td>1</td><td>2</td></tr> <tr><td>I can't afford it</td><td>1</td><td>2</td></tr> <tr><td>I don't enjoy physical activity</td><td>1</td><td>2</td></tr> </tbody> </table>		Applies to me	Does not	I'm not the sporty type	1	2	I haven't got the time	1	2	I've got young children to look after	1	2	I'm too shy or embarrassed	1	2	There's no-one to do it with	1	2	I'm too old	1	2	I have an injury or disability that stops me	1	2	My health is not good enough	1	2	There are no suitable facilities nearby	1	2	I need to rest and relax in my spare time	1	2	I don't have time because of my work	1	2	I might get injured or damage my health	1	2	I haven't got the right clothes or equipment	1	2	I'd never keep it up	1	2	I'm too fat	1	2	I haven't got the energy	1	2	I can't afford it	1	2	I don't enjoy physical activity	1	2	<p>219</p> <p>220</p> <p>221</p> <p>222</p> <p>223</p> <p>224</p> <p>225</p> <p>226</p> <p>227</p> <p>228</p> <p>229</p> <p>230</p> <p>231</p> <p>232</p> <p>233</p> <p>234</p> <p>235</p> <p>236</p>
	Applies to me	Does not																																																									
I'm not the sporty type	1	2																																																									
I haven't got the time	1	2																																																									
I've got young children to look after	1	2																																																									
I'm too shy or embarrassed	1	2																																																									
There's no-one to do it with	1	2																																																									
I'm too old	1	2																																																									
I have an injury or disability that stops me	1	2																																																									
My health is not good enough	1	2																																																									
There are no suitable facilities nearby	1	2																																																									
I need to rest and relax in my spare time	1	2																																																									
I don't have time because of my work	1	2																																																									
I might get injured or damage my health	1	2																																																									
I haven't got the right clothes or equipment	1	2																																																									
I'd never keep it up	1	2																																																									
I'm too fat	1	2																																																									
I haven't got the energy	1	2																																																									
I can't afford it	1	2																																																									
I don't enjoy physical activity	1	2																																																									

*43.	Do your close family or friends encourage or discourage you to do physical activity or do they do neither?	Encourage a lot	1	237
		Encourage a little	2	
		Neither	3	
	IF ENCOURAGE OR DISCOURAGE ASK	Discourage a little	4	
	Do they encourage/discourage you a lot or a little?	Discourage a lot	5	
		No close family/friends	6	

44.	When people talk about vigorous exercise they often mean different things. I'd like you to think about vigorous exercise as something which makes you out of breath or sweaty.			
* a	Do you do this kind of vigorous exercise three times a week or more for at least 20 minutes per occasion?	Yes	1 Q.45	238
		No	2 (b)	
	IF NO AT a)			
* b)	Do you do this kind of vigorous exercise at least once a week?	Yes	1	239
		No	2	

SHOW CARD 7

*45.	Could you look at this card and tell me how much you would say vigorous exercise could help you in the following things. Please give me a number from 1 to 5. '1' means you would say it could not help you at all and '5' means you think it could help you a great deal.							
	What number on the card would you choose to show how much you think regular vigorous exercise could help you . . .							
	To relax, forget about your cares	1	2	3	4	5	6	240
	To get together and meet other people	1	2	3	4	5	6	241
	To have fun	1	2	3	4	5	6	242
	To get out of doors	1	2	3	4	5	6	243
	To feel a sense of achievement	1	2	3	4	5	6	244
	To feel independent	1	2	3	4	5	6	245
	To feel mentally alert	1	2	3	4	5	6	
	What number on the card would you choose to show how much you think regular vigorous exercise could help you . . .							
	To feel in good shape physically	1	2	3	4	5	6	246
	To learn new things	1	2	3	4	5	6	247
	To look good	1	2	3	4	5	6	248
	To control or lose weight	1	2	3	4	5	6	249
	To seek adventure and excitement	1	2	3	4	5	6	250
	To improve or maintain your health	1	2	3	4	5	6	251

Now I'd like to talk about other things to do with health.

SHOW CARD 8

46 First I'm going to read out advice that people often give to those who want to be healthy. I'd like you to look at this card and tell me how important you think each is by giving me a number from ' 1' to ' 5' . ' 1' means you think it is not at all important, ' 5' means you think it is very important with 2, 3 and 4 in between.

What number would you choose to show how important it is for a person of your age who wants to be healthy . . .

	Not at all important		Very important			Don't know	
... to get out and about	1	2	3	4	5	6	252
... to get a good night's sleep	1	2	3	4	5	6	253
... to avoid getting overweight	1	2	3	4	5	6	254
... to avoid worrying too much	1	2	3	4	5	6	255
... not to smoke	1	2	3	4	5	6	256
... to exercise regularly	1	2	3	4	5	6	257
... not to drink much alcohol	1	2	3	4	5	6	258
... to avoid fatty foods	1	2	3	4	5	6	259

* 47. In general do you think you worry more than other people, do you worry less or do you worry about the same as other people?	Worry more	1	260
	Worry less	2	
	About the same	3	

48a) Over the last year was there any period when you suffered from lack of sleep because you were worrying?	Yes	1 (b-c)	261
	No	2 Q.49	

IF YES AT a)

b) Was this one period or more than one period?	One period	1	262
	More than one	2	

c) How long in total did this happen for less than a month	1	263
	1 up to 3 months	2	
	3 up to 6 months	3	
	or 6 months or more?	4	

RUNNING PROMPT

49. Do you usually take pills to help you sleep?	Yes	1	264
	No	2	

		Col. Nos.
* 50. How easily do you lose your temper these days? Would you say . . .	... very easily	1
RUNNING PROMPT	fairly easily	2
	not very easily	3
	or not at all?	4

265

		Col. Nos.
* 51. And how impatient are you these days? Would you say . . .	... very impatient	1
RUNNING PROMPT	fairly impatient	2
	not very impatient	3
	or not at all impatient?	4

266

SHOW CARD 9

* 52. I am going to read some descriptions of the way people feel at different times. Could you look at this card and tell me during the past few weeks have you felt . . . often, sometimes or never?			
ASK FOR EACH STATEMENT	Often	Sometimes	Never
Particularly excited or interested in something	1	2	3
So restless you could not sit long in a chair	1	2	3
Proud because someone complimented you on something you had done	1	2	3
Very lonely or remote from other people	1	2	3
Pleased about having accomplished something	1	2	3
Bored	1	2	3
On top of the world	1	2	3
Depressed or very unhappy	1	2	3
That things were going your way	1	2	3
Upset because someone criticised you	1	2	3

267

268

269

270

271

272

273

274

275

276

* 53. Major events and day to day problems can cause stress in people's lives. Would you say in the last year your life has been . . .			
RUNNING PROMPT	... very stressful	1	
	fairly stressful	2	
	not very stressful	3	
	or not at all stressful?	4	

277

		Col Nos
54. Is there someone among your family and friends who you could talk to in times of difficulty?	Yes No	1 2 278
55. How often do you see any of your friends or relations not counting those who live with you . Would you say . . .	... almost daily at least once a week RUNNING PROMPT at least once a month or less often than that? No friends/relatives outside household	1 2 3 4 5 279
56a) Do you have any relatives or friends who you don't see often but who keep in contact by phone or letter?	Yes No	1 (b) 2 Q. 57 280
IF YES AT a)		
b) How often are you in contact with any of those relatives or friends. Would you say . . .	... almost daily at least once a week RUNNING PROMPT at least once a month or less often than that?	1 2 3 4 281
57a) Do you belong to any clubs or organisations?	Yes No	1 (b) 2 Q. 58 282
IF YES AT a)		
b) How often do you join in any of their activities? Would you say . . .	... almost daily at least once a week RUNNING PROMPT at least once a month or less often than that?	1 2 3 4 283
58a) Do you ever go to religious services?	Yes No	1 (b) 2 Q. 59 284
IF YES AT a)		
b) How often do you go to religious services? Would you say . . .	... at least once a week at least once a month RUNNING PROMPT or less often than that?	1 2 3 285

DIET

Now I'd like to talk about what you eat and drink

59. On weekdays (workdays) how soon after you get up do you usually have something to eat? Would you say . . .	. . . within 1 hour	1	286
RUNNING PROMPT	1 hour but less than 2 hours	2	
	or 2 hours or more?	3	

60a) How often have you eaten breakfast cereal in the past few weeks daily	1	} (b) } Q.61	287
RUNNING PROMPT	more than twice a week	2		
	once or twice a week	3		
	less than once a week	4		
	or never?	5		
IF ONCE A WEEK OR MORE AT a) b) What kind of cereal do you usually have? (TYPE OR BRAND)				288

61. What kind of bread do you mainly eat?	White	1	} Q.63	289
IF BROWN CHECK	High fibre white	2		
Is that wholemeal or come other sort of brown bread?	Granary/wheatmeal/brown	3		
	Wholemeal	4		
IF NAN, PITTA , ETC. CHECK	Other (SPECIFY)	5		
Is that white or brown?	Does not eat bread	6		

62a) What do you usually spread on your bread?	Butter	1	} (b)	290
PROMPT AS NECESSARY	Hard margarine	2		
	Soft margarine (BRAND)	3		
	Low fat spread (BRAND)	4		
	Other (SPECIFY)	5		
IF SOFT MARGARINE OR LOW FAT SPREAD b) What brand?	Does not use fat on bread	6		291

63. Can I just check, are you vegetarian (or vegan)?	Yes	1	Q.65	292
	NO	2	Q.64	

64. When you have meat with fat on do you generally . . .	DOES NOT EAT MEAT DNA . . . eat the fat and the lean meat	x	Q.65	293
RUNNING PROMPT	cut the fat off	2		
	or do you never have meat with fat on ?	3		

ASK ALL

<p>65a) How often do you eat fried food of any kind, including chips . . .</p>	<p>... daily more than twice a week once or twice a week less than once a week or never?</p>	<p>1 2 3 4 5 } (b) Q.66</p>	<p>294</p>
<p>RUNNING PROMPT</p>			
<p>IF CODES 1-4 AT a)</p>			
<p>b) When you have fried food what sort of fat is mainly used?</p>	<p>Fat such as lard, dripping, butter or hard margarine Mixed or blended vegetable oil Corn oil, sunflower oil, or other polyunsaturated oil or margarine Low fat margarine or low fat butter Other (Specify) Don't know</p>	<p>1 2 3 4 5 6</p>	<p>295</p>
<p>CODE ONE ONLY</p>			
<p>66a) How often do you have grilled food . . .</p>	<p>... daily more than twice a week once or twice a week less than once a week or never?</p>	<p>1 2 3 4 5 } (b) Q.67</p>	<p>296</p>
<p>RUNNING PROMPT</p>			
<p>IF CODES 1-4 AT a)</p>	<p>DOES NOT EAT MEAT DNA</p>	<p>x Q.67</p>	
<p>b) When you have grilled meat is it generally grilled with added fat or oil, or not?</p>	<p>Grilled with added fat/oil Grilled without added fat/oil Does not eat grilled meat</p>	<p>1 2 3</p>	<p>297</p>
<p>67a) How much milk do you usually have each day including milk used in drinks, on cereals and in cooking . . .</p>	<p>... none less than 1/2 pint 1/2 but less than 1 pint 1 but less than 2 pints 2 pints or more?</p>	<p>0 Q.68 1 2 3 4 } (b)</p>	<p>298</p>
<p>RUNNING PROMPT</p>			
<p>IF HAS MILK</p>			
<p>b) What type of milk do you mainly use?</p>	<p>Gold top/Channel Islands Silver top/Red top/Other whole milk Semi skimmed Skimmed Other (SPECIFY)</p>	<p>1 2 3 4 5</p>	<p>299</p>

SHOW CARD 10

68. I'd like you to look at this card and tell me how often you have eaten the following foods in the last few weeks. Please include food you eat at work or elsewhere and take away meals.

First, chips, have you eaten these daily, more than twice a week, once or twice a week, less than once a week or rarely or never in the past few weeks?

REPEAT AS NECESSARY

READ OUT

	More than Daily twice a week	Once or twice a week	Less than once a week	Rarely or never		
Chips	1	2	3	4	5	300
Potatoes (not incl. chips)	1	2	3	4	5	301
Green vegetables	1	2	3	4	5	302
Carrots, turnips, parsnips and so on	1	2	3	4	5	303
Baked beans	1	2	3	4	5	304
Peas, other beans, lentils, etc.	1	2	3	4	5	305
Other cooked vegetables including onions and mushrooms	1	2	3	4	5	306
Salad and raw vegetables	1	2	3	4	5	307
Fresh fruit	1	2	3	4	5	308
Tinned fruit	1	2	3	4	5	309
Nuts	1	2	3	4	5	310
Potato crisps or similar snacks	1	2	3	4	5	311
Chocolates, chocolate bars and other sweets	1	2	3	4	5	312
Pasta (spaghetti, noodles) or rice	1	2	3	4	5	313
Biscuits/cakes of any kind	1	2	3	4	5	314
Ice cream, mousse, yoghurt or milk puddings	1	2	3	4	5	315
Fruit pies, flans, tarts or puddings	1	2	3	4	5	316

Q. 68 continued

And how often have you eaten these foods?

READ OUT	More than Once or Less than Rarely					Column Numbers
	Daily	twice a week	twice a week	once a week	or never	
Cheese	1	2	3	4	5	317
Eggs	1	2	3	4	5	318
Cream	1	2	3	4	5	319
Fried fish, fish in batter and fish fingers	1	2	3	4	5	320
Other fish	1	2	3	4	5	321
Poultry	1	2	3	4	5	322
Sausages, burgers, tinned meat, pate, meat pies and so on	1	2	3	4	5	323
Beef, lamb, pork, ham or bacon	1	2	3	4	5	324
Jam, marmalade, honey	1	2	3	4	5	325
Pure fruit juice	1	2	3	4	5	326
Soft drinks	1	2	3	4	5	327
Is there any other food which you eat regularly?						
Yes (SPECIFY)	1					328
No	2					
	1	2	3	4	5	329
	1	2	3	4	5	330
ASK a) AND b) FOR TEA THEN COFFEE						
69. a) How many cups of . . . do you usually drink in a day						
1 or 2						1 } 1
3 or 4						2 } 2
5 or 6						3 } 3
7 or more?						4 } 4
Doesn't drink						5 } 5 Q?
RUNNING PROMPT						
IF DRINK TEA/COFFEE						
b) How much sugar do you usually have in tea/coffee						
None						0 } 0
Less than 1 teaspoon						1 } 1
1 but less than 2 teaspoons						2 } 2
2 or more teaspoons						3 } 3

331-332

333-334

SHOW CARD 11

70a) Can you look at this card and tell me whether you've had any of the kind of drinks in Group A in the past 4 weeks?

REPEAT FOR GROUPS B AND C AND CODE IN GRID BELOW

CHECK FOR ANY OTHER DRINKS

ASK b) - c) FOR EACH DRINK TYPE HAD IN PAST 4 WEEKS

SHOW CARD 12

b) Now could you look at this card and tell me how often you have had a drink of (DRINK TYPE) during the past 4 weeks.

c) How much, on average, did you drink on each occasion?

d) CONVERT TO UNITS

Drink type	a) Past 4 weeks		b)				c) Quantity	d) Units	
	Yes	No	Most days	3-4 per week	1-2 per week	1-2 in past 4 weeks			
GROUP A Beer, Lager Shandy, Stout, Cider (bottles, cans, draught, homebrew)	1	2	1	2	3	4	pints x2	<input type="text"/>	335- 338
GROUP B Wine, Sherry, Champagne, Port, Babysham, Vermouth Cinzano, Dubonnet, Martini etc.	1	2	1	2	3	4	glasses x1	<input type="text"/>	339- 342
GROUP C Spirits eg Gin, Whisky, Rum, Brandy, Vodka, Liqueurs, Advocaat	1	2	1	2	3	4	measures x1	<input type="text"/>	343- 346
Anything else SPECIFY	1	2	1	2	3	4		<input type="text"/>	347- 350

*71.	Would you describe yourself as a regular drinker	1	} Q.72	351
		an occasional drinker	2		
	you only ever have a drink on special occasions		3		
		or a non-drinker	4 Q.74		

72.	How often do you usually have an alcoholic drink of <u>any</u> kind? Would you say it is every day	1	352
	READ OUT AS APPROPRIATE	almost every day	2	
		3-4 times a week	3	
		1-2 times a week	4	
		about once a fortnight	5	
		about once a month	6	
		or less often than that	7	

*73.	And thinking of the amount you drink now. Would you say that you are a light drinker	1	} Q.74	353
		a moderate drinker	2		
		or a heavy drinker	3 Q.75		

IF LIGHT OR MODERATE OR NON-DRINKER	HEAVY DRINKER DNA	X	Q.75
--	--------------------------	---	------

74.a)	Have you ever drunk heavily on a regular basis?	Yes	1 (b)	354
		No	2 Q.75	
	IF YES AT a)			
b)	How long ago did you stop drinking heavily on a regular basis?	Less than 1 year	00	355-356
		No. of years	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	

ASK ALL				
75.	Has a doctor or anyone else ever said that you should cut down on drinking or that you should not drink at all?	No	1	357
	IF YES : Who suggested it?	Yes, doctor	2	
		Yes, spouse	3	
		Yes, other (SPECIFY)	4	

*76.a)	Have you ever felt that you ought to cut down on your drinking or that you should not drink at all?	Yes	1 (b)	358
		No	2 Q.77	

	IF YES AT a)			
b)	Why did you decide you ought to cut down on your drinking or that you should not drink at all?			
	(PROBE IF NOT CLEAR - Was it for health reasons?)	Health	1	359
		Non-health	2	

SMOKING

77.	Now I'd like to ask you a few questions about smoking. Have you ever smoked a cigarette or cigar or pipe?	Yes No	1 Q.78 2 Page 30	360
78.a)	Do you smoke cigarettes at all nowadays?	Yes No	1 (b-e) 2 Q.79	361
	IF YES AT a)			
b)	How many cigarettes <u>a day</u> do you usually smoke on weekdays?	No. smoked per day	<input type="text"/> <input type="text"/>	362-363
		Less than 1 per day	00 If both coded Q.79	
c)	How many cigarettes <u>a day</u> do you usually smoke at weekends?	Less than 1 per day	00 applies	364-365
		No. smoked per day	<input type="text"/> <input type="text"/>	
d)	Do you mainly smoke filter tipped cigarettes	1		366
	plain or untipped cigarettes	2		
	or hand rolled cigarettes	3		
e)	What is the tar level of the cigarettes you usually smoke?	High Middle to high Middle Low to middle Low Don't know	1 2 3 4 5 6	367
	IF DOES NOT SMOKE NOWADAYS OR SMOKES LESS THAN 1 PER DAY	OTHERS DNA	X Q.80	
79.a)	Have you ever smoked cigarettes regularly, by that I mean one or more a day for a year?	Yes No	1 (b-d) 2 Q.81	368
	IF YES AT a)			
b)	How long ago did you stop smoking cigarettes regularly?	No. of years	<input type="text"/> <input type="text"/>	369-370
	IF LESS THAN ONE YEAR:	No. of months	<input type="text"/> <input type="text"/>	371-372
c)	How many cigarettes did you smoke a day when you last smoked regularly?	No. smoked per day	<input type="text"/> <input type="text"/>	373-374
* d)	What were the main reasons for you giving up smoking?	Expense Concern for future ill health Ill health at time of giving up Social pressure/to please someone else Pregnancy Just wanted to give up Other reason (SPECIFY)	1 2 3 4 5 6 7	375 376 377 378 379 380 381

IF SMOKES CIGARETTES NOWADAYS OR HAS SMOKED REGULARLY

80. How old were you when you started to smoke cigarettes regularly? Age in years 382-383

CIGARS

81. a) Have you ever smoked cigars regularly, that is one cigar a day for a year? Yes 1 (b-d) 384
No 2 Q.82

IF YES AT a)

b) How old were you when you started to smoke cigars regularly? Age in years 385-386

c) Do you still smoke cigars regularly? Yes 1 387
No 2

d) How many cigars do/did you usually smoke in a week? No. per week 388-389

IF NO AT C)

OTHERS DNA X Q.82

e) How long ago did you stop smoking cigars regularly? Less than 1 year 00 390-391
No. of years

PIPE SMOKING

82. a) Have you ever smoked a pipe regularly, that is at least one bowl of tobacco a day for a year? Yes 1 (b-d) 392
No 2 Q.83

IF YES AT a)

b) How old were you when you started to smoke a pipe regularly? Age in years 393-394

c) Do you still smoke a pipe regularly? Yes 1 395
No 2

d) How many ounces of pipe tobacco do/did you usually smoke in a week? Ounces per week 396-397

IF NO AT c)

OTHERS DNA X Q.83

e) How long ago did you stop smoking a pipe regularly? Less than 1 year 00 398-399
No. of years

ASK ALL

*83. Now, your height and weight , do you think that for your height you are . . .

RUNNING PROMPT

... about the right weight
 too heavy
 or too light
 Don't know

1
2
3
4

84a) What is the least you've ever weighed since you were eighteen?

AGE 16-17 DNA

X Q.85

Stones		Pounds		Kilos		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Don' t know 888

b) How old were you when you were last this weight ?

Under 20 1

READ OUT AS APPROPRIATE

20-29 2

CODE OLDEST AGE AT THAT WEIGHT

30-39 3

40-49 4

50-59 5

60 or more 6

Don' t know 7

85a) What is the most you've ever weighed (excluding during pregnancy)?

Stones		Pounds		Kilos		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Don' t know 888

b) How old were you when you were last this weight ?

Under 20 1

READ OUT AS APPROPRIATE

20-29 2

CODE OLDEST AGE AT THAT WEIGHT

30-39 3

40-49 4

50-59 5

60 or more 6

Don' t know 7

SHOW CARD 13

*86. I'm going to read out three statements about health and I'd like you to look at this card and tell me how strongly you agree or disagree with each one by giving me a number from 1 to 5. '1' means you disagree strongly, '2' means you just disagree and so on to '5' which means you agree strongly.

What number on the card would you choose to show how strongly you agree or disagree with the statements . . .

... Good health is largely a matter of chance

... My health depends mainly on the way I choose to live

... Regular visits to the doctor are the best way to avoid illness

		Disagree strongly					Agree strongly					Don't know
		1	2	3	4	5	1	2	3	4	5	6
		1	2	3	4	5	6					
		1	2	3	4	5	6					
		1	2	3	4	5	6					

HEALTH STATUS

And now I'd like you to think about your health.

* 87.	Compared to other people of your age would you say you are in . . .	... excellent health	1	420
		good health	2	
		fair health	3	
		or poor health?	4	

88.a) Have you ever had any of the following?

READ OUT

	(a)		(b)	(c)		
	Had	Not	Age	Still has	Not	
Angina	1	2	|	1	2	421-424
Arthritis	1	2	|	1	2	425-428
Asthma	1	2	|	1	2	429-432
Back trouble	1	2	|	1	2	433-436
Bronchitis	1	2	|	1	2	437-440
Diabetes	1	2	|	1	2	441-444
Emphysema	1	2	|	1	2	445-448
Persistent foot trouble (bunions, ingrowing toenails etc)	1	2	|	1	2	449-452
Hay fever	1	2	|	1	2	453-456
High blood pressure	1	2	|	1	2	457-460
Hernia	1	2	|	1	2	461-464
Migraine	1	2	|	1	2	465-468
Persistent skin trouble (eczema, psoriasis etc)	1	2	|	1	2	469-472
Varicose veins	1	2	|	1	2	473-476

ASK b) AND c) FOR EACH PROBLEM MENTIONED

b) How old were you when you first had ?

CODE IN GRID ABOVE

c) Do you still suffer from ?

89.a) Have you ever had a stroke'?	Yes	1	(b-c)	477
	No	2	Q.90	

IF YES AT a)

b) How old were you when you first had one? Age in years

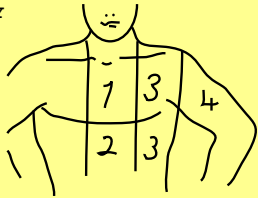
--	--

c) Are you currently attending a hospital or doctor because of your stroke?

Yes	1	480
No	2	

90. a) Have you ever had heart trouble, suspected or confirmed?	Yes	1 (b-e)	481
	No	2 Q.91	
IF YES AT a)			
b) How old were you when you first experienced it?	Age in years	<input type="text"/>	482-48
c) What was the diagnosis?	Heart attack	1	484
	Heart strain	2	485
	High blood pressure	3	486
	Valve disease	4	487
	Hole in the heart	5	488
	Other (SPECIFY)	6	489
CODE ALL THAT APPLY			
d) Did you attend a hospital?	Yes	1	490
	No	2	
e) Are you still attending a hospital or doctor for heart trouble?	Yes	1	491
		2	

91.a) Have you ever had any pain or discomfort in your chest?	Yes	1 (b)	492
	No	2 Q.93	
IF YES AT a)			
b) Do you get it now when you walk uphill or hurry?	Yes	1 (c-g)	493
	No	2 Q.92	
	Never hurries or walks uphill	3 (c-g)	
IF YES AT b)			
c) Do you get it when you walk at an ordinary pace on the level?	Yes	1	494
	No	2	
d) What do you do if you get it while walking?	stop	1	495
	Slow down	2	
	Carry on	3	
e) If you stand still does the pain go away?	Goes away	1	496
	Does not	2	
f) How soon does the pain go away?	10 minutes or less	1	497
	More than 10 minutes	2	
READ OUT			
g) Where do you get this pain or discomfort?			
CODE ALL THAT APPLY			
	Sternum (upper or middle)	1	498
	Sternum (lower)	2	499
	Left anterior chest	3	500
	Left arm	4	501
	Other	5	502



		OTHERS	DNA	X	Q.93	
IF EVER HAD PAIN/DISCOMFORT IN CHEST						
92.a)	Have you ever had a severe pain across the front of your chest lasting for half an hour or more?	Yes		1	(b)	503
		No		2	Q.93	
IF YES AT a)						
b)	Did you see a doctor about it?	Yes		1	(c-d)	504
		No		2	Q.93	
IF YES AT b)						
c)	What did he say it was?					505
d)	How many of these attacks have you had?		Number		<input type="text"/>	506-507
ASK ALL						
93.a)	Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?	Yes		1	(b-d)	508
		No		2	Q.94	
		Never hurries or walks uphill		3	(b-d)	
IF YES AT a)						
b)	Do you get short of breath walking with other people of your own age on level ground?	Yes		1		509
		No		2		
c)	Do you have to stop for breath when walking at your own pace on level ground?	Yes, stop		1		510
		No		2		
d)	Are you short of breath when washing or dressing?	Yes		1		511
		No		2		
94.a)	Do you usually cough first thing in the morning in winter?	Yes, cough		1	} (b)	512
		No		2		
b)	Do you usually cough during the day or at night in the winter?	Yes		1	} See c)	513
		No		2		
IF YES AT a) OR b)			NO AT BOYS a) AND b) DNA	X	Q.95	
c)	Do you cough like this on most days for as much as three months each winter?	Yes		1		514
		No		2		
95.a)	Do you usually bring up any phlegm from your chest first thing in the morning in the winter?	Yes		1	} (b)	515
		No		2		
b)	Do you usually bring up any phlegm from your chest during the day or night in the winter?	Yes		1	} See c)	516
		No		2		
IF YES AT a) OR b)			NO AT BOTH a) AND b) DNA	X	Q.96	
c)	Do you bring up phlegm like this on most days for as much as three months each winter?	Yes		1		517
		No		2		
d)	In the past 3 years have you had a period of increased cough and phlegm lasting for 3 weeks or more?	Yes		1		518
		No		2		

96. a) Do you suffer from any recurrent or continuous pain, swelling or stiffness in any of your joints, your neck or your back? Yes 1 (b-c)
No 2 Q.97

IF YES AT a) SHOW CARD 14

b) Please look at this card and tell me which joints trouble you?

CODE IN GRID

	Left	Right	
Shoulder	1	1	520-521
Elbow	2	2	522-523
Wrist	3	3	524-525
Hand or fingers	4	4	526-527
Hip	5	5	528-529
Knee	6	6	530-531
Ankle	7	7	532-533
Foot or toes	8	8	534-535
Neck	9		536
Back	0		537

c) Does this pain, stiffness or swelling in your joints tend to . . .

	Yes	No	
. . . limit your walking or climbing stairs	1	2	538
. . . interfere with your sleeping	1	2	539
. . . make it difficult for you to grip, turn or hold things	1	2	540
. . . make it difficult for you to reach up for things	1	2	541

97a) Do you currently have any long-standing physical or health problems as a result of taking part in sports or exercise activities or from other types of injuries or accidents? Yes 1 (b-f)
No 2 See Q.98

IF YES AT a) OBTAIN DETAILS FOR MAX. 3 MOST SERIOUS

- b) What is the problem?
- c) Was it caused by taking part in sports or exercise or was it some other type of injury or accident?
- d) How long ago did the injury/accident happen?
- e) Does this problem restrict you from taking part in sports or other physical activity?
- f) Are you currently receiving medical treatment for this problem?

(b) What is problem	(c) Spts. Not	(d) No. yrs	(e) Restr. No	(f) Trt. Not	
	1 2		1 2	1 2	543-549
	1 2		1 2	1 2	550-556
	1 2		1 2	1 2	557-563

WOMEN ONLY

MEN DNA X Q. 105

OFFER SELF COMPLETION PAGE

98. a) Have you ever had any major gynaecological problems?	Yes	1 (b-c)	564
	No	2 Q.99	
IF YES AT a)			
b) How old were you when you first experienced them? Age in years		<input type="text"/> <input type="text"/>	565-566
c) Do you still suffer from them?	Yes	1 } Q.99 2 }	567
	No		
99. Do you currently have any (other) problems with your periods, the menopause or its after effects?	Yes	1	568
	No	2	
100. How old were you when your menstrual periods began?		Age in years <input type="text"/> <input type="text"/>	569-570
101a) Do you have regular periods?	Yes	1 Q. 102	571
	No	2 (b)	
IF NO AT a)			
b) Do you still have periods or have they stopped now?	Still have	1 Q. 102	572
	Stopped	2 (c)	
IF STOPPED AT b)			
c) How old were you when you had your last period?		Age in years <input type="text"/> <input type="text"/>	573-576
102a) Have you ever been pregnant?	Yes	1 (b)	575
	No	2 Q. 103	
IF YES AT a)			
b) Are you pregnant at the moment?	Yes	1 } (c) 2 }	576
	No		
c) (Not counting your current pregnancy) How many pregnancies have you had which lasted for . . .			
		28 weeks or more <input type="text"/>	577
		REPEAT . . . less than 28 weeks <input type="text"/>	578
INCLUDE ANY MISCARRIAGES ETC.			
103a) Have you ever taken oral contraceptives (the pill)?	Yes	1 (b-c)	579
	No	2 Q.104	
IF YES AT a)			
b) For how long in total have you taken the pill? ADD TOGETHER ANY SEPARATE PERIODS	Years	<input type="text"/> <input type="text"/>	580-581
	Months	<input type="text"/> <input type="text"/>	582-583
c) Are you currently taking the pill?	Yes	1 } Q.104 2 }	584
	No		
104a) Have you ever had hormone replacement therapy (HRT)?	Yes	1 (b)	585
	No	2 Q.105	
IF YES AT a)			
b) For how long were you having the treatment?	No. of months	<input type="text"/> <input type="text"/>	586-587

TO ALL

Col
Nos.

105a) Have you ever had any other major illnesses.
or health problems?

Yes

1 (b-c)

588

No

2 Q.106

IF YES AT a) LIST PROBLEMS AND ASK b) AND c)

b) How old were you when you first had....?

c) Do you still suffer from ?

PROBLEM	AGE AT ONSET	STILL HAS	NOT
		1	2
		1	2
		1	2
		1	2

589-593

594-598

599-603

604-608

106. Now, just thinking about the last four weeks, that's back
to have you had any of the following?

READ OUT

A cold or flu

Yes No

1 2

509

A cough, catarrh or sinus trouble

1 2

610

Shortness of breath

1 2

611

Feeling tired for no apparent reason

1 2

612

Indigestion or other stomach trouble

1 2

613

Diarrhoea or constipation

1 2

614

Kidney or bladder trouble

1 2

615

Pains in the chest

1 2

616

Headaches or migraine

1 2

617

Trouble with eyes or ears

1 2

618

A bad back

1 2

619

Painful joints

1 2

620

Dizziness or fainting

1 2

621

Been nervy, tense or depressed

1 2

622

Rashes, itches or other skin trouble

1 2

623

SHOW CARD 15

107. Health problems, either big or small, can affect people's lives in many different ways. I'd like you to look at this card and tell me whether your present state of health is causing problems with any of these things.

READ OUT FIRST ITEM

REPEAT QUESTION AS NECESSARY

- Looking after the home
- Going shopping
- Doing paid work
- Looking after children
- Gardening
- Going out socially
- Relationships with people you live with
- Your sex life
- Taking part in sports/exercise activities
- Your interests and hobbies
- Going away for weekends or longer holidays
- Getting out and about as much as you want to

Yes	No	Does not apply	Most affected
1	2	3	01
1	2	3	02
1	2	3	03
1	2	3	04
1	2	3	05
1	2	3	06
1	2	3	07
1	2	3	08
1	2	3	09
1	2	3	10
1	2	3	11
1	2	3	12

624
625
626
627
628
629
630
631
632
633
634
635

IF MORE THAN ONE MENTIONED AS A PROBLEM

b) Which of those you have mentioned (READ OUT) is most affected by your health?

CODE IN GRID ABOVE.

636-637

SHOW CARD 16

* 108. Could you look at this card and tell me how important are the following things to you by giving me a number from '1' which means it is not at all important, through 2, 3, 4 to '5' which means it is very important.

What number on the card would you choose to show how important you think the following things are to you:

- To relax, forget about your cares
- To get together and meet other people
- To have fun
- To get out of doors
- To feel a sense of achievement
- To feel independent
- To feel mentally alert

Not at all important	Very important					Don't know
1	2	3	4	5	6	
1	2	3	4	5	6	
1	2	3	4	5	6	
1	2	3	4	5	6	
1	2	3	4	5	6	
1	2	3	4	5	6	
1	2	3	4	5	6	
1	2	3	4	5	6	
1	2	3	4	5	6	
1	2	3	4	5	6	
1	2	3	4	5	6	
1	2	3	4	5	6	
1	2	3	4	5	6	
1	2	3	4	5	6	
1	2	3	4	5	6	

What number on the card would you choose to show how important you think the following things are to you:

- To feel in good shape physically
- To learn new things
- To look good
- To control or lose weight
- To seek adventure and excitement
- To improve or maintain your health

638
639
640
641
642
643
644

645
646
647
648
649
650

Family factors are important to people's health so now I'd like to talk a little about your own mother and father.

109a) Can I just check, is your own father still alive? (TAKE NATURAL FATHER) Yes 1 651
No 2 (b) 652
3 653

b) Has/had your father ever suffered from:

	Yes	No	Don't Know	
Angina	1	2	3	652
Heart attack	1	2	3	653
Stroke	1	2	3	654
High blood pressure	1	2	3	655
Diabetes	1	2	3	656

IF FATHER HAS DIED

OTHERS DNA

c) What did he die from? Heart attack/coronary 1 657
Stroke 2 658
Other heart condition 3 659
Cancer 4 660
Other (SPECIFY) 5 661
Don't know 662

d) How old was your father when he died? Age of father 663-664
Don't know 99

e) How old were you when he died? Age 665-666
Don't know 99

110a) How old was your father when he finished full time education? Age in years 667-668
Don't know 99

b) What was your father's job when you were born? Don't know 99 Q. 111 669-670

OCCUPATION

INDUSTRY Employed 1 671
Self employed 2
Don't know 3

111a) Is your own mother still alive?

(TAKE NATURAL MOTHER)

Yes
No
Don't know

1 }
2 } (b)
3 }

672

b) Has/had your mother ever suffered from:

Angina
Heart attack
Stroke
High blood pressure
Diabetes

Yes	No	Don't know
1	2	3
1	2	3
1	2	3
1	2	3
1	2	3

673
674
675
676
677

IF MOTHER HAS DIED

OTHERS DNA

X Q.112

c) What did she die from?

Heart attack/coronary
Stroke
Other heart condition
Cancer
Other (SPECIFY)
Don't know

1
2
3
4
5

678
679
680
681
682
683

CODE ALL THAT APPLY

d) How old was your mother when she died?

Age of mother
Don't know

684-685

e) How old were you when she died?

Age
Don't know

686-687

99

CLASSIFICATION

INTRODUCE CLASSIFICATION SECTION

112a) LIST ALL PERSONS IN HOUSEHOLD AND RECORD DETAILS

PERSON NO.	RELATIONSHIP TO RESPONDENT	CODE : SEE BELOW	RING HOH	AGE	SEX		EMPLOYMENT		
					M	F	F/t	P/t	None
1	RESPONDENT	X	1		1	2	1	2	3
2			1		1	2	1	2	3
3			1		1	2	1	2	3
4			1		1	2	1	2	3
5			1		1	2	1	2	3
6			1		1	2	1	2	3
7			1		1	2	1	2	3
8			1		1	2	1	2	3
9			1		1	2	1	2	3

CODES: Spouse 1, parent 2, child 3, other relative 4, non-relative 5

b) IS THE RESPONDENT HOH? Respondent HOH
Not 1 Q.114
2 Q.113

Description of MAIN Occ 751-753

113a) OCCUPATION Ind 754-756

Job title: INTERVIEWER CODE

Description: Employee 1 (c-d)
Self employed 2 (e) 757

b) INDUSTRY Manager 1
Foreman/supervisor 2
Other employee 3 758

IF EMPLOYEE 25 or more 2

How many employees work(ed) in this establishment? Under 25 1 759

IF SELF EMPLOYED Yes: under 25 1
25 or more 2
No 3 760

e) Does (did) he/she employ other people?

PROBE NUMBER 3

114. Are you . . .	. . . married	1	Col. Nos. 761
	single	2	
	or divorced, separated, widowed	3	

115a) In which country were you born?	UK	1	762
	Other	2	
b) For how long have you lived in this neighborhood?	Less than 1 year	00	
	No. of years	<input type="text"/> <input type="text"/>	763-764
c) And for how long altogether have you lived in the United Kingdom?	Less than 1 year	00	
	No. of years	<input type="text"/> <input type="text"/>	765-766
	Always lived in UK	88	

SHOW CARD 17

* 116a) To which of the groups listed on this card do you consider you belong?	White	1	767
	Black - Caribbean	2	
	Black - African	3	
	Black - other	4	
	Indian	5	
	Pakistani	6	
	Bangladeshi	7	
	Chinese	8	
	Any other ethnic group	9 (b)	

IF OTHER AT a)

* b) How would you describe the racial or ethnic group to which you belong?			768
---	--	--	-----

117. Do you hold a current driving licence?	Yes	1	769
	No	2	

118. Do you have regular use, either as a driver or passenger, of a car, van or motorcycle?	Car or van	1	770
	Motorcycle	2	
	Both	3	
	Neither	4	

SHOW CARD 18

119a) Do you have any of the qualifications shown on this card or any other educational qualifications?	Yes	1 (b)	771
	No	2 Q.120	

IF YES AT a)

b) What is the <u>highest</u> qualification you have obtained either while at school or gained after you left school?	CSE Grades 2-5	01	
CODE ONE ONLY	CSE Grade 1	}	772-773
CODE QUALIFICATION RESPONDENT THINKS IS HIGHEST. IF TWO OR MORE ARE EQUAL TAKE MOST RECENT OF THESE. IF STILL STUDYING TAKE HIGHEST TO DATE.	GCE 'O' level School Certificate Scottish (SCE) lower City and Guilds Craft/Ordinary level GCSE			02
	GCE 'A' level/'S' level Higher Certificate Matriculation Scottish (SCE) Higher	}	772-773
	Overseas School Leaving Exam/Certificate			03
	ONC/OND/City & Guilds Advanced/Final level	04	
	HNC/HND/City & Guilds Full Technological Certificate	05	
	RSA/Other clerical and commercial	06	
	Teachers training qualification	07	
	Nursing qualification	08	
Professional qualification (membership awarded by professional institute)		09	
	Degree, including higher degree	10	
	Other work-related qualifications/certificate	11	
Other (SPECIFY) _____		12	
		13	

120. Do you have use of a telephone within your accommodation?	Yes	1	774
	No	2	

121a) Is your accommodation owned or rented?	Owned	1 Q.122	775
	Rented	2 (b)	
IF RENTED			
b) Do you rent . . . . .	... from the local authority	1	776
	privately furnished	2	
	privately unfurnished	3	
	Other (SPECIFY)	4	

122. ASK OR RECORD			
Is your accommodation all on one floor?	Yes	1	777
	No	2	

Time finished

--	--	--	--

INTRODUCE APPRAISAL

COMPLETE SCREENING QUESTIONNAIRE

MAKE (PROVISIONAL) APPOINTMENT FOR APPRAISAL

COMPLETE APPOINTMENT SLIP AND LEAVE WITH RESPONDENT

This survey is being carried out with the support of your local health district and as a matter of courtesy, with your permission we are telling the local GP's the names of those who have taken part. Could you tell me your full name, the name and address of your GP and your National Health Service Number - that's the number on your medical card.

IF NOT AVAILABLE ASK SUBJECT TO BRING DETAILS TO THE CENTRE

GP's name

address

.....

RECORD NHS NUMBER AND FULL NAME ON SELECTION SHEET

RETURN ALL DOCUMENTS TO CENTRE AND CONFIRM APPOINTMENT WITH COORDINATOR