

Point

SAMPLE POINT NUMBER:

Range: 1..997

Address

ADDRESS NUMBER:

Range: 1..97

Hhold

HOUSEHOLD NUMBER:

Range: 1..3

AdrField

PLEASE ENTER THE FIRST TEN CHARACTERS OF THE FIRST LINE OF THE ADDRESS TAKEN FROM A.R.F. ADDRESS LABEL. MAKE SURE TO TYPE IT EXACTLY AS IT IS PRINTED.

Text: Maximum 10 characters

First

INTERVIEWER FOR INFORMATION... You are in the Questionnaire for

Point no: (*Point number*)Address no: (*Address number*)Household no: (*Household number*)

- TO UPDATE ADMIN DETAILS, PRESS <CTRL, ENTER>.
- TO COMPLETE A STARTED INDIVIDUAL SESSION, PRESS <CTRL, ENTER>.
- TO OPEN A NEW INDIVIDUAL SESSION, PRESS <END>.
- OTHERWISE PRESS 1 AND <ENTER> TO CONTINUE.

IntDate

PLEASE ENTER THE DATE OF THIS INTERVIEW.

ENTER DAY OF MONTH IN NUMBERS, NAME OF MONTH IN WORDS (FIRST THREE LETTERS), YEAR IN NUMBERS, EG. 2 Jan 72.:

Date:

WhoHere

INTERVIEWER: COLLECT NAMES OF ALL THE PEOPLE IN THIS HOUSEHOLD. START WITH THE OLDEST PERSON, THEN LIST OTHERS IN DESCENDING ORDER OF AGE.

1 Continue

IF First person in household OR More=Yes THEN**Name**ENTER THE NAME OF THE (*NEXT*) OLDEST PERSON IN THE HOUSEHOLD.**More**

Is there anyone else in this household?

1 Yes

2 No

ENDIF*(Name and More repeated for up to 12 household members)***SizeConf**So, can I check, altogether there are (*x*) people in your household?

1 Yes

2 No, more than (*x*)3 No, less than (*x*)

Person

Person number in Household Grid.

Range: 0..12

Name

First name from WhoHere

Sex

INTERVIEWER: CODE (*name of respondent's*) SEX.

- 1 Male
- 2 Female

AgeOf

Can I check, what was (*name of respondent's*) age last birthday?

Range: 0..120

IF AgeOf=Dk/Ref THEN

AgeEst

INTERVIEWER CODE: ASK IF NECESSARY ARE YOU (IS HE/SHE), AGED UNDER 2 YEARS, AT LEAST 2 UP TO 15 YEARS, OR 16 YEARS OR OLDER? IF NOT KNOW, TRY TO GET BEST ESTIMATE.

- 1 Under 2 years
- 2 2 to 15 years
- 3 16-74 years
- 4 75 years or older

ENDIF

Select

IS THIS PERSON SELECTED FOR INTERVIEW?

IF THERE ARE TWO OR MORE CHILDREN, YOU SHOULD SELECT TWO CHILDREN EVEN IF YOU LATER HAVE TO CODE 1 OR MORE AS REFUSALS.

- 1 Yes
- 2 No

IF Select=1 THEN

DoB

What is (*name of respondent's*) date of birth?

Enter Day of month in numbers, Name of month in words (first three letters), Year in numbers Eg. 2 Jan 72

IF Age of Respondent is 16 or over THEN

Marital

Are you (is he/she)...

ASK OR RECORD. CODE FIRST THAT APPLIES.

- 1 ...single, that is never married,
- 2 married and living with husband/wife,
- 3 married and separated from husband/wife,
- 4 divorced,
- 5 or, widowed?

ENDIF

IF (Age of Respondent is 2 to 15 years) THEN

LegPar

Can I check, do either of (*name of respondent's*) parents, or someone who has legal parental responsibility for him/her, live in this household?

- 1 Yes
- 2 No

Par1

Which of the people in this household are (*name of respondent's*) parents or have legal parental responsibility for him/her on a permanent basis?

CODE FIRST PERSON AT THIS QUESTION. IF Not a household member/dead, CODE 97

Range: 1..12, 97

Par1B

Is this person (*name of respondent's*) ...READ OUT...parent, or someone else with legal parental responsibility for him/her?

- 1 Parent
- 2 Legal Parental responsibility

IF Par1 IN [1..12] THEN

Par2

Which other person in this household is (*name of respondent's*) parent or have legal parental responsibility for him/her on a permanent basis?

CODE SECOND PERSON AT THIS QUESTION. IF No-one else in the household, CODE 97

Range: 1..14, 97

Par2B

Is this person (*name of respondent's*) ...READ OUT...parent, or someone else with legal parental responsibility for him/her?

- 1 Parent
- 2 Legal Parental responsibility

ENDIF

ENDIF

ENDIF

HHResp

INTERVIEWER CODE: WHO WAS THE PERSON RESPONSIBLE FOR ANSWERING THE GRIDS IN THIS QUESTIONNAIRE?

(*Code frame of adult household members*)

INTERVIEWER CODING FROM OBSERVATION**AreaType**

TYPE OF AREA

- 1 Inner city
- 2 Other dense urban/town centre
- 3 Suburban residential (city/large town outskirts)
- 4 Rural residential/village centre
- 5 Rural agricultural with isolated dwellings or small hamlets

BldType

PREDOMINANT RESIDENTIAL BUILDING TYPE

- 1 Terraced houses
- 2 Semi-detached houses
- 3 Detached houses
- 4 Mixed houses
- 5 Low rise flats (5 storey blocks or less)
- 6 High rise flats (blocks over 5 storeys)
- 7 Flats with commercial (flats/maisonettes over parades of shops)
- 8 Flats mixed (high and low rise)
- 9 Mixed houses and flats

TypDwell

HOUSEHOLD DWELLING TYPE

- 1 Detached whole house or bungalow
- 2 Semi-detached whole house or bungalow
- 3 Terraced/end of terrace whole house or bungalow
- 4 Flat or maisonette in a purpose built block: basement to 3rd floor
- 5 Flat or maisonette in a purpose built block: 4th floor or higher
- 6 Flat or maisonette in a converted house or some other kind of building
- 7 Caravan, mobile home or houseboat
- 8 Some other kind of accommodation

IF TypDwell = Other THEN

TypDwOth

PLEASE SPECIFY OTHER DWELLING TYPE.

Text: Maximum 40 characters.

ENDIF

EthMix

ETHNIC MIX OF AREA

- 1 Predominantly white
- 2 Predominantly black/brown
- 3 Mixed

Scottish Health Survey 1998 – Individual Questionnaire

Introduction

ALL

AllocP

PLEASE CHOOSE THE *(first/second/third/fourth)* PERSON YOU WISH TO INTERVIEW IN THIS QUESTIONNAIRE FROM THE LIST BELOW. YOU CAN INTERVIEW AT THE MOST 4 PERSONS IN THE SAME QUESTIONNAIRE.

(List of household members)

IF AgeP=2-12 THEN

AdResp

WHO IS ANSWERING ON BEHALF OF *(Name of selected child aged <13)?*

(List of adult household members)

ENDIF

ALL

PersDisp

INTERVIEWER: FOR YOUR INFORMATION... the person(s) now allocated to this interview are:

(List of allocated household members)

OwnDoB

Can I just check, what is your date of birth?

ENTER DAY OF MONTH IN NUMBERS, NAME OF MONTH IN **WORDS** (FIRST THREE LETTERS), YEAR IN NUMBERS.

IF *(Name)* DOES NOT KNOW HIS/HER DATE OF BIRTH, PLEASE GET AN ESTIMATE.

IF OwnDoB=Response THEN

OwnAge

Can I just check, your age is *(computed age)*?

- 1 Yes
- 2 No

ENDIF

IF OwnDoB=Not known/Refused THEN

OwnAgeE

Can you tell me your age last birthday?

IF NECESSARY: What do you estimate your age to be?

Range: 1..120

IF OwnAgeE=Not known/Refused THEN

IF Estimated age from household grid <16 THEN

AgeCEst

INTERVIEWER: ESTIMATE NEAREST AGE:

- 3 3 years
- 5 5 years
- 7 7 years
- 9 9 years
- 11 11 years
- 13 13 years
- 15 15 years

ELSE IF Estimated age from household grid >=16 THEN

AgeAEst

INTERVIEWER: ESTIMATE NEAREST AGE:

18 (ie between 16 - 19)

25 (ie between 20 - 29)

35 (ie between 30 - 39)

45 (ie between 40 - 49)

55 (ie between 50 - 59)

65 (ie between 60 - 69)

75 (ie between 70 - 79)

85 (ie 80+)

ENDIF

ENDIF

ENDIF

General health module

ASK ALL

GenHelf

How is your health in general? Would you say it was ...READ OUT..

- 1 ...very good,
- 2 good,
- 3 fair,
- 4 bad, or
- 5 very bad?

LongIll

Do you have any long-standing illness, disability or infirmity? By long-standing I mean anything that has troubled you over a period of time, or that is likely to affect you over a period of time?

- 1 Yes
- 2 No

IF LongIll=Yes THEN

FOR i=1 to 6 DO

IF (i = 1) OR (More[i - 1] = Yes) THEN

Records up to six long-standing illnesses

(IllsM[i])

What (*else*) is the matter with you?

INTERVIEWER: RECORD FULLY. PROBE FOR DETAIL.

IF MORE THAN ONE MENTIONED, ENTER ONE HERE ONLY.

Text: Maximum 60 characters

IF (i < 6) THEN

LimitAct [i]

Does this illness or disability limit your activities in any way?

- 1 Yes
- 2 No

More[i]

(Can I check) do you have any other long-standing illness, disability or infirmity?

- 1 Yes
- 2 No

ENDIF

ENDIF

ENDDO

ENDIF

ASK ALL

LastFort

Now I'd like you to think about the **two weeks** ending yesterday. During those two weeks did you have to cut down on any of the things you **usually** do about the house or at (*school/work*) or in your free time because of (*a condition you have just told me about or some other*) illness or injury?

- 1 Yes
- 2 No

IF Lastfort = Yes THEN

DaysCut

How many days was this in all during these 2 weeks, including Saturdays and Sundays?

Range: 1..14

ENDIF

Cardiovascular disease and use of services

ASK ALL AGE 16+

Chest

I am now going to ask you some questions mainly about symptoms of the chest. Have you ever had any pain or discomfort in your chest?

- 1 Yes
- 2 No

IF Chest = Yes THEN

UpHill

Do you get it when you walk uphill or hurry?

- 1 Yes
- 2 No
- 3 Sometimes/ Occasionally
- 4 Never walks uphill or hurries
- 5 (Cannot walk)

IF Uphill = Sometimes/Occasionally THEN

Most1

Does this happen on most occasions?

- 1 Yes
- 2 No

ENDIF

IF Uphill = Yes, Sometimes/Occasionally or Never walks uphill or hurries THEN

OrdPace

Do you get it when you walk at an ordinary pace on the level?

- 1 Yes
- 2 No
- 3 Sometimes/Occasionally
- 4 Never walks at an ordinary pace on the level

IF OrdPace = Sometimes/Occasionally THEN

Most2

Does this happen on most occasions?

- 1 Yes
- 2 No

ENDIF

ENDIF

IF (Uphill=Yes) OR (OrdPace=Yes) OR (Most1=Yes) OR (Most2=Yes) THEN

WalkDo

What do you do if you get it while you are walking? Do you stop, slow down or carry on?

IF RESPONDENT UNSURE, PROBE: What do you do on most occasions?

- 1 Stop
- 2 Slow down
- 3 Carry on

IF Walkdo = Stop or SlowDown THEN

PainAway

If you stand still does the pain go away or not?

IF RESPONDENT UNSURE, PROBE : What happens to the pain on most occasions?

- 1 Pain goes away
- 2 Pain doesn't go away

IF PainAway = Pain goes away THEN

SoonAway

How soon does the pain go away? does it go in ...READ OUT...

- 1 ...10 minutes or less,
- 2 or more than 10 minutes?

IF SoonAway = 10 minutes or less THEN

ShowPain

Will you show me where you get this pain or discomfort?

INTERVIEWER: USE SHOW CARD A TO HELP CODE POSITION OF PAIN OR DISCOMFORT. CODE ALL THAT APPLY. PROBE: Where else?

- 1 Sternum (upper or middle)
- 2 Sternum lower
- 3 Left anterior chest
- 4 Left arm
- 5 Right anterior chest
- 6 Right arm
- 7 (Somewhere else)

ENDIF

ENDIF

ENDIF

ENDIF

SevPain

Have you ever had a severe pain across the front of your chest lasting for half an hour or more?

- 1 Yes
- 2 No

IF SevPain=Yes THEN

DocSee

Did you see a doctor because of this pain?

- 1 Yes
- 2 No

IF DocSee = Yes THEN

DocWhat

What did the doctor say it was?

CODE ALL THAT APPLY

- 1 Angina
- 2 Heart attack
- 3 Did not say
- 4 Other

ENDIF

ENDIF

ENDIF

ASK ALL AGE 16+

ECGEver

Have you ever had an electrical recording of your heart (ECG) performed?

- 1 Yes
- 2 No

IF ECGEver = Yes THEN

WhereECG

Where did you have it?

CODE ALL THAT APPLY. PROBE: Where else?

- 1 Hospital (inpatient)
- 2 Hospital (outpatient)
- 3 GP Surgery
- 4 Other

WhenECG

How long ago was this?

TYPE IN NUMBER OF YEARS AGO. IF MORE THAN ONE, TAKE LAST OCCASION.

LESS THAN ONE YEAR = 0

Range: 0..110

ENDIF

ASK ALL AGE 16+

Flegm

Do you **usually** bring up any phlegm from your chest, first thing in the morning in winter?

- 1 Yes
- 2 No

IF Flegm = No or Don't know THEN

FleDa

Do you **usually** bring up any phlegm from your chest, during the day or at night in the winter?

- 1 Yes
- 2 No

ENDIF

IF Flegm=Yes OR FleDa=Yes THEN

FreFl

Do you bring up phlegm like this on most days for as much as three months each year?

- 1 Yes
- 2 No

ENDIF

IF Uphill <>Cannot walk THEN

SoBUp

Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?

- 1 Yes
- 2 No
- 3 Never walks uphill or hurries
- 4 Cannot walk

IF SoBUp = Yes, Never walks uphill or hurries or Don't know THEN

SoBAg

Do you get short of breath walking with other people of your own age on level ground?

- 1 Yes
- 2 No
- 3 Never walks with people of own age on level ground

IF SoBAg = Yes or No THEN

SoLev

Do you have to stop for breath when walking at your own pace on level ground?

- 1 Yes
- 2 No

ENDIF

ENDIF

ENDIF

ASK ALL AGE 16+

Wheeze

Have you had attacks of wheezing or whistling in your chest at any time in the last 12 months?

- 1 Yes
- 2 No

ShBrth

Have you at any time in the past 12 months been woken at night by an attack of shortness of breath?

- 1 Yes
- 2 No

WhzAttk

Have you ever had attacks of shortness of breath with wheezing?

- 1 Yes
- 2 No

IF Whzattk=Yes THEN

Normal

Is/Was your breathing absolutely normal between attacks?

- 1 Yes
- 2 No

ENDIF

IF Uphill <> Cannot Walk AND SoBUp <>Cannot Walk

LegPain

Do you get a pain or discomfort in either of your legs **which comes on** when you walk?

INTERVIEWER: EXCLUDE NON-CARDIOVASCULAR PROBLEMS SUCH AS RHEUMATISM AND SCIATICA

- 1 Yes
- 2 No
- 3 Cannot walk

IF LegPain = Yes

StanSit

Does this pain ever begin when you are standing still or sitting?

- 1 Yes
- 2 No

WalkUp

Do you get it if you walk uphill or hurry?

- 1 Yes
- 2 No
- 3 Never walks uphill or hurries

LevelOr

Do you get it when you walk at an ordinary pace on the level?

- 1 Yes
- 2 No
- 3 Never walks at an ordinary pace on the level

Still

What happens if you stand still? Does the pain usually ...READ OUT..

- 1 ...continue for more than 10 minutes,
- 2 or disappear in 10 minutes or less?

WhereP

Where do you get this pain or discomfort?

CODE ALL THAT APPLY .

- 1 Calf muscle
- 2 Thigh or buttocks
- 3 Other area

ENDIF

ENDIF

ASK ALL AGE 16+

IntroCVD

INTERVIEWER READ OUT: You have already talked to me about your health, and now I would like to go on and talk in more detail about some particular conditions. (They may include some of the things you have already mentioned.)

CVD1

Do you now have, or have you ever had...READ OUT ...high blood pressure (sometimes called hypertension)?

- 1 Yes
- 2 No

CVD2

Have you ever had angina?

- 1 Yes
- 2 No

CVD3

Have you ever had a heart attack (including myocardial infarction or coronary thrombosis)?

- 1 Yes
- 2 No

CVD4

And do you now have, or have you ever had...READ OUT ...a heart murmur?

- 1 Yes
- 2 No

CVD5

...abnormal heart rhythm?

- 1 Yes
- 2 No

CVD6

...any other heart trouble?

- 1 Yes
- 2 No

IF CVD6 = Yes THEN

CVDOth

What is that condition?INTERVIEWER: RECORD FULLY. PROBE FOR DETAIL.

Text: Maximum 50 characters

ENDIF

ASK ALL AGE 16+

CVD7

Have you ever had a stroke?

- 1 Yes
- 2 No

CVD8

Do you now have, or have you ever had diabetes?

- 1 Yes
- 2 No

IF CVD2 = Yes THEN

DocTold2

You said that you had Angina. Were you told by a doctor that you had angina?

- 1 Yes
- 2 No

IF DocTold2 = Yes THEN

AgeTold2

Approximately how old were you when you were first told by a doctor that you had angina?

TYPE IN AGE IN YEARS

Range: 0..110

PastYr2

Have you had angina during the past 12 months?

- 1 Yes
- 2 No

ENDIF

ENDIF

IF CVD3 = Yes THEN

DocTold3

Were you told by a doctor that you had a heart attack (including myocardial infarction or coronary thrombosis)?

- 1 Yes
- 2 No

IF DocTold3 = Yes THEN

AgeTold3

Approximately how old were you when you were first told by a doctor that you had a heart attack (including myocardial infarction and coronary thrombosis)? TYPE IN AGE IN YEARS

Range: 0..110

PastYr3

Have you had a heart attack (including myocardial infarction and coronary thrombosis) during the past 12 months?

- 1 Yes
- 2 No

ENDIF

ENDIF

IF CVD5 = Yes THEN

DocTold5

Were you told by a doctor that you had abnormal heart rhythm?

- 1 Yes
- 2 No

IF DocTold5 = Yes THEN

AgeTold5

Approximately how old were you when you were first told by a doctor that you had abnormal heart rhythm?

TYPE IN AGE IN YEARS, IF BORN WITH IT, CODE 0

Range: 0..110

PastYr5

Have you had abnormal heart rhythm during the past 12 months?

- 1 Yes
- 2 No

ENDIF

ENDIF

IF CVD6 = Yes THEN

DocTold6

Were you told by a doctor that you had (*name of 'other heart condition'*)?

- 1 Yes
- 2 No

IF DocTold6 = Yes THEN

AgeTold6

Approximately how old were you when you were first told by a doctor that you had (*name of 'other heart condition'*)?

TYPE IN AGE IN YEARS, IF BORN WITH IT, CODE 0

Range: 0..110

PastYr6

Have you had (*name of 'other heart condition'*) during the past 12 months?

- 1 Yes
- 2 No

ENDIF

ENDIF

IF CVD7 = Yes THEN

DocTold7

Were you told by a doctor that you had a stroke?

- 1 Yes
- 2 No

IF DocTold7 = Yes THEN

AgeTold7

Approximately how old were you when you were first told by a doctor that you had a stroke?

TYPE IN AGE IN YEARS

Range: 0..110

PastYr7

Have you had a stroke during the past 12 months?

- 1 Yes
- 2 No

ENDIF

ENDIF

IF (CVD2 = Yes) OR (CVD3 = Yes) OR (CVD5 = Yes) OR (CVD6 = Yes) OR (CVD7 = Yes) THEN

Medicin

Are you currently taking any medicines, tablets or pills because of your(*heart condition or stroke*)?

- 1 Yes
- 2 No

IF (CVD2 = Yes) OR (CVD3 = Yes) OR (CVD5 = Yes) OR (CVD6 = Yes) THEN

Surgery

Have you ever undergone any surgery or operation because of your heart condition?

- 1 Yes
- 2 No

IF (Surgery = Yes) THEN

WhenSur

How long ago was this?

TYPE IN NUMBER OF YEARS AGO. IF MORE THAN ONE OPERATION, TAKE LAST OCCASION.

LESS THAN ONE YEAR = 0

Range: 0..110

ENDIF

Waiting

Can I just check, are you currently on a waiting list for any such surgery or operation?

- 1 Yes
- 2 No

ENDIF

OthTrt

Are you currently receiving any(*other*) treatment or advice because of your (*heart condition or stroke*)?

INCLUDE REGULAR CHECK-UPS

- 1 Yes
- 2 No

IF OthTrt = Yes THEN

WhatOth

What (*other*) treatment or advice are you currently receiving because of your (*heart condition or stroke*)? PROBE: What else? CODE ALL THAT APPLY

- 1 Special diet
- 2 Regular check-up with GP/hospital/clinic
- 3 Taking medication
- 4 Other (RECORD AT NEXT QUESTION)

IF WhatOth = Other THEN

WhatOSp

PLEASE SPECIFY...

Text: Maximum 60 characters

ENDIF

ENDIF

ENDIF

IF CVD1 = Yes THEN

DocBP

You mentioned that you have had high blood pressure. Were you told **by a doctor or nurse** that you had high blood pressure?

- 1 Yes
- 2 No

IF (DocBP = Yes) AND (Sex = Female) THEN

PregBP

Can I just check, were you pregnant when you were told that you had high blood pressure?

- 1 Yes
- 2 No

IF PregBP = Yes THEN

OthBP

Have you ever had high blood pressure apart from when you were pregnant?

- 1 Yes
- 2 No

ENDIF

ENDIF

ENDIF

IF (DocBP = Yes) AND (OthBP <> No) THEN

AgeBP

(*Apart from when you were pregnant, approximately/Approximately*) how old were you when you were first told by a (doctor/nurse) that you had high blood pressure? ENTER AGE IN YEARS

Range: 0..110

MedBP

Are you currently taking any medicines, tablets or pills for high blood pressure?

- 1 Yes
- 2 No

IF MedBP = No, Don't know or refused THEN

BPStill

ASK OR RECORD: Do you still have high blood pressure?

- 1 Yes
- 2 No

EverMed

Have you **ever** taken medicines, tablets, or pills for high blood pressure in the past?

- 1 Yes
- 2 No

IF EverMed = Yes THEN

StopMed

Why did you stop taking (medicines/tablets/pills) for high blood pressure? PROBE: What other reason? TAKE LAST OCCASION. CODE ALL THAT APPLY

- 1 **Doctor advised me to stop due to:** improvement
- 2 lack of improvement
- 3 other problem
- 4 **Respondent decided to stop:** because felt better
- 5 ... for other reason
- 6 **Other reason**

ENDIF

ENDIF

OthAdv

Are you receiving any (*other*) treatment or advice because of your high blood pressure? INCLUDE REGULAR CHECK-UPS

- 1 Yes
- 2 No

IF OthAdv = Yes THEN

WhatTrt

What other treatment or advice are you currently receiving because of your high blood pressure? PROBE: What else? CODE ALL THAT APPLY

- 1 Blood pressure monitored by GP/nurse
- 2 Advice or treatment to lose weight
- 3 Blood tests
- 4 Change diet
- 5 Stop smoking
- 6 Reduce stress
- 7 Other (RECORD AT NEXT QUESTION)

IF WhatTrt = Other THEN

WhatTSp

PLEASE SPECIFY...

Text: Maximum 50 characters

ENDIF

ENDIF

ENDIF

IF CVD8 = Yes THEN

Diabetes

Were you told by a doctor that you had diabetes?

- 1 Yes
- 2 No

IF (Diabetes = Yes) AND (Sex = Female) THEN

DiPreg

Can I just check, were you pregnant when you were told that you had diabetes?

- 1 Yes
- 2 No

IF DiPreg = Yes THEN

DiOth

Have you ever had diabetes apart from when you were pregnant?

- 1 Yes
- 2 No

ENDIF

ENDIF

IF (Diabetes = Yes) AND (DiOth <> No) THEN

DiAge

(Apart from when you were pregnant, approximately/Approximately) how old were you when you were first told by a doctor that you had diabetes? ENTER AGE IN YEARS

Range: 0..110

Insulin

Do you currently inject insulin for diabetes?

- 1 Yes
- 2 No

DiMed

Are you currently taking any medicines, tablets or pills(*other than insulin injections*) for diabetes?

- 1 Yes
- 2 No

OthDi

Are you currently receiving any(*other*) treatment or advice for diabetes? INCLUDE REGULAR CHECK-UPS.

- 1 Yes
- 2 No

IF (OthDi = Yes) THEN

OtherDi

What (*other*) treatment or advice are you currently receiving for diabetes?

PROBE: What else? CODE ALL THAT APPLY

- 1 Special diet
- 2 Regular check-up with GP/hospital/clinic
- 3 Other (RECORD AT NEXT QUESTION)

IF OtherDi = Other THEN

WhatDSp

PLEASE SPECIFY...

Text: Maximum 50 characters

ENDIF

ENDIF

ENDIF

ENDIF

IF CVD4 = Yes THEN

Murmur (MurDoc)

You mentioned that you have had a heart murmur. Were you told by a **doctor** that you had a heart murmur?

- 1 Yes
- 2 No

IF (Murmur = Yes) AND (Sex = Female) THEN

PregMur

Can I just check, were you pregnant when you were told that you had a heart murmur?

- 1 Yes
- 2 No

IF PregMur = Yes THEN

NoPregM

Have you ever had a heart murmur **apart** from when you were pregnant?

- 1 Yes
- 2 No

ENDIF

ENDIF

IF (Murmur = Yes) AND (NoPregM <> No) THEN

AgeMur

(Apart from when you were pregnant, approximately/Approximately) how old were you when you were first told by a doctor that you had a heart murmur?

ENTER AGE IN YEARS. IF BORN WITH IT ENTER 0

Range: 0..110

MurYr

Have you had a heart murmur during the past twelve months?

1 Yes

2 No

MedMur

Are you currently taking any medicines, tablets or pills because of your heart murmur?

1 Yes

2 No

SurgMur

Have you ever undergone any surgery or operation because of your heart murmur?

1 Yes

2 No

IF SurgMur = Yes THEN

LongMur

How long ago was this?

ENTER NUMBER OF YEARS AGO. IF MORE THAN ONE OPERATION, TAKE LAST OCCASION.

LESS THAN ONE YEAR AGO = 0

Range: 0..110

ENDIF

WaitMur

Can I just check, are you currently on a waiting list for any such surgery or operation?

1 Yes

2 No

OthMur

Are you currently receiving any(*other*) treatment or advice because of your heart murmur?

INCLUDE REGULAR CHECK-UPS

1 Yes

2 No

IF OthMur = Yes THEN

MurOth

What other treatment or advice are you currently receiving because of your heart murmur?

INTERVIEWER: RECORD FULLY. PROBE FOR DETAIL.

Text: Maximum 50 characters

ENDIF

ENDIF

ENDIF

IF Yes at any of CVD1, CVD2, CVD3, CVD5, CVD6, CVD7 CVD8 THEN

DocTalk

During the 2 weeks ending yesterday, apart from any visit to a hospital, have you talked to a doctor on your own behalf, either in person or by telephone?

EXCLUDE CONSULTATIONS MADE ON BEHALF OF OTHERS

1 Yes

2 No

ENDIF

IF DocTalk = Yes THEN

DocNum

How many times have you talked to a doctor in these 2 weeks?

Range: 0..14

Consul

(Were any of these consultations/Was this consultation) about your (heart condition or stroke)...READ OUT...

CODE ALL THAT APPLY

- 1 No
- 2 Yes, about: high blood pressure
- 3 Angina
- 4 Heart attack
- 5 Heart murmur
- 6 Abnormal heart rhythm
- 7 Other heart trouble
- 8 Stroke
- 9 Diabetes

ENDIF

IF Yes at any of CVD1, CVD2, CVD3, CVD5, CVD6, CVD7 CVD8 THEN

OutPat

During the last 12 months, that is since(*date a year ago*), did you attend hospital as an out-patient, day-patient or casualty?

- 1 Yes
- 2 No

ENDIF

IF OutPat = Yes THEN

WhyOutP

Was this because of your (*heart condition or stroke*)?

- 1 Yes
- 2 No

ENDIF

IF Yes at any of CVD1, CVD2, CVD3, CVD5, CVD6, CVD7 CVD8 THEN

InPat

During the last 12 months, that is since(*date a year ago*), have you been in hospital as an in-patient, overnight or longer?

- 1 Yes
- 2 No

ENDIF

IF InPat = Yes

WhyInp

Was this because of your (*heart condition or stroke*)?

- 1 Yes
- 2 No

ENDIF

IF CVD1= No AND CVD2=NO AND CVD3=NO AND CVD5=NO AND CVD6=NO AND CVD7=NO AND CVD8=NO OR Age of Respondent is between 2 and 15 years THEN

DocTalkN

During the 2 weeks ending yesterday, apart from any visit to a hospital, have you talked to a doctor on your own behalf, either in person or by telephone?

- 1 Yes
- 2 No

ENDIF

IF DocTalkN = Yes THEN

DocNumN

How many times have you talked to a doctor in these 2 weeks?

Range: 0..14

ENDIF

IF DocTalkN <> Yes AND DocTalk <> Yes THEN

LastDocN

Apart from any visit to a hospital, when was the last time you talked to a doctor on your own behalf?

PROMPT

- 1 Less than two weeks ago
- 2 2 weeks ago but less than a month ago
- 3 1 month ago but less than 3 months ago
- 4 3 months ago but less than 6 months ago
- 5 6 months ago but less than a year ago
- 6 A year or more ago
- 7 Never consulted a doctor

ENDIF

IF CVD1= No AND CVD2=NO AND CVD3=NO AND CVD5=NO AND CVD6=NO AND CVD7=NO AND CVD8=NO OR Age of Respondent is between 2 and 15 years THEN

OutPatN

During the last 12 months, that is since (*date a year ago*), did you attend hospital as an out-patient, day-patient or casualty?

- 1 Yes
- 2 No

InPatN

During the last 12 months, that is since (*date a year ago*) have you been in hospital as an in-patient, overnight or longer?

- 1 Yes
- 2 No

ENDIF

ASK ALL AGE 16+

BPMeas

May I just check, have you ever had your blood pressure measured by a doctor or nurse?

- 1 Yes
- 2 No

IF BPMeas = Yes THEN

LastBP

When was the last time your blood pressure was measured by a doctor or nurse? Was it ...READ OUT.

- 1 ...during the last 12 months,
- 2 at least a year but less than 3 years ago,
- 3 at least 3 years but less than 5 years ago,
- 4 or 5 years ago or more?

NormBP

Thinking about the last time your blood pressure was measured, were you told it was ...READ OUT ...

INTERVIEWER: CODES 1,2,3 = TOLD WITH OR WITHOUT RESPONDENT ASKING

- 1 normal (alright/fine),
- 2 higher than normal,
- 3 lower than normal,
- 4 or were you not told anything?

IF (NormBP = High) AND CVD1 <> Yes) THEN

OnlyHi

Is this the only time your blood pressure has been higher than normal or has it been higher than normal a number of times?

- 1 Only time
- 2 A number of times

ENDIF

ENDIF

ASK ALL AGE 16+

CHMeas

Have you ever had your blood cholesterol level measured by a doctor or nurse?

- 1 Yes
- 2 No

IF CHMeas = Yes THEN

LastCH

When was the last time your blood cholesterol level was measured by a doctor or nurse? Was it ...**READ OUT ...**

- 1 ...during the last 12 months,
- 2 at least a year but less than 3 years ago,
- 3 at least 3 years but less than 5 years ago
- 4 or five years ago or more?

NormCH

Thinking about the last time your blood cholesterol level was measured, were you told it was ...

READ OUT.... INTERVIEWER: CODES 1,2,3 = TOLD WITH OR WITHOUT RESPONDENT ASKING.

- 1 normal (alright/fine),
- 2 higher than normal,
- 3 lower than normal,
- 4 or were you not told anything?

ENDIF

HNotAsk

Can I check, do you have any other health problems that I have not asked you about?

- 1 Yes
- 2 No

IF HnotAsk=Yes THEN

HnoWhat

What are these health problems?

DO NOT PROBE

Text: 100 characters

ENDIF

Asthma module

ASK ALL

EverW

I am now going to ask you some questions about your breathing.

Have you ever had wheezing or whistling in the chest at any time, either now or in the past?

- 1 Yes
- 2 No

IF EverW = Yes THEN

NoCol

Have you ever had this wheezing or whistling when you did not have a cold?

- 1 Yes
- 2 No

BrWhy

Have you ever been at all breathless when the wheezing or whistling noise was present?

- 1 Yes
- 2 No

TweWz

Have you ever had wheezing or whistling in the chest in the last 12 months?"

- 1 Yes
- 2 No

IF TweWz=Yes THEN

Attak

How many attacks of wheezing/whistling have you had in the last 12 months?

IF DK, OBTAIN ESTIMATE.

PROMPT IF REQUIRED:

- 1 1 to 3
- 2 4 to 12
- 3 More than 12 attacks

SleTw

In the last 12 months, how often on **average** has your sleep been disturbed due to wheezing/whistling?

Have you ...READ OUT...

- 1 ...never woken with wheezing,
- 2 woken less than 1 night per week,
- 3 woken one or more nights per week? IF DK, OBTAIN ESTIMATE.

Speke

In the last 12 months, has the wheezing/whistling ever been severe enough to limit your speech to only one or two words at a time between breaths?

- 1 Yes
- 2 No

NaDLi

In the last 12 months, how much did wheezing/whistling interfere with your normal daily activities

...READ OUT...

- 1 ...not at all,
- 2 a little,
- 3 quite a bit,
- 4 or a lot?

ENDIF

RecAtW

When was most recent attack of wheezing/whistling?

PROMPT IF NECESSARY.

- 1 Less than 4 weeks ago
- 2 More than 4 weeks but within the last 12 months
- 3 One to five years ago
- 4 More than 5 years ago

ENDIF

ConDr

Did a doctor ever tell you that you had asthma?

EXCLUDE: HOMEOPATHS, ETC.

- 1 Yes
- 2 No

IF ConDr = Yes AND (EverW=No OR EverW= Don't Know) OR (EverW=Yes AND TweWz=No or Don't Know)

AsTwe

When was your most recent attack of asthma?

PROMPT IF NECESSARY.

- 1 Less than 4 weeks ago
- 2 More than 4 weeks but within the last 12 months
- 3 One to five years ago
- 4 More than 5 years ago

ENDIF

IF ((EverW=No OR ConDr=Yes) AND AstWe OR RecAtW = between less than 4 weeks ago...One to Five years ago) THEN

TrtWze

SHOW CARD B

Have you received any treatment or advice for your (*asthma/wheezing or whistling*) from any of the people on this card?

- 1 Yes
- 2 No

IF TrtWze=Yes THEN

TrtWh

Which ones? PROBE: Any others? CODE ALL THAT APPLY

- 1 A general practitioner (GP)
- 2 Nurse at GP surgery/Health centre
- 3 Community, School or District Nurse
- 4 Hospital casualty/Accident and Emergency department
- 5 Consultant/Specialist or other doctor at hospital outpatients
- 6 Consultant/Specialist or other doctor elsewhere
- 7 Homeopath
- 8 Acupuncturist
- 9 Other alternative medicine professional

IF TrtWh=A General Practitioner (GP)

TrTim1

How many times were you treated by a general practitioner for your (*asthma/wheezing or whistling*) in the last 12 months?

Range: 0..52

ENDIF

IF TrtWh=A Nurse at GP Surgery/Health Centre

TrTim2

How many times were you treated by a nurse at a GP surgery/Health centre for your (*asthma/wheezing or whistling*) in the last 12 months?

Range: 0..52

ENDIF

IF TrtWh=Community, School or District nurse

TrTim3

How many times were you treated by a Community, School or District nurse for your
(*asthma/wheezing or whistling*) in the last 12 months?

Range: 0..52

ENDIF

IF TrtWh= hospital casualty or Accident and Emergency Department

TrTim4

How many times were you treated at a hospital casualty or Accident and Emergency Department for
your (*asthma/wheezing or whistling*) in the last 12 months?

Range: 0..52

ENDIF

IF TrtWh=Consultant/Specialist or other doctor at hospital outpatients

TrTim5

How many times were you treated by a Consultant/Specialist or other doctor at hospital outpatients
for your (*asthma/wheezing or whistling*) in the last 12 months?

Range: 0..52

ENDIF

IF TrtWh=Consultant/Specialist or other doctor elsewhere

TrTim6

How many times were you treated by a Consultant/Specialist or other doctor elsewhere for your
(*asthma/wheezing or whistling*) in the last 12 months?

Range: 0..52

ENDIF

ENDIF

ENDIF

Accidents

ASK ALL

PreAcc

Now I would like to ask you about accidents that may have happened to you recently.

BY ACCIDENTS I MEAN ACCIDENTAL EVENTS WHICH RESULTED IN INJURY OR PHYSICAL HARM TO YOU PERSONALLY

DrAcc

In the last 12 months have you had any kind of accident which caused you to see a doctor, nurse or other health professional, or to take time off work (*or school*)?

- 1 Yes
- 2 No

IF DrAcc=Yes THEN

NDrAcc

How many accidents have you had in the last 12 months where you saw a doctor or went to hospital?"

Range: 1..10

DrWyr

SHOW CARD C

Now can we talk about the (*most recent*) accident. Where did the accident happen?

INTERVIEWER PLEASE READ OUT AND CODE ONE ONLY.

- 1 On a pavement or a pedestrian area
- 2 On a road
- 3 In a home or garden (either your own or someone else's)
- 4 In a place used for sports, play or recreation (including sports facility at a school or college)
- 5 In some other part of a school or college
- 6 In an office, factory, shop, pub, restaurant or other public building
- 7 Other (SPECIFY AT NEXT QUESTION)

IF DrWyr=Other THEN

WyrOth

PLEASE SPECIFY....

Text: maximum 50 characters

ENDIF

AxCause

What caused this accident? CODE ALL THAT APPLY

- 1 Hit by a falling object
- 2 Fall, slip or trip
- 3 Road traffic accident
- 4 Sports or recreational accident
- 5 Caused by tool, implement or piece of electrical or mechanical equipment
- 6 Burn/scald
- 7 Animal/insect bite or sting
- 8 Caused by another person (e.g. attacked)
- 9 Other (SPECIFY AT NEXT QUESTION)
- 10 *Lifting*

IF AxCause=Other THEN

CauseOth

PLEASE SPECIFY...

Text: maximum 50 characters

ENDIF

IF DrAcc=Yes AND Age of Respondent is between 13 and 74 years THEN

DrJob

At the time of the accident, did you have a paid job?

- 1 Yes
- 2 No

IF DrJob=Yes THEN

DrWrk

(Can I check,) did the accident happen while you were at work?

- 1 Yes
- 2 No

IF DrWrk =Yes THEN

InOut

Did the accident happen outdoors or indoors?

- 1 Outdoors
- 2 Indoors

ENDIF

ENDIF

ENDIF

IF (DrJob=Yes AND Age of Respondent is 16 to 74 years) OR Age of Respondent is 4 to 15 years THEN

TimeOff

As a result of the accident did you have to take any time off(*work/school or college*)?

- 1 Yes
- 2 No

ENDIF

DrInj

SHOW CARD D

(Can I check,) which of the types of injury described on this card did you suffer? PROBE: What else?

CODE ALL THAT APPLY

- 1 Broken bones
- 2 Dislocated joints
- 3 Losing consciousness
- 4 Straining or twisting a part of the body
- 5 Cutting, piercing or grazing a part of the body
- 6 Bruising, pinching or crushing a part of the body
- 7 Swelling or tenderness in some part of the body
- 8 Getting something stuck in the eye, throat, ear or other part of the body
- 9 Burning or scalding
- 10 Poisoning
- 11 Other injury to internal parts of the body
- 12 Animal or insect bite or sting
- 13 Other. PLEASE SPECIFY

IF DrInj=Other THEN

InjOth

PLEASE SPECIFY....

Text: maximum 50 characters

ENDIF

DrAid

SHOW CARD E

(Can I check,) from which of the people on this card did you get help or advice about the injury you suffered? PROBE: Who else?

CODE ALL THAT APPLY.

- 1 Hospital
- 2 GP/Family Doctor
- 3 Nurse at GP surgery
- 4 Nurse at place of work, school or college
- 5 Doctor at place of work, school or college
- 6 Other doctor or nurse
- 7 Ambulance staff
- 8 Volunteer first aider
- 9 Chemist or pharmacist
- 10 Family, friends, colleagues, passers-by
- 11 Looked after self
- 12 Other person/s

Prevent

Thinking back to the way the accident happened do you think anything could have been done to prevent it?

CODE ALL THAT APPLY

- 1 Yes - by respondent
- 2 Yes - by others
- 3 No

ENDIF

Adult physical activity module (16+)

ASK ALL AGE 16+

Work

I'd like to ask you about some of the things you have done in the past four weeks that involve physical activity this could be at work (*school/college*) or in your free time. (Can I just check) were you in paid employment or self-employed in the past four weeks?

- 1 Yes
- 2 No

IF Work = Yes THEN

Active

Thinking about your job in general would you say that you are ..READ OUT..

- 1 ...very physically active,
- 2 ...fairly physically active,
- 3 ...not very physically active,
- 4 ...or, not at all physically active in your job?

ENDIF

ASK ALL AGE 16+

Housewrk

I'd like you to think about the physical activities you have done in the last few weeks (*when you were not doing your paid job.*) Have you done any housework in the past four weeks, that is from (*date four weeks ago*) up to yesterday?

- 1 Yes
- 2 No

IF Housewrk = Yes THEN

HWrkList

SHOW CARD F

Have you done any housework listed on this card?

- 1 Yes
- 2 No

HevyHWrk

SHOW CARD G

Some kinds of housework are heavier than others. This card gives some examples of heavy housework. It does not include everything, these are just examples. Was any of the housework you did in the last four weeks this kind of heavy housework?

- 1 Yes
- 2 No

IF HevyHWrk = Yes THEN

HeavyDay

During the past four weeks on how many **days** have you done this kind of **heavy** housework?

Range: 1..28

HrsHHW

On the days you did heavy housework, how long did you usually spend?

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

Range: 0..12

MinHHW

RECORD MINUTES SPENT ON HEAVY HOUSEWORK.

Range: 0..59

HWTim

Computed total time from *HRSHHW* and *MINHHW*.

Range: 0..779

ENDIF

ENDIF

ASK ALL AGE 16+

Garden

Have you done any gardening, DIY or building work in the past four weeks, that is since *(date four weeks ago)*?

- 1 Yes
- 2 No

IF Garden = Yes THEN

GardList

SHOW CARD H

Have you done any gardening, DIY or building work listed on this card?

- 1 Yes
- 2 No

ManWork

SHOW CARD I

Have you done any gardening, DIY or building work from this other card, or any similar heavy manual work?

- 1 Yes
- 2 No

IF ManWork = Yes THEN

ManDays

During the past 4 weeks on how many **days** have you done this kind of **heavy** manual gardening or DIY?

Range: 1..28

HrsDIY

On the days you did heavy manual gardening or DIY, how long did you usually spend?

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

Range: 0..12

MinDIY

RECORD MINUTES SPENT ON GARDENING OR DIY.

Range: 0..59

DIYTim

Computed total time from HrsDIY and MinDIY.

Range: 0..779

ENDIF

ENDIF

ASK ALL AGE 16+

Wlk5Int

I'd like you to think about **all** the **walking** you have done in the past 4 weeks either locally or away from here. Please include any country walks, walking to and from work and any other walks that you have done. In the past four weeks, that is since *(date four weeks ago)*, have you done a **continuous** walk that lasted **at least 5** minutes?

- 1 Yes
- 2 No
- 3 Can't walk at all

IF Wlk5Int = Yes THEN

Wlk15M

In the past four weeks, have you done a **continuous** walk that lasted **at least 15** minutes? (That is since *(date four weeks ago)*)

- 1 Yes
- 2 No

IF Wlk15M = Yes THEN

DayWlk

During the past four weeks, on how **many days** did you do a walk of at least 15 minutes? (That is since *(date four weeks ago)*)

Range: 1..28

Day1Wlk

On that day (*any of those days*) did you do **more than one** walk lasting at least 15 minutes?

- 1 Yes, more than one walk of 15+ mins (on at least one day)
- 2 No, only one walk of 15+ mins a day

IF (DayWlk in [2..28]) AND (Day1Wlk = Yes) THEN

Day2Wlk

On how many days in the last four weeks did you do **more than one** walk that lasted at least 15 minutes?

Range: 1..28

ENDIF

IF Wlk15M = Yes THEN

HrsWlk

How long did you usually spend walking each time you did a walk for 15 minutes or more?

IF VERY DIFFERENT LENGTHS, PROBE FOR MOST REGULAR. RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR.RECORD MINUTES AT NEXT QUESTION.

Range: 0..12

MinWlk

RECORD HERE MINUTES SPENT WALKING.

Range: 0..59

TotTim

Computed total time from HrsWlk and MinWlk.

Range: 0..779

ENDIF

ENDIF

WalkPace

Which of the following best describes your **usual** walking pace ...READ OUT...

- 1 ...a slow pace,
- 2 ...a steady average pace,
- 3 ...a fairly brisk pace,
- 4 ...or, a fast pace - at least 4 mph?
- 5 (none of these)

ENDIF

ASK ALL AGE 16+

ActPhy

SHOW CARD J

Can you tell me if you have done any activities on this card during the last 4weeks, that is since *(date four weeks ago)*? Include teaching, coaching, training and practice sessions.

- 1 Yes
- 2 No

IF ActPhy = Yes THEN

WhtAct

Which have you done in the last four weeks?PROBE: Any others? CODE ALL THAT APPLY.

- 1 Swimming,
- 2 Cycling,
- 3 Workout at a gym/Exercise bike/ Weight training
- 4 Aerobics/Keep fit/Gymnastics/ Dance for fitness
- 5 Any other type of dancing
- 6 Running/jogging
- 7 Football/rugby
- 8 Badminton/tennis
- 9 Squash
- 10 Exercises (e.g. press-ups, sit ups)

ENDIF

Repeat for up to 6 additional sports:

FOR ActVar := 11 TO 16 DO

IF (ActVar = 11) OR (OActQ[ActVar - 1] = Yes) THEN

OactQ[i]

Have you done any other sport or exercise not listed on the card?

ARRAY[11..16] OF Yes, No

IF (OActQ = Yes) THEN

OthAct[i]

PROBE FOR NAME OF SPORT OR EXERCISE. WRITE IN.

ARRAY[11..16] OF STRING[20]

(coded to Actax, Actbx....Actfx)

ENDIF

ENDIF

ENDDO

DayExc to ExcSwt repeated for each sport/exercise coded at WhtAct or mentioned at OthAct

(Renamed for each Sport/Exercise eg swimocc, swimhrs, swimmin, swimeff)

FOR ActVar := 1 TO 16 DO

**IF ((ActVar in [1..10]) AND (ActVar IN WhtAct)) OR ((ActVar in [11..16]) AND (OActQ[ActVar] = Yes))
THEN**

DayExc

Can you tell me on how many separate days did you do(*name of activity*) for at least 15 minutes a time during the past four weeks, that is since(*date four weeks ago*)? IF ONLY DONE FOR LESS THAN 15 MINUTES ENTER 0.

Range: 0..28

IF DayExc is between 1 and 56 THEN

ExcHrs

How much time did you usually spend doing(*name of activity*) on each day? (Only count times you did it for at least 15 minutes.)

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

Range: 0..12

ExcMin

RECORD MINUTES HERE.

Range: :0..59

ExcTim

Computed total time from ExcHrs and ExcMin.

Range: 0..779

Scottish Health Survey

ExcSwt

During the past four weeks, was the effort of (*name of activity*) usually enough to make you out of breath or sweaty?

- 1 Yes
- 2 No

ENDIF

ENDIF

ENDDO

Child physical activity module (2-15)

IF Age of Respondent is 4 years THEN

ChSch

Can I just check, is (*name of child*) at school in reception class yet?

- 1 Yes
- 2 No

ENDIF

ASK ALL AGE 2-15

Wlk5Ch

Now I'd like to ask you about some of the things you have done **in the last week**. By last week I mean last (*day seven days ago*) up to yesterday. In the last week, have you done a **continuous** walk that lasted **at least 5** minutes (*not counting things done as part of school lessons*)?

- 1 Yes
- 2 No

IF Wlk5Ch = Yes THEN

DaysWlk

On how many **days** in the last week did you do a continuous walk that lasted at least 5 minutes (*not counting things done as part of school lessons*)?

- 1 One day
- 2 Two days
- 3 Three days
- 4 Four days
- 5 Five days
- 6 Six days
- 7 Every day

DayWlkT

SHOW CARD K

On each **day** that you did a walk like this for at least 5 minutes, how long did you spend walking altogether? Please give an answer from this card

INTERVIEWER NOTE: COUNT TOTAL TIME SPENT WALKING. SO TWO WALKS OF 10 MINUTES EACH = 20 MINUTES WALKING

- 2 5 minutes, less than 15 minutes
- 3 15 minutes, less than 30 minutes
- 4 30 minutes, less than 1 hour
- 5 1 hour, less than 1½ hours
- 6 1½ hours, less than 2 hours
- 7 2 hours, less than 2½ hours
- 8 2½ hours, less than 3 hours
- 9 3 hours, less than 3½ hours
- 10 3½ hours, less than 4 hours
- 11 4 hours or more (please specify how long)

IF DayWlkT = 4 hours or more THEN

WlkHrs

How long did you spend walking on each day?

RECORD HOURS SPENT BELOW. RECORD MINUTES AT NEXT QUESTION

Range: 4..12

WlkMin

RECORD HERE MINUTES SPENT WALKING.

Range: 0..59

WlkTot

Computed total time from WlkHrs and WlkMin; Range: 0..9997

ENDIF

IF Age of Respondent is 13-15 years THEN

ChPace

Which of the following describes your **usual** walking pace ... READ OUT ...

- 1 ... a slow pace,
- 2 ... a steady average pace,
- 3 ... a fairly brisk pace,
- 4 ... or, a fast pace - at least 4 mph?
- 5 (None of these)

ENDIF

ENDIF

IF Age of Respondent is 8-15 years THEN

HWkCh

In the last week have you done any housework or gardening which involved pulling or pushing, like hoovering, cleaning a car, mowing grass or sweeping up leaves for at least 15 minutes a time?

- 1 Yes
- 2 No

IF HWkCh = Yes THEN

DHWkCh

On how many days in the last week have you done any housework or gardening of this type for at least 15 minutes a time?

- 1 One day
- 2 Two days
- 3 Three days
- 4 Four days
- 5 Five days
- 6 Six days
- 7 Every day

THwk

SHOW CARD K

On each day that you did any housework or gardening of this type for at least 15 minutes a time, how long did you spend?

Please give an answer from this card.

- 3 15 minutes, less than 30 minutes
- 4 30 minutes, less than 1 hour
- 5 1 hour, less than 1½ hours
- 6 1½ hours, less than 2 hours
- 7 2 hours, less than 2½ hours
- 8 2½ hours, less than 3 hours
- 9 3 hours, less than 3½ hours
- 10 3½ hours, less than 4 hours
- 11 4 hours or more (please specify how long)

IF THWk = 4 hours or more THEN

HWkHrs

How long did you spend doing housework or gardening on each day?

RECORD HOURS SPEND BELOW. RECORD MINUTES AT NEXT QUESTION.

Range: 4..12

HWkMin

RECORD HERE MINUTES SPENT DOING HOUSEWORK/GARDENING.

Range: 0..59

HWkTot

Computed total time from HWkHrs and HwkMin; Range: 0..9997

ENDIF

ENDIF

ENDIF

ASK ALL AGE 2-15

SPORT

I would now like to ask you about any sports or exercise activities that you have done. I will then go on to ask about other active things you may have done like running about, riding a bike, kicking a ball around and things like that. For the following questions please (*include any activities done at a nursery or playgroup/don't count any activities done as part of school lessons*).

SportDo

SHOW CARD L

In the last week, that is last (*day 7 days ago*) up to yesterday, have you done any sports or exercise activities (*not counting things done as part of school lessons*)? This card shows some of the things you might have done; please also include any other sports or exercise activities like these.

INTERVIEWER: DO NOT COUNT ANYTHING DONE TODAY.

- 1 Yes
- 2 No

IF SportDo = Yes THEN

WESpDo

Did you do any of these sports or exercise activities at the weekend, that is last Saturday and Sunday (*yesterday and last Sunday*)?

- 1 Yes
- 2 No

IF WESpDo = Yes THEN

DWESp

Was that on Saturday or Sunday or on both days?

- 1 Saturday only
- 2 Sunday only
- 3 Both Saturday and Sunday

WeSpor

SHOW CARD K

On (*Saturday/Sunday/Saturday and Sunday*) when you did these sports or exercise activities, how long did you spend (*on each day*)? Please give an answer from this card.

INTERVIEWER: IF IT VARIED, TAKE AVERAGE

- 1 Less than 5 minutes
- 2 5 minutes, less than 15 minutes
- 3 15 minutes, less than 30 minutes
- 4 30 minutes, less than 1 hour
- 5 1 hour, less than 1½ hours
- 6 1½ hours, less than 2 hours
- 7 2 hours, less than 2½ hours
- 8 2½ hours, less than 3 hours
- 9 3 hours, less than 3½ hours
- 10 3½ hours, less than 4 hours
- 11 4 hours or more (please specify how long)

IF WeSpor = 4 hours or more THEN

WeSpH

How long did you spend doing these sports or exercise activities?

RECORD HOURS SPENT BELOW. RECORD MINUTES AT NEXT QUESTION.

Range: 4..12

WeSpM

RECORD HERE MINUTES SPEND DOING SPORTS OR EXERCISE ACTIVITIES.

Range: 0..59

WeSpT

Computed total time from WeSpH and WeSpM

Range: 0..9997

ENDIF

ENDIF

DaySp

Still thinking about last week. On how many of the **weekdays** did you do any of these sports or exercise activities? *(Please remember not to count things done as part of school lessons)*

- 0 None in last week
- 1 1 day
- 2 2 days
- 3 3 days
- 4 4 days
- 5 5 days

IF DaySp = 1 day to 5 days THEN

WkSpor

SHOW CARD K

On each weekday that you did these sports or exercise activities, how long did you spend? Please give an answer from this card.

- 1 Less than 5 minutes
- 2 5 minutes, less than 15 minutes
- 3 15 minutes, less than 30 minutes
- 4 30 minutes, less than 1 hour
- 5 1 hour, less than 1½ hours
- 6 1½ hours, less than 2 hours
- 7 2 hours, less than 2½ hours
- 8 2½ hours, less than 3 hours
- 9 3 hours, less than 3½ hours
- 10 3½ hours, less than 4 hours
- 11 4 hours or more (please specify how long)

IF WkSpor = 4 hours or more THEN

WkSpH

How long did you spend doing these sports or exercise activities on each weekday?

RECORD HOURS SPENT BELOW.RECORD MINUTES AT NEXT QUESTION

Range 4..12

WkSpM

RECORD HERE MINUTES SPENT DOING SPORTS OR EXERCISE ACTIVITIES

Range: 0..59

WkSpT

Computed total time from WkSpH and WkSpM; Range: 0..9997

ENDIF

ENDIF

ENDIF

ASK ALL AGE 2-15

WEActDo

SHOW CARD M

Now I would like to know about when you do active things, like the things on this card or other activities like these. Did you do any active things like these at the weekend, that is last Saturday and Sunday (*yesterday and last Sunday*)?

INTERVIEWER NOTE: DO NOT INCLUDE ANY ACTIVITIES ALREADY COVERED UNDER SPORTS AND EXERCISE ACTIVITIES

- 1 Yes
- 2 No

IF WEActDo = Yes THEN

DWEAct

Was that on Saturday or Sunday or on both days?

- 1 Saturday only
- 2 Sunday only
- 3 Both Saturday and Sunday

WeAct

SHOW CARD K

On (*Saturday/Sunday/Saturday and Sunday*) when you did active things like these, how long did you spend (*on each day*)? Please give an answer from this card.

INTERVIEWER: IF IT VARIED, TAKE AVERAGE

- 1 Less than 5 minutes
- 2 5 minutes, less than 15 minutes
- 3 15 minutes, less than 30 minutes
- 4 30 minutes, less than 1 hour
- 5 1 hour, less than 1½ hours
- 6 1½ hours, less than 2 hours
- 7 2 hours, less than 2½ hours
- 8 2½ hours, less than 3 hours
- 9 3 hours, less than 3½ hours
- 10 3½ hours, less than 4 hours
- 11 4 hours or more (please specify how long)

IF WeAct= 4 hours or more THEN

WeActH

How long did you spend doing active things like these?

RECORD HOURS SPENT BELOW.RECORD MINUTES AT NEXT QUESTION.

Range: 4..12

WeActM

RECORD HERE MINUTES SPENT DOING ACTIVE THINGS LIKE THESE

Range: 0..59

WeActT

Computed total time from WeActH and WeActM; Range: 0..9997

ENDIF

ENDIF

ASK ALL AGE 2-15

WkActDo

SHOW CARD M

Still thinking about last week. On how many of the **weekdays** did you do active things, like the things on this card or other activities like these (*not counting things done as part of school lessons*)?

INTERVIEWER NOTE: DO NOT INCLUDE ANY ACTIVITIES ALREADY COVERED UNDER SPORTS AND EXERCISE ACTIVITIES

- 0 None in last week
- 1 1 day
- 2 2 days
- 3 3 days
- 4 4 days
- 5 5 days

IF WkActDo = 1 day to 5 days THEN

WkAct

SHOW CARD D

On each **weekday** that you did active things like these, how long did you spend? Please give an answer from this card.

- 1 Less than 5 minutes
- 2 5 minutes, less than 15 minutes
- 3 15 minutes, less than 30 minutes
- 4 30 minutes, less than 1 hour
- 5 1 hour, less than 1½ hours
- 6 1½ hours, less than 2 hours
- 7 2 hours, less than 2½ hours
- 8 2½ hours, less than 3 hours
- 9 3 hours, less than 3½ hours
- 10 3½ hours, less than 4 hours
- 11 4 hours or more (please specify how long)

IF WkAct = 4 hours or more THEN

WkActH

How long did you spend doing active things like these on each weekday?

RECORD HOURS SPENT BELOW.RECORD MINUTES AT NEXT QUESTION

Range: 4..12

WkActM

RECORD HERE MINUTES SPENT DOING ACTIVE THINGS LIKE THESE.

Range: 0..59

WkActT

Computed total time from WkActH and WkActM; Range: 0..9997

ENDIF

ENDIF

ASK ALL AGE 2-15

DaysTot

Now thinking about all the activities during the past week you have just told me about including any walking, (*gardening, housework,*) sports or other active things. On how many **days** in the last week **in total** did you do any of these activities (*not counting things done as part of school lessons*)?

- 0 None
- 1 One day
- 2 Two days
- 3 Three days
- 4 Four days
- 5 Five days
- 6 Six days
- 7 Every day

Usual

Were the activities you did last week different from what you would usually do for any reason?

IF YES PROBE: Would you usually do more physical activity or less?

- 1 NO - same as usual
- 2 YES DIFFERENT - usually do MORE
- 3 YES DIFFERENT - usually do LESS

Eating habits module

ASK ALL

UsBread

What kind of bread or rolls do you usually eat? Is it...READ OUT...

CODE ONE ONLY. IF NO USUAL TYPE ASK WHICH TYPE IS EATEN MOST OFTEN

- 1 white (INCL CHOLLAH),
- 2 brown, granary, wheatmeal, (INCL WHEATGERM, SOFTGRAIN, RYE, GERMAN),
- 3 wholemeal (INCL HIGHBRAN),
- 4 or, some other kind of bread?

SPONTANEOUS:

- 5 Does not have a usual type
- 6 Does not eat any type of bread

IF BROWN, CHECK IF WHOLEMEAL OR SOME OTHER SORT OF BROWN BREAD.

IF PITTA/NAN/SODA BREAD ETC, CHECK IF WHITE OR WHOLEMEAL.

IF UsBread = OTHER THEN

BreadOth

What other kind of bread or rolls do you usually eat?

Text: Maximum 20 characters

ENDIF

IF (UsBread IN [White..Does not have usual type]) THEN

BrSlice*

Now looking at SHOW CARD N. How many rolls, pieces or slices of bread of **any kind** do you usually eat on any one day? IF VARIES, ASK FOR AN AVERAGE. .

- 1 6 or more a day/Less than 1 a day,
- 2 4 or 5 a day,
- 3 2 or 3 a day,
- 4 One a day
- 5 Less than one per day

ENDIF

ASK ALL

Spr

What type of spread do you usually use on bread, sandwiches, toast, potatoes or vegetables?

CODE ONE ONLY. REFER TO CODING LIST 1.

- 1 Butter or margarine
- 2 Low fat or reduced fat spread, or half-fat butter
- 3 Spread not on coding list

SPONTANEOUS:

- 4 Does not have usual type
- 5 Does not use fat spread

IF Spr = OTHER THEN

OthSpr

What other kind of spread do you usually eat?

Text: Maximum 40 characters

ENDIF

IF (Spr IN [Butter..NoType]) THEN

EatPats

On average, how many pats or rounded teaspoons of margarine, butter or other spread do you use each day, for example on bread, sandwiches, toast, potatoes or vegetables?

INTERVIEWER EXPLAIN AS NECESSARY. A 'pat' is about the size of the wrapped portions of butter or margarine which are provided in restaurants or cafes.

INTERVIEWER: DO NOT INCLUDE AMOUNT USED FOR COOKING. ENTER NUMBER OF PATS OR ROUNDED TEASPOONS

Range: 0..99

ENDIF

ASK ALL

FryFat

When you have fried foods at home, what kind of fat or oil are the foods usually cooked in? Please look at SHOW CARD O and tell me which type of fat or oil is used most often?

- 1 Solid cooking fat (including butter, dripping lard, ghee, white cap, cookeen)
- 2 Half-fat butter
- 3 Polyunsaturated, sunflower or olive margarine
- 4 Other hard or soft margarine or dairy blend, (including Flora, Clover, Willow)
- 5 Low fat spreads
- 6 Vegetable oil (including olive, sunflower, soya, corn, peanut, rapeseed)
- 7 Some other kind of fat/oil
- 8 (Does not eat fried food)

IF FryFat=Other THEN

FryOther

What is the other fat or oil your food is usually fried in?

Open answer: up to 30 characters

ENDIF

ASK ALL

Milk

What kind of milk do you **usually** use for drinks, in tea or coffee and on cereals? Is it ..READ OUT...

- 1 whole milk,
 - 2 semi-skimmed (INCL DRIED SEMI-SKIMMED),
 - 3 skimmed (INCL DRIED SKIMMED, BOOTS DRIED POWDER, CO-OP POWDER),
 - 4 or, some other kind of milk?
 - 5 Evaporated/Condensed milk
 - 6 Soya/Veg-based milk
- SPONTANEOUS:
- 7 Does not have usual type
 - 8 Does not drink milk

IF Milk = OTHER THEN

MilkOth

What is the other kind of milk?

Text: Maximum 15 characters

ENDIF

IF (Milk IN [Whole..NoUsual Type]) THEN

MilkAmt

About how much milk of **any kind** do you use each day (for drinks, in tea and coffee, on cereals etc)?

Is it ...READ OUT...

INTERVIEWER 1 LITRES = 2 PINTS APPROX

- 1 less than a quarter of a pint,
- 2 about a quarter of a pint,
- 3 about half a pint,
- 4 or, one pint or more?

ENDIF

ASK ALL

SugTea

Do you usually have sugar in your tea?

DO NOT INCLUDE SWEETENERS

- 1 Yes, usually have sugar in tea
- 2 NO
- 3 Does not drink tea

SugCoff

Do you usually have sugar in your coffee?

DO NOT INCLUDE SWEETENERS

- 1 Yes, usually have sugar in coffee
- 2 NO
- 3 Does not drink coffee

TabSalt

At the table do you ...READ OUT...

- 1 usually add salt to your food without tasting it first,
- 2 taste the food, but then generally add salt,
- 3 taste the food, but only occasionally add salt,
- 4 rarely, or never, add salt at the table?

NCereal

Which type of breakfast cereal do you usually eat?

CODE ONE ONLY. USE CODING LIST 2 FOR QUERIES.

- 1 Bran cereal on coding list (e.g. AllBran, Branflakes, Sultana Bran)
- 2 Oat or wheat cereal on coding list (e.g. Shredded Wheat, Muesli, porridge, Weetabix)
- 3 Bran, oat or wheat cereal not on coding list
- 4 Others (e.g. Cornflakes, Rice Krispies, Special K, Sugar Puffs, Honey Smacks)

SPONTANEOUS:

- 5 Does not have usual type
- 6 Does not eat breakfast cereal

IF NCereal = Bran, oat or wheat cereal not on coding list THEN

OthCer

INTERVIEWER: SPECIFY NAME OF BRAN, OAT OR WHEAT CEREAL.

Text: Maximum 40 characters

ENDIF

IF (NCereal IN [Bran..No Usual Type]) THEN

Cereals

SHOW CARD P

How often, on average, do you eat breakfast cereals **of any kind**, including porridge? Please choose an answer from this card.

- 1 6 or more times a day
- 2 4 or 5 times a day
- 3 2 or 3 times a day
- 4 Once a day
- 7 5 or 6 times a week
- 8 2 to 4 times a week
- 9 Once a week
- 10 1 to 3 times per month
- 11 Less often or never

ENDIF

ASK ALL

Fruit

SHOW CARD P

I would like to ask about some foods which you may eat. Can you tell me how often on average you eat each of these food by chossing an answer from this card.

How often do you eat **fresh fruit**?

- 1 6 or more times a day
- 2 4 or 5 times a day
- 3 2 or 3 times a day
- 4 Once a day
- 5 5 or 6 times a week
- 6 2 to 4 times a week
- 7 Once a week
- 8 1 to 3 times per month
- 9 Less often or never

Fried

SHOW CARD P

How often do you eat **fried food**, including fried fish, chips, cooked breakfast, samosas?

- 1 6 or more times a day
- 2 4 or 5 times a day
- 3 2 or 3 times a day
- 4 Once a day
- 5 5 or 6 times a week
- 6 2 to 4 times a week
- 7 Once a week
- 8 1 to 3 times per month
- 9 Less often or never

Potatoes

SHOW CARD P

Other than chips, how often do you eat **potatoes, pasta or rice**?

- 1 6 or more times a day
- 2 4 or 5 times a day
- 3 2 or 3 times a day
- 4 Once a day
- 5 5 or 6 times a week
- 6 2 to 4 times a week
- 7 Once a week
- 8 1 to 3 times per month
- 9 Less often or never

GreenVeg

SHOW CARD P

How often do you eat **cooked green vegetables**, such as peas, broccoli, cabbage, spinach, cauliflower, green beans and so on?

- 1 6 or more times a day
- 2 4 or 5 times a day
- 3 2 or 3 times a day
- 4 Once a day
- 5 5 or 6 times a week
- 6 2 to 4 times a week
- 7 Once a week
- 8 1 to 3 times per month
- 9 Less often or never

RootVeg

SHOW CARD P

How often do you eat **cooked root vegetables**, such as carrots, parsnips, turnips and so on?

- 1 6 or more times a day
- 2 4 or 5 times a day
- 3 2 or 3 times a day
- 4 Once a day
- 5 5 or 6 times a week
- 6 2 to 4 times a week
- 7 Once a week
- 8 1 to 3 times per month
- 9 Less often or never

RawVeg

SHOW CARD P

How often do you eat **raw vegetables**, or **salad**?

INCLUDE TOMATOES. DO NOT INCLUDE SALAD IN A SANDWICH

- 1 6 or more times a day
- 2 4 or 5 times a day
- 3 2 or 3 times a day
- 4 Once a day
- 5 5 or 6 times a week
- 6 2 to 4 times a week
- 7 Once a week
- 8 1 to 3 times per month
- 9 Less often or never

Meat

SHOW CARD P

How often do you eat **MEAT**, SUCH AS beef, lamb, pork ETC?

INCLUDE BEEFBURGERS, SAUSAGE, BACON, MEAT PIES, MINCE AND PROCESSED MEAT.

DO NOT INCLUDE POULTRY

- 1 6 or more times a day
- 2 4 or 5 times a day
- 3 2 or 3 times a day
- 4 Once a day
- 5 5 or 6 times a week
- 6 2 to 4 times a week
- 7 Once a week
- 8 1 to 3 times per month
- 9 Less often or never

Poultry

SHOW CARD P

How often do you eat **poultry**, such as chicken or turkey?

INCLUDE CHICKEN OR TURKEY IN BURGERS, SAUSAGES, MEAT PIES, MINCE AND PROCESSED MEAT

- 1 6 or more times a day
- 2 4 or 5 times a day
- 3 2 or 3 times a day
- 4 Once a day
- 5 5 or 6 times a week
- 6 2 to 4 times a week
- 7 Once a week
- 8 1 to 3 times per month
- 9 Less often or never

WFish

SHOW CARD P

How often do you eat **white fish**, such as cod, haddock, whiting, sole or plaice?

INCLUDE FRESH, FROZEN OR CANNED

- 1 6 or more times a day
- 2 4 or 5 times a day
- 3 2 or 3 times a day
- 4 Once a day
- 5 5 or 6 times a week
- 6 2 to 4 times a week
- 7 Once a week
- 8 1 to 3 times per month
- 9 Less often or never

FishOil

SHOW CARD P

How often do you eat **other types of fish**, such as herring, tuna, mackrel, salmon or kippers?

INCLUDE FRESH, FROZEN OR CANNED

- 1 6 or more times a day
- 2 4 or 5 times a day
- 3 2 or 3 times a day
- 4 Once a day
- 5 5 or 6 times a week
- 6 2 to 4 times a week
- 7 Once a week
- 8 1 to 3 times per month
- 9 Less often or never

Cheese

SHOW CARD P

How often do you eat **cheese**, not including cottage cheese or other reduced fat cheeses?

- 1 6 or more times a day
- 2 4 or 5 times a day
- 3 2 or 3 times a day
- 4 Once a day
- 5 5 or 6 times a week
- 6 2 to 4 times a week
- 7 Once a week
- 8 1 to 3 times per month
- 9 Less often or never

Pulses

SHOW CARD P

How often do you eat **peas, lentils or beans** including baked beans, dried beans and pulses?

- 1 6 or more times a day
- 2 4 or 5 times a day
- 3 2 or 3 times a day
- 4 Once a day
- 5 5 or 6 times a week
- 6 2 to 4 times a week
- 7 Once a week
- 8 1 to 3 times per month
- 9 Less often or never

Confec

SHOW CARD P

How often do you eat **chocolates, crisps or biscuits**, including savoury biscuits such as cream crackers?

- 1 6 or more times a day
- 2 4 or 5 times a day
- 3 2 or 3 times a day
- 4 Once a day
- 5 5 or 6 times a week
- 6 2 to 4 times a week
- 7 Once a week
- 8 1 to 3 times per month
- 9 Less often or never

IceCream

SHOW CARD P

How often do you eat **sweets or ice-cream**?

- 1 6 or more times a day
- 2 4 or 5 times a day
- 3 2 or 3 times a day
- 4 Once a day
- 5 5 or 6 times a week
- 6 2 to 4 times a week
- 7 Once a week
- 8 1 to 3 times per month
- 9 Less often or never

CakesEtc

SHOW CARD P

How often do you eat cakes, scones sweet pies, pastries or puddings?

- 1 6 or more times a day
- 2 4 or 5 times a day
- 3 2 or 3 times a day
- 4 Once a day
- 5 5 or 6 times a week
- 6 2 to 4 times a week
- 7 Once a week
- 8 1 to 3 times per month
- 9 Less often or never

SoftDr

SHOW CARD P

How often do you drink **soft drinks**, not including diet or low-calorie drinks?

INCLUDE SQUASHES AND FIZZY DRINKS. INCLUDE CANS, BOTTLES AND MIXERS. DO NOT INCLUDE FRESH FRUIT JUICE

- 1 6 or more times a day
- 2 4 or 5 times a day
- 3 2 or 3 times a day
- 4 Once a day
- 5 5 or 6 times a week
- 6 2 to 4 times a week
- 7 Once a week
- 8 1 to 3 times per month
- 9 Less often or never

JuiceDr

SHOW CARD P

How often do you drink **fresh fruit juice**?

- 1 6 or more times a day
- 2 4 or 5 times a day
- 3 2 or 3 times a day
- 4 Once a day
- 5 5 or 6 times a week
- 6 2 to 4 times a week
- 7 Once a week
- 8 1 to 3 times per month
- 9 Less often or never

* Question asked in 2nd, 3rd and 4th quarters of fieldwork.

Smoking module

IF Age of Respondent is 18 or 19 years THEN

BookChc

INTERVIEWER CHECK: (*Name of respondent*) IS AGED (*age of respondent*). RESPONDENT TO BE...

- 1 Asked Smoking/Drinking questions
- 2 Given ORANGE SELF-COMPLETION BOOKLET FOR YOUNG ADULTS

ENDIF

IF (Age of Respondent is 20 years or over) OR (BookChc = Asked) THEN

SmokEver

May I just check, have you ever smoked a cigarette, a cigar or a pipe?

- 1 Yes
- 2 No

IF SmokEver = Yes THEN

SmokeNow

Do you smoke cigarettes at all nowadays?

- 1 Yes
- 2 No

IF SmokeNow = Yes THEN

DlySmoke

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

INTERVIEWER: IF LESS THAN ONE A DAY, ENTER 0. IF RANGE GIVEN AND CAN'T ESTIMATE, ENTER MID POINT. IF RESPONDENT SMOKES ROLL UPS AND CANNOT GIVE NUMBER OF CIGARETTES, CODE 97.

Range: 0..97

IF DlySmoke = 97 THEN

RolDly

How much tobacco do you usually smoke on weekdays?

CODE HERE WHETHER AMOUNT IS TO BE CODED IN GRAMS OR OUNCES. ENTER THE AMOUNT AT THE NEXT QUESTION.

- 1 Grams
- 2 Ounces

IF RolDly = grams THEN

GramRol

ENTER AMOUNT IN GRAMS

Range: 0..100

ELSEIF RolDly = ounces THEN

OuncRol

ENTER AMOUNT IN GRAMS

Range: 0..100

ENDIF

RolDly

Computed: estimated tobacco consumption in ounces.

Range: 1..97

ENDIF

For analysis purposes ounces or grams of tobacco are converted to number of cigarettes and stored in the variable DlySmoke.

WkndSmok

And about how many cigarettes a day do you usually smoke at weekends?

INTERVIEWER: IF RANGE GIVEN AND CAN'T ESTIMATE, ENTER MID POINT. IF RESPONDENT SMOKES ROLL UPS AND CANNOT GIVE NUMBER OF CIGARETTES, CODE 97.

Range: 0..97

IF WkndSmok = 97 THEN

RolWknd

How much tobacco do you usually smoke on weekends?

CODE HERE WHETHER AMOUNT IS TO BE CODED IN GRAMS OR OUNCES. ENTER THE AMOUNT AT THE NEXT QUESTION.

- 1 Grams
- 2 Ounces

IF RolWknd = grams THEN

GramWknd

ENTER AMOUNT IN GRAMS

Range: 0..100

ELSEIF RolWknd = ounces THEN

OuncWknd

ENTER AMOUNT IN OUNCES

Range: 0..100

ENDIF

RolWknd

Computed: estimated tobacco consumption in ounces.

Range: 1..97

ENDIF

For analysis purposes ounces or grams of tobacco are converted to number of cigarettes and stored in the variable WkndSmoke.

Tar

What is the tar level of the cigarettes you usually smoke?

REFER TO CIGARETTE CODING LIST

- 1 High Tar (over 18mg)
- 2 Middle Tar (15 < 18mg)
- 3 Low to middle tar (10 < 15 mg)
- 4 Low Tar (1 < 10 mg)
- 5 (Varies)

ELSE (Smokes, but not nowadays)

SmokeCig

Have you ever smoked cigarettes?

- 1 Yes
- 2 No

IF SmokeCig = Yes THEN

SmokeReg

Did you smoke cigarettes regularly, that is at least one cigarette a day, or did you smoke them only occasionally?

- 1 Smoked cigarettes regularly, at least 1 per day
- 2 Smoked them only occasionally
- 3 SPONTANEOUS: Never really smoked cigarettes, just tried them once or twice

IF SmokeReg = Smoked cigarettes regularly THEN

NumSmok

About how many cigarettes did you smoke in a day?

INTERVIEWER: IF RANGE GIVEN AND CAN'T ESTIMATE, ENTER MID POINT. IF RESPONDENT SMOKES ROLL UPS AND CANNOT GIVE NUMBER OF CIGARETTES, CODE 97.

Range: 0..97

IF NumSmok = 97 THEN

RolNum

About how much tobacco did you smoke a day?

CODE HERE WHETHER AMOUNT IS TO BE CODED IN GRAMS OR OUNCES. ENTER THE AMOUNT AT THE NEXT QUESTION.

- 1 Grams
- 2 Ounces

IF RolNum = grams THEN

GramExS

ENTER AMOUNT IN GRAMS

Range: 0..100

ELSEIF RolNum = ounces THEN

OuncExS

ENTER AMOUNT IN OUNCES

Range: 0...100

ENDIF

RolNum

Computed: estimated tobacco consumption in ounces.

Range: 1..97

ENDIF

For analysis purposes ounces or grams of tobacco are converted to number of cigarettes and stored in the variable NumSmoke.

TarEx

What is the tar level of the cigarettes you usually smoke?

REFER TO CIGARETTE CODING LIST

- 1 High Tar (over 18mg)
- 2 Middle Tar (15 < 18mg)
- 3 Low to middle tar (10 < 15 mg)
- 4 Low Tar (1 < 10 mg)
- 5 (Varies)

SmokYrs

And for approximately how many years did you smoke regularly?

INTERVIEWER: IF LESS THAN ONE YEAR, CODE 0.

Range: 0..97

ENDIF

IF SmokeReg = Smoked cigarettes regularly OR Smoked them only occasionally THEN

EndSmoke

How long ago did you stop smoking cigarettes?

INTERVIEWER: ENTER NUMBER OF YEARS. IF LESS THAN ONE YEAR AGO, CODE 0.

Range: 0...64

IF EndSmoke = 0 THEN

LongEnd

How many months ago was that?

- 1 Less than six months ago
- 2 Six months, but less than one year

ENDIF

ENDIF

ENDIF

ENDIF

IF (SmokeNow = Yes) OR (SmokeReg = Smoked cigarettes regularly) THEN

StartSmk

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

INTERVIEWER: IF Never smoked regularly CODE 97

Range: 1..97

ENDIF

IF (Sex = Female) AND (Age of Respondent is 18 to 49 years) THEN

IF (EndSmoke <> EMPTY) AND (EndSmoke < 2) THEN

IsPreg

Can I check, are you pregnant now?

- 1 Yes
- 2 No

IF IsPreg = Yes THEN

SmokePrg

Have you smoked at all since you've known you've been pregnant?

IF YES, PROBE: All the time or just some of the time?

- 1 Yes, all the time
- 2 Yes, some of the time
- 3 No, not at all

IF SmokePrg = Yes, some of the time OR No, not at all THEN

StopPreg

Did you stop smoking specifically because of your pregnancy, or for some other reason?

- 1 Because of pregnancy
- 2 For some other reason

ENDIF

ENDIF

ENDIF

IF (IsPreg <> Empty AND IsPreg <> Yes) OR (SmokeNow = Yes) THEN

PregRec

Can I check, have you been pregnant in the last twelve months?

- 1 Currently pregnant
- 2 Was pregnant in lasttwelve months but not now
- 3 Not pregnant in last twelve months

IF PregRec = Was pregnant in last twelve months but not now THEN

PregSmok

Did you smoke at all during pregnancy?(I.E. DURING TIME WHEN KNEW SHE WAS

PREGNANT) IF YES, PROBE:All the time or just some of the time?

- 1 Yes, all the time
- 2 Yes, some of the time
- 3 No, not at all

IF PregSmok = Yes, some of the time OR No, not at all THEN

PregStop

Did you stop smoking specifically because of your pregnancy, or for some other reason?

- 1 Because of pregnancy
- 2 For some other reason

ENDIF

ENDIF

ENDIF

ENDIF

IF (SmokeNow = Yes) OR (SmokeReg = Smoked cigarettes regularly OR Smoked them only occasionally) THEN

SmokeTry

(Apart from any attempts during this/that pregnancy,) have (did) you ever tried (try) to give up smoking because of a particular health condition you had at the time(include any previous pregnancies)?

- 1 Yes
- 2 No

IF SmokeTry=Yes THEN

SmokCond

SHOW CARD Q

Here is a list of health conditions that may lead people to try to give up smoking. Can you tell me which conditions you had? PROBE: What else? CODE ALL THAT APPLY.

- 1 Heart trouble/problem
- 2 High blood pressure
- 3 Cancer
- 4 Bronchitis
- 5 Cough
- 6 Shortness of breath
- 7 Other respiratory problems (including asthma)
- 8 Cold/flu/virus
- 9 Pregnancy
- 10 Ulcer or other gastro-intestinal problem
- 11 Diabetes
- 12 Any other (SPECIFY IN NEXT QUESTION)

IF SmokCond = Other THEN

SmokOth

PLEASE SPECIFY....

Open answer: up to 40 characters

ENDIF

ENDIF

AdSmoke

(Has (did) a medical person, e.g. doctor or nurse) ever advised (advise) you to stop smoking altogether because of your health?

- 1 Yes
- 2 No

IF AdSmoke = Yes THEN

AdGiven

How long ago was that?

- 1 Within the last twelve months
- 2 Over twelve months ago

ENDIF

ENDIF

CigEver

Have you ever smoked cigars?

- 1 Yes
- 2 No

IF CigEver = Yes THEN

CigarNow

Do you smoke cigars at all nowadays?

- 1 Yes
- 2 No

IF CigarNow = Yes THEN

CigarReg

Do you smoke cigars regularly, that is at least one cigar a month, or do you smoke them only occasionally?

- 1 Smoke at least one cigar a month
- 2 Smoke them only occasionally

CigarWk

About how many cigars do you usually smoke in a week?

ENTER NUMBER SMOKED A WEEK. IF CAN ONLY GIVE RANGE, TAKE MID-POINT.
IF LESS THAN ONE A WEEK CODE 0.

Range: 0...997

ENDIF

IF CigarNow=No OR CigarReg=Smoke them only occasionally THEN

CigReg

Have you smoked cigars regularly, that is at least one cigar a month, or did you always smoke them occasionally?

- 1 Regularly, that is at least one cigar a month
- 2 Always smoked them only occasionally

ENDIF

ENDIF

IF Sex = Male THEN

PipeEver

Have you ever smoked a pipe?

- 1 Yes
- 2 No

IF PipeEver = Yes THEN

PipeNowA

Do you smoke a pipe at all nowadays?

- 1 Yes
- 2 No

ENDIF

ENDIF

IF SmokeNow = Yes THEN

SmokStop

Can I check, how many times, **if any**, have you tried to give up smoking?

- 1 Never tried to stop smoking
- 2 Once or twice
- 3 Three times or more

StopWant

Would you like to give up smoking?

- 1 Yes
- 2 No

ENDIF

ENDIF

IF SmokeNow = No OR SmokEver = No THEN

Passive

SHOW CARD R

Are you regularly exposed to other people's tobacco smoke in any of these places? PROBE: Where else?

CODE ALL THAT APPLY

- 1 At own home
- 2 At work
- 3 In other people's homes
- 4 On public transport
- 5 In pubs
- 6 In other public places
- 7 No, none of these

Scottish Health Survey

IF Passive NOT=No, none of these **THEN**

Bother

Does this bother you at all?

1 Yes

2 No

ENDIF

ENDIF

ENDIF

Drinking module

IF (Age of Respondent is 20 years or over) OR (BookChc = Asked)

Drink

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

- 1 Yes
- 2 No

IF Drink = No THEN

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 and New Year?

- 1 Very occasionally
- 2 Never

ENDIF

IF (Drink = Yes) OR (DrinkAny = Very occasionally) THEN

Intro

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

NBeer

SHOW CARD S

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

INTERVIEWER: IF RESPONDENT DOES NOT KNOW WHETHER BEER ETC DRUNK IS STRONG OR NORMAL, INCLUDE HERE AS NORMAL.

- 1 Almost every day
- 2 Five or six days a week
- 3 Three or four days a week
- 4 Once or twice a week
- 5 Once or twice a month
- 6 Once every couple of months
- 7 Once or twice a year
- 8 Not at all in the last 12 months

IF Nbeer IN [Almost every day...Once or twice a year] THEN

NBeerM

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

INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

- 1 Half pints
- 2 Small cans
- 3 Large cans
- 4 Bottles

IF NbeerM = Half pints THEN

NBeerQ[1]

ASK OR CODE: How many half pints of NORMAL STRENGTH BEER, LAGER, STOUT, CIDER OR SHANDY (excluding cans and bottles of shandy) have you usually drunk on any one day?

ARRAY[1..4] OF

Range: 1..97

ENDIF

IF NbeerM = Small cans THEN

NBeerQ[2]

ASK OR CODE: How many small cans of NORMAL STRENGTH BEER, LAGER, STOUT or CIDER have you usually drunk on any one day?

ARRAY[1..4] OF

Range: 1..97

ENDIF

IF NbeerM = Large cans THEN

NBeerQ[3]

ASK OR CODE: How many large cans of NORMAL STRENGTH BEER, LAGER, STOUT or CIDER have you usually drunk on any one day?

ARRAY[1..4] OF

Range: 1..97

ENDIF

IF NbeerM = Bottles THEN

NBeerQ[4]

ASK OR CODE: How many bottles of NORMAL STRENGTH BEER, LAGER, STOUT or CIDER have you usually drunk on any one day?

ARRAY[1..4] OF

Range: 1..97

NBottle

ASK OR CODE: What make of NORMAL STRENGTH BEER, LAGER, STOUT or CIDER do you usually drink from bottles?

INTERVIEWER: IF RESPONDENT DOES NOT KNOW WHAT MAKE, OR RESPONDENT DRINKS DIFFERENT MAKES OF NORMAL STRENGTH BEER, LAGER, STOUT OR CIDER, PROBE: What make have you drunk most frequently or most recently?

Text: Maximum 21 characters

NCodeEq

PLEASE LOOK UP AND ENTER PINT EQUIVALENT OF A BOTTLE OF *(Name of Bottle)*
VALID ENTRIES ARE 0.44, 0.48, 0.58, 0.77, AND 0.88.

ENDIF

ENDIF

SBeer

SHOW CARD S

Now I'd like to ask you about **strong** beer or cider which has 6% or more alcohol (e.g. Tennants Extra, Special Brew, Diamond White). How often have you had a drink of **strong** BEER, LAGER, STOUT or CIDER during the last 12 months? (STRONG=6% and over Alcohol by volume)

INTERVIEWER: IF RESPONDENT DOES NOT KNOW WHETHER BEER ETC DRUNK IS STRONG OR NORMAL, INCLUDE AS NORMAL STRENGTH AT NBeer ABOVE.

- 1 Almost every day
- 2 Five or six days a week
- 3 Three or four days a week
- 4 Once or twice a week
- 5 Once or twice a month
- 6 Once every couple of months
- 7 Once or twice a year
- 8 Not at all in the last 12 months

IF SBeer IN [Almost every day...Once or twice a year] THEN

SBeerM

How much STRONG BEER, LAGER, STOUT or CIDER have you usually drunk on any one day?

INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

- 1 Half pints
- 2 Small cans
- 3 Large cans
- 4 Bottles

IF SbeerM = Half pints THEN

SBeerQ[1]

ASK OR CODE: How many half pints of STRONG BEER, LAGER, STOUT or CIDER have you usually drunk on any one day?

ARRAY[1..4] OF

Range: 1..97

ENDIF

IF SbeerM = Small cans THEN

SBeerQ[2]

ASK OR CODE: How many small cans of STRONG BEER, LAGER, STOUT or CIDER have you usually drunk on any one day?

ARRAY[1..4] OF

Range: 1..97

ENDIF

IF SbeerM = Large cans THEN

SBeerQ[3]

ASK OR CODE: How many large cans of STRONG BEER, LAGER, STOUT or CIDER have you usually drunk on any one day?

ARRAY[1..4] OF

Range: 1..97

ENDIF

IF SbeerM = Bottles THEN

SBeerQ[4]

ASK OR CODE: How many bottles of STRONG BEER, LAGER, STOUT or CIDER have you usually drunk on any one day?

ARRAY[1..4] OF

Range: 1..97

SBottle

ASK OR CODE: What make of STRONG BEER, LAGER, STOUT or CIDER do you usually drink from bottles?

INTERVIEWER: IF RESPONDENT DOES KNOW MAKE, OR RESPONDENT DRINKS DIFFERENT MAKES OF STRONG BEER, LAGER, STOUT OR CIDER.

PROBE: What make have you drunk most frequently or most recently?

Text: Maximum 21 characters

SCodeEq

PLEASE LOOK UP AND ENTER PINT EQUIVALENT OF A BOTTLE OF *(Name of Bottle)*

VALID ENTRIES ARE 0.44, 0.48, 0.58, 0.77, AND 0.88.

ENDIF

ENDIF

Spirits

SHOW CARD S

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

- 1 Almost every day
- 2 Five or six days a week
- 3 Three or four days a week
- 4 Once or twice a week
- 5 Once or twice a month
- 6 Once every couple of months
- 7 Once or twice a year
- 8 Not at all in the last 12 months

IF Spirits IN [Almost every day...Once or twice a year] THEN

SpiritsQ

How much spirits or liqueurs (such as gin, whisky, brandy, rum, vodka, advocaat or cocktails) have you usually drunk on anyone day?

CODE THE NUMBER OF **SINGLES** - COUNT DOUBLES AS TWO SINGLES.

Range: 1..97

ENDIF

Sherry

SHOW CARD Q

How often have you had a drink of sherry or martini including port, vermouth, Cinzano and Dubonnet, during the last 12 months?

- 1 Almost every day
- 2 Five or six days a week
- 3 Three or four days a week
- 4 Once or twice a week
- 5 Once or twice a month
- 6 Once every couple of months
- 7 Once or twice a year
- 8 Not at all in the last 12 months

IF Sherry IN [Almost every day...Once or twice a year] THEN

SherryQ

How much sherry or martini, including port, vermouth, Cinzano and Dubonnet have you usually drunk on any one day?

CODE THE NUMBER OF GLASSES

Range: 1..97

ENDIF

Wine

SHOW CARD S

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

- 1 Almost every day
- 2 Five or six days a week
- 3 Three or four days a week
- 4 Once or twice a week
- 5 Once or twice a month
- 6 Once every couple of months
- 7 Once or twice a year
- 8 Not at all in the last 12 months

IF Wine IN [Almost every day...Once or twice a year] THEN

WineQ

How much wine, including Babycham and champagne, have you usually drunk on anyone day?

CODE THE NUMBER OF GLASSES.1 BOTTLE = 6 GLASSES, 1 LITRE = 8 GLASSES

Range: 1..97

ENDIF

Pops

SHOW CARD S

How often have you had a drink of alcoholic soft drink ('alcopop'), such as Hooch, Two Dogs or Alcola, in the last 12 months?

- 1 Almost every day
- 2 Five or six days a week
- 3 Three or four days a week
- 4 Once or twice a week
- 5 Once or twice a month
- 6 Once every couple of months
- 7 Once or twice a year
- 8 Not at all in the last 12 months

IF Pops IN [Almost every day...Once or twice a year] THEN

PopsM

How much alcoholic soft drink ('alcopop') have you usually drunk on anyone day?

INTERVIEWER CODE THE MEASURE(S) THAT YOU ARE GOING TO USE.

- 1 Small cans
- 2 Bottles

IF PopsM = Small cans THEN

PopsQ[1]

ASK OR CODE: How many small cans of alcoholic soft drink ('alcopop') have you usually drunk on any one day?

ARRAY[1..2] OF

Range: 1..97

ENDIF

IF PopsM = Bottles THEN

PopsQ[2]

ASK OR CODE: How many bottles of alcoholic soft drink ('alcopop') have you usually drunk on any one day?

ARRAY[1..2] OF

Range: 1..97

ENDIF

ENDIF

AlcotA

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

- 1 Yes
- 2 No

IF AlcotA = Yes THEN

OthDrnkA

What other type of alcoholic drink have you drunk in the last 12 months?

CODE FIRST MENTIONED ONLY.

Text: Maximun 30 characters

FreqA

SHOW CARD S

How often have you had a drink of (*name of 'other' alcoholic drink*) in the last 12 months?

- 1 Almost every day
- 2 Five or six days a week
- 3 Three or four days a week
- 4 Once or twice a week
- 5 Once or twice a month
- 6 Once every couple of months
- 7 Once or twice a year
- 8 Not at all in the last 12 months

IF FreqA IN [Almost every day...Once or twice a year] THEN

OthQMA

How much (*name of 'other' alcoholic drink*) have you usually drunk on any one day?

INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

- 1 Half pints
- 2 Singles
- 3 Glasses
- 4 Bottles
- 5 Other

IF OthQMA = Other THEN

OthQOA

WHAT OTHER MEASURE?

Text: Maximum 12 characters

ENDIF

OthQA

ASK OR CODE: How many (*half pints/singles/glasses/bottles/'other' measures*) of (*name of 'other' alcoholic drink*) have you usually drunk on any one day?

Range: 0..97

ENDIF

Note: All drinks recorded under OthDrnkA backcoded into Nbeer-Wine

AlcotB

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

- 1 Yes
- 2 No

IF AlcotB = Yes THEN

OthDrnkB

What other type of alcoholic drink have you drunk in the last 12 months?

CODE FIRST MENTIONED ONLY.

Text: Maximum 30 characters

FreqB

SHOW CARD S

How often have you had a drink of (*name of 'other' alcoholic drink*) in the last 12 months?

- 1 Almost every day
- 2 Five or six days a week
- 3 Three or four days a week
- 4 Once or twice a week
- 5 Once or twice a month
- 6 Once every couple of months
- 7 Once or twice a year
- 8 Not at all in the last 12 months

IF FreqB IN [Almost every day...Once or twice a year] THEN

OthQMB

How much (*name of 'other' alcoholic drink*) have you usually drunk on anyone day?

INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

- 1 Half pints
- 2 Singles
- 3 Glasses
- 4 Bottles
- 5 Other

IF OthQMB = Other THEN

OthQOB

WHAT OTHER MEASURE?

Text: Maximum 12 characters

ENDIF

OthQB

ASK OR CODE: How many (*half pints/singles/glasses/bottles/'other' measure*) of (*name of 'other' alcoholic drink*) have you usually drunk on any one day?

Range: 0..97

ENDIF

ENDIF

Note: All drinks recorded under OthDrnkB backcoded into Nbeer-Wine

AlcotC

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

- 1 Yes
- 2 No

IF AlcotC = Yes THEN

OthDrnkC

What other type of alcoholic drink have you drunk in the last 12 months?

CODE FIRST MENTIONED ONLY.

Text: Maximum 30 characters

FreqC

SHOW CARD S

How often have you had a drink of (*name of 'other' alcoholic drink*) in the last 12 months?

- 1 Almost every day
- 2 Five or six days a week
- 3 Three or four days a week
- 4 Once or twice a week
- 5 Once or twice a month
- 6 Once every couple of months
- 7 Once or twice a year
- 8 Not at all in the last 12 months

IF FreqC IN [Almost every day...Once or twice a year] THEN

OthQMC

How much (*name of 'other' alcoholic drink*) have you usually drunk on anyone day?

INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

- 1 Half pints
- 2 Singles
- 3 Glasses
- 4 Bottles
- 5 Other

IF OthQMC = Other THEN

OthQOC

WHAT OTHER MEASURE?

Text: Maximum 12 characters

ENDIF

OthQC

ASK OR CODE: How many (*half pints/singles/glasses/bottles/'other' measures*) of (*name of 'other' alcoholic drink*) have you usually drunk on any one day?

Range: 0..97

ENDIF

ENDIF

ENDIF

Note: All drinks recorded under OthDrnkC backcoded into Nbeer-Wine

DrinkOft

SHOW CARD S

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

- 1 Almost every day
- 2 Five or six days a week
- 3 Three or four days a week
- 4 Once or twice a week
- 5 Once or twice a month
- 6 Once every couple of months
- 7 Once or twice a year
- 8 Not at all in the last 12 months

IF DrinkOf7 <> NotYr THEN

DrinkL7

You have told me what you have drunk over the last 12 months, but we know that what people drink can vary a lot from week to week, so I'd like to ask you a few questions about last week. Did you have an alcoholic drink in the seven days ending yesterday?

- 1 Yes
- 2 No

IF DrinkL7=Yes THEN

DrnkDay

On how many days out of the last seven did you have an alcoholic drink?

Range: 1..7

IF DrnkDay = 2 to7 days THEN

DrnkSame

Did you drink more on one of the days (*some days than others*), or did you drink about the same on both (*each of those*) days?

- 1 Drank more on one/some day(s) than other(s)
- 2 Same each day

ENDIF

WhichDay

Which day (*last week*) did you (*last have an alcoholic drink/ have the **most** to drink*)?

- 1 Sunday
- 2 Monday
- 3 Tuesday
- 4 Wednesday
- 5 Thursday
- 6 Friday
- 7 Saturday

DrnkType

SHOW CARD T

Thinking about last (*answer to WhichDay*), what types of drink did you have that day?

CODE ALL THAT APPLY.

- 1 Normal strength beer/lager/cider/shandy
- 2 Strong beer/lager/cider
- 3 Spirits or liqueurs
- 4 Sherry or martini
- 5 Wine
- 6 Alcoholic lemonades/colas
- 7 Other alcoholic drinks
- 8 Low alcohol drinks

IF DrnkType=Normal strength beer/lager/cider/shandy THEN

NBrL7

Still thinking about last (*answer to WhichDay*), how much NORMAL STRENGTH BEER, LAGER, STOUT, CIDER or SHANDY (excluding cans and bottles of shandy) did you drink that day?

INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

- 1 Half pints
- 2 Small cans
- 3 Large cans
- 4 Bottles

IF NBrL7=Half pints THEN

NBrL7Q[1]

ASK OR CODE: How many half pints of NORMAL STRENGTH BEER, LAGER, STOUT, CIDER or SHANDY (excluding cans and bottles of shandy) did you drink that day?

ARRAY[1..4] OF

Range: 1..97

ENDIF

IF NBrL7=Small cans THEN

NBrL7Q[2]

ASK OR CODE: How many small cans of NORMAL STRENGTH BEER, LAGER, STOUT or CIDER did you drink that day?

ARRAY[1..4] OF

Range: 1..97

ENDIF

IF NBrL7=Large cans THEN

NBrL7Q[3]

ASK OR CODE: How many large cans of NORMAL STRENGTH BEER, LAGER, STOUT or CIDER did you drink that day?

ARRAY[1..4] OF

Range: 1..97

ENDIF

IF NBrL7=Bottles THEN

NBrL7Q[4]

ASK OR CODE: How many bottles of NORMAL STRENGTH BEER, LAGER, STOUT or CIDER did you drink that day?

ARRAY[1..4] OF

Range: 1..97

NBotL7

ASK OR CODE: What make of NORMAL STRENGTH BEER, LAGER, STOUT or CIDER did you drink from bottles on that day?

INTERVIEWER: IF RESPONDENT DRANK DIFFERENT MAKES CODE WHICH THEY DRANK MOST.

Text: Maximum 21 characters

L7NcodEq

PLEASE LOOK UP AND ENTER PINT EQUIVALENT OF A BOTTLE OF (*Name of Bottle*)

VALID ENTRIES ARE 0.44, 0.48, 0.58, 0.77, AND 0.88.

ENDIF

ENDIF

IF DrnkType=Strong beer/lager/cider THEN

SBrL7

Still thinking about last(*answer to WhichDay*), how much STRONG BEER, LAGER, STOUT or CIDER did you drink that day?

INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

- 1 Half pints
- 2 Small cans
- 3 Large cans
- 4 Bottles

IF SBrL7=Half pints THEN

SBrL7Q[1]

ASK OR CODE: How many half pints of STRONG BEER, LAGER, STOUT or CIDER did you drink on that day?

ARRAY[1..4] OF

Range: 1..97

ENDIF

IF SBrL7=Small cans THEN

SBrL7Q[2]

ASK OR CODE: How many small cans of STRONG BEER, LAGER, STOUT or CIDER did you drink on that day?

ARRAY[1..4] OF

Range: 1..97

ENDIF

IF SBrL7=Large cans THEN

SBrL7Q[3]

ASK OR CODE: How many large cans of STRONG BEER, LAGER, STOUT or CIDER did you drink on that day?

ARRAY[1..4] OF

Range: 1..97

ENDIF

IF SBrL7=Bottles THEN

SBrL7Q[4]

ASK OR CODE: How many bottles of STRONG BEER, LAGER, STOUT or CIDER did you drink on that day?

ARRAY[1..4] OF

Range: 1..97

SBotL7

ASK OR CODE: What make of STRONG BEER, LAGER, STOUT or CIDER did you drink from bottles on that day?

INTERVIEWER: IF RESPONDENT DRANK DIFFERENT MAKES CODE WHICH THEY DRANK MOST.

Text: Maximum 21 characters

L7SCodEq

PLEASE LOOK UP AND ENTER PINT EQUIVALENT OF A BOTTLE OF (*Name of Bottle*)

VALID ENTRIES ARE 0.44, 0.48, 0.58, 0.77, AND 0.88.

ENDIF

ENDIF

IF DrnkType=Spirits THEN

SpirL7

Still thinking about last(*answer to WhichDay*), how much spirits or liqueurs (such as gin, whisky, brandy, rum, vodka, advocaat or cocktails) did you drink on that day?

CODE THE NUMBER OF SINGLES - COUNT DOUBLES AS TWO SINGLES.

Range: 1..97

ENDIF

IF DrnkType=Sherry THEN

ShryL7

Still thinking about last(*answer to WhichDay*), how much sherry or martini, including port, vermouth, Cinzano and Dubonnet did you drink on that day?

CODE THE NUMBER OF GLASSES.

Range: 1..97

ENDIF

IF DrnkType=Wine THEN

WineL7

Still thinking about last(*answer to WhichDay*), how much wine, including Babycham and champagne, did you drink on that day?

CODE THE NUMBER OF GLASSES 1 BOTTLE = 6 GLASSES. 1 LITRE = 8 GLASSES.

Range: 1..97

ENDIF

IF DrnkType=Alcoholic lemonades/colas THEN

PopsL7

Still thinking about last(*answer to Which Day*), how much ALCOHOLIC SOFT DRINK ('alcopop') did you drink on that day?

INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

- 1 Small cans
- 2 Bottles

IF PopsL7=Small cans THEN

PopsL7Q[1]

ASK OR CODE: How many small cans of ALCOHOLIC SOFT DRINK ('alcopop') did you drink on that day?

ARRAY[1..2] OF

Range: 1..97

ENDIF

IF PopsL7=Bottles THEN

PopsL7Q[2]

ASK OR CODE: How many bottles of ALCOHOLIC SOFT DRINK ('alcopop') did you drink on that day?

ARRAY[1..2] OF

Range: 1..97

ENDIF

ENDIF

IF DrnkType=Other THEN

OthL7TA

Still thinking about last(*answer to WhichDay*), what other type of alcoholic drink did you drink on that day?

CODE FIRST MENTIONED ONLY

Text: Maximum 30 characters

OthL7QA

How much (*name of 'other' alcoholic drink*) did you drink on that day?

WRITE IN HOW MUCH. REMEMBER TO SPECIFY HALF PINTS/ SINGLES/ GLASSES/ BOTTLES.

Text: Maximum 30 characters

OthL7B

Did you drink any other type of alcoholic drink on that day?

- 1 Yes
- 2 No

IF OthL7B=Yes THEN

OthL7TB

Still thinking about last(*answer to WhichDay*), what other type of alcoholic drink did you drink on that day?

CODE FIRST MENTIONED ONLY.

Text: Maximum 30 characters

OthL7QB

How much (*name of 'other' alcoholic drink*) did you drink on that day?

WRITE IN HOW MUCH. REMEMBER TO SPECIFY HALF PINTS/ SINGLES/ GLASSES/ BOTTLES.

Text: Maximum 30 characters

OthL7C

Did you drink any other type of alcoholic drink on that day?

- 1 Yes
- 2 No

IF OthL7C=Yes THEN

OthL7TC

Still thinking about last(*answer to WhichDay*), what other type of alcoholic drink did you drink on that day?

CODE FIRST MENTIONED ONLY.

Text: Maximum 30 characters

OthL7QC

How much (*name of 'other' alcoholic drink*) did you drink on that day?

WRITE IN HOW MUCH. REMEMBER TO SPECIFY HALF PINTS/ SINGLES/GLASSES/ BOTTLES.

Text: Maximum 30 characters

ENDIF

ENDIF

ENDIF

ENDIF

ENDIF

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

ENDIF

IF DrinkAny = Never THEN

AlwaysTT

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

- 1 Always a non-drinker
- 2 Used to drink but stopped

IF AlwaysTT = Used to drink but stopped THEN

WhyTT

Did you stop drinking because of a particular health condition that you had at the time?

INTERVIEWER: IF RESPONDENT SAYS PREGNANCY, CODE YES.

- 1 Yes
- 2 No

ENDIF

ENDIF

ENDIF

Dental Health module

ASK ALL

FalseT

Can I check, have you all your own teeth including crowns and caps or are some of them false?

- 1 All own teeth
- 2 Some false/some own
- 3 All false teeth

IF FalseT=All own teeth/some false/some own OR FalseT= Don't Know/Refusal THEN

ToothP

Now a couple of questions about your teeth.

What type of toothpaste do you use...READ OUT...

- 1 ...fluoride
- 2 or non-fluoride?
- 3 (Don't use toothpaste)

IF ToothP = RESPONSE THEN

TthFreq

How frequently do you brush your teeth .

Do you brush them...READ OUT...

- 1 More than once a day
- 2 Once a day
- 3 or Less than once a day?

ENDIF

Dentist

On average, how often do you attend a dentist for a routine check-up...READ OUT...

- 1 more frequently than once every six months"
- 2 every six months
- 3 every 12 months
- 4 every 24 months
- 5 at longer intervals
- 6 or never?

ENDIF

IF Age of Respondent is 5 to 15 years THEN

Tnow

Can I check, are your teeth...READ OUT...

- 1 milk (or baby) teeth or
- 2 your second (or adult) teeth or,
- 3 a mixture of both?

ENDIF

IF Age of Respondent is 2 to 15 years THEN

Dentsurg

Have you ever been to the dentist's surgery, either for treatment or for a check-up?

- 1 Yes
- 2 No

IF DentSurg=Yes THEN

Dentage

Thinking about the first time that you ever went to the dentist, how old were you then?

ENTER IN YEARS FOLLOWED BY MONTHS

AgeYrs

INTERVIEWER: ENTER NUMBER OF YEARS

Range: 0..15

AgeMths

INTERVIEWER: ENTER NUMBER OF MONTHS

Range: 0..11

WhyDent

Why did you go to the dentist the first time. Please choose the phrase on this card which is the most appropriate?

SHOW CARD U

INTERVIEWER CODE ONE ONLY

- 1 He/she was having trouble with his/her teeth or
- 2 We had a note from the school dentist or
- 3 He/she went for a check up or
- 4 He/she just went to get used to going to the dentist
- 5 Or for some other reason?

IF WhyDent= Other THEN

OthDent

What was the reason?

Open answer: up to 40 characters

ENDIF

Treat1*

Which of these kinds of treatment have you had on your teeth?

Any fillings?

- 1 Yes
- 2 No

Treat2*

(And which of these kinds of treatment have you had on your teeth?)

Any teeth taken out due to decay?

- 1 Yes
- 2 No

IF Treat2=Yes THEN

Treat2a*

Was that done with or without general anaesthetic?

- 1 With a general anaesthetic
- 2 Without a general anaesthetic

ENDIF

Treat3*

(And which of these kinds of treatment have you had on your teeth?)

Any treatment to stop your teeth decaying or going bad, such as painting and/or sealing?

- 1 Yes
- 2 No

Treat4*

(And which of these kinds of treatment have you had on your teeth?)

Orthodontics, that is straightening of the teeth with a brace?

- 1 Yes
- 2 No

Treat5*

(And which of these kinds of treatment have you had on your teeth?)

Any other treatment?"

- 1 Yes
- 2 No

IF Treat5=Yes THEN

Otht*

What other kinds of treatment have you had on your teeth?

Open answer: up to 40 characters

ENDIF

Dhealth*

And how would you describe your dental health **at present**. Would you say your teeth ...READ OUT...

CODE ONE ONLY

INTERVIEWER: IF RESPONDENT SEEKS CLARIFICATION,

PERFECTLY HEALTHY = NO FILLINGS, NO OBVIOUS DECAY

SOME DECAY = FILLINGS, SOME OPEN DECAY

LOT OF DECAY 5+ TEETH = AFFECTED BY DENTAL DECAY

- 1 ...are perfectly healthy or,
- 2 have some decay or,
- 3 have a lot of decay?

ENDIF

AgeBrush

Thinking about the first time that you started brushing your teeth, how old were you then?

ENTER IN YEARS FOLLOWED BY MONTHS

AgeYrs

INTERVIEWER: ENTER NUMBER OF YEARS

Range: 0....15

AgeMths

INTERVIEWER: ENTER NUMBER OF MONTHS

Range: 1....11

ENDIF

* Questions asked in 2nd, 3rd and 4th quarters of fieldwork.

Economic Activity module

ASK ALL AGE 16+

Activ

SHOW CARD V

Which of these descriptions applies to what you were doing last week, that is in the seven days ending (date last Sunday)?

CODE FIRST TO APPLY

1. Going to school or college full-time (including on vacation)
2. In paid employment or self-employment (or away temporarily)
3. Waiting to take up paid work already obtained
4. Looking for work
5. Intending to look for work but prevented by temporary sickness or injury (CHECK 28 DAYS OR LESS)
6. Permanently unable to work because of long-term sickness or disability (USE ONLY FOR MEN AGED 16-64 OR WOMEN AGED 16-59)
7. Retired (FOR WOMEN CHECK AGE STOPPED WORK AND USE THIS CODE ONLY IF STOPPED WHEN 50 OR OVER)
8. Looking after the home or family
9. Doing something else (SPECIFY)

IF Activ= Doing something else THEN

ActivO

OTHER: PLEASE SPECIFY

Text: Maximum 40 characters

ENDIF

IF Activ= Going to school or college full-time (including on vacation), Looking for work, Intending to look for work but prevented by temporary sickness or injury, Permanently unable to work because of long-term sickness or disability, Retired, Looking after the home or family or Doing something else THEN

EverJob

Have you ever been in paid employment or self-employed (*apart from holiday jobs or part-time jobs and while a student*)?

- 1 Yes
- 2 No

ENDIF

IF Activ=Waiting to take up paid work already obtained THEN

OthPaid

Apart from the job you are waiting to take up, have you ever been in paid employment or self-employed?

- 1 Yes
- 2 No

ENDIF

IF (EverJob = Yes) OR (Activ IN [In paid employment or self-employment, Waiting to take up paid work already obtained]) OR (Activ = Retired) AND (EverJob = No) THEN

JobTitle

I'd like to ask you some details about the job you were doing last week (*your most recent job/the main job you had/the job you are waiting to take up*). What is (*was/will be*) the name or title of the job?

(IF 2+ JOBS, ASK ABOUT MAIN JOB)

Text: Maximum 50 characters

FtPtime

Are you (*were you/will you be*) working full-time or part-time?

(FULL-TIME = MORE THAN 30 HOURS PART-TIME = 30 HOURS OR LESS)

- 1 Full-time
- 2 Part-time

WtWork

What kind of work do (*did/will*) you do most of the time?

Text: Maximum 50 characters

MatUsed

IF RELEVANT: What materials or machinery do(*did/will*) you use?

IF NONE USED, WRITE IN 'NONE'.

Text: Maximum 50 characters

SkilNeed

What skills or qualifications are(*were*) needed for the job?

Text: Maximum 100 characters

Employee

Are you (*were you/will you be*) ...READ OUT...

- 1 an employee,
- 2 or, self-employed

IF Employee = Self-employed THEN

Dirctr

Can I just check, in this job are you(*were you/will you be*) a Director of a limited company?

- 1 Yes
- 2 No

ENDIF

IF Employee=an employee OR Dirctr=Yes THEN

EmpStat

Are you (*were you/will you be*) a ...READ OUT...

- 1 manager,
- 2 foreman or supervisor,
- 3 or other employee?

NEmplee

Including yourself, about how many people are(*were*) employed at the place where you usually work (*usually worked/will work*)?

- 1 1 or 2
- 2 3-24
- 3 25-499
- 4 500+

ELSEIF Employee=Self-employed AND Dirctr=No THEN

SNEmplee

Do (*did/will*) you have any employees?

- 1 None
- 2 1-24
- 3 25-499
- 4 500+

ENDIF

IF Employee=Employ THEN

Ind

What does (*did*) your employer make or do at the place where you usually work (*usually worked/will work*)?

Text: Maximum 100 characters

ELSEIF Employee=Self-employed THEN

SlfWtMad

What do (*did/will*) you make or do in your business?

Text: Maximum 100 characters

ENDIF

ENDIF

If (Activ IN [Waiting to take up paid work already obtained, Looking for work, Intending to look for work but prevented by temporary sickness or injury]) THEN

CurUnEmp

How long altogether have you been out of employment but wanting work (*in this current period of unemployment*)?

- 1 Less than six months
- 2 Six months but less than twelve months
- 3 Twelve months but less than two years ago
- 4 Two years or more

ENDIF

IF Activ = In paid employment or self-employment (or away temporarily) THEN

MainSit

When you're at work are you mainly sitting down, standing up or walking about?

CODE ONE ONLY

- 1 Sitting down
- 2 Standing up
- 3 Walking about
- 4 Equal time spent doing 2 or more of these

MovFloor

Does your work involve you moving between floors?

- 1 Yes
- 2 No

IF MovFloor <> No THEN

LiftClimb

Do you mainly take the lift or climb the stairs?

- 1 Lift
- 2 Stairs
- 3 Lift up/stairs down

ENDIF

Climb

Do you do any (other) climbing in the course of your work (ladders, scaffolding etc.)?

- 1 Yes
- 2 No

LiftCarr

Do you usually have to lift or carry things at work which you find heavy?

IF YES, PROMPT: Is that just lifting or lifting and carrying?

- 1 Lift heavy loads
- 2 Lift *and* carry heavy loads
- 3 No

Demand

So overall, would you say that in terms of physical effort your work is...READ OUT...

- 1 ...very demanding
- 2 fairly demaning
- 3 or not very demanding

ENDIF

IF (NOFAd > 1) THEN

CincEarn

Which member of your household is the person with the largest income, whether from employment, pensions, state benefits, investments or any other source?

^Adnames

Range: 1..12

ENDIF

IF RESPONDENT IS NOT CHIEF INCOME EARNER THEN

CIEAct

SHOW CARD V

Which of these descriptions applies to what (*chief income earner's name*) was doing last week, that is in the seven days ending last Sunday?

- 1 Going to school or college full-time (including on vacation)
- 2 In paid employment or self-employed (or away temporarily)
- 3 Waiting to take up paid work already obtained
- 4 Looking for work
- 5 Intending to look for work but prevented by temporary sickness or injury (CHECK 28 DAYS OR LESS)
- 6 Permanently unable to work because of long-term sickness or disability (USE ONLY FOR MEN AGED 16-64 OR WOMEN AGED 16-59)
- 7 Retired (FOR WOMEN CHECK AGE STOPPED WORK AND USE THIS CODE ONLY IF STOPPED WHEN 50 OR OVER)
- 8 Looking after the home or family
- 9 Doing something else (SPECIFY)

IF CIEAct = Other THEN

CIEActO

OTHER: PLEASE SPECIFY

Text: Maximum 40 characters

ENDIF

IF (CIEAct IN [school or college full-time (including on vacation), Looking for work, Intending to look for work but prevented by temporary sickness or injury, Permanently unable to work because of long-term sickness or disability, Retired, Looking after the home or family or Doing something else] THEN

CIEEvJob

Has (*chief income earner's name*) ever been in paid employment or self-employed (*apart from holiday jobs or part-time jobs and while a student*)?

- 1 Yes
- 2 No

ENDIF

IF CIEAct = Waiting to take up paid work already obtained THEN

CIEOthP

Apart from the job (*chief income earner's name*) is waiting to take up, has he/she ever been in paid employment or self-employed?

- 1 Yes
- 2 No

ENDIF

If (CIEAct IN [In paid employment or self-employed (or away temporarily), Waiting to take up paid work already obtained]) OR (CIEEvJob = Yes) OR ((CIEAct = Retired) AND CIEEvJob = No) THEN

CIETitle

I'd like to ask you some details about the job (*chief income earner's name*) was doing last week (*the chief income earner's most recent job/ the main job chief income earner had/the job chief income earner is waiting to take up*). What is (*was/will be*) the name or title of his (*her*) job?

(IF 2+ jobs, ASK ABOUT MAIN JOB)

Text: Maximum 50 characters

CIEFtPt

Is *(was/will be)* (*chief income earner's name*) working full-time or part-time?

FULL-TIME = MORE THAN 30 HOURS

PART-TIME = 30 HOURS OR LESS

- 1 Full-time
- 2 Part-time

CIEWtWk

What kind of work does *(did/will)* (*chief income earner's name*) do most of the time?

Text: Maximum 50 characters

CIEMatUs

IF RELEVANT: What materials or machinery does *(did/will)* (*chief income earner's name*) use?

IF NONE USED, WRITE IN 'NONE'.

Text: Maximum 50 characters

CIESkil

What skills or qualifications are *(were/willbe)* needed for his (*her*) job?

Text: Maximum 100 characters

CIEEmp

Is *(was/will be)* (*chief income earner's name*) ...READ OUT...

- 1 An employee
- 2 Or, self-employed

IF CIEEMP = Self-employed THEN

CIEDir

Can I just check, in this job is *(was/will be)* (*chief income earner's name*) a Director of a L Limited company?

- 1 Yes
- 2 No

ENDIF

IF (CIEEmp= Employ) OR (CIEDir =Yes) THEN

CIEEmpST

Is *(was/will be)* (*chief income earner's name*) a...READ OUT...

1. Manager
2. Foreman or supervisor
3. Or, other employee

CIENEmp

Including (*chief income earner's name*), about how many people are *(were)* employed at the place where he (*she*) usually works (*usually worked/will work*)?

- 1 1 or 2
- 2 3- 24
- 3 25 - 499
- 4 500+

ELSEIF (CIEEMP = Self-employed) AND (CIEDir = No) THEN

CIENSNEmp

Does *(did/will)* (*chief income earner's name*) have any employees?

- 1 None
- 2 1-24
- 3 25-499
- 4 500+

ENDIF

IF (CIEEMP = Employed) THEN

CIEInd

What does (*did/will*) (*chief income earner's name's*) employer make or do at the place where he (*she*) usually works (*usually worked/will work*)?

Text: Maximum 100 characters

ELSEIF (CIEEmp = Self-employed) THEN

CIESif

What does (*did*) (*chief income earner's name*) make or do in his (*her*) business?

Text: Maximum 100 characters

ENDIF

ENDIF

IF (CIEAct IN [Waiting to take up paid work already obtained, Looking for work, Intending to look for work but prevented by temporary sickness or injury]) THEN

CIEUnEmp

How long altogether has (*chief income earner's name*) been out of employment but wanting work (*in this current period of unemployment*)?

- 1 Less than six months
- 2 Six months but less than twelve months
- 3 Twelve months but less than two years
- 4 Two years or more

ENDIF

ENDIF

Education module

ASK ALL age 16+

EducEnd

At what age did you finish your continuous full-time education at school or college?

- 1 Not yet finished
- 2 Never went to school
- 3 14 or under
- 4 15
- 5 16
- 6 17
- 7 18
- 8 19 or over

TopQual

SHOW CARD W

Please look at this card and tell me whether you have any of the qualifications listed. Look down the list and tell me the first one you come to that you have got. CODE FIRST TO APPLY.

- 1 Degree/degree level qualification (including higher degree)
- 2 SCE Higher/CSYS (Certificate of Sixth Year Studies)/ A-levels
- 3 SCE Ordinary ('O' Grades) Bands A – C
- 4 Standard Grade (Level 1 - 3)
- 5 SLC Lower
- 6 SUPE Lower or Ordinary
- 7 'O' level passes (Grade A – C if after 1975)
- 8 GCSE (Grade A – C)
- 9 CSE Grade 1
- 10 School Certificate or Matric
- 11 SCE Ordinary ('O' Grades) Bands D & E
- 12 Standard Grade (Level 4, 5)
- 13 CSE Grades 2 – 5
- 14 GCE 'O' Grades D & E (if after 1975)
- 15 GCSE (Grades D, E, F, G)
- 16 CSE ungraded
- 17 Foreign qualifications (PLEASE SAY WHAT)
- 18 Other academic qualifications (PLEASE SAY WHAT)
- 19 NO ACADEMIC QUALIFICATIONS

IF (TopQual IN [Foreign qualifications, Other academic qualifications] THEN

AcOthSP

PLEASE SPECIFY

Text: Maximum 25 characters

ENDIF

TopVocat

SHOWCARD X

Please look at this card and tell me whether you have any of the qualifications listed. If you have more than one, please tell me about all of them. PROBE: What else? CODE ALL THAT APPLY.

- 1 SCOTVEC National Certificate Modules
- 2 HNC/HND, BEC/TEC Higher, BTEC Higher
- 3 ONC/OND/BEC/TEC not higher
- 4 City and Guilds Full Technological Certificate
- 5 City and Guilds Advanced/Final Level
- 6 City and Guilds Craft/Ordinary Level
- 7 Nursing qualifications (SRN, RGN, RMN, SEN, RSCN, RM, RHV)
- 8 Teaching qualification
- 9 SVQ/NVQ Level V
- 10 SVQ/NVQ Level IV
- 11 SVQ/NVQ Level III/Advanced level GNVQ
- 12 SVQ/NVQ Level II/Intermediate level GNVQ
- 13 SVQ/NVQ Level I/Foundation level GNVQ
- 14 Clerical or Commercial Qualification (e.g. typing/book-keeping/commerce)
- 15 Recognised Trade Apprenticeship completed
- 16 Other vocational or professional qualification (SPECIFY AT NEXT QUESTION)
- 17 NO VOCATIONAL / PROFESSIONAL QUALIFICATIONS

IF (Other vocational or professional qualification IN TopVocat) THEN

VocOthSp

PLEASE SPECIFY

Text: Maximum 25 characters

ENDIF

PoB

In which country were you born?

- 1 Scotland
- 2 England
- 3 Wales
- 4 Northern Ireland
- 5 Outside of UK

Ethnic

SHOW CARD Y

To which of the groups on this card do you consider you belong?

- 1 White
- 2 Black - Caribbean
- 3 Black - African
- 4 Black - Other
- 5 Indian
- 6 Pakistani
- 7 Bangladeshi
- 8 Chinese
- 9 Other (SPECIFY AT NEXT QUESTION)

IF (Ethnic IN [Black - Other, Other]) THEN

OthEthni

How would you describe the racial or ethnic group to which you belong?

Text: Maximum 15 characters

ENDIF

Parental History module

ASK ALL AGE 16+

LiveMaB

Is your natural mother still alive?

- 1 Yes
- 2 No

IF (LIVEMaB = Yes) THEN

AgeMA

How old is your natural mother?

Range: 1..120

ELSEIF LiveMaB = No THEN

ConsMaB

SHOW CARD Z

Did your mother die from any of the conditions on the card?

CODE ONE ONLY

- 1 High blood pressure (sometimes called hypertension)
- 2 Angina
- 3 Heart attack (including myocardial infarction and coronary thrombosis)
- 4 Stroke
- 5 Other heart trouble (incl. heart murmur, damaged heart valves, tachycardia or rapid heart)
- 6 Diabetes
- 7 None of the above conditions

AgeMaB

How old was your mother when she died?

Range: 10..120

ENDIF

LivePaB

Is your natural father still alive?

- 1 Yes
- 2 No

IF LivePaB=Yes THEN

AgePa

How old is your natural father?

Range: 10..120

ELSEIF LivePaB=No THEN

ConsPaB

SHOW CARD Z

Did your father die from any of the conditions on the card?

CODE ONE ONLY

- 1 High blood pressure (sometimes called hypertension)
- 2 Angina
- 3 Heart attack (including myocardial infarction and coronary thrombosis)
- 4 Stroke
- 5 Other heart trouble (incl. heart murmur, damaged heart valves, tachycardia or rapid heart)
- 6 Diabetes
- 7 None of the above conditions

Scottish Health Survey

AgePaB

How old was your father when he died?

Range: 1..120

ENDIF

General Household module

ASK ALL AGED 16+

OwnORent

Now, I'd like to get some general information about your household.

Does your household own or rent this accommodation?

PROBE FOR DETAILS.

- 1 Owns with mortgage/loan
- 2 Owns outright
- 3 Rents from local authority/new town
- 4 Rents from housing association
- 5 Rents - privately, unfurnished
- 6 Rents - privately, furnished
- 7 Rents from employer
- 8 Rents - other with payment
- 9 Rent free

Bedrooms

How many bedrooms does your household have, including bedsitting rooms and spare bedrooms?

EXCLUDE BEDROOMS CONVERTED TO OTHER USES."

Range: 1..20

CentHeat

Does your household have any form of central heating, including electric storage heaters, in your (part of the) accommodation?

CENTRAL HEATING = 2 OR MORE ROOMS, (INC. KITCHENS, HALLS, LANDINGS, BATH/WC) HEATED FROM ONE CENTRAL SOURCE."

- 1 Yes
- 2 No

SmkDet

Do you have at least one smoke detector in the household?

IF YES, PROBE FOR WHETHER MAINS OR BATTERY-OPERATED. CODE ONE ONLY"

- 1 Yes - mains
- 2 Yes - battery operated
- 3 Yes - at least one of each type
- 4 Yes - but don't know which
- 5 NO

IF SmkDet=Yes THEN

SmkWork

And can I check, is it (at least one) currently in working order?

- 1 Yes
- 2 No

ENDIF

Car

Is there a car or van **normally** available for use by you or any members of your household?

INCLUDE: ANY PROVIDED BY EMPLOYERS IF NORMALLY AVAILABLE FOR PRIVATE USE BY RESPONDENT OR MEMBERS OF HOUSEHOLD.

- 1 Yes
- 2 No

IF CAR=Yes THEN

NumCars

How many are available?

- 1 One
- 2 Two
- 3 Three or more

ENDIF

IncSup

At the present time, do you or anyone else in your household receive Income Support?

- 1 Yes
- 2 No

FamCred

And do you or anyone else in your household receive Family Credit?

- 1 Yes
- 2 No

CounTax

And do you or anyone else in your household receive Council Tax Benefit?

- 1 Yes
- 2 No

IF OwnORent is NOT Owns with mortgage/loan or Owns outright THEN

HouseBen

And the present time, do you or your partner get any Housing Benefit to help pay the rent?

- 1 Yes
- 2 No

ENDIF

Benefits

Can I check, do you personally receive any of these benefits...

READ OUT AND CODE ALL THAT APPLY...

- 1 ...Unemployment benefit
- 2 Sickness/Invalidity Benefit
- 3 Severe Disablement Allowance
- 4 or Disability Living Allowance?
- 5 **None of these**

Telephon

Does your household have a telephone in your (part of the) accommodation?

SHARED TELEPHONES LOCATED IN PUBLIC HALLWAYS TO BE INCLUDED ONLY IF THIS HOUSEHOLD IS RESPONSIBLE FOR PAYING THE ACCOUNT."

- 1 Yes
- 2 No

Self-completion booklets

IF Age of Respondent is 13 years or over THEN

SCIntro

PREPARE (*GREY/CREAM/LILAC*) SELF-COMPLETION BOOKLET BY ENTERING SERIAL NUMBERS. CHECK YOU HAVE CORRECT PERSON NUMBER.

ELSEIF Age of Respondent is 8 to 12 years THEN

SCIntCh

Here is a little booklet which I would like to ask (*name of child*) to complete for (*him/herself*). It asks children if they have ever tried cigarettes or alcohol. May I explain it to him/her?

IF ASKED, SHOW YELLOW BOOKLET TO PARENT(S). IF AGREES, PREPARE YELLOW BOOKLET BY ENTERING SERIAL NUMBERS. SEE CHILD. EXPLAIN HOW TO COMPLETE. REMEMBER TO USE A BLACK PEN.

ENDIF

IF Age of Respondent is 13 to 120 years THEN

IF (DrinkAny = Never) OR (DrinkOft=Once or twice a year OR Not at all in the last twelve months) THEN

PagEx

INTERVIEWER NOTE: This respondent does not drink (or drinks once or twice a year or less). Cross out the Drinking Experiences questions before handing over the self-completion booklet.

ENDIF

SComp2

I would now like you to answer some questions by completing this booklet on your own. The questions cover (*smoking, (and) drinking (and some about your) general health*).

EXPLAIN HOW TO COMPLETE BOOKLET. REMEMBER TO USE A BLACK PEN:

ENDIF

SCCheck

INTERVIEWER: WAIT UNTIL RESPONDENT(S) HAVE FINISHED AND THEN CHECK EACH BOOKLET COMPLETED. IF NOT, ASK IF QUESTIONS MISSED IN ERROR. IF IN ERROR, ASK RESPONDENT TO COMPLETE.

IF Age of respondent is 8 years or over THEN

SComp3

INTERVIEWER CHECK: WAS THE (*YELLOW/LILAC*) BOOKLET (*8-12/13-15*) COMPLETED?

- 1 Fully completed
- 2 Partially completed
- 3 Not completed

IF SComp3=Fully completed or Partially completed THEN

SC3Acc

Was it completed without assistance?:

- 1 Completed independently
- 2 (*Assistance from other children*)
- 3 Assistance from other household member (*Assistance from adult(s) (not interviewer)*)
- 4 Assistance from interviewer
- 5 Interviewer

ENDIF

IF SComp3=Partially completed OR Not completed THEN

SComp6

INTERVIEWER: RECORD WHY BOOKLET NOT COMPLETED / PARTIALLY COMPLETED. CODE ALL THAT APPLY

- 1 Child away from home during fieldwork period
- 2 Eyesight problems
- 3 Language problems
- 4 Reading/writing/comprehension problems
- 5 Respondent bored/fed up/tired
- 6 Questions too sensitive/invasion of privacy
- 7 Too long/too busy/taken long enough already
- 8 Refused to complete booklet (no other reason given)
- 9 Other (SPECIFY)

IF SComp6=Other THEN

SComp6O

PLEASE SPECIFY OTHER REASON:

Text: Maximum 60 characters

ENDIF

ENDIF

IF SComp3=Fully completed OR Partially completed THEN

SComp5A

INTERVIEWER: CODE WHO WAS PRESENT IN ROOM WHILE (*name of respondent*) COMPLETED SELF-COMPLETION. INCLUDE YOURSELF, ANYONE INTERVIEWED AT THE SAME TIME AS RESPONDENT, PARENT ANSWERING ON BEHALF OF 8-12 YEAR OLDS OR OTHERS IN THE ROOM.CODE ALL THAT APPLY.

- 1 Spouse / partner
- 2 Parent(s) (incl step-/foster-)
- 3 Brother(s)/Sister(s)
- 4 Own/Related child(ren)(incl step-/ foster-/ partner's)
- 5 Other relative(s)
- 6 Unrelated adult(s)
- 7 Unrelated child(ren)
- 8 Interviewer
- 9 No-one else present

ENDIF

ENDIF

Measurements module

ASK ALL

Intro

PREAMBLE: I would now like to measure height and weight. There is interest in how people's weight, given their height, is associated with their healthMAKE OUT GREY COLOURED MRC FOR EACH PERSON :

RespHts

MEASURE HEIGHT AND CODE.INCLUDE 'DISGUISED' REFUSALS SUCH AS 'IT WILL TAKE TOO LONG','I HAVE TO GO OUT' ETC. AT CODE 2: Height refused.

- 1 Height measured
- 2 Height refused
- 3 Height attempted, not obtained
- 4 Height not attempted

IF RespHts = Height measured THEN

Height

ENTER HEIGHT.

Range: 60.0..244.0

RelHite

INTERVIEWER CODE ONE ONLY

- 1 No problems experienced reliable height measurement obtained
Problems experienced - measurement likely to be:
- 2 Reliable
- 3 Unreliable

IF RelHite = Unreliable THEN

HiNRel

WHAT CAUSED THE HEIGHT MEASUREMENT TO BE UNRELIABLE?

- 1 Hairstyle or wig
- 2 Turban or other religious headgear
- 3 Respondent stooped
- 4 Child respondent refused stretching
- 5 Respondent would not stand still
- 6 Respondent wore shoes
- 7 Other, please specify
- 8 *Difficulty standing*

IF HiNRel = Other THEN

OHiNRel

PLEASE SPECIFY WHAT CAUSED UNRELIABLE HEIGHT MEASUREMENT.

Text: Maximum 49 characters

ENDIF

ENDIF

MBookHt

INTERVIEWER: CHECK HEIGHT RECORDED ON MEASUREMENT RECORD CARD.

HEIGHT: (x) cm OR (x) feet (x) inches.

ELSEIF RespHts = Height refused THEN

ResNHi

GIVE REASONS FOR REFUSAL.

- 1 Cannot see point/Height already known/Doctor has measurement
- 2 Too busy/Taken too long already/ No time
- 3 Respondent too ill/frail/tired
- 4 Considered intrusive information
- 5 Respondent too anxious/nervous/ shy/embarrassed
- 6 Refused (no other reason given)
- 7 Other

ELSEIF RespHts = Height attempted, not obtained OR Height not attempted THEN

NoHitM

CODE REASON FOR NOT OBTAINING HEIGHT.CODE ALL THAT APPLY.

- 1 Child: away from home during fieldwork period (specify in a Note)
- 2 Respondent is unsteady on feet
- 3 Respondent cannot stand upright/too stooped
- 4 Respondent is chairbound
- 5 Child: subject would not stand still
- 6 Ill or in pain
- 7 Stadiometer faulty or not available
- 8 Other - specify

IF (OTHER IN NoHitM) THEN

NoHitMO

PLEASE SPECIFY OTHER REASON.

Text: Maximum 60 characters

ENDIF

ENDIF

IF RespHts=Height refused, Height attempted, not obtained OR Height not attempted THEN

EHtCh

INTERVIEWER: ASK (*respondent*) FOR AN ESTIMATED HEIGHT. WILL IT BE GIVEN IN METRES OR IN FEET AND INCHES?

- 1 Metres
- 2 Feet and inches

IF EHtCh = Metres THEN

EHtm

PLEASE RECORD ESTIMATED HEIGHT IN METRES.

Range: 0.01..2.44

ELSEIF EHtCh = Feet and inches THEN

EHtFt

PLEASE RECORD ESTIMATED HEIGHT. ENTER FEET.

Range: 0..7

EHtIn

PLEASE RECORD ESTIMATED HEIGHT. ENTER INCHES.

Range: 0..11

ENDIF

ENDIF

EMHeight *Final measured or estimated height (cm), to be fed into household admin.*

IF (Sex = Female) AND (Age of Respondent is 16 to 49) THEN

PregNowB

May I check, are you pregnant now?

- 1 Yes
- 2 No

ENDIF

IF PregNowB <> Yes THEN

RespWts

MEASURE WEIGHT AND CODE. (*INTERVIEWER: IF RESPONDENT WEIGHS MORE THAN 130KG (20 ½ STONES) DO NOT WEIGH. CODE AS 'WEIGHT NOT OBTAINED'*) INCLUDE 'DISGUISED' REFUSALS SUCH AS 'IT WILL TAKE TOO LONG', 'I HAVE TO GO OUT' ETC. AT CODE 2: Weight refused.

- 0 *If Age 2-5 years: Weight obtained (child held by adult)/If Age over 5 years: DO NOT USE THIS CODE*
- 1 Weight obtained (subject on own)
- 2 Weight refused
- 3 Weight attempted, not obtained
- 4 Weight not attempted

IF RespWtsMeas=Weight obtained (subject on own) OR Weight obtained (child held by adult) THEN

IF RespWts = Weight obtained (subject on own) THEN

Weight

RECORD WEIGHT.

Range: 10.0..130.0

ELSEIF RespWts = Weight obtained (child held by adult) THEN

WtAdult

ENTER WEIGHT OF ADULT ON HIS/HER OWN.

Range: 15.0..130.0

WtChAd

ENTER WEIGHT OF ADULT HOLDING CHILD.

Range: 15.0..130.0

ENDIF

FWeight Measured weight, either Weight or WtChAd - WtAdult

Range: 0.0..140.0

FloorM

SCALES PLACED ON?

- 1 Uneven floor
- 2 Carpet
- 3 Neither

RelWaitB

INTERVIEWER CODE ONE ONLY.

- 1 No problems experienced, reliable weight measurement obtained
- Problems experienced - measurement likely to be:
- 2 Reliable
 - 3 Unreliable

ENDIF

MBookWt

INTERVIEWER: CHECK WEIGHT RECORDED ON MEASUREMENT RECORD CARD.

WEIGHT: (x) kg OR (x) stones (x) pounds. IF WEIGHT LOOKS WRONG, GO BACK TO 'Weight' AND REWEIGH.

ENDIF

IF RespWts = Weight refused, Weight attempted, not obtained OR Weight not attempted THEN

IF RespWts = Weight refused THEN

ResNWt

GIVE REASONS FOR REFUSAL.

- 1 Cannot see point/Weight already known/Doctor has measurement
- 2 Too busy/Taken long enough already/No time
- 3 Respondent too ill/frail/tired
- 4 Considered intrusive information
- 5 Respondent too anxious/nervous/shy/embarrassed
- 6 Child refused to be held by parent
- 7 Parent refused to hold child
- 8 Refused (no other reason given)
- 9 Other

ELSEIF RespWts = Weight attempted, not obtained OR Weight not attempted THEN

NoWaitM

CODE REASON FOR NOT OBTAINING WEIGHT.CODE ALL THAT APPLY.

- 1 Child: away from home during fieldwork period (specify in a Note)
- 2 Respondent is unsteady on feet
- 3 Respondent cannot stand upright
- 4 Respondent is chairbound
- 5 Respondent weighs more than 130 kg
- 6 Ill or in pain
- 7 Scales not working
- 8 Parent unable to hold child
- 9 Other - specify

IF NoWaitM = Other THEN

NoWaitMO

PLEASE SPECIFY OTHER REASON.

Text: Maximum 60 characters

ENDIF

EWtCh

INTERVIEWER: ASK (*respondent*) FOR AN ESTIMATED WEIGHT. WILL IT BE GIVEN IN KILOGRAMS OR IN STONES AND POUNDS

- 1 Kilograms
- 2 Stones and pounds

IF EWtCh = Kilograms THEN

EWtkg

PLEASE RECORD ESTIMATED WEIGHT IN KILOGRAMS.

Range: 1.0..210.0

ELSEIF EWtCh = Stones and pounds THEN

EWtSt

PLEASE RECORD ESTIMATED WEIGHT. ENTER STONES.

Range: 1..32

EWtL

PLEASE RECORD ESTIMATED WEIGHT. ENTER POUNDS.

Range: 0..13

ENDIF

ENDIF

EMWeight *Final measured or estimated weight (kg), computed*

ENDIF

P1731/2

IN CONFIDENCE

Scottish Health Survey: 1998

BOOKLET FOR ADULTS

Survey Month:

(1-3)	(4-5)	(6)		(7-8)	(9-11)
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0"/> <input type="text" value="1"/>	Spare
POINT	ADDRESS	HHLD	CKL	PERSON No* (from HH Grid)	
				<small>* Adult - 01</small>	

First name:

					OUO (12-13)
					<input type="text" value="3"/> <input type="text" value="2"/>
					Card (14-20)
					Spare

Please read this before completing:

- A.** Some questions on the following pages can be answered simply by ticking the box below the answer that applies to you.

Example:

*(tick **one** box)*

	Very healthy life	Fairly healthy life	Not very healthy life	An unhealthy life
Do you feel that you lead a ...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

- B.** Sometimes you are asked to write in a number or the answer in your own words. Please enter numbers as figures rather than words.

Example:

Write in no.

- C.** On most pages you should answer ALL the questions but sometimes you will find the box you have ticked has an arrow next to it with an instruction to go to another question.

Example:

*(tick **one** box)*

Yes.....	<input type="checkbox"/> 1	→ GO TO Q4
No.....	<input type="checkbox"/> 2	→ GO TO Q3

By following the arrows carefully you will miss out questions which do not apply to you. Please use a pen that writes with **black** ink.

General health over the last few weeks

Please read this carefully:

We should like to know how your health has been in general, **over the past few weeks**. Please answer ALL the questions by putting a tick in the box under the answer which you think most applies to you.

HAVE YOU RECENTLY:

(tick one box)

- | | Better than usual | Same as usual | Less than usual | Much less than usual | |
|---|--------------------------|--------------------------|--------------------------|-----------------------------|-----|
| 1. been able to concentrate on whatever you're doing? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 180 |

(tick one box)

- | | Not at all | No more than usual | Rather more than usual | Much more than usual | |
|---------------------------------|--------------------------|---------------------------|-------------------------------|-----------------------------|-----|
| 2. lost much sleep over worry ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 181 |

(tick one box)

- | | More so than usual | Same as usual | Less useful than usual | Much less useful | |
|---|---------------------------|--------------------------|-------------------------------|--------------------------|-----|
| 3. felt you were playing a useful part in things? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 182 |

(tick one box)

- | | More so than usual | Same as usual | Less so than usual | Much less capable | |
|---|---------------------------|--------------------------|---------------------------|--------------------------|-----|
| 4. felt capable of making decisions about things? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 183 |

(tick one box)

- | | Not at all | No more than usual | Rather more than usual | Much more than usual | |
|----------------------------------|--------------------------|---------------------------|-------------------------------|-----------------------------|-----|
| 5. felt constantly under strain? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 184 |

(tick one box)

- | | Not at all | No more than usual | Rather more than usual | Much more than usual | |
|--|--------------------------|---------------------------|-------------------------------|-----------------------------|-----|
| 6. felt you couldn't overcome your difficulties? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 185 |

1

2

3

4

HAVE YOU RECENTLY:

(tick one box)

More so than usual Same as usual Less so than usual Much less than usual

7. been able to enjoy your normal day-to-day activities?

186

(tick one box)

More so than usual Same as usual Less so than usual Much less able

8. been able to face up to your problems?

187

(tick one box)

Not at all No more than usual Rather more than usual Much more than usual

9. been feeling unhappy and depressed?

188

(tick one box)

Not at all No more than usual Rather more than usual Much more than usual

10. been losing confidence in yourself?

189

(tick one box)

Not at all No more than usual Rather more than usual Much more than usual

11. been thinking of yourself as a worthless person?

190

(tick one box)

More so than usual About same as usual Less so than usual Much less than usual

12. been feeling reasonably happy, all things considered?

191

1 2 3 4

General Health Questionnaire (GHQ)-12
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Drinking Experiences

PLEASE READ THIS CAREFULLY

Please read each statement. Thinking about the last three months only, if you have had the experience tick the box next to the word "Yes". If you have not had the experience in the last three months, tick the box next to the word "No".

13. I have felt that I ought to cut down on my drinking
 Yes..... 1 171
 No..... 2
14. I have felt ashamed or guilty about my drinking
 Yes..... 1 172
 No..... 2
15. People have annoyed me by criticising my drinking
 Yes 1 173
 No..... 2
16. I have found that my hands were shaking in the morning after drinking the previous night
 Yes..... 1 174
 No..... 2
17. I have had a drink first thing in the morning to steady my nerves or get rid of a hangover
 Yes..... 1 175
 No..... 2
18. There have been occasions when I felt that I was unable to stop drinking
 Yes 1 176
 No..... 2
19. I have been drunk at least once a week, on average, in the last three months
 Yes 1 → **GO TO Q22** 177
 No 2 → **GO TO Q20**
20. Drinking has made me slightly (or very) drunk in the last three months
 Yes 1 → **GO TO Q21** 178
 No 2 → **GO TO Q22**
*(tick **one** box)*
- | | Once | Twice | Three times | Four or more times | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|-----|
| 21. If yes, please tick one of the boxes to show how many times in the last 3 months | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 179 |
| | 1 | 2 | 3 | 4 | |
- NOW PLEASE GO TO Q22.**

Incontinence

The following questions are about problems with the bladder. By bladder problems we mean accidentally having wet pants, leaking urine, needing to go to the toilet frequently or urgently, sometimes not making it to the toilet in time, or using aids and appliances to manage incontinence or bladder problems.

- 22.** Do you suffer from problems with your bladder? Yes 1 → **GO TO Q23** 192
 No 2 → **GO TO PAGE 7.**
- 23.** How often do you have problems with your bladder?
 At least once a week 1 193
 Less than once a week 2
 Less than once a month 3
- 24.** Which of the following do you use to help with your problem? Please tick all the boxes that apply to you. 194-201
- | | | | |
|---------------------------------------|--------------------------|----|--|
| I do not use anything | <input type="checkbox"/> | 01 | |
| Incontinence pads | <input type="checkbox"/> | 02 | |
| Protective bed pads | <input type="checkbox"/> | 03 | |
| Sanitary towels/panty liners | <input type="checkbox"/> | 04 | |
| Penile sheaths | <input type="checkbox"/> | 05 | |
| Intermittent catheters | <input type="checkbox"/> | 06 | |
| Indwelling urethral catheters | <input type="checkbox"/> | 07 | |
| Suprapubic catheters | <input type="checkbox"/> | 08 | |
| Something else (please say what)..... | <input type="checkbox"/> | 09 | |

25. Have you ever talked to or contacted any of the following about your bladder problem? Please tick yes or no for each.

	Yes	No	
Continence adviser	<input type="checkbox"/> 1	<input type="checkbox"/> 2	20
Health Visitor	<input type="checkbox"/> 1	<input type="checkbox"/> 2	20
District Nurse	<input type="checkbox"/> 1	<input type="checkbox"/> 2	20
Other nurse	<input type="checkbox"/> 1	<input type="checkbox"/> 2	20
GP (family doctor)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	20
Hospital doctor or specialist	<input type="checkbox"/> 1	<input type="checkbox"/> 2	20
Physiotherapist	<input type="checkbox"/> 1	<input type="checkbox"/> 2	20
Local chemist/pharmacist	<input type="checkbox"/> 1	<input type="checkbox"/> 2	20
Other health professional	<input type="checkbox"/> 1	<input type="checkbox"/> 2	21

IF YOU ARE A WOMAN, PLEASE ANSWER THESE QUESTIONS.

IF YOU ARE A MAN, PLEASE GIVE THE BOOKLET BACK TO THE INTERVIEWER.
THANK YOU FOR COMPLETING THE BOOKLET.

Women only please answer

26. Are you currently taking the contraceptive pill or having a contraceptive injection or implant?

(tick **one** box)

Yes 1 → **GO TO Q27**

211

No 2 → **GO TO Q29**

27. What is the brand name of your contraceptive?

Please write in name below:

212-217

28. What kind of contraceptive is this?

(tick **one** box)

Injection 1

218

Mini pill (progestogen only) 2

Combined pill 3

Implant (Norplant) 4

Not sure 8

29. Are you still having periods (menstruating)?

(tick **one** box)

Yes 1 → **GO TO Q32**

219

No 2 → **GO TO Q30**

30. Did your periods stop as a result of an operation?

(tick **one** box)

Yes 1 → **GO TO Q31**

220

No 2 → **GO TO Q32**

31. Have you had any ovaries removed?

(tick **one** box)

Yes 1 } **GO TO Q32**

221

No 2 }

32. Have you ever been on Hormone Replacement Therapy (HRT)?

(tick **one** box)

Yes 1 → **GO TO Q33**

222

No 2 → **GO TO Q36**

33. At what age did you start Hormone Replacement Therapy?
WRITE IN AGE

YEARS OLD → **GO TO Q34**

223-224

34. Are you still on Hormone Replacement Therapy?

(tick **one** box)

Yes 1 → **GO TO Q36**

225

No 2 → **GO TO Q35**

35. At what age did you stop Hormone Replacement Therapy?
WRITE IN AGE

YEARS OLD

226-227

36. **THANK YOU FOR ANSWERING THESE QUESTIONS. PLEASE GIVE THE BOOKLET BACK TO THE INTERVIEWER.**

Batch No

228-232

HH

P1731/2

IN CONFIDENCE

Scottish Health Survey: 1998

BOOKLET FOR YOUNG ADULTS

Survey Month:

(1-3)	(4-5)	(6)		(7-8)	(9-11)
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	Spare
POINT	ADDRESS	HHL D	CKL	PERSON No* (from HH Grid)	
				0 1	
				<small>* Adult = 01</small>	

First name:

					OUO (12-13)
					<input type="text"/> <input type="text"/>
					Card (14-20)
					Spare

Please read this before completing:

- A.** Some questions on the following pages can be answered simply by ticking the box below the answer that applies to you.

Example:

*(tick **one** box)*

	Very healthy life	Fairly healthy life	Not very healthy life	An unhealthy life
Do you feel that you lead a ...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

- B.** Sometimes you are asked to write in a number or the answer in your own words. Please enter numbers as figures rather than words.

Example:

Write in no.

- C.** On most pages you should answer ALL the questions but sometimes you will find the box you have ticked has an arrow next to it with an instruction to go to another question.

Example:

*(tick **one** box)*

Yes..... 1 → **GO TO Q4**

No..... 2 → **GO TO Q3**

By following the arrows carefully you will miss out questions which do not apply to you.

Please use a pen that writes with **black** ink.

AA

SCPR

SMOKING

IN CONFIDENCE

1. Have you ever smoked a cigarette, a cigar or a pipe? *(tick one box)*
- Yes 1 → **GO TO Q2** 21
- No 2 → **GO TO Q10**

2. Have you ever smoked a cigarette? *(tick one box)*
- Yes 1 → **GO TO Q3** 22
- No 2 → **GO TO Q10**

3. How old were you when you first tried smoking a cigarette, even if it was only a puff or two?
- Write in how old you were then 23-24

4. Do you smoke cigarettes at all nowadays? *(tick one box)*
- Yes 1 → **GO TO Q6** 25
- No 2 → **GO TO Q5**

5. Did you smoke cigarettes regularly or occasionally? *(tick one box)*
- Regularly, that is at least one cigarette a day 1 26
- Occasionally 2 } → **GO TO Q10**
- I never really smoked cigarettes, just tried them once or twice 3 }

CURRENT SMOKERS

6. About how many cigarettes a day do you usually smoke on weekdays?
- Write in no. smoked a day 27-28

7. And about how many cigarettes a day do you usually smoke at weekends?
- Write in no. smoked a day 29-30

8. Do you mainly smoke...

(tick **one** box)

- ... filter-tipped cigarettes, 1 → **GO TO Q9**
- plain or unfiltered cigarettes, 2 → **GO TO Q9**
- or hand-rolled cigarettes? 3 → **GO TO Q12
ON NEXT PAGE**

31

9. Which brand of cigarette do you usually smoke?

WRITE IN

Brand:

TYPE (eg Superkings)

32-34

TAR LEVEL

(check side of packet)

mg → **GO TO Q12 ON NEXT PAGE**

35-36

ALL WHO DO NOT CURRENTLY SMOKE

10. Do you find that you are regularly exposed to other people's tobacco smoke in any of these places?

Please tick all boxes which apply

- At home 1
- At work 2
- On public transport 3
- In other people's homes 4
- In pubs 5
- In other public places 6
- No, none of these 7 → **OTHERS GO TO
Q12 ON NEXT PAGE**

37-42

11. Does this bother you?

(tick **one** box)

- Yes 1
- No 2

43

NOW GO TO DRINKING QUESTIONS ON NEXT PAGE

BB

DRINKING

12. Do you ever drink alcohol nowadays, including drinks you brew or make at home?

*(tick **one** box)*

Yes..... 1 → **GO TO Q15** 44

No..... 2 → **GO TO Q13**

13. Just to 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 and New Year?

*(tick **one** box)*

Very occasionally..... 1 → **GO TO Q15** 45

Never 2 → **GO TO Q14**

14. Have you always been a non-drinker or did you stop drinking for some reason?

*(tick **one** box)*

Always a non-drinker..... 1

Used to drink but stopped..... 2

} → **GO TO Q30 ON PAGE 13** 46

15. How old were you the first time you ever had a proper alcoholic drink?

Write in how old you were then → **GO TO Q16 ON NEXT PAGE** 47-48

16. The next few questions are concerned with different types of alcoholic drink. Please tick the box underneath the answer that best describes how often you usually drank each of them in the last 12 months. For the ones you drank, write in how much you usually drank on any one day. **EXCLUDE ANY NON-ALCOHOLIC OR LOW-ALCOHOL DRINKS, EXCEPT SHANDY.**

EXAMPLE:

A. How often have you had this type of drink in the past year?

TICK ONE BOX

Almost every day	Five or six days a week	Three or four days a week	Once or twice a week	Once or twice a month	Once every couple of months	Once or twice in last 12 months	Never in last 12 months
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

GO TO B

How much did you usually drink on any one day? (WRITE IN NUMBER):

<input type="text"/>	Half-pints
AND/OR	<input type="text"/>
	Large cans or bottles
AND/OR	<input type="text"/>
	Small cans or bottles

NOW PLEASE ANSWER A-H

A. **Normal** strength beer, lager, stout, cider or shandy (less than 6% alcohol) - exclude bottles/cans of shandy.

How often have you had this type of drink in the past year?

TICK ONE BOX

Almost every day	Five or six days a week	Three or four days a week	Once or twice a week	Once or twice a month	Once every couple of months	Once or twice in last 12 months	Never in last 12 months
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

GO TO B

How much did you usually drink on any one day? (WRITE IN NUMBER):

<input type="text"/>	Half-pints
AND/OR	<input type="text"/>
	Large cans or bottles
AND/OR	<input type="text"/>
	Small cans or bottles

B. Strong beer, lager, stout, cider (6% alcohol or more, such as Tennants Extra, Special Brew, Diamond White)

How often have you had this type of drink in the past year?
TICK ONE BOX

Almost every day	Five or six days a week	Three or four days a week	Once or twice a week	Once or twice a month	Once every couple of months	Once or twice in last 12 months	Never in last 12 months
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

58

GO TO C.

How much did you usually drink on any one day? (**WRITE IN NUMBER**):

Half-pints

AND/OR Large cans or bottles

AND/OR Small cans or bottles

59-66

C. Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails

How often have you had this type of drink in the past year?
TICK ONE BOX

Almost every day	Five or six days a week	Three or four days a week	Once or twice a week	Once or twice a month	Once every couple of months	Once or twice in last 12 months	Never in last 12 months
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

67

GO TO D.

How much did you usually drink on any one day? (**WRITE IN NUMBER**): Glasses (count doubles as 2 singles)

68-69

D. Sherry or martini (including port, vermouth, cinzano, dubonnet)

How often have you had this type of drink in the past year?

TICK ONE BOX

Almost every day	Five or six days a week	Three or four days a week	Once or twice a week	Once or twice a month	Once every couple of months	Once or twice in last 12 months	Never in last 12 months
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

70

GO TO E.

How much did you usually drink on any one day? (**WRITE IN NUMBER**): Glasses (count doubles as 2 singles)

71-72

E. Wine (including babycham and champagne)

How often have you had this type of drink in the past year?

TICK ONE BOX

Almost every day	Five or six days a week	Three or four days a week	Once or twice a week	Once or twice a month	Once every couple of months	Once or twice in last 12 months	Never in last 12 months
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

73

GO TO F.

How much did you usually drink on any one day? (**WRITE IN NUMBER**): Glasses

74-75

F. Alcoholic soft drinks or 'alcopops' (such as Hooch, Two Dogs, Alcola)

How often have you had this type of drink in the past year?

TICK ONE BOX

Almost every day	Five or six days a week	Three or four days a week	Once or twice a week	Once or twice a month	Once every couple of months	Once or twice in last 12 months	Never in last 12 months
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

76

GO TO G.

How much did you usually drink on any one day? (**WRITE IN NUMBER**): Small cans or bottles

77-78

G. Have you had any other kinds of alcoholic drink in the last 12 months?

No 2 → **GO TO Q17**

79

Yes 1

WRITE IN NAME OF DRINK:

80-81

How often have you had this type of drink in the past year?

TICK ONE BOX

Almost every day	Five or six days a week	Three or four days a week	Once or twice a week	Once or twice a month	Once every couple of months	Once or twice in last 12 months
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

82

How much did you usually drink on any one day? (**WRITE IN NUMBER**): Glasses (count doubles as 2 singles)

83-92

AND/OR Half-pints

AND/OR Large cans or bottles

AND/OR Small cans or bottles

HH

H. Have you had any other kinds of alcoholic drink in the last 12 months?

No 2 → GO TO Q17

Yes 1

WRITE IN NAME OF DRINK:

How often have you had this type of drink in the past year?
TICK **ONE** BOX

Almost every day	Five or six days a week	Three or four days a week	Once or twice a week	Once or twice a month	Once every couple of months	Once or twice in last 12 months
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

How much did you usually drink on any one day? (**WRITE IN NUMBER**): Glasses (count doubles as 2 singles)

AND/OR Half-pints

AND/OR Large cans or bottles

AND/OR Small cans or bottles

93

94-95

96

97-106

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

(tick **one** box)

- Almost every day 01
- Five or six days a week 02
- Three or four days a week 03
- Once or twice a week 04
- Once or twice a month 05
- Once every couple of months 06
- Once or twice a year 07
- Not at all in the last 12 months 08

107-108

18. Did you have an alcoholic drink in the seven days ending yesterday?

(tick **one** box)

- Yes 1 → **GO TO Q19**
- No 2 → **GO TO Q21
ON PAGE 12**

109

19. On how many days out of the last seven did you have an alcoholic drink?

(tick **one** box)

- One 1
- Two 2
- Three 3
- Four 4
- Five 5
- Six 6
- Seven 7

110

LL

20. Please think about the day in the last week on which you drank the most. (If you drank the same amount on more than one day, please answer about the most recent of those days.)

From this list, please tick all the types of alcoholic drink which you drank on that day. For the ones you drank, write in how much you drank on that day. EXCLUDE NON-ALCOHOLIC OR LOW-ALCOHOL DRINKS, EXCEPT SHANDY.

WRITE IN HOW MUCH DRUNK ON THAT DAY

TICK ALL DRINKS DRUNK ON THAT DAY		WRITE IN HOW MUCH DRUNK ON THAT DAY				
		Glasses (count doubles as 2 singles)	Half-pints	Large cans or bottles	Small cans or bottles	
Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol - exclude bottles or cans of shandy)	111-126 <input type="checkbox"/> 01	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	127-134
Strong beer, lager, stout or cider (6% alcohol or more, such as Tennants Extra, Special Brew, Diamond White)	<input type="checkbox"/> 02	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	135-142
Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka or cocktails	<input type="checkbox"/> 03	<input type="text"/>				143-144
Sherry or martini (including port, vermouth, cinzano, dubonnet)	<input type="checkbox"/> 04	<input type="text"/>				145-146
Wine (including babycham and champagne)	<input type="checkbox"/> 05	<input type="text"/>				147-148
Alcoholic soft drinks or 'alcopops' (such as Hooch, Two Dogs, Alcola)	<input type="checkbox"/> 06				<input type="text"/>	149-150
Other kinds of alcoholic drink WRITE IN NAME OF DRINK)						
1. <input type="text"/>	<input type="checkbox"/> 07	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	151-160
2. <input type="text"/>	<input type="checkbox"/> 08	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	161-170

DRINKING EXPERIENCES

PLEASE READ THIS CAREFULLY

Please read each statement. Thinking about the last three months only, if you have had the experience tick the box next to the word "Yes". If you have not had the experience in the last three months, tick the box next to the word "No".

21. I have felt that I ought to cut down on my drinking
 Yes..... 1 171
 No..... 2
22. I have felt ashamed or guilty about my drinking
 Yes..... 1 172
 No..... 2
23. People have annoyed me by criticising my drinking
 Yes 1 173
 No..... 2
24. I have found that my hands were shaking in the morning after drinking the previous night
 Yes..... 1 174
 No..... 2
25. I have had a drink first thing in the morning to steady my nerves or get rid of a hangover
 Yes..... 1 175
 No..... 2
26. There have been occasions when I felt that I was unable to stop drinking
 Yes 1 176
 No..... 2
27. I have been drunk at least once a week, on average, in the last three months
 Yes 1 → **GO TO Q30** 177
 No 2 → **GO TO Q28**
28. Drinking has made me slightly (or very) drunk in the last three months
 Yes 1 → **GO TO Q29** 178
 No 2 → **GO TO Q30**
- (tick one box)*
- | | Once | Twice | Three times | Four or more times | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|-----|
| 29. If yes, please tick one of the boxes to show how many times in the last 3 months | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 179 |
| | 1 | 2 | 3 | 4 | |

NOW PLEASE GO TO Q30.

GENERAL HEALTH OVER THE LAST FEW WEEKS

Please read this carefully:

We should like to know how your health has been in general, **over the past few weeks**. Please answer ALL the questions by putting a tick in the box under the answer which you think most applies to you.

HAVE YOU RECENTLY:

			<i>(tick one box)</i>			
	Better than usual	Same as usual	Less than usual	Much less than usual		
30.	been able to concentrate on whatever you're doing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180
			<i>(tick one box)</i>			
	Not at all	No more than usual	Rather more than usual	Much more than usual		
31.	lost much sleep over worry ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	181
			<i>(tick one box)</i>			
	More so than usual	Same as usual	Less useful than usual	Much less useful		
32.	felt you were playing a useful part in things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	182
			<i>(tick one box)</i>			
	More so than usual	Same as usual	Less so than usual	Much less capable		
33.	felt capable of making decisions about things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	183
			<i>(tick one box)</i>			
	Not at all	No more than usual	Rather more than usual	Much more than usual		
34.	felt constantly under strain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	184
			<i>(tick one box)</i>			
	Not at all	No more than usual	Rather more than usual	Much more than usual		
35.	felt you couldn't overcome your difficulties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	185
	1	2	3	4		

HAVE YOU RECENTLY:

(tick one box)

	More so than usual	Same as usual	Less so than usual	Much less than usual	
36. been able to enjoy your normal day-to-day activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	186

(tick one box)

	More so than usual	Same as usual	Less so than usual	Much less able	
37. been able to face up to your problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	187

(tick one box)

	Not at all	No more than usual	Rather more than usual	Much more than usual	
38. been feeling unhappy and depressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	188

(tick one box)

	Not at all	No more than usual	Rather more than usual	Much more than usual	
39. been losing confidence in yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	189

(tick one box)

	Not at all	No more than usual	Rather more than usual	Much more than usual	
40. been thinking of yourself as a worthless person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	190

(tick one box)

	More so than usual	About same as usual	Less so than usual	Much less than usual	
41. been feeling reasonably happy, all things considered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	191

1 2 3 4

General Health Questionnaire (GHQ)-12
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Incontinence

The following questions are about problems with the bladder. By bladder problems we mean accidentally having wet pants, leaking urine, needing to go to the toilet frequently or urgently, sometimes not making it to the toilet in time, or using aids and appliances to manage incontinence or bladder problems.

42. Do you suffer from problems with your bladder?

Yes

1 → **GO TO Q43**

192

No

2 → **GO TO PAGE 17.**

43. How often do you have problems with your bladder?

At least once a week 1

193

Less than once a week 2

Less than once a month 3

44. Which of the following do you use to help with your problem? Please tick all the boxes that apply to you.

I do not use anything 01

194-201

Incontinence pads 02

Protective bed pads 03

Sanitary towels/panty liners 04

Penile sheaths 05

Intermittent catheters 06

Indwelling urethral catheters 07

Suprapubic catheters 08

Something else (please say what)..... 09

45. Have you ever talked to or contacted any of the following about your bladder problem? Please tick yes or no for each.

	Yes	No	
Contenance adviser	<input type="checkbox"/> 1	<input type="checkbox"/> 2	202
Health Visitor	<input type="checkbox"/> 1	<input type="checkbox"/> 2	203
District Nurse	<input type="checkbox"/> 1	<input type="checkbox"/> 2	204
Other nurse	<input type="checkbox"/> 1	<input type="checkbox"/> 2	205
GP (family doctor)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	206
Hospital doctor or specialist	<input type="checkbox"/> 1	<input type="checkbox"/> 2	207
Physiotherapist	<input type="checkbox"/> 1	<input type="checkbox"/> 2	208
Local chemist/pharmacist	<input type="checkbox"/> 1	<input type="checkbox"/> 2	209
Other health professional	<input type="checkbox"/> 1	<input type="checkbox"/> 2	210

IF YOU ARE A WOMAN, PLEASE ANSWER THESE QUESTIONS.

IF YOU ARE A MAN, PLEASE GIVE THE BOOKLET BACK TO THE INTERVIEWER.
THANK YOU FOR COMPLETING THE BOOKLET.

Women only please answer

46. Are you currently taking the contraceptive pill
or having a contraceptive injection or implant?

(tick **one** box)

Yes 1 → **GO TO Q47**

No 2 → **GO TO Q49**

211

47. What is the brand name of your contraceptive?

Please write in name below:

212-217

48. What kind of contraceptive is this?

(tick **one** box)

Injection 1

Mini pill (progestogen only) 2

Combined pill 3

Implant (Norplant) 4

Not sure 8

218

49. THANK YOU FOR ANSWERING THESE QUESTIONS. PLEASE GIVE THE BOOKLET BACK
TO THE INTERVIEWER.

Batch No

228-232

XX

P1731/2

IN CONFIDENCE

Scottish Health Survey: 1998
BOOKLET FOR 13-15 YEAR OLDS

Survey Month:

(1-3)

(4-5)

(6)

(7-8)

(9-11)

Spare

--	--	--

POINT

--	--

ADDRESS

--

HHL D

--

CKL

--	--

PERSON No*

(from HH Grid)

*Child A = 02

Child B = 03

OUO
(12-13)

3	3
---	---

Card
(14-20)

Spare

First name:

Here are some questions for you to answer on your own.

We are interested in your honest answers. We will not tell anyone what your answers are.

Look at the instructions on the next page and read what to do. Ask the interviewer for help if you do not understand a question or you are not sure what to do.

Please use a pen that writes with **black** ink.

+

Thank you for taking part in this survey.

+

+

+

INSTRUCTIONS

Please read each question carefully.

Most of the questions can be answered by ticking the box next to the answer that applies to you.

Example:

(tick **one** box)

Yes ₁
No ₂

Sometimes you are asked to write a number inside a box instead.

Example:

Write in no. → GO TO Q5

Next to the boxes there are arrows and instructions. They tell you which question to answer next. If there are no special instructions, you should answer the next question.

Example:

(tick **one** box)

Yes ₁ → GO TO Q4
No ₂ → GO TO Q5



CIGARETTE SMOKING

1. Have you ever tried smoking a cigarette, even if it was only a puff or two?

(tick **one** box)

Yes 1

No 2

21

2. Now read all the following sentences carefully and tick the box next to the one which best describes you.

(tick **one** box)

I have never smoked	<input type="checkbox"/>	1	→ GO TO Q5 ON PAGE 4
I have only smoked once or twice	<input type="checkbox"/>	2	} GO TO Q3
I used to smoke sometimes, but I never smoke a cigarette now	<input type="checkbox"/>	3	
I sometimes smoke, but I don't smoke every week	<input type="checkbox"/>	4	
I smoke between one and six cigarettes a week	<input type="checkbox"/>	5	
I smoke more than six cigarettes a week	<input type="checkbox"/>	6	

3. How old were you when you first tried smoking a cigarette, even if it was only a puff or two?

Write how old you were then

23-24

4. Did you smoke any cigarettes last week?

(tick **one** box)

No 2

Yes 1

25

How many cigarettes did you smoke last week?

I smoked cigarettes

write in

26-27

BB





5. Do you find that you are often near people

who are smoking in any of these places?

Please tick ALL the places where you are often near people who are smoking.

At home	<input type="checkbox"/>	1	}	↓	Does this bother you?	<input type="checkbox"/>	1	32
On buses or trains	<input type="checkbox"/>	2						
In other people's homes	<input type="checkbox"/>	3						
In other places	<input type="checkbox"/>	4						
						<input type="checkbox"/>	2	
No, none of these places	<input type="checkbox"/>	5						

28-31

NOW GO ON TO THE NEXT PAGE



+

DRINKING

+

Everyone answer

6. Have you ever had a proper alcoholic drink - a whole drink, not just a sip? **Please don't count drinks labelled low alcohol.**

(tick **one** box)

Yes ₁ → **GO TO Q7**
No ₂ → **GO TO Q16
on page 9**

33

7. How old were you the first time you had a proper alcoholic drink?

I was years old
write in

34-35

8. How often do you usually have an alcoholic drink?

(tick **one** box)

Almost every day ₁
About twice a week ₂
About once a week ₃
About once a fortnight ₄
About once a month ₅
Only a few times a year ₆
I never drink alcohol now ₇

36

DD



9. When did you **last** have an alcoholic drink?

(tick **one** box)

Today	<input type="checkbox"/>	1	} GO TO Q10
Yesterday	<input type="checkbox"/>	2	
Some other time during the last week	<input type="checkbox"/>	3	
1 week, but less than 2 weeks ago	<input type="checkbox"/>	4	} GO TO Q16 on page 9
2 weeks, but less than 4 weeks ago	<input type="checkbox"/>	5	
1 month, but less than 6 months ago	<input type="checkbox"/>	6	
6 months ago or more	<input type="checkbox"/>	7	

37





10. Which, if any, of the drinks shown below, have you drunk in the last 7 days?
 Please tick (✓) either yes or no for each kind of drink.
 For each kind of drink, write in the box how much you drank in the last 7 days.

**Beer, lager, cider or shandy
 (exclude bottles or cans of shandy)**

(tick **one** box)

Have you drunk this in the last 7 days?

No ₂ → **GO TO Q11**

38

Yes ₁ ↓

How much did you drink in the last 7 days?

Write in:

Half-pints

39-42

AND/OR Large cans or bottles

43-44

AND/OR Small cans or bottles

45-46

**11. Spirits or liqueurs, such as gin, vodka,
 whisky, rum, brandy, or cocktails**

(tick **one** box)

Have you drunk this in the last 7 days?

No ₂ → **GO TO Q12**

47

Yes ₁ ↓

How much did you drink in the last 7 days?

Write in:

Glasses (count doubles
 as two singles)

48-49

**12. Sherry or martini (including port,
 vermouth, cinzano, dubonnet)**

(tick **one** box)

Have you drunk this in the last 7 days?

No ₂ → **GO TO Q13**

50

Yes ₁ ↓

How much did you drink in the last 7 days?

Write in:

Glasses (count doubles
 as two singles)

51-52





13. Wine (incl. babycham & champagne)

(tick **one** box)

53 Have you drunk this in the last 7 days?

No
2

→GO TO Q14

Yes
1 ↓

How much did you drink in the last 7 days?

Write in: Glasses

54-55

**14. Alcoholic soft drinks or 'alcopops'
(such as Hooch, Two Dogs, Alcola)**

(tick **one** box)

Have you drunk this in the last 7 days?

No 2 →GO TO Q15

56

Yes
1 ↓

How much did you drink in the last 7 days?

Write in: Large cans or bottles

57-58

AND/OR Small cans or bottles 59-60

15. Other kinds of alcoholic drink

(tick **one** box)

Have you drunk this in the last 7 days?

No 2 →GO TO Q16 on next page 61

Yes 1 → COMPLETE DETAILS BELOW

WRITE IN NAME OF DRINK

How much did you drink in the last 7 days?

WRITE IN



62
63-72



73
74-83



84
85-94
Spare 95-106

HH





GENERAL HEALTH OVER THE LAST FEW WEEKS

Please read this carefully:

We should like to know how your health has been in general, **over the past few weeks.**

Please answer ALL the questions by putting a tick in the box under the answer which you think most applies to you.

HAVE YOU RECENTLY:

(tick one box)

	Better than usual	Same as usual	Less than usual	Much less than usual	
16. been able to concentrate on whatever you're doing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	107

(tick one box)

	Not at all	No more than usual	Rather more than usual	Much more than usual	
17. lost much sleep over worry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	108

(tick one box)

	More so than usual	Same as usual	Less so than usual	Much less useful	
18. felt you were playing a useful part in things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	109

(tick one box)

	More so than usual	Same as usual	Less so than usual	Much less capable	
19. felt capable of making decisions about things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	110

(tick one box)

	Not at all	No more than usual	Rather more than usual	Much more than usual	
20. felt constantly under strain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	111

(tick one box)

	Not at all	No more than usual	Rather more than usual	Much more than usual	
21. felt you couldn't overcome your difficulties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	112





HAVE YOU RECENTLY:

(tick one box)

	More so than usual	Same as usual	Less so than usual	Much less than usual	
22. been able to enjoy your normal day-to-day activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	113

(tick one box)

	More so than usual	Same as usual	Less able than usual	Much less able	
23. been able to face up to your problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	114

(tick one box)

	More so than usual	Same as usual	Less so than usual	Much less useful	
24. been feeling unhappy and depressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	115

(tick one box)

	Not at all	No more than usual	Rather more than usual	Much more than usual	
25. been losing confidence in yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	116

(tick one box)

	Not at all	No more than usual	Rather more than usual	Much more than usual	
26. been thinking of yourself as a worthless person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	117

(tick one box)

	More so than usual	About same as usual	Less so than usual	Much less than usual	
27. been feeling reasonably happy, all things considered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	118

1

2

3

4

General Health Questionnaire (GHQ)-12

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INCONTINENCE

The following questions are about problems with the bladder. By bladder problems we mean accidentally having wet pants, leaking urine, needing to go to the toilet a lot, sometimes not making it to the toilet in time, or using something to manage incontinence or bladder problems.

28. Do you suffer from problems with your bladder? Yes 1 → **GO TO Q29** 119
No 2 → **THANK YOU. YOU HAVE FINISHED.**

(tick **one** box)

29. How often do you have problems with your bladder?
- At least once a week 1 120
- Less than once a week 2
- Less than once a month 3

30. Which of the following do you use to help with your problem? **Please tick all the boxes that apply to you.**
- I do not use anything 01 121-129
- Incontinence pads 02
- Protective bed pads 03
- Sanitary towels/panty liners 04
- Penile sheaths 05
- Intermittent catheters 06
- Indwelling urethral catheters 07
- Suprapubic catheters 08
- Something else (please say what)..... 09



31. Have you or your parents ever talked to or contacted any of the following about your bladder problem? **Please tick yes or no for each.**

	Yes	No	
Continenence adviser	<input type="checkbox"/> 1	<input type="checkbox"/> 2	130
Health Visitor	<input type="checkbox"/> 1	<input type="checkbox"/> 2	131
District Nurse	<input type="checkbox"/> 1	<input type="checkbox"/> 2	132
Other nurse	<input type="checkbox"/> 1	<input type="checkbox"/> 2	133
GP (family doctor)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	134
Hospital doctor or specialist	<input type="checkbox"/> 1	<input type="checkbox"/> 2	135
Physiotherapist	<input type="checkbox"/> 1	<input type="checkbox"/> 2	136
Local chemist/pharmacist	<input type="checkbox"/> 1	<input type="checkbox"/> 2	137
Other health professional	<input type="checkbox"/> 1	<input type="checkbox"/> 2	138

**Thank you for answering these questions.
Please give the booklet back to the interviewer.**

Batch No

139-143



P1731/2

IN CONFIDENCE

Scottish Health Survey: 1998

BOOKLET FOR 8-12 YEAR-OLDS

Survey Month: <input type="text"/>							
(1-3)	(4-5)	(6)		(7-8)	(9-11) Spare		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
POINT	ADDRESS	HHL D	CKL	PERSON No* (from HH Grid) * Child A = 02 Child B = 03	OUO (12-13)		
First name: <input type="text"/>					<table border="1"><tr><td>3</td><td>4</td></tr></table>	3	4
3	4						
					Card (14) Spare		

Here are some questions for you to answer on your own.

We are interested in your honest answers. We will not tell anyone what your answers are.

Look at the instructions on the next page and read what to do. Ask the interviewer for help if you do not understand a question or you are not sure what to do.

Please use a pen that writes with **black** ink.

Thank you for taking part in this survey.

SCPR

INSTRUCTIONS

Please read each question carefully.

Most of the questions can be answered by putting a tick in the box next to the answer that best describes you.

Example:

(✓)

Yes 1

No 2

Sometimes you are asked to write a number instead.

Example:

I was years old

write in

CIGARETTE SMOKING

1. Have you ever tried smoking a cigarette, even if it was only a puff or two?

(✓)

No 2 15

Yes 1

How old were you when you first tried smoking a cigarette, even if it was only a puff or two?

I was years old

write in

16-17

2. Now read all the following sentences carefully and tick the box next to the one which best describes you.

(✓)

I have never smoked 1 18

I have only smoked once or twice 2

I used to smoke sometimes, but I never smoke a cigarette now 3

I sometimes smoke, but I don't smoke every week 4

I smoke between one and six cigarettes a week 5

I smoke more than six cigarettes a week 6

3. Did you smoke any cigarettes last week?

(✓)

No 2 19

Yes 1

How many cigarettes did you smoke last week?

I smoked cigarettes

write in

20-21

4. Do you find that you are often near people who are smoking in any of these places?

Please tick ALL the places where you are often near people who are smoking.

At home	<input type="checkbox"/>	1	}	22-25
On buses or trains	<input type="checkbox"/>	2		
In other people's homes	<input type="checkbox"/>	3		
In other places	<input type="checkbox"/>	4		
↓				
Does this bother you?				
Yes	<input type="checkbox"/>	1	26	
No	<input type="checkbox"/>	2		
No, none of these places	<input type="checkbox"/>	5		

NOW GO ON TO THE NEXT PAGE

DRINKING

5. Have you ever had a proper alcoholic drink - a whole drink, not just a sip? **Please don't count drinks labelled low alcohol.**

(✓)

Yes 1 → **GO TO Q6 (THE NEXT QUESTION)**

27

No 2 ↓

**THANK YOU. YOU HAVE
FINISHED. PLEASE GIVE
THE BOOKLET BACK TO
THE INTERVIEWER.**

6. How old were you the first time you had a proper alcoholic drink?

I was years old
write in

28-29

7. How often do you usually have an alcoholic drink?

(✓)

- Almost every day 1
- About twice a week 2
- About once a week 3
- About once a fortnight 4
- About once a month 5
- Only a few times a year 6
- I never drink alcohol now 7

30

8. When did you **last** have an alcoholic drink ?

(✓)

Today 1

Yesterday 2

Some other time during the last week 3

1 week, but less than 2 weeks ago 4

2 weeks, but less than 4 weeks ago 5

1 month, but less than 6 months ago 6

6 months ago or more 7

31

Thank you for answering these questions.

Now please give the booklet back to the interviewer

Batch.No

32-36

Scottish Health Survey 1998 – Nurse Questionnaire

Household grid

PERSON to NATPS2 are usually transmitted directly from the interview data to the nurse CAPI program. There is also a facility for nurses to key this information directly from the Nurse Record Form, for example if the nurse visit follows too quickly from the interview to allow the automatic transmission to take place.

Person

Person number of person who was interviewed

Range 01..12

Name

Name of person who was interviewed

Sex

Sex of person who was interviewed

- 1 Male*
- 2 Female*

Age

Age of person who was interviewed

Range 2..120

OC

Interview outcome of person who was interviewed

- 1 Agreed Nurse Visit*
- 2 Refused Nurse Visit*
- 3 No outcome yet*

IF (AGE IN [2..15]) THEN

P1

Person number of child's Parent 1

Range 01..12

NatPs1

Parent type of Parent 1

- 1 Parent*
- 2 Legal parental responsibility*

P2

Person number of child's Parent 2

(code 97=no Parent 2 in household)

Range 01..97

IF (P2 IN [01..12]) THEN

NatPs2

Parent type of Parent 2

1 Parent

2 Legal parental responsibility

ENDIF

ENDIF

AdrField

PLEASE ENTER THE FIRST TEN CHARACTERS OF THE FIRST LINE OF THE ADDRESS TAKEN FROM N.R.F. ADDRESS LABEL.

MAKE SURE TO TYPE IT EXACTLY AS IT IS PRINTED.:

Text: Maximum 10 characters

HHDate

NURSE: ENTER THE DATE OF THE ORIGINAL HOUSEHOLD INTERVIEW FROM Q2 ON THE NRF (OR INTERIM APPOINTMENT RECORD).

ENTER DAY OF MONTH IN NUMBER, NAME OF MONTH IN WORDS (FIRST THREE LETTERS) AND YEAR IN NUMBERS, EG 2 JAN 97.

OpenDisp

HERE ARE THE PEOPLE AT THIS HOUSEHOLD WHO HAVE BEEN SEEN BY THE INTERVIEWER (NB. N/Y UNDER Nurse MEANS 'Not yet' or 'Not ever'.)

No Name Sex Age Nurse Par1 NatPs1 Par2 NatPs2

PRESS 1 AND <Enter> TO SEE WHICH NURSE SCHEDULE TO SELECT FOR EACH PERSON.

SchDisp

TO INTERVIEW EACH PERSON, PRESS <Ctrl+Enter> AND SELECT THE CORRESPONDING NURSE SCHEDULE AS LISTED BELOW.

No Name Sex Age Nurse Nurse Schedule

PRESS <Ctrl+Enter> TO SELECT A NURSE SCHEDULE FOR THE PERSON YOU WANT TO INTERVIEW, OR TO EXIT.

Introduction

IF OC = 1 THEN

Info

You are in the Nurse Schedule for:

Person Number:

Name:

Age:

Sex:

Can you interview this person? TO LEAVE THIS SCHEDULE FOR NOW, PRESS <Ctrl Enter>

- 1 Yes, I will do the interview now
- 2 No, I will not be able to do this interview

ELSEIF OC=2 THEN

RefInfo

NURSE: (*Name of respondent*) IS RECORDED AS HAVING REFUSED A NURSE VISIT. HAS (*he/she*) CHANGED (*his/her*) MIND?!

NURSE: THERE IS NO INFORMATION YET FROM THE INTERVIEWER WHETHER (*Name of respondent*) HAS AGREED TO A NURSE VISIT. IF YOU ARE SURE THAT (*he/she*) HAS COMPLETED AN INTERVIEW AND HAS AGREED TO SEE YOU, CODE 1 FOR "Yes" HERE. ELSE CODE 2 FOR "No"

- 1 Yes, (*now/this person*) agrees nurse visit
- 2 No, (*still refuses/this person will not have a*) nurse visit

ENDIF

ALL WITH A NURSE VISIT (Info = Yes OR RefInfo = Yes, agrees nurse visit)

StrtNur

ENTER THE START TIME OF THE INTERVIEW IN HOURS AND MINUTES USING THE 24-HOUR CLOCK (E.G. 17:30)

NurDate

NURSE: ENTER THE DATE OF THIS INTERVIEW. ENTER DAY OF MONTH IN NUMBERS, NAME OF MONTH IN WORDS (FIRST THREE LETTERS), YEAR IN NUMBERS, EG 2Jan72.

NDoB

Can I just check your date of birth?

ENTER RESPONDENT'S DATE OF BIRTH. ENTER DAY OF MONTH IN NUMBERS, NAME OF MONTH IN WORDS (FIRST THREE LETTERS), YEAR IN NUMBERS, EG 2Jan72

ConfAge

Age of respondent based on Nurse entered date of birth and date at time of household interview.

Range: 0..120

DispAge

CHECK WITH RESPONDENT: So you are (*computed age*) years old?

- 1 Yes
- 2 No

IF (Age IN [2..15]) THEN

CParInt

NURSE: A child can be interviewed only with the permission of, and in the presence of, their parent or person who has (permanent) legal parental responsibility, ('parent'). No measurements should be carried out without the agreement of both parent and the child.

ENTER '1' TO CONTINUE

CParNo

NURSE CHECK: WHICH PARENT (OR "PARENT") IS GIVING PERMISSION FOR MEASUREMENTS TO BE TAKEN AND ANSWERING QUESTIONS FOR THIS CHILD?

- A (*Name of Parent 1*)
- B (*Name of Parent 2*)

ENDIF

IF (Age of respondent is 16 to 49 years) AND (Sex = Female) THEN

PregNTJ

Can I check, are you pregnant at the moment?

Scottish Health Survey

- 1 Yes
- 2 No

ENDIF

Prescribed medicines and drug coding

ALL WITH A NURSE VISIT

MedCNJD

Are you taking or using any medicines, pills, syrups, ointments, puffers or injections prescribed for you by a doctor?

- 1 Yes
- 2 No

IF MedCNJD = Yes THEN

MedIntro

Could I take down the names of the medicines, including pills, syrups, ointments, puffers or injections, prescribed for you by a doctor?

- 1 Continue

Collect details of up to 22 prescribed medicines

FOR i:= 1 TO 22 DO

IF (i = 1) OR (MedBIC[i-1] = Yes) THEN

MedBI[i]

NURSE: ENTER NAME OF DRUG NO. (1,2,3..etc.).ASK IF YOU CAN SEE THE CONTAINERS FOR ALL PRESCRIBED MEDICINES CURRENTLY BEING TAKEN.IF ASPIRIN, RECORD DOSAGE AS WELL AS NAME.

Text: Maximum 30 characters

MedBIA[i]

Have you taken/used (*name of medicine*) in the last 7 days?

- 1 Yes
- 2 No

MedBIC[i]

NURSE CHECK: Any more drugs to enter?

- 1 Yes
- 2 No

ENDIF

ENDDO

DrCod1

NURSE: To do the drug coding now, press <Ctrl + Enter>, select **DrugCode[schedule no]** with the highlight bar and press <Enter>. Else, enter '1' to continue.

- 1 Continue

ENDIF

IF MedCNJD = Yes THEN

Drug coding block

DIntro

NURSE: PLEASE COMPLETE DRUG CODING FOR

Person (*person no.*) (*person name*).

PRESS 1 AND <Enter> TO CONTINUE.

- 1 Continue

Repeat for up to 22 drugs coded

FOR j:= 1 TO (Number of drugs recorded) DO

DrC1

NURSE: ENTER CODE FOR (*name of drug*) ENTER 999999 IF UNABLE TO CODE

Text: Maximum 6 characters

IF (Age of Respondent is over 15 years) AND (Drug code begins 02) THEN

YTake1

Do you take (*name of drug*) because of a heart problem, high blood pressure or for some other reason?

- 1 Heart problem
- 2 High blood pressure
- 3 Other reason

IF YTake1 = Other THEN

TakeOth1

NURSE: GIVE FULL DETAILS OF REASON(S) FOR TAKING (*name of drug*):

Text: Maximum 255 characters

ENDIF

ENDIF

ENDDO

ENDIF

Vitamin supplements/Nicotine replacements

ALL WITH A NURSE VISIT

VitTake

At present, are you taking any vitamin or mineral supplements or anything else to supplement your diet or improve your health, other than those prescribed by your doctor?

NURSE: ONLY INCLUDE SUPPLEMENTS WHICH ARE TAKEN OVER A LONG PERIOD OF TIME. DO NOT INCLUDE ANYTHING TAKEN ON A MORE TEMPORARY BASIS. EG TO CURE A COLD.

- 1 Yes
- 2 No

IF VitTake=Yes THEN

Vitamin

What are you taking?

NURSE: CODE ALL THAT APPLY.

- 1 Vitamins
- 2 Fishoils
- 3 Iron supplements
- 4 Calcium
- 5 Other minerals
- 6 Other supplements

ENDIF

IF (Sex = Female) AND (Age of Respondent is 10 to 15 years) THEN

UPreg

NURSE: HAS THE RESPONDENT (OR HER PARENT/"PARENT") TOLD YOU THAT SHE IS PREGNANT? DO NOT ASK FOR THIS INFORMATION - ONLY CODE WHETHER OR NOT IT HAS BEEN VOLUNTEERED.

- 1 Yes, told me she is pregnant
- 2 No, not told me she is pregnant

ENDIF

IF Age of Respondent is over 15 years THEN

Smoke

Can I ask, do you smoke cigarettes, cigars or a pipe at all these days?

CODE ALL THAT APPLY.

IF RESPONDENT USED TO SMOKE BUT DOES NOT ANY MORE, CODE 'NO'.

- 1 Yes, cigarettes
- 2 Yes, cigars
- 3 Yes, pipe
- 4 No

IF (Smoke = Yes, cigarettes) OR (Smoke = Yes, cigars) OR (Smoke = Yes, pipe) THEN

LastSmok

How long is it since you last smoked a (*cigarette, (and/or a) cigar, (and/or a) pipe*)?

- 1 Within the last 30 minutes
- 2 Within the last 31-60 minutes
- 3 Over an hour ago, but within the last 2 hours
- 4 Over two hours ago, but within the last 24 hours
- 5 More than 24 hours ago

ENDIF

UseGum

We are also interested in whether people use any of the nicotine replacement products that are now available, such as nicotine chewing gum or patches. First, in the last seven days have you used any nicotine chewing gum?

- 1 Yes
- 2 No

IF UseGum=Yes THEN

GumMG

What strength is the nicotine chewing gum you are using - is it 2mg or 4mg?

CODE ONE ONLY. IF BOTH - WHICH MOST RECENTLY? IF CAN'T SAY - ASK TO SEE PACKET

- 1 2mg
- 2 4mg
- 3 Can't say (and no packet available)

ENDIF

UsePat

In the last seven days have you used nicotine **patches** that you stick on your skin?

- 1 Yes
- 2 No

IF UsePat=Yes THEN

NicPats

Can you tell me which brand and strength of nicotine patches you use?

CODE ONE ONLY. DO NOT PROMPT.

IF MORE THAN ONE TYPE - WHICH MOST RECENTLY? IF NOT SURE - ASK TO SEE PACKET

- 1 Niconil: 11mg
- 2 Niconil: 22mg
- 3 Nicorette: 5mg
- 4 Nicorette: 10mg
- 5 Nicorette: 15mg
- 6 Nicotinell TTS: 10 (7mg)
- 7 Nicotinell TTS: 20 (14mg)
- 8 Nicotinell TTS: 30 (21mg)
- 9 Other (SPECIFY AT NEXT QUESTION)
- 10 Can't say (and no packet available)

IF NicPats=Other THEN

OthNic

STATE NAME AND STRENGTH OF NICOTINE PATCHES

Text: Maximum 140 characters

ENDIF

ENDIF

UseNas

In the last seven days, have you used nicotine nasal spray or a nicotine inhaler?

- 1 Yes
- 2 No

ENDIF

Food Poisoning Block

ASK ALL WITH A NURSE VISIT

Diarr

In the past six months, have you suffered from any illness involving **diarrhoea** which you believe may have been due to food poisoning?

DIARRHOEA = 3+ LOOSE BOWEL MOVEMENTS IN 24 HOURS"

- 1 Yes
- 2 No
- 3 Can't remember

Vomit

In the past six months, have you suffered from any illness involving **vomiting** which you believe may have been due to food poisoning?

VOMITING = 3+ TIMES IN 24 HOURS

- 1 Yes
- 2 No
- 3 Can't remember

IF Diarr=Yes OR Vomit=Yes THEN

NoDiaVom

How many times did you have such an illness in the last six months? Was it ...READ OUT...

- 1 Once
- 2 Twice
- 3 3 Times
- 4 or more than 3 times?

YDiaVom

How long did the (*diarrhoea/diarrhoea and vomiting*) last?

READ OUT

MOST RECENT ILLNESS IF MORE THAN ONE

- 1 Less than one week
- 2 1 - 2 weeks
- 3 More than two weeks?
- 4 (Can't remember)"

ConsGP

Did you consult your GP or another doctor about this illness, either by phone or by visiting the surgery or hospital?

- 1 Yes, did consult GP/doctor
- 2 No, GP/doctor not consulted

IF ConsGP=Yes THEN

GPDiag

Did your GP/doctor diagnose this illness as food poisoning, gastroenteritis, or some other illness?

CODE ONE ONLY

- 1 Food poisoning
- 2 Gastroenteritis
- 3 Other (SPECIFY)
- 4 Respondent not given diagnosis
- 5 Can't remember/Don't know

IF GPDiag =Other THEN

OthDiag

What was the diagnosis?

INTERVIEWER: ENTER DIAGNOSIS

Text: Maximum 40 characters

ENDIF

Stool

Did the doctor ask you to supply a stool for testing?

- 1 Yes
- 2 No

IF Stool=Yes THEN

StoolTst

And did you give the doctor a stool sample for testing?

- 1 Yes
- 2 No

IF StoolTst=Yes THEN

GermB

Were you told what type of germ or bacteria was causing the illness?

- 1 Yes
- 2 No
- 3 Told but can't remember
- 4 Can't remember if told

ENDIF

ENDIF

ENDIF

IllDay

What effect did this illness have on your daily routine. Were you ...

READ OUT

- 1 Admitted to hospital
- 2 At home but took time off paid work
- 3 Not off work/school
- 4 Not working at this time?

ENDIF

Upper arm circumference

IF (Age of Respondent is less than 16 years) AND (UPreg <> Pregnant) THEN

UAIIntro

ENTER '1' TO CONTINUE.

MUACInt

(As I mentioned earlier,) I would like to measure your (*name of child's*) upper arm circumference.

IF ASKED: This gives us information about the distribution of fat.

- 1 Respondent agrees to have upper arm circumference measured
- 2 Respondent refuses to have upper arm circumference measured
- 3 Unable to measure upper arm circumference for reason other than refusal

Mid-upper arm circumference measurement repeated up to 3 times.

Third measurement taken only if first two measurements differ by more than 1.5cm.

IF MUACInt=Agrees THEN

FOR Loop:= 1 TO 3 DO

IF (Loop IN [1..2]) OR ((Loop = 3) AND (Measure[1].CUpArm <> 99.9) AND (Measure[2].CUpArm <> 99.9) AND (ABS(Measure[1].CUpArm - Measure[2].CUpArm) > 1.5)) THEN

CUpArm[i]

MEASURE CIRCUMFERENCE OF LEFT ARM AND RECORD IN CENTIMETRES. IF MEASUREMENT NOT OBTAINED, ENTER '99.9'

Range: 10.0..100.0

IF CUpArm IN [10.0..99.8] THEN

CUpRel[i]

Is the (*first/second/third*) measurement reliable?

- 1 Yes
- 2 No

ENDIF

ENDIF

ENDDO

IF NO MEASUREMENT OBTAINED (CUpArm1 = 99.9 AND CUpArm2 = 99.9) THEN

CRespUp

NURSE CHECK:

- 1 Both measurements refused
- 2 Attempted not obtained
- 3 Measurement not attempted

ENDIF

IF AT LEAST ONE MEASUREMENT OBTAINED (CupArm1 <> 99.9 OR CUpArm2 <> 99.9) THEN

CUpMeas

NURSE CHECK: Arm circumference measured with respondent:

- 1 Standing
- 2 Sitting
- 3 Lying down
- 4 Measured on right arm as left arm unsuitable

ENDIF

ENDIF

IF NO OR ONE MEASUREMENT OBTAINED (MUACInt=Refuses OR Unable OR CupArm1 = 99.9 OR CupArm2 = 99.9) THEN

NoCUpArm

GIVE REASON(S) FOR (*ONLY OBTAINING ONE MEASUREMENT/REFUSAL/NOT OBTAINING MEASUREMENT/MEASUREMENT NOT BEING ATTEMPTED*)

Text: Maximum 140 characters

ENDIF

IF MEASUREMENT OBTAINED (CUpArm1 IN [10.0..99.8] OR CUpArm2 IN [10.0..99.8]) THEN

ArmRes

OFFER TO WRITE RESULTS OF ARM CIRCUMFERENCE MEASUREMENT ON RESPONDENT'S MEASUREMENT RECORD CARD. COMPLETE NEW CARD IF REQUIRED.

Upper arm circumference: (*First measurement*)
(*Second measurement*)

ENTER '1' TO CONTINUE

ENDIF

ENDIF

Blood pressure

IF Age of Respondent is 2 to 4 years THEN

NoBP

NO BLOOD PRESSURE READING TO BE DONE. ENTER '1' TO CONTINUE.

1 Continue

ENDIF

IF (PregNTJ = Yes) OR (UPreg = Pregnant) THEN

PregMes

RESPONDENT IS PREGNANT. NO MEASUREMENTS TO BE DONE. ENTER '1' TO CONTINUE.

1 Continue

ENDIF

ALL AGED OVER 4 YEARS (EXCEPT PREGNANT WOMEN)

BPMod

NURSE: NOW FOLLOWS THE BLOOD PRESSURE MODULE. ENTER '1' TO CONTINUE:

1 Continue

IF Age of Respondent is over 15 years THEN

BPIntro

(As I mentioned earlier) We would like to measure your blood pressure.

IF ASKED: The analysis of blood pressure readings will tell us a lot about the health of the population.

ENTER '1' TO CONTINUE

1 Continue

ELSE (Respondent aged 5-15)

BPBlurb

READ OUT TO PARENT/PARENTS:(As I mentioned earlier) we would like to measure (*name of child's*) blood pressure. If you wish, I will write the results on (*his/her*) Measurement Record Card. I will not, however, be able to tell you what the results mean. This has to be calculated using (*his/her*) age, sex and height. Also blood pressure can vary from day to day and throughout the day, so one high reading would not necessarily mean that your child has a high blood pressure. However if you would like us to, we will send your results to your GP who is better placed to interpret them. In the unlikely event that your child should be found to have a high blood pressure for (*his/her*) age and height, we shall advise (*his/her*) GP (with your permission) that (*name of child's*) blood pressure should be measured again.

ENTER '1' TO CONTINUE.

1 Continue

ENDIF

BPCnst

Are you willing to have your blood pressure measured?

1 Yes, agrees

2 No, refuses

3 Unable to measure BP for reason other than refusal

IF BPCnst = Yes, agrees THEN

IF Age of Respondent is 13 years or over THEN

ConSubX

May I just check, have you eaten, smoked, drunk alcohol or done any vigorous exercise in the past 30 minutes?

CODE ALL THAT APPLY.

1 Eaten

2 Smoked

3 Drunk alcohol

4 Done vigorous exercise

5 (None of these)

ELSEIF (Age of Respondent is 5 to 12 years AND BPConst = Yes, agrees) THEN

ConSubX2

May I just check, has (*name of child*) eaten, or done any vigorous exercise, in the past 30 minutes?

CODE ALL THAT APPLY.

- 1 Eaten
- 2 Done vigorous exercise
- 3 Neither

ENDIF

DINNo

RECORD DINAMAP SERIAL NUMBER:

Range: 001..999

CufSize

SELECT CUFF AND ASK RESPONDENT TO SIT STILL FOR FIVE MINUTES. RECORD CUFF SIZE CHOSEN.

- 1 Child (12-19 cm)
- 2 Small adult (17-25 cm)
- 3 Adult (23-33 cm)
- 4 Large adult (31-40 cm)
- 5 Extra large adult (38-50 cm)

AirTemp

ENTER AMBIENT AIR TEMPERATURE IN CELSIUS.

Range: 00.0..40.0

Map to Dias repeated for up to 3 blood pressure measurements

FOR I:= 1 TO 3 DO

Map[i]

TAKE THREE MEASUREMENTS FROM RIGHT ARM.

ENTER (*FIRST/SECOND/THIRD*) MAP READING (mmHg).

IF READING NOT OBTAINED, ENTER 999.

IF YOU ARE NOT GOING TO GET ANY BP READINGS AT ALL ENTER "996".

Range: 001..999

Pulse[i]

ENTER (*FIRST/SECOND/THIRD*) PULSE READING (bpm).

IF READING NOT OBTAINED, ENTER 999.

Range: 001..999

Sys[i]

ENTER (*FIRST/SECOND/THIRD*) SYSTOLIC READING (mmHg).

IF READING NOT OBTAINED, ENTER 999.

Range: 001..999

Dias[i]

ENTER (*FIRST/SECOND/THIRD*) DIASTOLIC READING (mmHg).

IF READING NOT OBTAINED, ENTER 999.": 001..999

Full [i]

ALL READINGS OK?

- 1 Yes
- 2 No

ENDDO

IF NO FULL MEASUREMENT OBTAINED (at least one '999' reading in all 3 sets of 4 readings) THEN

YNoBP

ENTER REASON FOR NOT RECORDING ANY FULL BP READINGS

- 1 Blood pressure measurement attempted but not obtained
- 2 Blood pressure measurement not attempted
- 3 Blood pressure measurement refused

ENDIF

(computed from YnoBp/BpConst and Full)

RespBPS

RESPONSE TO BLOOD PRESSURE READINGS

- 1 Three readings obtained
- 2 Two readings obtained
- 3 One reading obtained
- 4 Attempted not obtained
- 5 Not attempted
- 6 Refused

IF BLOOD PRESSURE MEASUREMENT REFUSED OR NOT ATTEMPTED, OR FEWER THAN THREE FULL READINGS OBTAINED THEN

NattBP

RECORD WHY (*ONLY TWO READINGS OBTAINED/ONLY ONE READING OBTAINED/READING NOT OBTAINED/READING NOT ATTEMPTED/READING REFUSED/UNABLE TO TAKE READING*).

CODE ALL THAT APPLY.

- 1 Respondent upset/anxious/nervous
- 2 Error 844' reading
- 3 (*IF AGED UNDER 16: Too shy*)
- 4 (*IF AGED UNDER 16: Child would not sit still long enough*)
- 5 Other reason(s) (SPECIFY AT NEXT QUESTION)

ENDIF

IF NattBP = Other THEN

OthNBP

ENTER FULL DETAILS OF OTHER REASON(S) FOR NOT OBTAINING/ATTEMPTING THREE BP READINGS:

Text: Maximum 140 characters

ENDIF

IF ONE, TWO OR THREE FULL BLOOD PRESSURE READINGS OBTAINED THEN

DifBP

RECORD ANY PROBLEMS TAKING READINGS. CODE ALL THAT APPLY.

- 1 No problems taking blood pressure
- 2 Reading taken on left arm because right arm not suitable
- 3 Respondent was upset/anxious/nervous
- 4 Other problems (SPECIFY AT NEXT QUESTION)

ENDIF

IF DifBP=Other THEN

OthDifBP

NURSE: RECORD FULL DETAILS OF OTHER PROBLEM(S) TAKING READINGS.

Text: Maximum 140 characters

ENDIF

IF ONE, TWO OR THREE FULL BLOOD PRESSURE READINGS OBTAINED THEN

GRegB

Are you registered with a GP?

- 1 Yes
- 2 No

IF GRegB = Yes THEN

GSend

May we send your blood pressure readings to your GP?

- 1 Yes

2 No

IF GPSEND = No THEN

GPrefM

SPECIFY REASON(S) FOR REFUSAL TO ALLOW BP READINGS TO BE SENT TO GP. CODE ALL THAT APPLY.

- 1 Hardly/Never sees GP
- 2 GP knows respondent's BP level
- 3 Does not want to bother GP
- 4 Other (SPECIFY AT NEXT QUESTION)

IF GPrefM = Other THEN

OthRefM

NURSE: GIVE FULL DETAILS OF REASON(S) FOR REFUSAL

Text: Maximum 140 characters

ENDIF

ENDIF

ENDIF

IF (GPRegB <> Yes) OR (GPSend = No) THEN

Code022

CIRCLE CONSENT CODE 02 ON FRONT OF CONSENT BOOKLET.

ENTER '1' TO CONTINUE

- 1 Continue

ELSEIF GPSend = Yes THEN

ConsFrm1

- a) COMPLETE 'BLOOD PRESSURE TO GP CONSENT FORM (*CHILD UNDER 16: FORM BP (C)/ADULT 16+: FORM BP (A)*)
- b) ASK (*RESPONDENT/RESPONDENT'S PARENT/'PARENT'*) TO READ, SIGN AND DATE IT.
- c) CHECK GP NAME, ADDRESS AND PHONE NO. ARE RECORDED ON CONSENT FORM.
- d) CHECK NAME BY WHICH GP KNOWS RESPONDENT.
- e) CIRCLE CONSENT CODE 01 ON FRONT OF CONSENT BOOKLET.

ENTER '1' TO CONTINUE.

- 1 Continue

ENDIF

BPOffer

OFFER BLOOD PRESSURE RESULTS TO (*RESPONDENT/PARENT/'PARENT'*)

- | Pulse | Systolic | Diastolic |
|-------------------------------------|------------------------------------|-------------------------------------|
| i) (<i>First Pulse reading</i>) | (<i>First Systolic reading</i>) | (<i>First Diastolic reading</i>) |
| ii) (<i>Second Pulse reading</i>) | (<i>Second Systolic reading</i>) | (<i>Second Diastolic reading</i>) |
| iii) (<i>Third Pulse reading</i>) | (<i>Third Systolic reading</i>) | (<i>Third Diastolic reading</i>) |

ENTER ON THEIR MEASUREMENT RECORD CARD (COMPLETE NEW RECORD CARD IF REQUIRED).

ADVICE TO RESPONDENTS ON BLOOD PRESSURE READING (AGE 16+ ONLY)

IF Systolic reading >179 OR Diastolic reading >114 THEN

TICK THE CONSIDERABLY RAISED BOX AND READ OUT TO RESPONDENT: Your blood pressure is high today. Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure. You are strongly advised to visit your GP within 5 days to have a further blood pressure reading to see whether this is a once-off finding or not.

NURSE: IF RESPONDENT IS ELDERLY, ADVISE HIM/HER TO CONTACT GP WITHIN NEXT 7-10 DAYS.

IF Systolic reading 160-179 OR Diastolic reading 100-114 (*Men aged 16-49 OR Women aged 16+*)

OR IF Systolic reading 170-179 OR Diastolic reading 105-114 (*Men aged 50+*) THEN

TICK THE MODERATELY RAISED BOX AND READ OUT TO RESPONDENT: Your blood pressure is a bit high today. Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure. You are advised to visit your GP within 2-3 weeks to have a further blood pressure reading to see whether this is a once-off finding or not.

IF Systolic reading 140-159 OR Diastolic reading 85-99 (*Men aged 16-49 OR Women aged 16+*)

Scottish Health Survey

OR IF Systolic reading 160-169 OR Diastolic reading 96-104 (*Men aged 50+*) THEN

TICK THE MILDLY RAISED BOX AND READ OUT TO RESPONDENT: Your blood pressure is a bit high today. Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure. You are advised to visit your GP within 3 months to have a further blood pressure reading to see whether this is a once-off finding or not.

IF Systolic reading <140 AND Diastolic reading <85 (*Men aged 16-49 OR Women aged 16+*)

OR IF Systolic reading <160 AND Diastolic reading <95 (*Men aged 50+*) THEN

TICK THE NORMAL BOX AND READ OUT TO RESPONDENT: Your blood pressure is normal.

ENDIF

ENDIF

ENDIF

Demispan

IF Age of Respondent is over 64 THEN

SpanIntro

NURSE: NOW FOLLOWS THE MEASUREMENT OF DEMI-SPAN. ENTER '1' TO CONTINUE.

- 1 Continue

SpanInt

I would now like to measure the length of your arm. Like height, it is an indicator of size. Would you be willing for mw to measure the length of your arm?

- 1 Respondent agrees to have demispan measured
- 2 Respondent refuses to have demispan measured
- 3 Unable to measure demispan for reason other than refusal

Repeat for up to three demispan measurements.

Third measurement taken only if first two differ by more than 3cm.

IF SpanInt=Agrees THEN

FOR Loop:= 1 TO 3 DO

IF (Loop IN [1..2]) OR ((Loop = 3) AND (Span1 <> 999.9) AND (Span2 <> 999.9) AND (ABS(Span1 - Span2) > 3)) THEN

Span[i]

ENTER (*FIRST/SECOND/THIRD*) MEASUREMENT IN CENTIMETRES.

IF MEASUREMENT NOT OBTAINED, ENTER '999.9'.

Range: 45.0..1000.0

IF Span <> 999.9 THEN

SpanRel[i]

Is the (*First/Second/Third*) measurement reliable?

- 1 Yes
- 2 No

ENDIF

ENDIF

ENDDO

IF (Span1 = 999.9) AND (Span2 = 999.9) THEN

YNoSpan

NURSE: GIVE REASON FOR NOT OBTAINING AT LEAST ONE DEMI-SPAN MEASUREMENT.

- 1 Both measurements refused
- 2 Attempted but not obtained
- 3 Measurement not attempted

ENDIF

ENDIF

(computed from YnoSpan, Span and Spanel)

RespDS

RESPONSE TO DEMI-SPAN MEASUREMENT

- 1 Both measurements obtained
- 2 One measurement obtained
- 3 Refused
- 4 Attempted not obtained
- 5 Not attempted

IF NO MEASUREMENT OBTAINED (SpanInt=Refuse OR SpanInt=Unable OR (Span1=999.9 AND Span2=999.9) THEN

NotAttM

NURSE: GIVE REASON FOR (*REFUSAL/NOT OBTAINING MEASUREMENT/MEASUREMENT NOT BEING ATTEMPTED*).

- 1 Cannot straighten arms
- 2 Other

IF NotAttM = Other THEN

OthAttM

NURSE: GIVE FULL DETAILS OF OTHER REASON FOR (*REFUSAL/NOT OBTAINING MEASUREMENT/MEASUREMENT NOT BEING ATTEMPTED*)

Text: Maximum 140 characters

ENDIF

ELSE (If at least one measurement obtained)

SpnM

NURSE CHECK: Demi-span was measured with the respondent: CODE ALL THAT APPLY.

- 1 Standing against the wall
- 2 Standing not against the wall
- 3 Sitting
- 4 Lying down
- 5 Demi-span measured on left arm due to unsuitable right arm

DSCard

WRITE RESULTS OF DEMI-SPAN MEASUREMENT ON RESPONDENT'S MEASUREMENTRECORD CARD. Demi-span : (*Measurement 1 and 2 displayed*)

ENTER '1' TO CONTINUE.

- 1 Continue

ENDIF

ENDIF

Waist and hip circumference

ALL AGED OVER 15 YEARS (EXCEPT PREGNANT WOMEN)

WHMod

NURSE: NOW FOLLOWS THE WAIST AND HIP CIRCUMFERENCE MEASUREMENT.

ENTER '1' TO CONTINUE

- 1 Continue

WHIntro

I would now like to measure your waist and hips. Would you be willing to have your waist and hip circumference measured?

IF ASKED: The waist relative to hip measurement is very useful for assessing the distribution of weight over the body.

- 1 Respondent agrees to have waist/hip ratio measured
- 2 Respondent refuses to have waist/hip ratio measured
- 3 Unable to measure waist/hip ratio for reason other than refusal

IF (WHIntro=Agree) THEN

Repeat for up to three waist-hip measurements.

Third measurement taken only if difference between first two measurements is greater than 3cm.

FOR Loop:= 1 TO 3 DO

IF (Loop IN [1..2]) OR ((Loop = 3) AND (Measure[1].Waist <> 999.9) AND (Measure[2].Waist <> 999.9) AND (ABS(Measure[1].Waist - Measure[2].Waist) > 3)) THEN

Waist

NURSE: MEASURE THE WAIST AND HIP CIRCUMFERENCES TO THE NEAREST MM.

ENTER (FIRST/SECOND/THIRD) WAIST MEASUREMENT IN CENTIMETRES (Remember to include the decimal point).

IF MEASUREMENT NOT OBTAINED, ENTER '999.9'.

Range: 45.0..1000.0

ENDIF

IF (Loop IN [1..2]) OR ((Loop = 3) AND (Measure[1].Hip <> 999.9) AND (Measure[2].Hip <> 999.9) AND (ABS(Measure[1].Hip - Measure[2].Hip) > 3)) THEN

Hip

NURSE: MEASURE THE WAIST AND HIP CIRCUMFERENCES TO THE NEAREST MM.

ENTER (FIRST/SECOND/THIRD) MEASUREMENT OF HIP CIRCUMFERENCE IN CENTIMETRES (Remember to include the decimal point).

IF MEASUREMENT NOT OBTAINED, ENTER '999.9'.

Range: 75.0..1000.0

ENDIF

ENDDO

IF (Waist1 = 999.9) OR (Waist2 = 999.9) OR (Hip1 = 999.9) OR (Hip2 = 999.9) THEN

YNoWH

ENTER REASON FOR NOT GETTING BOTH MEASUREMENTS

- 1 Both measurements refused
- 2 Attempted but not obtained
- 3 Measurement not attempted

ENDIF

ENDIF

(computed from WHIntro, Waist and Hip)

RespWH

RESPONSE TO WAIST-HIP MEASUREMENT

- 1 Both measurements obtained
- 2 One measurement obtained
- 3 Refused
- 4 Not attempted

IF NO OR ONE MEASUREMENT OBTAINED ((WHIntro=Refuse OR Unable) OR Only one waist/hip measurement obtained) THEN

WHPNABM

GIVE REASON(S) (FOR REFUSAL/WHY UNABLE/FOR NOT OBTAINING MEASUREMENT/FOR NOT ATTEMPTING/WHY ONLY ONE MEASUREMENT OBTAINED).CODE ALL THAT APPLY.

- 1 Respondent is chairbound
- 2 Other (SPECIFY AT NEXT QUESTION)

IF WHPNABM = Other THEN

OthWH

GIVE FULL DETAILS OF 'OTHER' REASON(S) FOR NOT GETTING FULL WAIST/HIP MEASUREMENT:

Text: Maximum 140 characters

ENDIF

ENDIF

IF AT LEAST ONE WAIST MEASUREMENT OBTAINED (IF (Waist1 <> 999.9 AND Waist1 <> EMPTY) OR (Waist2 <> 999.9 AND Waist2 <> EMPTY)) THEN

WJRel

RECORD ANY PROBLEMS WITH WAIST MEASUREMENT:

- 1 No problems experienced, RELIABLE waist measurement
- 2 Problems experienced - waist measurement likely to be RELIABLE
- 3 Problems experienced - waist measurement likely to be SLIGHTLY UNRELIABLE
- 4 Problems experienced - waist measurement likely to be UNRELIABLE

IF WJRel = Problems experienced THEN

ProbWJ

RECORD WHETHER PROBLEMS EXPERIENCED ARE LIKELY TO INCREASE OR DECREASE THE WAIST MEASUREMENT.

- 1 Increases measurement
- 2 Decreases measurement

ENDIF

ENDIF

IF AT LEAST ONE HIP MEASUREMENT OBTAINED (IF (Hip1 <> 999.9 AND Hip1 <> EMPTY) OR (Hip2 <> 999.9 AND Hip2 <> EMPTY)) THEN

HJRel

RECORD ANY PROBLEMS WITH HIP MEASUREMENT:

- 1 No problems experienced, RELIABLE hip measurement
- 2 Problems experienced - hip measurement likely to be RELIABLE
- 3 Problems experienced - hip measurement likely to be SLIGHTLY UNRELIABLE
- 4 Problems experienced - hip measurement likely to be UNRELIABLE

IF HJRel = Problems experienced THEN

ProbHJ

RECORD WHETHER PROBLEMS EXPERIENCED ARE LIKELY TO INCREASE OR DECREASE THE HIP MEASUREMENT.

- 1 Increases measurement
- 2 Decreases measurement

ENDIF

ENDIF

IF ONE OR TWO WAIST/HIP MEASUREMENTS OBTAINED THEN

WHRes

OFFER TO WRITE RESULTS OF WAIST AND HIP MEASUREMENTS, WHERE APPLICABLE, ONTO RESPONDENT'S MEASUREMENT RECORD CARD.

Waist: (Write in waist measurements 1 and 2)

Hip: (Write in hip measurements 1 and 2)

ENTER '1' TO CONTINUE.

ENDIF

ENDIF

Lung Function

ALL AGED 7 YEARS AND OVER (EXCEPT PREGNANT WOMEN)

BlInt

Now follows the lung function module

HaSurg

Can I check, have you had abdominal or chest surgery in the past three weeks?

- 1 Yes
- 2 No

IF HaSurg=No THEN

HaStro

Have you been admitted to hospital for a heart complaint or stroke in the past six weeks?

- 1 Yes
- 2 No

ChestInf

In the past three weeks, have you had any respiratory infections such as influenza, pneumonia, bronchitis or a severe cold?

- 1 Yes
- 2 No

Inhaler

(Can I just check), have you used an inhaler, puffer or any medication for your breathing in the last 24 hours?

- 1 Yes
- 2 No

IF Inhaler=Yes THEN

InHalHrs

How many hours ago did you use it?

INTERVIEWER, ENTER NUMBER OF HOURS. IF LESS THAN ONE HOUR, CODE 0

Range: 0..24

ENDIF

IF HaStro=No AND Age of Respondent is over 15 years THEN

LFIntro1

(As I mentioned earlier). We would like to measure your lung function which will help us to find out more about the health of the population.

ENTER '1' TO CONTINUE"

- 1 ContinuE

ENDIF

IF HaStro=No AND Age of Respondent is between 7 and 15 years THEN

LFIntro2

(As I mentioned earlier) We would like to measure (*name of child's*) lung function. If you wish, I will write the result of the test on (*his/her*) Measurement Record Card. I will not, however, be able to tell you what the results mean. This has to be calculated using age, sex and height. If you would like us to, we will also send (*his/her*) results to (*his/her*) GP who is better placed to interpret them.

IF ASKED: There is a wide range that can be considered acceptable. A low result can simply be due to unfitness and does not necessarily indicate any disease. People's results vary from day to day, so a diagnosis cannot be made on the basis of measurements taken on a single occasion.

- 1 Continue

ENDIF

ENDIF

IF HaSurg=No AND NOT HaStro=Yes THEN

LFWill

Would you be willing to have your Lung Function measured?

- 1 Yes
- 2 No

IF LFWill=Yes THEN

SpirNo

NURSE: CALIBRATE THE SPIROMETER.

ENTER THE THREE-DIGIT SPIROMETER SERIAL NUMBER

Range: 1..999

LFTemp

NURSE: RECORD THE AMBIENT AIR TEMPERATURE

ENTER THE TEMPERATURE IN CENTIGRADE TO ONE DECIMAL PLACE.

Range: 0..40

LFRec

EXPLAIN THE PROCEDURE AND DEMONSTRATE THE TEST

RECORD THE RESULTS OF FIVE BLOWS BY THE RESPONDENT IN THE BOXES BELOW.

RECORD EACH BLOW AS IT IS CARRIED OUT.

FOR EACH BLOW, ENTER ALL THREE MEASURES AND CODE WHETHER TECHNIQUE WAS SATISFACTORY. ENTER '1' TO CONTINUE

- 1 Continue

(FVC to Technique) repeated for up to 5 blows.

FVC

IF NO READING OBTAINED ENTER '0' AND SUPPRESS ALL CHECKS

Range: 0..10

FEV

IF NO READING OBTAINED ENTER '0' AND SUPPRESS ALL CHECKS

Range: 0..10

PF

IF NO READING OBTAINED ENTER '0' AND SUPPRESS ALL CHECKS

Range: 0..995

TECHNIQUE

TECHNIQUE SATISFACTORY ?

- 1 YES
- 2 NO

NLSATLF

SATISFACTORY BLOWS

Range: 1..2

HTFVC

COMPUTES HIGHEST TECHNICALLY SATISFACTORY VALUE FOR FVC

Range: 0..10

HTFEV

COMPUTES HIGHEST TECHNICALLY SATISFACTORY VALUE FOR FEV

Range: 0..10

HTPF

COMPUTES HIGHEST TECHNICALLY SATISFACTORY VALUE FOR PF

Range: 0..996

LFStand

NURSE: MEASUREMENTS TAKEN WHILE RESPONDENT WAS STANDING OR SITTING?

- 1 Standing
- 2 Sitting

LFResp

NURSE CHECK: CODE ONE ONLY

- 1 All 5 technically satisfactory blows obtained
- 2 Some blows, but less than 5 technically satisfactory blows obtained
- 3 All blows refused
- 4 None attempted

ENDIF

IF LFResp=Some blows, but less than 5 technically satisfactory blows obtained THEN

ProbLF

NURSE: GIVE REASONS WHY LESS THAN 5 BLOWS OBTAINED. CODE ALL THAT APPLY.

- 1 Refused to continue
- 2 Breathlessness
- 3 Coughing fit
- 4 Other (SPECIFY AT NEXT QUESTION)

IF ProbLF=Other THEN

OthProb

NURSE: GIVE DETAILS OF WHY LESS THAN 5 BLOWS OBTAINED.

Text: Maximum 40 characters

ENDIF

ENDIF

IF LFWill=No OR LFResp=Refused OR LFResp=None Attempted THEN

NoAttLF

LUNG FUNCTION READING NOT OBTAINED CIRCLE CONSENT CODE 04 ON FRONT OF
CONSENT BOOKLET

GIVE REASON WHY LUNG FUNCTION MEASUREMENTS WERE NOT
ATTEMPTED/REFUSED

CODE ONE ONLY

- 1 Temperature of house too cold
- 2 Temperature of house too hot
- 3 Equipment failure
- 4 Breathlessness
- 5 Unwell
- 6 Other reason why measurements not attempted/refused (SPECIFY AT NEXT QUESTION)

IF NoAttLF = Other THEN

OthNoAt

NURSE: GIVE DETAILS OF WHY LUNG FUNCTION MEASUREMENTS WERE NOT
ATTEMPTED/REFUSED.

Text: Maximum 40 characters

ENDIF

ENDIF

IF LFResp=None THEN

LFCODE3

NURSE: CIRCLE CONSENT **CODE 04** ON FRONT OF CONSENT BOOKLET
ENTER '1' TO CONTINUE

- 1 Continue

ENDIF

IF BPCConst=Refused OR BPCConst=Unable THEN

LFSam

NURSE: IF NOT ALREADY ASKED

(Can I just check) are you registered with a GP?

- 1 Respondent registered with GP
- 2 Respondent not registered with GP

ENDIF

IF Registered with a Doctor AND at least one technically satisfactory blow THEN

GPSendLF

May we send your lung function test results to your GP?

- 1 Yes
- 2 No

ENDIF

IF GPSendLF=No THEN

LFCODE4

NURSE: CIRCLE CONSENT **CODE 04** ON FRONT OF CONSENT BOOKLET
ENTER '1' TO CONTINUE

- 1 Continue

GPRLFM

SPECIFY REASON(S) FOR REFUSAL TO ALLOW LF READINGS TO BE SENT TO GP.
CODE ALL THAT APPLY.

- 1 Hardly/Never sees GP
- 2 GP knows respondent's LF level
- 3 Does not want to bother GP
- 4 Other (SPECIFY AT NEXT QUESTION)

IF GPRLFM = Other THEN

OthRefM

NURSE GIVE FULL DETAILS OF REASON FOR REFUSAL:

Range: 0...140

ENDIF

ENDIF

IF (GpRegB <> Yes OR GPSend=NO) AND GPSendLF=No THEN

LFCODE5

NURSE: CIRCLE CONSENT **CODE 04** ON FRONT OF CONSENT BOOKLET
ENTER '1' TO CONTINUE"

- 1 Continue

ENDIF

IF GPSendLF=Yes AND Age of Respondent is over 15 years THEN

NCIns1

NURSE: COMPLETE LUNG FUNCTION TO GP CONSENT FORM (ADULT 16+) LF(A)
ASK RESPONDENT TO SIGN AND DATE IT.

CHECK GP NAME, ADDRESS AND PHONE NUMBER ARE RECORDED ON FRONT OF
CONSENT BOOKLET.

CHECK NAME BY WHICH GP KNOWS RESPONDENT

CIRCLE CONSENT **CODE 03** ON FRONT OF CONSENT BOOKLET.

1 Continue

ENDIF

IF GPSENDLF=Yes AND Age of Respondent is between 7 and 15 years THEN

NCIns1c

RESULTS CAN BE SENT TO GP

NURSE: COMPLETE LUNG FUNCTION TO GP CONSENT FORM (AGES 7-15) LF(C)

ASK RESPONDENT TO SIGN AND DATE IT.

CHECK GP NAME, ADDRESS AND PHONE NUMBER ARE RECORDED ON FRONT OF
CONSENT BOOKLET.

CHECK NAME BY WHICH GP KNOWS RESPONDENT

CIRCLE CONSENT **CODE 03** ON FRONT OF CONSENT BOOKLET.

1 Continue

ENDIF

IF LFRSP=All OR LFRSP-Some THEN

NCIns2

LUNG FUNCTION MEASURED

OFFER LUNG FUNCTION RESULTS TO RESPONDENT

ENTER THEIR **HIGHEST FVC** AND **HIGHEST FEV** AND **HIGHEST PF** READINGS ON
MRC. (COMPLETE NEW RECORD CARD IF REQUIRED).

HIGHEST READINGS LISTED BELOW

HIGHEST FVC: HTFVC

HIGHEST FEV: HTFEV

HIGHEST PF: HTPF

1 Continue

ENDIF

ENDIF

IF HaSurg=YES OR HaStro = YES THEN

LFCODE2

NO LUNG FUNCTION TEST TO BE DONE

ENTER '1' TO CONTINUE.

CIRCLE CONSENT @iCODE 04@i ON FRONT OF CONSENT BOOKLET.

1 Continue

ENDIF

Blood sample

ALL AGED 11+ (EXCEPT PREGNANT WOMEN)*

BlIntro

NURSE: NOW FOLLOWS THE BLOOD SAMPLE MODULE. ENTER '1' TO CONTINUE.

- 1 Continue

IF (Age of Respondent is 11 to 15 years) OR (Age of Respondent is over 15 years) THEN

ClotB

EXPLAIN PURPOSE AND PROCEDURE FOR TAKING BLOOD. May I just check, do you have a clotting or bleeding disorder or are you currently on anti-coagulant drugs such as Warfarin? (NB ASPIRIN THERAPY IS NOT A CONTRAINDICATION FOR BLOOD SAMPLE.)

- 1 Yes
- 2 No

IF ClotB = No THEN

Fit

May I just check, have you ever had a fit (including epileptic fit, convulsion, convulsion associated with high fever)?

- 1 Yes
- 2 No

ENDIF

ENDIF

IF Fit = No THEN

IF Age of Respondent is 11 to 15 years THEN

EMLA

Explain that there is the option of using EMLA cream, but that a sample can be given without EMLA. Give parent/respondent the EMLA information sheet and allow them time to read it. ENTER '1' TO CONTINUE.

- 1 Continue

IF Age of Respondent is 11 to 15 years THEN

CBSConst

ASK PARENT/'PARENT': Are you willing for your child to have a blood sample taken?

- 1 Yes
- 2 No

ENDIF

ENDIF

ENDIF

IF (Fit = No) AND (CBSConst <> No) THEN

BSWill

Would you be willing to have a blood sample taken?

- 1 Yes
- 2 No

IF Age of Respondent is 11 to 15 years AND BSWill = Yes THEN

EMLAUse

Do you want EMLA cream to be used?

- 1 Yes
- 2 No

IF EMLAuse = Yes THEN

Allergy

Have you ever had a bad reaction to a local or general anaesthetic bought over the counter at a chemist, or given at the doctor, the dentist or in hospital?

- 1 Yes
- 2 No

IF Allergy = Yes THEN

NoEMLA

EMLA CREAM CANNOT BE USED. IS RESPONDENT WILLING TO GIVE BLOOD SAMPLE WITHOUT EMLA CREAM?

Code 1 if yes, willing to give blood sample without EMLA cream Code 2 if no, not willing to give blood sample without EMLA.

- 1 Yes, willing
- 2 No, no blood sample

ELSEIF Allergy = No THEN

EMLANow

NURSE CODE: ARE YOU GOING TO APPLY EMLA DURING THE FIRST VISIT, OR RETURN FOR A SECOND VISIT?

- 1 During the first visit
- 2 Return for a second visit

IF EMLANow = Return for a second visit THEN

Later

NURSE: CODE 1 TO CONTINUE WITH REST OF SCHEDULE ON THE FIRST VISIT. CODE 2 IF THIS IS THE RETURN VISIT.

- 1 Finish rest of schedule now (ONLY APPLIES TO FIRST VISIT)
- 2 This is the return visit and ready to take blood sample

ENDIF

ENDIF

ENDIF

ENDIF

ENDIF

IF (BSWill = No OR CBSConst = No) THEN

RefBS

RECORD WHY BLOOD SAMPLE REFUSED. CODE ALL THAT APPLY.

- 1 Previous difficulties with venepuncture
- 2 Dislike/fear of needles
- 3 Respondent recently had blood test/health check
- 4 Refused because of current illness
- 5 Worried about HIV or AIDS
- 6 Other

IF RefBS = Other THEN

OthRefBS

GIVE FULL DETAILS OF OTHER REASON(S) FOR REFUSING BLOOD SAMPLE.

Text: Maximum 135 characters

ENDIF

ELSEIF BSWill = Yes THEN

IF (Age of Respondent is 11 to 17 years) AND (EMLAUse = No OR EMLANow = Now OR Later = Return OR NoEMLA = Yes) THEN

BSConsC

EXPLAIN NEED FOR WRITTEN CONSENT (*FROM PARENT/" PARENT"*): Before I can take any blood, I have to obtain (*written consent from you/the written consent of both parent and child.*). ENTER '1' TO CONTINUE.

- 1 Continue

ENDIF

IF (Age of respondent is 11 to 74 years) THEN

BSCons

FILL IN (*RESPONDENT'S/CHILD'S*) NAME AND YOUR NAME AT TOP OF FORM(*BS(C) CHILD AGED 11-17/BS(A) ADULT AGED 18+*) IN CONSENT BOOKLET.

(If aged 11-15: TICK THE BOX: (With the use of EMLA/Without the use of EMLA)).

ASK (*RESPONDENT/CHILD AND PARENT/'PARENT'*) TO READ, SIGN AND DATE PART I OF BLOOD SAMPLE CONSENT FORM.

CIRCLE CONSENT **CODE 05** ON THE FRONT OF THE CONSENT BOOKLET.

ENTER '1' TO CONTINUE.

- 1 Continue.

ENDIF

ENDIF

IF (NoEMLA <> No) AND (Later <> Now) THEN

IF (BSWill = Yes) AND (Age of Respondent is 2 to 15 years AND CBSConst = Yes) OR (Age of respondent is 16-74 years)) THEN

GPSam

NURSE CHECK:

- 1 Respondent registered with GP
- 2 Respondent not registered with GP

ENDIF

IF (GPRegB = Yes OR GPSam = GP) THEN

SendSam

May we send the results of your blood sample analysis to your GP?

- 1 Yes
- 2 No

IF SendSam = NO THEN

SenSam

Why do you not want your blood sample results sent to your GP?

- 1 Hardly/never sees GP
- 2 GP recently took blood sample
- 3 Does not want to bother GP
- 4 Other

IF SenSam=Other THEN

OthSam

GIVE FULL DETAILS OF REASON(S) FOR NOT WANTING RESULTS SENT TO GP.

Text: Maximum 140 characters

ENDIF

ENDIF

ENDIF

IF GPSam=NoGP OR SendSam=No THEN

Code08

CIRCLE CONSENT CODE 08 ON FRONT OF CONSENT BOOKLET.

ENTER '1' TO CONTINUE.

- 1 Continue

ENDIF

IF SendSam=Yes

BSSign

OBTAIN (*SIGNATURES OF RESPONDENT AND PARENT/'PARENT'/SIGNATURE*) FOR PART II OF BLOOD SAMPLE CONSENT FORM.

CHECK NAME BY WHICH GP KNOWS RESPONDENT. CHECK GP NAME, ADDRESS AND PHONE NO. ARE RECORDED ON FRONT OF CONSENT BOOKLET.

CIRCLE CONSENT CODE 07 ON FRONT OF CONSENT BOOKLET.

ENTER '1' TO CONTINUE.

- 1 Continue

ENDIF

IF (Age of Respondent is between 2 and 15 years AND CBSConst=Yes) OR (Age of Respondent is 16 to 120 years AND BSWill=Yes) THEN

ConStorB

ASK (*PARENT/'PARENT'/RESPONDENT*): May we have your consent to store any remaining blood for future analysis?

- 1 Storage consent given

2 Consent refused

IF ConStorB = Yes THEN

Code09

OBTAIN (*SIGNATURES OF RESPONDENT AND PARENT/'PARENT'/SIGNATURE OF RESPONDENT*) AT PART III OF BLOOD SAMPLE CONSENT FORM.
CIRCLE CONSENT CODE 09 ON FRONT OF CONSENT BOOKLET.
ENTER '1' TO CONTINUE.

1 Continue

ELSEIF ConStorB = No THEN

Code10

CIRCLE CONSENT CODE 10 ON FRONT OF CONSENT BOOKLET.
ENTER '1' TO CONTINUE.

1 Continue

ENDIF

IF (EMLAuse = Yes AND NoEMLA <> Yes) THEN

DoEMLA

CHECK YOU HAVE ALL APPLICABLE SIGNATURES.
APPLY EMLA CREAM FOLLOWING INSTRUCTIONS.
WAIT AT LEAST ONE HOUR BEFORE ATTEMPTING BLOOD SAMPLE.
ENTER '1' TO COMPLETE REST OF SCHEDULE OR OTHER SCHEDULES WHILE WAITING.
ENTER '2' WHEN THE HOUR HAS PASSED TO TAKE BLOOD SAMPLE.

- 1 Complete rest of schedule
- 2 The hour has passed, ready to take blood sample

ENDIF

IF (DoEMLA <> Rest) THEN

TakeSam

CHECK YOU HAVE ALL APPLICABLE SIGNATURES.
TAKE BLOOD SAMPLES: FILL (*1 Plain (red) tube and 1 EDTA (purple) tube/1 Plain (red) tube, 1 EDTA (purple) tube and 1 citrate (blue) tube*) (in this order).
WRITE THE SERIAL NUMBER AND DATE OF BIRTH ONTO THE RED LABEL USING A BLUE BIRO. DO ONE LABEL PER TUBE.

Serial number: (*displays serial number*)

Date of birth: (*displays date of birth*)

CHECK THE DATE OF BIRTH AGAIN WITH THE RESPONDENT. STICK THE RED LABEL OVER THE LABEL WHICH IS ALREADY ON THE TUBE.

ENTER '1' TO CONTINUE.

1 Continue

SampF1

CODE IF PLAIN RED TUBE FILLED (INCLUDE PARTIALLY FILLED TUBE)

- 1 Yes
- 2 No

IF Age of Respondent is 11 to 15 years

SampF2A

CODE IF **FIRST** EDTA LIGHT PURPLE TUBE (2ml) FILLED (INCLUDE PARTIALLY FILLED TUBE):

- 1 Yes
- 2 No

SampF2B

CODE IF **SECOND** EDTA LIGHT PURPLE TUBE (2ml) FILLED (INCLUDE PARTIALLY FILLED TUBE):

- 1 Yes
- 2 No

ENDIF

IF Age of Respondent is 16 years or over THEN

SampF2

CODE IF EDTA PURPLE TUBE FILLED (INCLUDE PARTIALLY-FILLED TUBE):

- 1 Yes
- 2 No

SampF3

CODE IF CITRATE (BLUE) TUBE FILLED (INCLUDE PARTIALLY-FILLED TUBE):

- 1 Yes
- 2 No

SampF4**

CODE IF VITAMIN TUBE FILLED

ENDIF

(computed from SampF1, F2, F2A, F2B, F3, F4)

SampTak

RESPONSE TO BLOOD SAMPLE

- 1 Blood sample obtained
- 2 No Blood sample obtained

IF SampF1=Yes OR SampF2=Yes OR SampF3 = Yes OR SampF4=Yes OR SampF2A=Yes OR SampF2B=Yes THEN

SampArm

RECORD WHICH ARM BLOOD TAKEN FROM:

- 1 Right
- 2 Left
- 3 Both

SamDif

RECORD ANY PROBLEMS IN TAKING BLOOD SAMPLE.

CODE ALL THAT APPLY

- 1 No problem
- 2 Incomplete sample
- 3 Collapsing/poor veins
- 4 Second attempt necessary
- 5 Some blood obtained, but respondent felt faint/fainted
- 6 Unable to use tourniquet
- 7 Other (SPECIFY AT NEXT QUESTION)

IF SamDif = Other THEN

OthBDif

GIVE FULL DETAILS OF OTHER PROBLEM(S) IN TAKING BLOOD SAMPLE.

Text: Maximum 140 characters

ENDIF

IF SampF4=Yes

VitEat6

Can I check, when did you last have **any fresh fruit or fruit juice**? Was it ...READ OUT... NURSE: IF 'NEVER EATS' USE CODE 3

- 1 Within one hour
- 2 1 - 4 hours ago
- 3 More than 4 hours ago
- 4 (Can't say)

WhenEat

And when did you last have **anything** to eat or drink? Was it ...READ OUT..."

- 1 Within one hour
- 2 1 - 4 hours ago

- 3 More than 4 hours ago
- 4 (Can't say)

ENDIF

SnDrSam

Would you like to be sent the results of your blood sample analysis?

- 1 Yes
- 2 No

IF SnDrSam = Yes THEN

Code11

CIRCLE CONSENT CODE 11 ON FRONT OF CONSENT BOOKLET.
ENTER '1' TO CONTINUE.

- 1 Continue

ELSEIF SnDrSam = No THEN

Code122

CIRCLE CONSENT CODE 12 ON FRONT OF CONSENT BOOKLET.
ENTER '1' TO CONTINUE.

- 1 Continue

ENDIF

**ELSEIF SampF1<>Yes AND SampF2<>Yes AND SampF3<>Yes SampF4<>Yes OR
SampF2A<>Yes OR SampF2B<>Yes THEN**

NoBSM

CODE REASON(S) NO BLOOD OBTAINED.
CODE ALL THAT APPLY.

- 1 No suitable or no palpable vein/collapsed veins
- 2 Respondent was too anxious/nervous
- 3 Respondent felt faint/fainted
- 4 Other

IF NoBSM = Other THEN

OthNoBSM

GIVE FULL DETAILS OF REASON(S) NO BLOOD OBTAINED.

Text: Maximum 140 characters

ENDIF

Code12

CROSS OUT CONSENT CODES 05, 07, AND 09 IF ALREADY CIRCLED ON FRONT OF
CONSENT BOOKLET.

REPLACE WITH CONSENT CODES 06, 08, 10 AND 12 ON FRONT OF CONSENT
BOOKLET.

ENTER '1' TO CONTINUE.

- 1 Continue

ENDIF

ENDIF

ENDIF

ENDIF

ENDIF

ENDIF

- * Blood samples were taken from children aged 11-15 in the 2nd, 3rd and 4th quarters of fieldwork.
- ** Blood samples for vitamin analysis were taken from a sub-sample of respondents

Saliva sample

ALL AGED 4+ (EXCEPT PREGNANT WOMEN)

SalInt1

NURSE: NOW FOLLOWS THE SALIVARY SAMPLE.
ENTER '1' TO CONTINUE.

- 1 Continue

SalIntr1

NURSE: IF YOU HAVE NOT ALREADY DONE SO, ASK RESPONDENT FOR A SALIVA SAMPLE.

READ OUT: I would like to take a sample of saliva (spit). This simply involves (*dribbling saliva down a straw into a tube/keeping a dental roll in your mouth for a few minutes*) Are you willing to have a saliva sample taken?

IF ASKED: The sample will be analysed for cotinine, which is related to the intake of tobacco smoke and is of particular interest to see if non-smokers may have raised levels as a result of 'passive' smoking

- 1 Respondent agrees to give saliva sample
- 2 Respondent refuses to give saliva sample
- 3 Unable to obtain saliva sample for reason other than refusal

IF SalIntr1=Agree THEN

SalInst

(ASK CHILD TO DRIBBLE THROUGH STRAW INTO TUBE/ASK RESPONDENT TO INSERT DENTAL ROLL IN MOUTH AND PROVIDE SALIVA SAMPLE)

ENTER '1' TO CONTINUE.

- 1 Continue

SalObt1

NURSE CHECK

- 1 Saliva sample obtained
- 2 Saliva sample refused
- 3 Saliva sample not attempted
- 4 Attempted but not obtained

ENDIF

IF (SalObt1=Refused, Not attempted or Attempted, not obtained) OR (SalIntr1=Unable) THEN

SalNObt

RECORD WHY SALIVA SAMPLE NOT OBTAINED.

CODE ALL THAT APPLY.

- 1 Parent/'Parent' refused
- 2 Respondent refused
- 3 Respondent not able to produce any saliva
- 4 Other (SPECIFY AT NEXT QUESTION)

IF SalNObt = Other THEN

OthNObt

GIVE FULL DETAILS OF REASON(S) WHY SALIVA SAMPLE NOT OBTAINED.

Text: Maximum 140 characters

ENDIF

ENDIF

ENDIF

ENDIF

AllCheck

CHECK BEFORE LEAVING RESPONDENT:

- THAT ALL (*CHILDREN AGED 2-15/RESPONDENTS*) HAVE A CONSENT BOOKLET.
- THAT FULL GP DETAILS ARE ENTERED ON FRONT OF CONSENT BOOKLET.
- THE NAME BY WHICH GP KNOWS RESPONDENT.
- THAT ALL DETAILS ARE COMPLETED ON FRONT OF CONSENT BOOKLET.
- THAT ALL NECESSARY SIGNATURES HAVE BEEN COLLECTED.
- THAT THERE ARE SIX APPROPRIATE CONSENT CODES RINGED ON FRONT OF CONSENT BOOKLET.

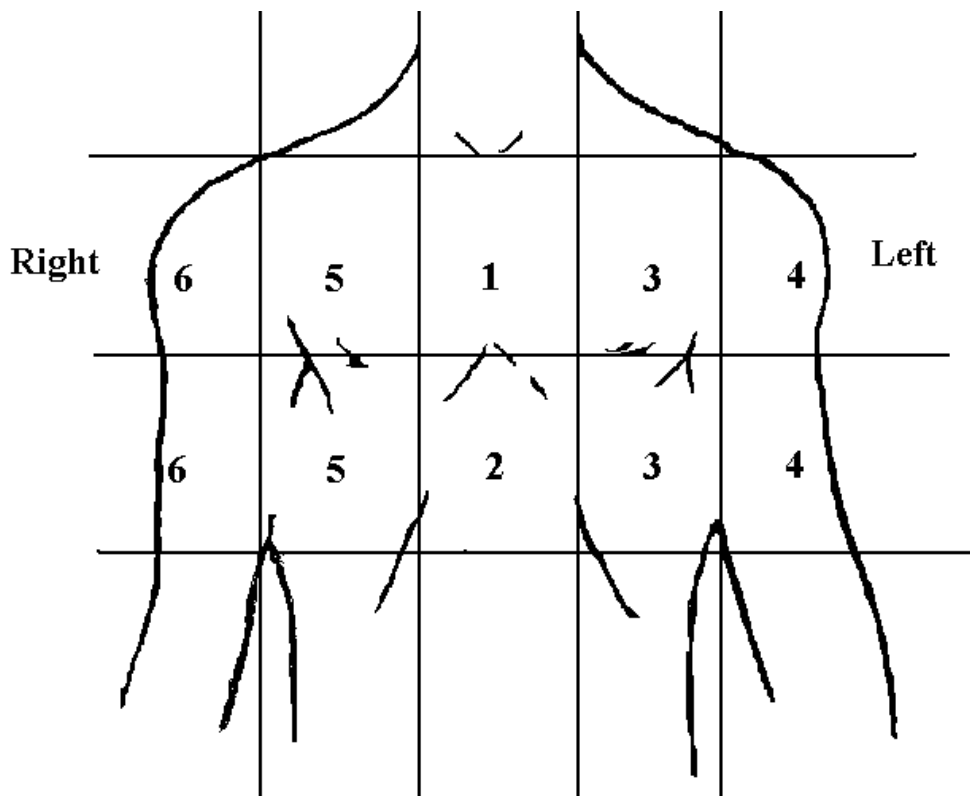
- 1 Continue

Scottish Health Survey

Thank

NURSE: END OF QUESTIONNAIRE REACHED. THANK RESPONDENTS FOR THEIR CO-OPERATION.
THEN ENTER '1' TO FINISH.

CARD A



CARD B

A general practitioner (GP)

Nurse at GP surgery/Health centre

Community, School or District Nurse

Hospital casualty/Accident & Emergency
department

Consultant/Specialist or other doctor at hospital
outpatients

Consultant/Specialist or other doctor elsewhere

Homeopath

Acupuncturist

Other alternative medicine professional

CARD C

On a pavement or a pedestrian area

On a road

In a home or garden
(either your own or someone else's)

In a place used for sports, play or recreation
(including sports facility at a school or college)

In some other part of a school or college

In an office, factory, shop, pub, restaurant or other
public building

Somewhere else (PLEASE SPECIFY)

CARD D

1. Broken bones
2. Dislocated joints
3. Losing consciousness
4. Straining or twisting a part of the body
5. Cutting, piercing or grazing a part of the body
6. Bruising, pinching or crushing a part of the body
7. Swelling or tenderness in some part of the body
8. Getting something stuck in the eye, throat, ear or other part of the body
9. Burning or scalding
10. Poisoning
11. Other injury to internal parts of the body
12. Animal or insect bite or sting
13. Other (PLEASE SPECIFY)

CARD E

1. Hospital
2. GP/Family Doctor
3. Nurse at GP surgery
4. Nurse at place of work, school or college
5. Doctor at place of work, school or college
6. Other doctor or nurse
7. Ambulance staff
8. Volunteer first aider
9. Chemist or pharmacist
10. Family, friends, colleagues, passers-by
11. Looked after self
12. Other person/s

CARD F

HOUSEWORK

Hoovering

Dusting

Ironing

General tidying

Washing floors and paint work

CARD G

HEAVY HOUSEWORK

Moving heavy furniture

Spring cleaning

Walking with heavy shopping
(for more than 5 minutes)

Cleaning windows

Scrubbing floors with a scrubbing brush

CARD H

GARDENING, DIY AND BUILDING WORK

Hoeing, weeding, pruning

Mowing with a power mower

Planting flowers/seeds

Decorating

Minor household repairs

Car washing and polishing

Car repairs and maintenance

CARD I

HEAVY MANUAL WORK

Digging, clearing rough ground

Building in stone/bricklaying

Mowing large areas with a hand mower

Felling trees, chopping wood

Mixing/laying concrete

Moving heavy loads

Refitting a kitchen or bathroom

CARD J

- 1 Swimming
- 2 Cycling
- 3 Workout at a gym / Exercise bike / Weight training
- 4 Aerobics / Keep fit / Gymnastics / Dance for fitness
- 5 Any other type of dancing
- 6 Running / Jogging
- 7 Football / Rugby
- 8 Badminton / Tennis
- 9 Squash
- 10 Exercises (e.g. press-ups, sit-ups)

Please also include teaching, coaching and training/practice sessions

CARD K

Less than 5 minutes

5 minutes, less than 15 minutes

15 minutes, less than 30 minutes

30 minutes, less than 1 hour

1 hour, less than 1 ½ hours

1 ½ hours, less than 2 hours

2 hours, less than 2 ½ hours

2 ½ hours, less than 3 hours

3 hours, less than 3 ½ hours

3 ½ hours, less than 4 hours

4 hours or more (please say how long)

CARD L

SPORTS AND EXERCISE ACTIVITIES

INCLUDE any sports and exercise activities like:

Playing football, rugby or netball in a team,
or any other organised team games

Playing tennis, squash or badminton

*include playing in:
a practice session
a match
a club
out-of-school*

lesson

Going swimming or swimming lessons

Gymnastics (include Toddler Gym, Tumble Tots etc)

Dance lessons, ballet lessons, ice skating

Horse riding

Disco dancing

Any other organised sports, team sports or exercise activities

CARD M

Other active things like:

Ride a bike

Kick a ball around

Run about (outdoors or indoors)

Play active games

Jump around

Any other things like these

CARD N

6 or more a day

4 or 5 a day

2 or 3 a day

One a day

Less than one a day

CARD O

Solid cooking fat
(including butter, dripping, lard, ghee, white cap,
cookeen)

Half-fat butter

Polyunsaturated, sunflower or olive margarine

Other hard or soft margarine or dairy blend
(including Flora, Clover, Willow)

Low-fat spreads

Vegetable oil
(including olive, sunflower, soya, corn, peanut,
rapeseed)

Some other kind of fat / oil

CARD P

6 or more times a day

4 or 5 times a day

2 or 3 times a day

Once a day

5 or 6 times a week

2 to 4 times a week

Once a week

1 to 3 times per month

Less often or never

CARD Q

1. Heart trouble/problem
2. High blood pressure
3. Cancer
4. Bronchitis
5. Cough
6. Shortness of breath
7. Other respiratory problems (incl. asthma)
8. Cold/flu/virus
9. Pregnancy
10. Ulcer or other gastro-intestinal problem
11. Diabetes
12. Any other condition (PLEASE SAY WHAT)

CARD R

1. At own home
2. At work
3. In other people's homes
4. On public transport
5. In pubs
6. In other public places

CARD S

- 1 Almost every day
- 2 Five or six days a week
- 3 Three or four days a week
- 4 Once or twice a week
- 5 Once or twice a month
- 6 Once every couple of months
- 7 Once or twice a year
- 8 Not at all in the last twelve months

CARD T

1. Normal strength (less than 6 % alcohol) beer, lager, stout, cider, or shandy (excluding cans or bottles of shandy)
2. Strong beer, lager, stout or cider (6% alcohol or more)
(eg. Tennants Extra, Special Brew, Diamond White)
3. Spirits or Liqueurs (e.g. Gin, Whiskey, Brandy, Rum, Vodka, Advocaat, Cocktails)
4. Sherry or Martini (including Port, Vermouth, Cinzano and Dubonnet)
5. Wine (including Babycham and Champagne)
6. Alcoholic soft drinks or 'alcopops'
(such as Hooch, Two Dogs, Alcola)
7. Other alcoholic drinks
8. Low alcohol drinks only

CARD U

S/He was having trouble with their teeth

We had a note from the school dentist

S/He went for a check-up

S/He just went to get used to going to the dentist

Or for some other reason (PLEASE SPECIFY)

CARD V

1. Going to school or college full-time (including on vacation)
2. In paid employment or self-employed (or away temporarily)
3. Waiting to take up paid work already obtained
4. Looking for work
5. Intending to look for work but prevented by temporary sickness
6. Permanently unable to work because of long-term sickness or disability
7. Retired
8. Looking after the home or family
9. Doing something else (PLEASE SPECIFY)

CARD W

1. Degree or degree level qualification (incl. Higher degree)
2. SCE Higher/ CSYS (Certificate of Sixth Year Studies)/ A levels
3. SCE Ordinary ('O' Grades) Bands A - C
4. Standard Grade (Level 1 - 3)
5. SLC Lower
6. SUPE Lower or Ordinary
7. 'O' level passes (Grade A - C if after 1975)
8. GCSE (grade A - C)
9. CSE Grade 1
10. School Certificate or Matric
11. SCE Ordinary ('O' Grades) Bands D & E
12. Standard Grade (Level 4, 5)
13. CSE Grades 2 - 5
14. GCE 'O' Levels D & E (if after 1975)
15. GCSE (Grades D, E, F, G)
16. CSE ungraded
17. Foreign qualifications - (PLEASE SAY WHAT)
18. Other academic qualifications (PLEASE SAY WHAT)
19. NO ACADEMIC QUALIFICATIONS

CARD X

1. SCOTVEC National Certificate Modules
2. HNC/HND, BEC/TEC Higher, BTEC Higher
3. ONC, OND, BEC/TEC not higher
4. City and Guilds Full Technological Certificate
5. City and Guilds Advanced/Final level
6. City and Guilds Craft/Ordinary level
7. Nursing qualifications (SRN, RGN, RMN, SEN, RSCN, RM, RHV)
8. Teaching qualification
9. SVQ/NVQ Level V
10. SVQ/NVQ Level IV
11. SVQ/NVQ Level III/Advanced level GNVQ
12. SVQ/NVQ Level II/Intermediate level GNVQ
13. SVQ/NVQ Level I/Foundation level GNVQ
14. Clerical or commercial qualifications (such as typing, bookkeeping, commerce)
15. Recognised Trade Apprenticeship completed
16. Other vocational or professional qualification
(PLEASE SAY WHAT)
17. NO VOCATIONAL/PROFESSIONAL
QUALIFICATIONS

CARD Y

1. White
2. Black - Caribbean
3. Black - African
4. Black - Other
5. Indian
6. Pakistani
7. Bangladeshi
8. Chinese
9. None of these

CARD Z

1. High Blood Pressure
2. Angina
3. Heart Attack
4. Stroke
5. Other Heart Trouble
6. Diabetes