

34a Have you had any accident, injury, or poisoning, needing hospital treatment or a visit to Casualty in the past 3 months? If you have had more than one injury, please think of the most recent one.

Please circle all numbers that apply

- Yes the injury was a:
- Break or fracture 1
 - Poisoning 2
 - Head injury 3
 - Cut or puncture 4
 - Burn 5
 - Another kind of injury 6
- No have not had any of the above injuries or accidents 7 now go to question 35a

34b Where did the accident, injury or poisoning take place?

Please circle one number only

- In the home 1
- In traffic 2
- At work or in school 3
- Somewhere else 4

35a Have you had a stomach upset with diarrhoea in the past 3 months, which you think was due to something you ate?

Please circle one number only

- Yes and it was in this country 1
- Yes and it was when I was abroad 2
- No 3 go to question 36

35b Did you see a doctor about it?

Please circle one number only

- Yes 1
- No 2

36 If you have any other illness or disability, Please say what it is. Please write in the space provided

37 Do you hide any health problems you might have from any of these people?

Please circle one number on each line

- | | No | Yes - a
mental or
nervous illness | Yes - a
physical
illness | Does not
apply to me |
|-------------------------------------|----|---|--------------------------------|-------------------------|
| a Your husband, wife
or partner | 1 | 2 | 3 | 4 |
| b Close family or friends | 1 | 2 | 3 | 4 |
| c Other friends or
acquaintances | 1 | 2 | 3 | 4 |
| d Employer | 1 | 2 | 3 | 4 |
| e Your family
doctor (GP) | 1 | 2 | 3 | 4 |

38 Is your eyesight good enough to see the face of someone across a room?
(With glasses or contact lenses if you usually wear them.)
Please circle one number only

- Yes 1
 - Yes, with difficulty 2
 - No 3
-

39 Can you hear what is said in a chat with another person?
(With a hearing aid if you usually wear one.)
Please circle one number only

- Yes 1
 - Yes, with difficulty 2
 - No 3
-

40a Are you a carer? Please circle one number only
(A carer is someone whose life is restricted in some way because they look after a person who is mentally or physically disabled, or who is limited in what they can do by illness or old age.)

- Yes 1
- No 2 go to question number 41

40b How old is the person you look after?
(If you look after more than one person, give the details of the youngest.)

Please write their age in the box

40c And are they male or female?
Please circle one number only

- Male 1
- Female 2

40d In what way are they ill or disabled?
Please circle all numbers that apply

- Mental illness 1
- Learning disability 2
- Stroke 3
- Alzheimer's disease 4
- Another illness or disability 5

40e About how long do you spend each week looking after or helping this person? This includes time when you just need to be there, time travelling to and from their home, but does not include time when you are sleeping.

- Please circle one number only*
- Less than five hours per week 1
 - 5-9 hours a week 2
 - 10-19 hours a week 3
 - 20-34 hours a week 4
 - 35-49 hours a week 5
 - 50-99 hours a week 6
 - 100 or more hours a week 7
 - It varies but usually less than 20 hours a week 8
 - It varies but usually more than 20 hours a week 9
 - Other 0

- 41** Does anyone less than 18 years old live with you, in your household?
Please circle one number only
 Yes1
 No2 go to question 44

- 42** Have any of the under 18s had wheezing or whistling in the chest in the last 12 months?
Please circle one number only
 Yes1
 No2 go to question 44

- 43** Please give the sex and age of any under 18s who have had wheezing or whistling in the chest in the last 12 months. (Each column represents one person. If there are more than four under 18s who have ever had wheezing or whistling in the chest, please enter the four oldest)

	<i>Person 1</i>	<i>Person 2</i>	<i>Person 3</i>	<i>Person 4</i>
43a Are they male or female?	Male 1 Female 2	Male 1 Female 2	Male 1 Female 2	Male 1 Female 2
43b Age in whole years (please put 0 for babies under 1 year old)				
43c In the last 12 months has the wheezing ever been so bad that they could manage only one or two words at a time between breaths?	Yes ...1 No ... 2	Yes ...1 No ... 2	Yes ...1 No ... 2	Yes ...1 No ... 2
43d Has this person ever had asthma?	Yes ...1 No ... 2	Yes ...1 No ... 2	Yes ...1 No ... 2	Yes ...1 No ... 2

Exercise

(These questions are about your recent exercise. The information will help in health promotion,)

- 44** During the past 7 days, how many times did you exercise lasting at least 30 minutes?
Please circle one number only
- | | | | |
|-------------------------|------------------|------------------------|-----------------------|
| Never in
past 7 days | Once
or twice | Three or
four times | Five times
or more |
|-------------------------|------------------|------------------------|-----------------------|
- a Vigorous exercise,
 for example: running, jogging,
 squash, swimming lengths 1 2 3 4
 aerobics, fast cycling, football.
- b Moderate exercise,
 for example: fast walking, dancing,
 gentle swimming, golf,
 heavy housework,
 heavy gardening, (e.g. digging) 1 2 3 4
- c Light exercise, for example:
 walking at an average pace,
 table tennis, light housework,
 light gardening (e.g. weeding) 1 2 3 4

Alcohol

- 45** How often on average do you drink alcohol? (Remember to include any alcohol you drink at home)

Please circle one number only

- Never 1 go to question 47
 Special occasions only 2
 Less than once a week 3
 Weekends only 4
 Weekends and occasionally during the week 5
 Most days 6
 Everyday 7

PLEASE USE THE FOLLOWING TABLE TO ANSWER THE NEXT QUESTION

1 pint of beer, lager, cider =	1/2 pint beer, lager, cider =	1 glass wine, sherry, vermouth =	Single spirit measure (whisky, gin, vodka, etc.) =	Double spirit measure =
2 units	1 unit	1 unit	1 unit.	2 units

- 46a** In a typical seven day week, how many units of alcohol would you drink (including weekends)?

Please circle one number for a whole week

- None 1 now go to question 47
 1-7 units 2
 8-14 units 3
 15-21 units 4
 23-25 units 5
 36-50 units 6
 51 units or more 7

- 46b** Of this, how many units would you drink in a typical weekend period (include Friday evening through to Sunday evening)?

Please circle one number for a weekend

- None 1
 1-4 units 2
 5-9 units 3
 10-20 units 4
 21 units or more 5

- 47** How often (if at all) do you usually eat each of these foods?

Please circle one number on each line

6/7 days a week 4/5 days a week 2/3 days a week About once a week About once or twice a month Rarely or never

- Potatoes,
(e.g. boiled or jacket
but NOT fried) 1 2 3 4 5 6
 Green vegetables
or salad
(e.g. cabbage, lettuce) 1 2 3 4 5 6
 Fresh citrus fruit
(e.g. oranges,
grapefruit, satsuma) .. 1 2 3 4 5 6
 Other fresh fruit
(e.g. apple, pear,
banana) 1 2 3 4 5 6

Smoking

- 48 Which one of these best describes you?
Please circle one number only
- | | |
|--|---|
| I smoke daily | 1 |
| I smoke occasionally but not every day | 2 |
| I used to smoke daily but do not smoke at all now | 3 |
| I used to smoke occasionally but do not smoke at all now | 4 |
| I have never smoked | 5 |
-

- 49 How many other people in your household smoke now?
Please circle one number only
- | | |
|----------------------------|---|
| 0 people | 1 |
| 1 person | 2 |
| 2 people | 3 |
| 3 or more people | 4 |
-

Questions about you

This information will be used to compare the health of different groups of people and the types of service they need.

- 50 Are you . . . ?
Please circle one number only
- | | |
|------------------|---|
| Male | 1 |
| Female | 2 |
-

- 51 How old were you on your last birthday?
Please write in whole years

Age years

WOMEN GO TO QUESTION 52: MEN GO TO QUESTION 53

- 52 Are you pregnant at the moment?
Please circle one number only
- | | |
|---------------|---|
| Yes | 1 |
| No | 2 |
-

- 53 How tall are you?
- ft in OR cm
-

- 54 How much did you weigh when you last weighed yourself?
- St lb. OR kg
-

- 55 Are you currently?
Please circle one number only
- | | |
|---|---|
| Single | 1 |
| Divorced or separated | 2 |
| Widowed | 3 |
| Married or living as a couple | 4 |

56 The list opposite has been copied from the 1991 census.
Please circle the answer you feel best describes you. The information everyone gives will be used to assess health needs and also to show us if any groups of people are under-represented in the survey.

Please circle one number only

- White 1
 - Black - Caribbean 2
 - Black - Black 3
 - Black - other 4
 - Indian 5
 - Pakistani 6
 - Bangladeshi 7
 - Chinese 8
 - Other group (Please state) 9
-

57 Thinking now about your home, which of these best describes you?
Please circle one number only

- I own it or live with the person who owns it
(include homes being bought with a mortgage) 1
 - It is rented from the local Council 2
 - It is rented from a Housing Association or
Housing Trust 3
 - It is rented from a private landlord 4
 - Other (e.g. live rent free or home comes with job) 5
-

58 When was the house or block you live in actually built?

Please circle one number only

- Before 1919 1
 - 1919 to 1944 2
 - 1945 to 1964 3
 - 1965 or later 4
-

59 Which of these best describes you?

Please circle one number only

Employed

- Self-employed 1
- Employed full-time
(30 hours a week or more) 2
- Employed part-time
(less than 30 hours a week) 3
- On a work-related training scheme 4

Not employed

- Retired 1
- Waiting to start a job that I have accepted 2
- Unemployed for fewer than 12
months and have looked for work
in the past 4 weeks 3
- Unemployed for 12 months or more
and have looked for work in the past
4 weeks 4
- Can't work because of long-term
disability or ill health 5
- Caring for my home and family
dependants 6
- Full-time student 7
- Other 8

- 60** Have you ever been in paid employment?
Please circle one number only
- | | | |
|---------------|---|-------------------|
| Yes | 1 | |
| No | 2 | go to question 65 |
-

- 61** If yes, please give the title of your present or most recent paid job and describe what you actually do (did).

Job title:

Job description:

.

- 62** In your present or most recent job, are (were) you....?
Please circle one number only
- | | |
|---|---|
| A manager | 1 |
| A foreman or supervisor | 2 |
| An employee (other than manager or foreman) | 3 |
| Self-employed | 4 |
-

- 63** Do (did) you work in . . . ?
Please circle one number only
- | | |
|--|---|
| A large organisation (25 or more employees) | 1 |
| A small organisation (fewer than 25 employees) | 2 |
| On your own (self employed and no employees) | 3 |
-

- 64** Not counting what you plan to do, is (or was) your job a permanent job or was there some way in which it was not permanent?
Please circle one number only
- | | |
|--|---|
| Permanent | 1 |
| Not permanent (e.g. seasonal, contract, temping, casual) | 2 |
-

- 65** This survey may be repeated in the future to see how the health of people in Wales has changed and how services have improved. As people are picked at random it is very unlikely that you would be picked twice, but it is just possible.
Would you answer the questions if you were picked again?
Please circle one number only
- | | |
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| Yes | 1 |
| Maybe | 2 |
| No | 3 |
-

THANK YOU AGAIN FOR YOUR HELP

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PROVIDED (no stamp is needed)
THANK YOU

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or write

Adrian Crompton
Health Statistics and Analysis Unit
Welsh Office
Cathays Park
Cardiff
CF1 3NQ

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(If you look after more than one person, give the details of the youngest.)

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Alcohol

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|--|---|
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| I smoke occasionally but not every day | 2 |
| I used to smoke daily but do not smoke at all now | 3 |
| I used to smoke occasionally but do not smoke at all now | 4 |
| I have never smoked | 5 |
-

- 49 How many other people in your household smoke now?
Please circle one number only
- | | |
|----------------------------|---|
| 0 people | 1 |
| 1 person | 2 |
| 2 people | 3 |
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|------------------|---|
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| Female | 2 |
-

- 51 How old were you on your last birthday?
Please write in whole years

Age years

WOMEN GO TO QUESTION 52: MEN GO TO QUESTION 53

- 52 Are you pregnant at the moment?
Please circle one number only
- | | |
|---------------|---|
| Yes | 1 |
| No | 2 |
-

- 53 How tall are you?
- ft in OR cm
-

- 54 How much did you weigh when you last weighed yourself?
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dependants 6
- Full-time student 7
- Other 8

- 60** Have you ever been in paid employment?
Please circle one number only
- | | |
|-----|---|
| Yes | 1 |
| No | 2 |
- go to question 65
-

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Job title:

Job description:

.....

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Please circle one number only
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|---|---|
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-

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- | | |
|-------|---|
| Yes | 1 |
| Maybe | 2 |
| No | 3 |
-

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