# Scottish Health Survey 2015

# Questionnaire documentation

*Section contains:*

**Notes on how to use this documentation**
**Survey outline**
**Household interview**
**Individual interview**

# Notes

1. This is an edited documentation of the computer programmes used in the SHeS household and individual interviews. Instead of being numbered each question has a variable name; these are identified here in square brackets, e.g.: [varname].
2. Not all variables that appear here will be on the final data file (those that are not are marked with a '*'). Similarly, not all derived variables that will be on the data file are mentioned here. There will be a separate documentation of derived variables when the data is released.
3. Routing instructions appear above the questions. A routing instruction should be considered to stay in force until the next routing instruction.
4. Sections of text in brackets and italics were filled in as appropriate on the interviewers' computers.
5. Individual codes marked 'EDIT ONLY' were used by the editors to reclassify 'other' answers and are not visible during the main interviews.
6. For some questions respondents could give a different answer to the main options they were presented with. Such answers are recorded verbatim and were examined during the editing process to see whether they could be 'back-coded' to one of the existing answer categories. These will not be available on the data file and have been indicated within this documentation with a '*'.
7. Some questions allowed respondents to give more than one answer (indicated within this documentation with the instruction: 'CODE ALL THAT APPLY'). In these cases each individual answer option will have its own variable name which is shown in square brackets to the right of the answer.
8. The symbol '$' has been used to flag CAPI questions which have been used in conjunction with Self-Complete questions to combine the answers into a separate derived variable.

# Scottish Health Survey 2015 – Survey outline

- A **household** interview with the household reference person (HRP) or their spouse or partner
- An **individual** interview with eligible participants. Eligibility criteria for each of the **three** sample types were as follows:
  - *Main sample* -up to ten adults and two children per household
  - *Child boost sample* - up to two children (0-15) per household
  - *Health Board boost / mop-up sample* - up to ten adults per household

**Questionnaire content**

*Household questionnaire*

There was only one version of the household questionnaire across all three sample types in 2015. The household questionnaire documentation begins on page 7 of this documentation.

*Individual questionnaire*

The questionnaire content varied depending firstly on the sample type, and then the age of the participants being interviewed. The questionnaire documentation details exactly who was eligible to answer particular modules and questions within these modules.

- *Main sample* - there were two versions of the individual interview questionnaire for the main sample: version A and version B. The content and order of the individual interview differed depending on which version a household was selected to go through. Some topics were asked in both versions of the questionnaire, e.g. *'general health including caring'* and *'eating habits for children'* while other topics are only asked in one of the versions, e.g. *'accidents'* in version A. The table on the following page outlines which topics are asked in which version of the questionnaire.
- *Child Boost sample* – The individual questionnaire at child boost households followed the same format as a main version A individual questionnaire (see table on following page).
- *Health Board Boost sample* – Adults in the Health Board boost sample were only asked questions on those topics that appeared in *both* version A and version B of the individual interview, for example, *general health*, and *physical activity.*

Points to note:
- There are four versions of the questionnaire in the mainstage: Core Version A; Core Version B (biological module); Child Boost; and Health Board Boost / mop-up.
- Children are not eligible for the biological module in Core Version B or at Health Board Boost sampled addresses.
- The below table indicates what should be in each version and the order of the interview. The associated CAPI block names are in [] after the topic.

| Core Version A | Both A&B | Core Version B |
|---|---|---|
| | Household questionnaire [HHgrid]+[GenHHold] | |
| | General health including caring [GenHlth] | |
| | General CVD (16+) and use of services [CVD] 0+ | |
| | Asthma core [Asthma] 0+ | |
| Accidents 0+ | | |
| | Physical activity adults - including Qs on activity at work, time spent at screens and other sedentary activity [AdPhysic] 16+ | |
| | Physical activity kids – inc Qs on time spent at screens and other sedentary activity [ChPhysic] 2+ | |
| | Eating habits kids [Eating] 2 - 15 | |
| | Fruit and Veg [Fruitveg] 2+ | |
| | Smoking [Smoking] 18+ (16-17 year olds do self-comp/18-19 yr olds optional) | |
| | Passive Smoking [Smoking] 0+ | |
| | Drinking [Drinking] 18+ (16-17 year olds do self-comp/18-19 yr olds optional) | |
| | Dental health [Dental] 16+ | |
| Dental services (16+) | | |
| Social capital (16+) | | |
| Discrimination and harassment (16+) | | |
| | | |
| | Economic activity (16+) | |
| Stress at work (16+) | | |
| | Education (16+) | |
| | Ethnicity (0+) place of birth (0+)and religion (16+) [Ethnic] | |
| | Family health [Parent] 16+ | |
| | Self-completions [Selfcomp] 4+ | |
| | Height and weight [Measure] 2+ | |
| | Consents [Consents] 0+ | |
| | | Biological module |

| | | (16+ )includes: |
|---|---|---|
| | 104 | • Prescription drugs<br>• Blood Pressure<br>• Waist<br>• Saliva<br>• Urine<br>• Anxiety<br>• Depression<br>• Self harm |

| **Child Boost** |
|---|
| Household questionnaire [HHgrid]+[GenHHold] |
| General health including caring [GenHlth] |
| Use of services [CVD] 0+ |
| Asthma core [Asthma] 0+ |
| Accidents [Accid] 0+ |
| Physical activity kids – inc Qs on time spent at screens and other sedentary activity [ChPhysic] 2+ |
| Eating habits kids [Eating] 2+ |
| Fruit and Veg [Fruitveg] 2+ |
| Passive Smoking [Smoking] 0+ |
| Ethnicity [Ethnic] 0+ |
| Self-completions [Selfcomp] 4+ |
| Height and weight [Measure] 2+ |
| Consents [Consents] 0+ |

| **Health Board Boost / mop-up** |
|---|
| Household questionnaire [HHgrid]+[GenHHold] |
| General health including caring [GenHlth] |
| General CVD and use of services [CVD] 16+ |
| Asthma core [Asthma] 16 |
| Physical activity adults  - including Qs on activity at work, time spent at screens and other sedentary activity [AdPhysic] 16+ |
| Fruit and Veg [Fruitveg] 16+ |
| Smoking [Smoking] 16+ 18/20+ in CAPI |
| Passive Smoking [Smoking] 16+ |
| Drinking [Drinking] 16+ 18/20+ in CAPI |
| Dental health [Dental] 16+ |
| Ethnicity and religion [Ethnic] 0+ |
| Family health [Parent] 16+ |
| Self-completions [Selfcomp] 16+ |
| Height and weight [Measure] 16+ |
| Consents [Consents] 16+ |

* = not on the datafile

**[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:
Year No: *(2015=8)*
Sample: *(sample type indicator)*
Point no:    *(Point number)*
Address no:    *(Address number)*
Household no:    *(Household number)*
Strand:   *(Core version A or version B)*

- TO COMPLETE A STARTED INDIVIDUAL SESSION, PRESS <CTRL, ENTER>.
- TO OPEN A NEW INDIVIDUAL SESSION, PRESS <CTRL, ENTER>.
- TO GO DIRECTLY TO 'ADMIN,' PRESS <CTRL, ENTER>.
- OTHERWISE PRESS 1 AND <ENTER> TO CONTINUE.


**[IntDate]\***
PLEASE ENTER THE DATE OF THIS INTERVIEW.
Date:

**[WhoHere]\***
INTERVIEWER: COLLECT THE NAMES OF THE PEOPLE IN THIS HOUSEHOLD.
1    Continue

**IF First person in household OR More=Yes THEN**
**[Name]\***
What is the name of *(person number)?*

**[More]\***
Is there anyone else in this household?
1    Yes
2    No


*(Name and More repeated for up to 12 household members)*

**[SizeConf]***

So, can I check, altogether there are *( (x) number)* people in your household?

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


**HOUSEHOLD COMPOSITION GRID FOR ALL HOUSEHOLD MEMBERS (MAXIMUM 12)**

**[Person]**
*Person number in Household Grid.*
*Range: 0..12*

**[Name]***
*First name from WhoHere*

**[Sex]**
ASK: Is (*name of respondent*) male or female?
1     Male
2     Female

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

**Enter Day of month in numbers, Name of month in numbers, Year in numbers, Eg. 02/01/1972.**

**[Age]**
Can I check, what was *(name of respondent's)* age last birthday?
Range:         0..120

**IF Age=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 KNOWN, TRY TO GET BEST ESTIMATE.
1     Under 2 years
2     2 to 15 years
3     16-64 years
4     65 years or older

**IF Age of Respondent is 16 or over THEN**

    **[Marital12]**
    SHOWCARD A1.
    Please look at this card and tell me your legal marital or same-sex civil partnership status
    INTERVIEWER: CODE FIRST THAT APPLIES.

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

**IF more than one person aged 16+ in household AND marital status=code 1, 4, 5, 6, 7, 8 or 9 THEN**

    **[Couple]**
    May I just check, *(are you/is he)* living with someone in this household as a couple?

1      Yes
2      No
3      SPONTANEOUS ONLY - same sex couple

**IF (Age of Respondent is 16-17) 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

**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

    **[SelCh]**
    INTERVIEWER: Is this child selected for an individual interview?

1      Yes
2      No

**RELATIONSHIP BETWEEN HOUSEHOLD MEMBERS COLLECTED FOR ALL**

**IF Person > 1 THEN**

> **[R]**
> **SHOW CARD A2.**
> How is *(name)* related to *(name)*?  Just tell me the number on this card.

1	husband/wife
2	legally recognised civil partner
3	partner/cohabitee
4	natural son/daughter
5	adopted son/daughter
6	foster son/daughter
7	stepson/stepdaughter/child of partner
8	son-in-law/daughter-in-law
9	natural parent
10	adoptive parent
11	foster parent
12	step-parent/parent's partner
13	parent-in-law
14	natural brother/natural sister (i.e. Both natural parents the same)
15	half-brother/half-sister (i.e. One natural parent the same)
16	step-brother/step-sister (i.e. no natural parents the same)
17	adopted brother/adopted sister
18	foster brother/foster sister
19	brother-in-law/sister-in-law
20	grandchild
21	grandparent
22	other relative
23	other non-relative

**END OF HOUSEHOLD COMPOSITION GRID**

**ASK ALL**

> **[HHldr]**
> In whose name is the accommodation owned or rented? Anyone else?
> CODE ALL THAT APPLY.
> *(Codeframe of all household members)*
> 1-12	Person numbers of household members
> 97	Not a household member

> **[HHResp]**
> INTERVIEWER CODE: Who was the person responsible for answering the grids in this questionnaire?[1]
> *(Codeframe of adult household members)*
> 1-12	Person numbers of household members
> 97	Not a household member

---

[1] HQResp gives status of household respondent (HRP, HRP's partner,other)

**IF More than one person coded at HHldr THEN**

    **[HiHNum]**

    You have told me that *(name)* and *(name)* jointly own or rent the accommodation. Which of you /who has the highest income (from earnings, benefits, pensions and any other sources)?

    ENTER PERSON NUMBER – IF TWO PEOPLE HAVE THE SAME INCOME, ENTER 13

    *(Codeframe of joint householders)*

    1-12    Person numbers of household members

    13      Two people have the same income

**IF HiHNum=13 THEN**

    **[JntEldA]**

    ENTER PERSON NUMBER OF THE *ELDEST* JOINT HOUSEHOLDER FROM THOSE WITH THE HIGHEST INCOME.

    ASK OR RECORD.

    *(Codeframe of joint householders)*

    1-12    Person numbers of household members

**IF HiHNum=Don't know or Refused**

    **[JntEldB]**

    ENTER PERSON NUMBER OF THE ELDEST JOINT HOUSEHOLDER.

    ASK OR RECORD.

    *(Codeframe of joint householders)*

    1-12    Person numbers of household members

    **[HRP]\***

    INTERVIEWER: THE HOUSEHOLD REFERENCE PERSON IS:

    *(Displays name of Household Reference Person)*

    PRESS <1> AND <Enter> TO CONTINUE.

    **[Eligible]\***

    INTERVIEWER: FOR YOUR INFORMATION THE PEOPLE IN THIS HOUSEHOLD ELIGIBLE FOR INDIVIDUAL INTERVIEW ARE:

    *(List of eligible respondents)*

    PRESS <1> AND <Enter> TO CONTINUE.

**ASK ALL AGED 16+**

    **[OwnORnt08]**

    SHOWCARD A3

    In which of these ways do you occupy this accommodation?

    PROBE FOR DETAILS

1    Buying with mortgage/loan

2    Own it outright

3    Pay part rent/part mortgage

4    Rent (including rents paid by housing benefit)

5    Live here rent free

**IF OwnRnt08= Rent OR Free THEN**
    **[LandLord]**
    Who is your landlord?
    INTERVIEWER: Code first that applies.
    If property is rented through an agent code in relation to the property owner **NOT** the agent.
1    **Organisations:** the local authority / council / Scottish Homes
2    **Organisations:** housing association, charitable trust or Local Housing Company
3    **Organisations:** employer (organisation) of a household member
4    Another organisation
5    **Individuals:** relative/friend (before you lived here) of a household member
6    **Individuals:** employer (individual) of a household member
7    Another individual private landlord

**ASK ALL**
    **[Car12][1]**
    In total, how many cars or vans are owned, or are available for private use, by members of your household? Include any company cars or vans available for private use :    0..100.

**ASK ALL**
    **[PasSm]**
    Does anyone smoke **inside** this (house/flat) on a most days?
    INTERVIEWER: IF ASKED, RESPONDENT SHOULD INCLUDE THEMSELVES AND NON-HOUSEHOLD MEMBERS WHO SMOKE IN THE HOUSE OR FLAT, BUTEXCLUDE ANY HOUSEHOLD MEMBERS WHO ONLY SMOKE OUTSIDE THE HOUSE OR FLAT.
1    Yes
2    No

    **[SmokHm][2]**
    SHOW CARD A4
    Regardless of whether you smoke or not, using this card, what best describes the smoking rules in this (house/flat)? Please think about the people who live with you as well as visitors to your home?
    INTERVIEWER: IF RESPONDENT DOES NOT HAVE ANY SMOKING RULES, ASK THEM TO THINK WHAT RULES THEY WOULD APPLY TO SMOKERS IN THEIR HOME:
1    People can smoke anywhere inside this house/flat
2    People can only smoke in certain areas or rooms inside this house/flat (include smoking out of the window and at an open back door)
3    People can only smoke in outdoor areas (e.g. gardens/balconies) of this house/flat
4    People cannot smoke indoors or in outdoor areas of this house/flat

**IF >1 person in household**
    **[EatTog]**
    How many times in the last week, that is the seven days ending *(date last Sunday)*, did all or most of the people who live in this household eat a main meal together not including breakfast?
1    Never
2    One or two times
3    Three or four times
4    Five or six times

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[1] Revised wording and now single question, previously [car] and [numcar].
[2] New in 2012

5      Seven times
6      More than often than this

**INTERVIEWER: I'm now going to ask you some questions about your local area[1]**
**ASK ALL[2]**

[**LiveArea**]
First, how many years have you lived in your local area? By this I mean the area within about a 15 minute walk from your home?":
1      Less than 1 year
2      1 year but less than 2
3      2 years but less than 5
4      5 years but less than 10
5      10 years or more

**IF lived in area 2 years or more (LiveArea >= 3)**
[**CrimArea**]
How much would you say the crime rate in your local area has changed since two years ago?  Would you say there is more, less or about the same?
INTERVIEWER: IF ANSWER IS 'MORE' ASK: Is that a lot more or a little more?
IF ANSWER IS 'LESS' ASK: Is that a lot less or a little less?
INTERVIEWER: IF ASKED: There is an interest in finding out if there is a relationship between people's experience of crime and their health and wellbeing:
1      A lot more
2      A little more
3      About the same
4      A little less
5      A lot less

**ASK ALL**
**[PrevCrim]**
SHOWCARD A5
How confident are you in the ability of police in your local area to prevent crime?
INTERVIEWER: IF ASKED: There is an interest in finding out if there is a relationship between people's experience of crime and their health and wellbeing
1      Very confident
2      Fairly confident
3      Not very confident
4      Not at all confident

**[ActQuick]**
SHOWCARD A5
How confident are you in the ability of police in your local area to respond quickly to appropriate calls and information from the public?
INTERVIEWER: IF ASKED: There is an interest in finding out if there is a relationship between people's experience of crime and their health and wellbeing
1      Very confident
2      Fairly confident

---

[1] This section new in 2012. Note that PrevCrim, ActQuick, DealInc, Investig, SolvCrim and CatchCri are asked in a randomised order.
[2] This set of questions was asked of the HRP and the variables are 'not applicable' for the other respondents in the household in the dataset

3    Not very confident
4    Not at all confident


 **[DeaInc]**
SHOWCARD A5
How confident are you in the ability of police in your local area) to deal with incidents as they occur?
INTERVIEWER: IF ASKED: There is an interest in finding out if there is a relationship between people's experience of crime and their health and wellbeing:
1    Very confident
2    Fairly confident
3    Not very confident
4    Not at all confident

**[Investig]**
SHOWCARD A5
How confident are you in the ability of police in your local area to investigate incidents after they occur?
INTERVIEWER: IF ASKED: There is an interest in finding out if there is a relationship between people's experience of crime and their health and wellbeing
1    Very confident
2    Fairly confident
3    Not very confident
4    Not at all confident

**[SolvCrim]**
SHOWCARD A5
How confident are you in the ability of police in your local area to solve crimes?
INTERVIEWER: IF ASKED: There is an interest in finding out if there is a relationship between people's experience of crime and their health and wellbeing
1    Very confident
2    Fairly confident
3    Not very confident
4    Not at all confident

**[CatchCri]**
SHOWCARD A5
How confident are you in the ability of police in your local area to catch criminals?
INTERVIEWER: IF ASKED: There is an interest in finding out if there is a relationship between people's experience of crime and their health and wellbeing:
1    Very confident
2    Fairly confident
3    Not very confident
4    Not at all confident

**IF HQResp = Head of Household OR Spouse/ partner of Head of household**

    **[SrcInc]**[1]

    SHOW CARD A6.

    Please look at this card.  There has been a lot of talk about health and income. We would like to get some idea of your household's income. This card shows various possible sources of income. Can you please tell me which of these you *(and your husband/wife/partner)* receive?

    INTERVIEWER: Probe for all sources. CODE ALL THAT APPLY

| | |
|---|---|
| Earnings from employment or self-employment (incl. overtime, tips, bonuses) | [SrcInc1] |
| State retirement pension | [SrcInc2] |
| Pension from former employer | [SrcInc3] |
| Personal pensions | [SrcInc4] |
| Child Benefit | [SrcInc5] |
| Job-Seekers Allowance | [SrcInc6] |
| Income Support | [SrcInc7] |
| Working Tax Credit, Child Tax Credit or any other Tax Credit | [SrcInc8] |
| Housing Benefit | [SrcInc9] |
| Other state benefits | [SrcInc10] |
| Student grants and bursaries (but not loans) | [SrcInc11] |
| Interest from savings and investments (eg stocks & shares) | [SrcInc12] |
| Rent from property (after expenses) | [SrcInc13] |
| Other kinds of regular income (e.g. maintenance or grants) | [SrcInc14] |
| No source of income | [SrcInc15] |

    **[JntInc]**

    SHOW CARD A7

    This card shows incomes in weekly, monthly and annual amounts. Which of the groups on this card represents *(your/you and your husband/wife/partner's combined)* income from all these sources over the last 12 months, before any deductions for income tax, National Insurance contributions, health insurance payments, superannuation payments etc? Just tell me the number beside the row that applies to *(you/your joint incomes).*

    INTERVIEWER: THIS QUESTION REFERS TO INCOME FROM ALL THE SOURCES LISTED IN CARD A6. PLEASE REFER RESPONDENT BACK TO CARD A6 IF NECESSARY.

    ENTER BAND NUMBER. DON'T KNOW = 96, REFUSED = 97.

    Range:1..97

  **IF 2 Adults in household who are not spouse/partner, or 3 or more adults in household THEN**

    **[OthInc]**

    Can I check, does anyone else in the household have an income from any source?

1    Yes

2    No

**IF OthInc = Yes THEN**

    **[HHInc]**

    SHOW CARD A7

    Thinking of the income of your household as a whole, which of the groups on this card represents the total income of the whole household before deductions for income tax, National Insurance, etc.

    ENTER BAND NUMBER. DON'T KNOW = 96, REFUSED = 97.

---

[1] Additional option categories added for 2012

Range:1..97

**EMPLOYMENT DETAILS OF HOUSEHOLD REFERENCE PERSON[1]**

Show card A8

In the last week (that is the 7 days ending *date last Sunday*) were you doing any of the following, even if only for one hour?

INTERVIEWER: 'Temporarily away' includes away from work ill, on maternity leave, on holiday leave and temporarily laid off (as long as there is still an employment contract). It does not include those who are laid off and no longer have an employment contract.

INTERVIEWER: Code all that apply.

1    Working as an employee (or temporarily away)                              [HWrkEmp]
2    On a Government sponsored training scheme (or temporarily away)           [HGvtSchm]
3    Self employed or freelance (or temporarily away)                         [HSelfEmp]
4    Working unpaid for your own family's business (or temporarily away)       [HWrkFam]
5    Doing any other kind of paid work                                        [HOthWrk]
6    None of the above                                                        [HNoneabv]

**IF (HRP Age 16 to 64]) AND NOT (HGvtSchm) THEN**
**[HEducCou]**

Are you at present (*at school* or) enrolled on any **full-time** education course excluding leisure classes? (Include correspondence courses and open learning as well as other forms of full-time education course).

INTERVIEWER: CODE **YES** IF FULL-TIME STUDENT ON HOLIDAY AND WILL BE STUDYING FULL-TIME WHEN NEXT TERM STARTS.

IF RESPONDENT IS STUDYING PART-TIME CODE **NO** HERE.

    1 Yes
    2 No

**IF ((HWrkFam) OR (HNoneabv)) AND NOT ((HWrkEmp) OR (HGvtSchm) OR (HSelfEmp) OR (HOthWrk)) THEN**
**[HWk4Look12]**

Thinking of the 4 weeks ending (date last Sunday), were you looking for any paid work or Government training scheme at any time in those 4 weeks?

    1 Yes
    2 No

**IF HWk4Look12 = No THEN**
**[HWaitJb12]**

 Are you waiting to take up a job that you have already obtained?

    1 Yes
    2 No

**IF (HWk4Look12 = Yes OR HWaitJb12 = Yes) THEN**
**[HWk2St12]**

    If a job or a place on a government scheme had been available in the week ending (*date last Sunday* ), would you have been able to start within 2 weeks?

    1 Yes
    2 No

---

[1] The questions used to establish economic activity of the household reference person changed in 2012.

**IF (HNoneabv) AND (HWk4Look12 = No) AND (HWaitJb12 = No) THEN**
**[HYNotWrk]**
   May I just check, what was the main reason you did not look for work in the last 4 weeks?
   INTERVIEWER: CODE ONE ONLY
  1  Waiting for the results of an application for a job/being assessed by a training agent
  2  Student
  3  Looking after family/home
  4  Temporarily sick or injured
  5  Long-term sick or disabled
  6  Believes no job available
  7  Not yet started looking
  8  Doesn't need employment
  9  Retired from paid work
 10 Any other reason

**IF (HNoneabv) AND (HWaitJb12 <> Yes) THEN**
   **[HEverJ]**
   Have/has *you/name* (Household Reference Person) ever been in paid employment or self-employed?
1     Yes
2     No

**IF (HWaitJb12 = Yes) THEN**
   **[HOthPaid]**
   Apart from the job *you/name* are waiting to take up, have *you/name* (Household Reference Person)
   ever been in paid employment or self-employed?
1     Yes
2     No

**IF (HEverJob = Yes) OR (HOthPaid = Yes) THEN**
    **[HPayLast][1]**
   Which year did *you/name* (Household Reference Person) leave *your/his/her* last paid job?
   **WRITE IN.**
   Numeric: 1920..2015 Decimals: 0

**IF HPayLast <= 8 years ago THEN**
    **[HPayMon]**
   Which month in that year did *you/he/she* leave?
1     January
2     February
3     March
4     April
5     May
6     June
7     July
8     August
9     September
10    October
11    November

---

[1] HPayAge gives age when HRP last had paid job

12     December
13     Can't remember

**IF (HEverJ = Yes) OR (HWaitJb12 = Yes) OR (Hwrkemp AND NOT Hnoneabv) THEN**
**IF NOT (Hnoneabv) THEN**

**[HJobTitl]***
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?
INTERVIEWER: IF RESPONDENT HAS MORE THAN ONE JOB/ACTIVITY ASK THEM ABOUT THE ONE THEY SPEND THE MOST TIME DOING
Text: Maximum 60 characters

**[HFtPtime]**
*Is/Were/Are/Will  you/name* (Household Reference Person) *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

**[HWtWork]***
What kind of work *do/did/does/will you/name* (Household Reference Person) do most of the time?
Text: Maximum 50 characters

**[HMatUsed]***
IF RELEVANT: What materials or machinery *do/did/will you/name* (Household Reference Person) use?
IF NONE USED, WRITE IN 'NONE'.
Text: Maximum 50 characters

**[HSkilNee]***
What skills or qualifications are *(were)* needed for the job?
Text: Maximum 120 characters

**[HEmploye]**
*Is/Were/Are/Will you/name* (Household Reference Person) *be*…READ OUT…
1     an employee
2     or, self-employed?
       INTERVIEWER: If in doubt, check how this employment is treated for tax & NI purposes.

**IF HEmploye = self employed THEN**
       **[HDirctr]**
       Can I just check, in this job *are/were/will  you/name* (Household Reference Person) *be* a Director of a limited company?
1     Yes
2     No
**IF (HEmploye = Employee) OR (HDirctr = Yes) THEN**
       **[HEmpStat]**
       *Are/Were/Will  you/name* (Household Reference Person) *be* a ...READ OUT...
1     manager
2     foreman or supervisor

3        or other employee?

**[HNEmplee]**
Including *yourself/name* (Household Reference Person), about how many people
*are/were/will be* employed at the place where *you/name usually work(s)/(usually worked/will work)*?
1        1 or 2
2        3-24
3        25-499
4        500+

**ELSEIF (HEmploye = SelfEmp) AND (HDirctr = No) THEN**
        **[HSNEmple]**
        *Do/Did/Will  you/name* (Household Reference Person) have any employees?
1        None
2        1-24
3        25-499
4        500+

**IF HEmploye = Employee THEN**
        **[HInd]***
        What *does/did your/ his/her* employer make or do at the place where *you/name* (Household
   Reference Person) (*usually work/usually worked/will work*)?
        Text: Maximum 100 characters

**IF HEmploye = Self Employed THEN**
        **[HSlfWtMa]***
        What *do/did/will you/name* (Household Reference Person) make or do in your business?
        Text: Maximum 100 characters

**ASK ALL**

        **[HRPOcc]**
        INTERVIEWER: Did *(name of HRP)* answer the occupation questions (*himself/herself*)?
        If you code 2 here you will also need to ask *(name of HRP)* about (*his/her*) job
        details when you interview *(him/her)* in person.
1        Yes
2        No

# Individual Interview

**ASK ALL (0+)**
    **[DBCheck]***
Can I just check that (your/name of child's) date of birth is: (date of birth from HHGrid)
INTERVIEWER: Code 1 if the date of birth is **correct**.
                  Code 2 if it is wrong.
                  Code 3 if the date of birth was not collected at the household grid.
1      Date of birth is correct
2      Date of birth is wrong
3      No date of birth has been collected yet

**IF DBCheck = Code 2, 3 THEN**
    **[ODoBD]***
What is *(your/name of child's)* date of birth?
 INTERVIEWER: Enter day, month and year of *(name/child's name)'s* date of birth separately.
                  Enter the **day** here.
 If *(name)* does not know (*his/her*) date of birth, enter Don't know <Ctrl K> and get an estimate.
 Range: 1..31

    **[ODoBM]***
INTERVIEWER: Code the **month** of *(name/child's name)'s* date of birth.
1      January
2      February
3      March
4      April
5      May
6      June
7      July
8      August
9      September
10    October
11    November
12    December

    **[ODoBY]***
INTERVIEWER: Enter **year** of *(name/child's name)*'s date of birth.
Range: 1890..2100

**ASK ALL**
    **[OwnAge]***[1]

---

[1] In the final dataset the participant's age can be found in the variable [age]

Can I just check, is *(your/child's name)* age *(respondent's/child's age)*?
1    Yes
2    No


**IF RESPONDENT'S AGE HAS CHANGED SINCE THE HOUSEHOLD QUESTIONNAIRE (DUE TO A BIRTHDAY)**
[**Birthday**]*
INTERVIEWER FOR YOUR INFORMATION:
This respondent has had a birthday since you started the household questionnaire *(date of HH Questionnaire).*
For survey reasons the age used in this individual session is based on that date, not today's date. That is, this person will be treated as being *(age at HH Questionnaire)* years old and not *(current age)* years old.
 Now press <Enter> to continue.


**IF 'don't know' at ODobD,  THEN**
[**OwnAgeE**]*
Can you tell me *(your/name of child)'s* age last birthday?
IF NECESSARY: What do you estimate *(your/name of child)'s*  age to be?


**IF 'don't know' at OwnAgeE AND AGE 0-15**
[**AgeCEst**]*
INTERVIEWER: Estimate nearest age:
1    1
2    3
3    5
4    7
5    9
6    11
7    13
8    15


**IF 'don't know' at OwnAgeE AND AGE 16+**
[**AgeAEst**]*
INTERVIEWER: Estimate nearest age:
1    18.  (ie between 16 - 19)
2    25.  (ie between 20 - 29)
3    35.  (ie between 30 - 39)
4    45.  (ie between 40 - 49)
5    55.  (ie between 50 - 59)
6    65.  (ie between 60 - 69)
7    75.  (ie between 70 - 79)
8    85.  (ie 80+)

# General Health module – (ALL)

**ASK ALL (0+)**

**[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?

**[LongIl12]**[1]

Do you have a physical or mental condition or illness lasting, or expected to last 12 months or more?

1 Yes
2 No

**(Up to six long-standing illnesses are recorded in the program).**

**IF LongIl12=Yes OR More=Yes THEN**

**[IllCode]*** *(variable names IllCode1 to IllCode6)*

What *(else)* is the matter with you?
INTERVIEWER: RECORD FULLY. PROBE FOR DETAIL.

1 Cancer (neoplasm) including lumps, masses, tumours and growths and benign (non-malignant) lumps and cysts
2 Diabetes
3 Other endocrine/metabolic
4 Mental illness/anxiety/depression/nerves (nes)
5 Mental handicap
6 Epilepsy/fits
7 Migraine/headache
8 Other problems of nervous system
9 Cataract/poor eye sight/blindness
10 Other eye complaints
11 Poor hearing/deafness
12 Tinnitus/noises in the ear
13 Meniere's disease/ear complaints causing balance problems
14 Other ear complaints
15 Stroke/cerebral haemorrhage/cerebral thrombosis
16 Heart attack/angina
17 Hypertension/high blood pressure/blood pressure (nes)
18 Other heart problems
19 Piles/haemorrhoids incl. Varicose Veins in anus
20 Varicose veins/phlebitis in lower extremities
21 Other blood vessels/embolic
22 Bronchitis/emphysema
23 Asthma
24 Hayfever
25 Other respiratory complaints
26 Stomach ulcer/ulcer (nes)/abdominal hernia/rupture

---

[1] Question wording changed in 2012.

27 Other digestive complaints (stomach, liver, pancreas, bile ducts, small intestine - duodenum, jejunum and ileum)
28 Complaints of bowel/colon (large intestine, caecum, bowel, colon, rectum
29 Complaints of teeth/mouth/tongue
30 Kidney complaints
31 Urinary tract infection
32 Other bladder problems/incontinence
33 Reproductive system disorders
34 Arthritis/rheumatism/fibrositis
35 Back problems/slipped disc/spine/neck
36 Other problems of bones/joints/muscles
37 Infectious and parasitic disease
38 Disorders of blood and blood forming organs and immunity disorders
39 Skin complaints
40 Other complaints
41 Unclassifiable
42 Complaint no longer present
99 Not answered/Refusal

*(LimAct12 and More repeated for each illness mentioned at IllsM)*

**[LimAct12]***(variable names LimitAc1-LimitAc6)*[1]
Does *(name of condition)* limit your activities in any way?
1 Yes, a lot
2 Yes, a little
3 Not at all

**[More]*** (variable names More1-More6)*
(Can I check) do you have any other physical or mental health condition or illness?
1 Yes
2 No


**ASK 4+**
**[RG15new]**[2]
Apart from anything you (*child's name)* do (*does*) as part of paid employment, do you (*does child's name*) look after, or give any regular help or support to family members, friends, neighbours or others because of either long-term physical, mental ill-health, disability or problems related to old age?
1 Yes
2 No

---

[1] Additional answer categories added in 2012
[2] Revised wording in 2014

**IF RG15new = Yes THEN**
    **RG16a**
    Who is it that you (*child's name)* provide(s) regular help or care for?
    INTERVIEWER: Up to two people cared for.
    Code the **first** person here.
1-12  Person numbers of household members
97      Someone outside the household

**IF RG15a=1-12 or 97 THEN**
**[RG16b]**
    Who else is it that you (*child's name*) provide(s) regular help or care for?
    INTERVIEWER: Code the **second** person here.
1-12  Person numbers of household members
97      Someone outside the household
98      No one else

**IF CARING FOR SOMEONE OUTSIDE THE HOUSEHOLD (IF RG16a = 97 OR RG16b = 97)**

**[RG16c]**
Who is it that you (*child's name*) provide(s) regular help or care for outside your household?
INTERVIEWER: Code all that apply
Parent/parent-in-law                            [RG16c1]
Other relative                                      [RG16c2]
Friend/neighbour                               [RG16c3]
Other person                                       [RG16c4]

    **[RG17new]** [1]
    SHOWCARD A9
    In total, how many hours each week approximately do you (*does child's name*) spend
    providing any regular help or support?

    INTERVIEWER: INCLUDE care provided both inside and outside the household.
    INTERVIEWER: EXCLUDE any caring that is done as part of any paid employment.
1     Up to 4 hours a week
2     5 - 19 hours a week
3     20 - 34 hours a week
4     35 - 49 hours a week
5     50 or more hours a week
6     Varies (spontaneous - not on showcard)

**[RG18]**[2]
SHOW CARD A10
How long have you (*has child's name*) been providing this care for (him/her/them)?
Please code the longest period of care if caring for more than one person.
1     Less than one year
2     One year but less than 5 years
3     5 years but less than 10 years
4     10 years but less than 20 years
5     20 years or more

---

[1] Different wording and categories in 2012
[2] New question in 2012

**ASK ALL 16+ who are carers (IF RG1512=Yes THEN)**
**[RG19]** [1]
SHOW CARD A11
Has your employment been affected by the help or support you give the (person/people) that you currently care for in any of these ways? Please read out the numbers that apply from the card.
INTERVIEWER: CODE ALL THAT APPLY
INTERVIEWER: The question relates to the impact of caring on present employment. If unsure of how to code a particular answer code as 'other' and write in details"

| | |
|---|---|
| Been unable to take up employment | [RG191] |
| Worked fewer hours | [RG192] |
| Reduced responsibility at work | [RG193] |
| Flexible employment agreed | [RG194] |
| Changed to work at home | [RG195] |
| Reduced opportunities for promotion | [RG196] |
| Took new job | [RG197] |
| Left employment altogether | [RG198] |
| Took early retirement | [RG199] |
| Other (SPECIFY) | [RG1910] |
| Employment not affected/never had a job | [RG1911] |

[RG19O]*
INTERVIEWER: WRITE IN OTHER ANSWER

**[RG20]** [2]
SHOW CARD A12
What kind of support, if any, do you personally receive as a carer to help with the care that you provide?
INTERVIEWER: CODE ALL THAT APPLY

| | |
|---|---|
| 1 Short breaks or respite e.g. day time breaks, overnight breaks or emergency respite | [RG201] |
| 2 Advice and information | [RG202] |
| 3 Practical support (e.g. transport, equipment/adaptations) | [RG203] |
| 4 Counselling or emotional support | [RG204] |
| 5 Training and learning | [RG205] |
| 6 Advocacy services | [RG206] |
| 7 Personal assistant/ support worker/ community nurse/ home help | [RG207] |
| 8 Help from family, friends or neighbours | [RG208] |
| 9 Carer's allowance | [RG209] |
| 10 Other (SPECIFY) | [RG2010] |
| 11 Receive no help or support | [RG2011] |

---

[1] new question in 2012
[2] new question in 2012

**ASK ALL aged 4-15 who are carers (IF RG1512=Yes THEN)**
**[RG20b]** [1]
SHOW CARD A13
What kind of support, if any, do you *(does child's name)* personally receive as a carer to help with the care that you (*he/she*) provide(s)?
INTERVIEWER: CODE ALL THAT APPLY
1    Short breaks or respite e.g. day time breaks, overnight breaks or emergency respite  [RG20b1]
2    Advice and information                                                              [RG20b2]
3    Practical things, e.g. putting hand rails in the bathroom, transport to a day centre      [RG20b3]
4    Talking to someone for support, e.g. family member, friend, counsellor          [RG20b4]
5    Having a befriender or a peer mentor                                             [RG20b5]
6    Advocacy services                                                               [RG20b6]
7    Personal assistant/ support worker/ community nurse/ home help                  [RG20b7]
8    Help from family, friends or neighbours                                         [RG20b8]
9    Help from teachers at school, e.g. talking or extra help with homework          [RG20b9]
10  Social activities and support, e.g. young carers' groups or day trips            [RG20b10]
11  Other (SPECIFY)                                                                  [RG20b11]
12  Receive no help or support                                                       [RG20b12]

**IF (Other IN RG20) OR (Other in RG20b)**
**[RG20O]***
INTERVIEWER: WRITE IN OTHER ANSWER

**ASK ALL 16+**
**LifeSat**
SHOWCARD A14
All things considered, how satisfied are you with your life as a whole nowadays?
0      0 – Extremely dissatisfied
1      1
2      2
3      3
4      4
5      5
6      6
7      7
8      8
9      9
10    10 – Extremely satisfied

---

[1] new question in 2012

# Cardiovascular Disease and Use of Services – All Versions

INTERVIEWER: Now follows the CVD module

**ASK ALL AGED 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 = 2 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

**IF Flegm = 1 OR FleDa = 1 THEN**
**[FreFl]**
Do you bring up phlegm like this on most days for as much as three months each year?
1     Yes
2     No

**ASK ALL AGED 16+**
**[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 up hills or hurries
4     Can't walk

**IF SoBUp = 1 OR 3 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 other people of own age on level ground

**IF SoBAg = 1 OR 2 THEN**
**[SoLev]**
Do you have to stop for breath when walking at your own pace on level ground?
1     Yes
2     No

INTERVIEWER: I would now like to talk in more detail about some particular conditions. (They may include some of the things you have already mentioned.)

**[EverBp]**
Do you have, or have you ever had high blood pressure (sometimes called hypertension)?

1    Yes
2    No

### [Everangi]
Have you ever had angina?
1    Yes
2    No

### [Everhart]
Have you ever had a heart attack (including myocardial infarction or coronary thrombosis)?
1    Yes
2    No

### [Evermur]
And do you now have, or have you ever had a heart murmur?
1    Yes
2    No

### [Everireg]
...abnormal heart rhythm?
1    Yes
2    No

### [Everoht]
...any other heart trouble?
1    Yes
2    No

**IF Everoht = Yes THEN**
### [CVDOth]*
What is that condition? INTERVIEWER: RECORD FULLY. PROBE FOR DETAIL.
Text: Maximum 50 characters

**ASK ALL AGED 16+**
### [Everstro]
Have you ever had a stroke?
1    Yes
2    No

### [Everdi]
Do you now have, or have you ever had diabetes?
1    Yes
2    No

### [COPD]
Have you ever had COPD, chronic bronchitis or emphysema?
INTERVIEWER: If asked, COPD stands for Chronic Obstructive Pulmonary Disease
1    Yes
2    No

**IF Everangi = Yes THEN**
### [DocAngi]
You said that you had angina. Were you told by a doctor that you had angina?

1    Yes
2    No

**IF DocAngi = Yes THEN**
        **[RecAngi]**
        Have you had angina during the past 12 months?
1    Yes
2    No

**IF Everhart= Yes THEN**
        **[Docheart]**
        Were you told by a doctor that you had a heart attack (including myocardial infarction or coronary thrombosis)?
1    Yes
2    No

**IF Docheart = Yes THEN**
        **[RecHeart]**
        Have you had a heart attack (including myocardial infarction and coronary thrombosis) during the past 12 months?
1    Yes
2    No

**IF Everireg = Yes THEN**
        **[DocIreg]**
        Were you told by a doctor that you had abnormal heart rhythm?
1    Yes
2    No

**IF DocIreg = Yes THEN**
        **[RecIreg]**
        Have you had abnormal heart rhythm during the past 12 months?
1    Yes
2    No

**IF EverOht= Yes THEN**
        **[DocOht]**
        Were you told by a doctor that you had *(name of 'other heart condition')*?
1    Yes
2    No

**IF DocOht = Yes THEN**
        **[RecOht]**
        Have you had *(name of 'other heart condition')* during the past 12 months?
1    Yes
2    No

**IF Everstro = Yes THEN**
        **[Docstro]**
        Were you told by a doctor that you had a stroke?
1    Yes
2    No

**IF DocStro = Yes THEN**
 **[RecStro]**
 Have you had a stroke during the past 12 months?
1 Yes
2 No

**ASK ALL 16+ WITH A HEART CONDITION OR WHO HAS HAD A STROKE  (IF Everangi / Everhart / EverIreg/ Everoht / EverStro= Yes) THEN**
 **[MedHeart]**
 Are you currently taking any medicines, tablets or pills because of your *(heart condition or stroke)*?
1 Yes
2 No

**IF Everbp = Yes THEN**
 **[DocNurBp]**
 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 (DocNurBp= 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**
 **[NoPregBp]**
 Have you ever had high blood pressure apart from when you were pregnant?
1 Yes
2 No

**ASK ALL 16+ WITH DOCTOR-DIAGNOSED HIGH BLOOD PRESSURE [EXCEPT WHEN PREGNANT] (IF docnurbp = Yes AND nopregbb <> No)**
 **[medcinbp]**
 Are you currently taking any medicines, tablets or pills for high blood pressure?
1 Yes
2 No

**IF medcinbp = No, Don't know or refused THEN**
 **[stillbp]**
 ASK OR RECORD: Do you still have high blood pressure?
1 Yes
2 No

 **[pastabbp]**
  Have you **ever** taken medicines, tablets, or pills for high blood pressure in the past?
1 Yes
2 No

**IF Adchdc = Yes THEN**

**[fintabc]***

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 | [fintabc1] |
| 2 | lack of improvement | [fintabc2] |
| 3 | other problem | [fintabc3] |
| 4 | **Respondent decided to stop:** because felt better | [fintabc4] |
| 5 | ... for other reason | [fintabc5] |
| 6 | **Other reason** | [fintabc6] |

**ASK ALL 16+ WITH DIABETES (IF Everdi = Yes THEN)**

**[DocInfo1]**

Were you told by a doctor that you had diabetes?

1    Yes
2    No

**IF (DocInfo1= Yes) AND (Sex = Female) THEN**

**[PregDi]**

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

1    Yes
2    No

**IF PregDi= Yes THEN**

**[NoPregDi]**

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

1    Yes
2    No

**ASK ALL 16+ WITH DOCTOR-DIAGNOSED DIABETES [EXCEPT WHEN PREGNANT] (IF DocInfo1= Yes AND NoPregDi<> No)**

**[AgeInfo1]**

*(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

**[MedcinDi]**

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

1    Yes
2    No

**ASK ALL 16+ WITH A HEART MURMUR (IF Evermur = Yes)**

**[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 (Murdoc = 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**
    **[PregMur1]**
    Have you ever had a heart murmur **apart** from when you were pregnant?
1       Yes
2       No

**ASK ALL 16+ WITH DOCTOR-DIAGNOSED HEART MURMUR [EXCEPT WHEN PREGNANT]**
**(IF MurDoc= Yes AND PregMur1 <> No)**
    **[Murrec]**
    Have you had a heart murmur during the past twelve months?
1       Yes
2       No

    **[Murpill]**
    Are you currently taking any medicines, tablets or pills because of your heart murmur?
1       Yes
2       No

**ASK ALL 16+ WITH COPD (IF COPD= Yes)**

**[COPDDoct]**
You mentioned that you had COPD, chronic bronchitis or emphysema. Did a doctor tell you that you had this?
INTERVIEWER: If asked, COPD stands for Chronic Obstructive Pulmonary Disease.
1    Yes
2    No

**IF COPDDoct = Yes**
**[COPDSpir]**
Did your doctor do a spirometry test (a test measuring how much air you could blow into a machine)?
1    Yes
2    No

**IF COPD=YES**
**[COPDTrt]**
Are you currently receiving any treatment or advice because of your COPD, chronic bronchitis or emphysema? Please include regular check-ups.
1    Yes
2    No

**IF COPDTrt = Yes**
**[COPDOth]**
**SHOWCARD B2**
What treatment or advice are you currently receiving because of your COPD, chronic bronchitis or emphysema?
CODE ALL THAT APPLY.

| | | |
|---|---|---|
| 1 | Regular check-up with GP / hospital / clinic | [COPDOth1] |
| 2 | Taking medication (tablets / inhalers) | [COPDOth2] |
| 3 | Advice or treatment to stop smoking | [COPDOth3] |
| 4 | Using oxygen | [COPDOth4] |
| 5 | Immunisations against flu / pneumococcus | [COPDOth5] |
| 6 | Exercise or physical activity | [COPDOth6] |
| 7 | Advice or treatment to lose weight | [COPDOth7] |
| 8 | Other | [COPDOth8] |

**IF COPDOth = Other (COPDOth8)**
**[COPDOthO]** *
INTERVIEWER: Please enter other treatment or advice.

**ASK ALL 16+ WITH A CVD CONDITION, DIABETES OR HIGH BLOOD PRESSURE (IF Yes at any of: EverBpto EverDi)**
**[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?
INTERVIEWER: Exclude consultations made on behalf of others
1    Yes
2    No

**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, high blood pressure, diabetes or stroke)*?
   CODE ALL THAT APPLY
1    No                                                                 [Consul1]
2    Yes, about: high blood pressure                                    [Consul2]
3    Angina                                                             [Consul3]
4    Heart attack                                                      [Consul4]
5    Heart murmur                                                      [Consul5]
6    Abnormal heart rhythm                                            [Consul6]
7    Other heart trouble                                              [Consul7]
8    Stroke                                                            [Consul8]
9    Diabetes                                                          [Consul9]

**IF DocTalk = No or refused**
   **[LastDoc]**
   Apart from any visit to a hospital, when was the last time you talked to a doctor on your own (*child's name's*) 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

**If LastDoc=2 weeks … A year ago or more (2-6)**
   **[ConCon]**
   *(Were any of these consultations/Was that consultation)* about your *(heart condition or stroke)*?
   CODE ALL THAT APPLY
1    No                                                                 [ConCon1]
2    Yes, about: high blood pressure                                    [ConCon2]
3    Angina                                                             [ConCon3]
4    Heart attack                                                      [ConCon4]
5    Heart murmur                                                      [ConCon5]
6    Abnormal heart rhythm                                            [ConCon6]
7    Other heart trouble                                              [ConCon7]
8    Stroke                                                            [ConCon8]
9    Diabetes                                                          [ConCon9]

**ASK ALL 16+ WITH A CVD CONDITION, DIABETES OR HIGH BLOOD PRESSURE (IF Yes at any of: EverBp to EverDi)**
>   **[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

**IF OutPat = Yes THEN**
>   **[WhyOutP]**
>   Was this because of your *(heart condition, high blood pressure, diabetes or stoke)*?
1    Yes
2    No

**ASK ALL 16+ WITH A CVD CONDITION, DIABETES OR HIGH BLOOD PRESSURE (IF Yes at any of: EverBp to EverDi)**
>   **[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

**IF InPat = Yes**
>   **[WhyInp]**
>   Was this because of your *(heart condition, high blood pressure, diabetes or stroke)*?
1    Yes
2    No

**ASK ALL 16+ WHO DO <u>NOT</u> HAVE A CVD CONDITION, DIABETES OR HIGH BLOOD PRESSURE (IF No at ALL of: EverBp to EverDi) AND ALL CHILDREN[1]**
>   **[DocTalkN]**
>   During the 2 weeks ending yesterday, apart from any visit to a hospital, have you talked to a doctor on your own (*child'sname's*) behalf, either in person or by telephone?
1    Yes
2    No

**IF DocTalkN = Yes THEN**
>  **[DocNumN]**
>   How many times have you talked to a doctor in these 2 weeks?
>   Range: 0..14

---

[1] Respondents with COPD but <u>no</u> other CVD condition, diabetes or high blood pressure are also asked these questions.

**IF DocTalkN = No**
   **[LastDocN]**
   Apart from any visit to a hospital, when was the last time you talked to a doctor on your own (*child's name's*) 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


**ASK ALL 16+ WHO DO <u>NOT</u> HAVE A CVD CONDITION, DIABETES OR HIGH BLOOD PRESSURE (IF No at ALL of: EverBp-EverDi) AND ALL CHILDREN[1]**
   **[OutPatN]**
   During the last 12 months, that is since *(date a year ago)*, did you (*child's name*) 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 (*has child's name*) been in hospital as an in-patient, overnight or longer?
1    Yes
2    No


**ASK ALL 16+**
   **[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**
   **[HNoTWhat] ***
   What are these health problems?
   DO NOT PROBE
   Text: 100 characters

# Asthma Module

**ASK ALL AGED 0+**

**[EverW]**

I am now going to ask you some questions about your (*child's name's*) breathing.
Have you (*has he/she*) ever had wheezing or whistling in the chest at any time, either now or in the past?
1    Yes
2    No


**ALL 0+ WHO HAVE EVER WHEEZED (IF EverW = Yes)**

**[TweWz]**

Have you (*has he/she*) ever had wheezing or whistling in the chest in the last 12 months?
1    Yes
2    No


**ASK ALL 0+**

**[ConDr]**

Did a doctor ever tell you that you (*child's name*) had asthma?
PLEASE EXCLUDE ADVICE FROM HOMEOPATHS, ETC.
1    Yes
2    No

# Accidents – Version A and Child Boost only

**ASK ALL AGED 0+**

### [PreAcc]*
Now I would like to ask you about accidents that may have happened to you (*child's name*) recently.
By accidents I mean accidental events which resulted in injury or physical harm to you (*child's name*) personally

### [DrAcc]
In the last 12 months have you (*has child's name*) had any kind of accident which caused you (*child's name*) to see a doctor, nurse or other health professional, or to take time off work (or school)?
1    Yes
2    No

**ASK ALL AGED 0+ WHO HAD AN ACCIDENT IN PAST YEAR (IF DrAcc=Yes)**

### [NDrAcc]
How many accidents have you (*has child's name*) had in the last 12 months where you (*child's name*) saw a doctor or went to hospital?
Range 1..10

### [DrWyr]
SHOW CARD D1
Now can we talk about the (most recent) accident. Where did the accident happen?
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)
8    Outdoor place of recreation or work not otherwise specified

**IF DrWyr=Other**

### [WyrOth]*
PLEASE SPECIFY
Text: maximum 50 characters

**ASK ALL AGED 0+ WHO HAD AN ACCIDENT IN PAST YEAR (IF DrAcc=Yes)**

### [AxCause]*
What caused this accident? CODE ALL THAT APPLY
1    Hit by a falling object                                                                [Axcause1]
2    Fall, slip or trip                                                                        [Axcause2]
3    Road traffic accident                                                                [Axcause3]
4    Sports or recreational accident                                                 [Axcause4]
5    Caused by tool, implement or piece of electrical or mechanical equipment    [Axcause5]
6    Burn/scald                                                                              [Axcause6]
7    Animal/insect bite or sting                                                        [Axcause7]
8    Caused by another person (e.g. attacked)                                [Axcause8]

| 9 | Other (SPECIFY AT NEXT QUESTION) | [Axcause9] |
|---|---|---|
| 10 | Lifting | [Axcaus10] |

**IF AxCause=Other**
    **[CauseOth]***
PLEASE SPECIFY...
Text: maximum 50 characters

**ASK ALL AGED 13-74 WHO HAD AN ACCIDENT IN PAST YEAR (IF DrAcc=Yes)**
    **[DrJob]**
At the time of the accident, did you have a paid job?
1      Yes
2      No

**IF DrJob=Yes**
    **[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

**ASK IF: AGED 16+ AND IN PAID WORK AT TIME OF ACCIDENT, OR IF AGED 4-15 YEARS**
    **[TimeOff]**
As a result of the accident did you (*child's name*) have to take any time off *(work/school or college)*?
1      Yes
2      No

**ASK ALL AGED 0+ WHO HAD AN ACCIDENT IN PAST YEAR (IF DrAcc=Yes)**
    **[DrInj]***
SHOW CARD D2
(Can I check,) which of the types of injury described on this card did you (*child's name*) suffer?
PROBE: What else?
CODE ALL THAT APPLY

| 1 | Broken bones | [DrInj01] |
|---|---|---|
| 2 | Dislocated joints | [DrInj02] |
| 3 | Losing consciousness | [DrInj03] |
| 4 | Straining or twisting a part of the body | [DrInj04] |
| 5 | Cutting, piercing or grazing a part of the body | [DrInj05] |
| 6 | Bruising, pinching or crushing a part of the body | [DrInj06] |
| 7 | Swelling or tenderness in some part of the body | [DrInj07] |
| 8 | Getting something stuck in the eye, throat, ear or other part of the body | [DrInj08] |
| 9 | Burning or scalding | [DrInj09] |
| 10 | Poisoning | [DrInj10] |
| 11 | Other injury to internal parts of the body | [DrInj11] |
| 12 | Animal or insect bite or sting | [DrInj12] |

13    Other. PLEASE SPECIFY                                        [DrInj13]

**IF DrInj13=Other THEN**
    **[InjOth]\***
    PLEASE SPECIFY....
    Text: maximum 50 characters

**ASK ALL AGED 0+ WHO HAD AN ACCIDENT IN PAST YEAR (IF DrAcc=Yes)**
    **[DrAid]\***
    SHOW CARD D3
    (Can I check,) from which of the people on this card did you (*child's name*) get help or advice about the injury you suffered?
    PROBE: Who else?
    CODE ALL THAT APPLY.

| 1  | Hospital                                    | [Draid01] |
|----|---------------------------------------------|-----------|
| 2  | GP/Family Doctor                            | [Draid02] |
| 3  | Nurse at GP surgery                         | [Draid03] |
| 4  | Nurse at place of work, school or college   | [Draid04] |
| 5  | Doctor at place of work, school or college  | [Draid05] |
| 6  | Other doctor or nurse                       | [Draid06] |
| 7  | Ambulance staff                             | [Draid07] |
| 8  | Volunteer first aider                       | [Draid08] |
| 9  | Chemist or pharmacist                       | [Draid09] |
| 10 | Family, friends, colleagues, passers-by     | [Draid10] |
| 11 | Looked after self                           | [Draid11] |
| 12 | Other person/s                              | [Draid12] |

    **[Prevent]\***
    Thinking back to the way the accident happened, do you (*does child's name*) think anything could have been done to prevent it?
    CODE ALL THAT APPLY

| 1 | Yes - by respondent | [Prevent1] |
|---|---------------------|------------|
| 2 | Yes - by others     | [Prevent2] |
| 3 | No                  | [Prevent3] |

---

# Adult physical activity module (16+)

**ASK ALL AGED 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?

**[MainSit]**
When you are at work are you mainly sitting down, standing up or walking about?
1    Sitting down
2    Standing up,
3    Walking about,
4    Equal time spent doing 2 or more of these

**[WrkAct3H]**
On an average work day in the last four weeks, how much time did you usually spend sitting down?[1]
INTERVIEWER: IF RESPONDENT WAS ON HOLIDAY OR UNABLE TO WORK ON ANY DAYS IN THE LAST FOUR WEEKS, ASK THEM TO REPORT THE AVERAGE NUMBER OF HOURS ON THOSE DAYS THEY WORKED.
RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION

**[WrkAct3M]**
(On an average work day, how much time did you usually spend sitting down?) ENTER
        NUMBER OF MINUTES. IF AN EXACT HOUR, ENTER 0 FOR MINUTES (0..59)

**ASK ALL AGED 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

---

[1] New question for 2012

**IF Housewrk = Yes THEN**
    **[HWrkList]**
    SHOW CARD E1
    Have you done any housework listed on this card?
1    Yes
2    No

    **[HevyHWrk]**
    SHOW CARD E2
    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?
    INTERVIEWER: Record **hours** spent below. Enter 0 if less than 1 hour.
    Record minutes at next question;
    Range: 0..12

    **[MinHHW]**
    INTERVIEWER: record **minutes** spent on heavy housework.
    Range: 0..59

**ASK ALL AGED 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 E3
    Have you done any gardening, DIY or building work listed on this card?
1    Yes
2    No

    **[ManWork]**
    SHOW CARD E4
    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 **four** 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?
INTERVIEWER: Record **hours** spent below. Enter 0 if less than 1 hour. Record minutes at next question.
Range: 0..12

**[MinDIY]**
INTERVIEWER: record **minutes** spent on gardening or diy.
Range: 0..59

**ASK ALL AGED 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. (*Exclude any walking done during the course of work).* 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**

**[Wlk10M]**
In the past four weeks, have you done a **continuous** walk that lasted **at least** 10 minutes? (That is since *(date four weeks ago))*
1    Yes
2    No

**IF Wlk10M = Yes THEN**

**[DayWlk10]**
During the past four weeks, on how **many days** did you do a **continuous** walk of at least 10 minutes? (That is since *(date four weeks ago))*
INTERVIEWER: If they have walked every day enter 28
Range:   1..28

**[Day1Wk10]**
On that day (**any** of those days) did you do **more than one continuous** walk lasting at least 10 minutes?
1    Yes, more than one walk of 10+ mins (on at least one day)
2    No, only one walk of 10+ mins a day

**IF (DayWlk10 in 2..28) AND (Day1Wk10 = Yes) THEN**

    **[Day2Wk10]**

    On how many days in the last **four** weeks did you do **more than one** walk that lasted at least 10 minutes?

    INTERVIEWER: If they have walked more than one walk every day enter 28

    Range:  1..28

**IF Wlk10M = Yes THEN**

    **[HrsWlk10]**

    How long did you usually spend walking each time you did a **continuous** walk for 10 minutes or more?

    INTERVIEWER: If very different lengths, probe for most regular.

    INTERVIEWER: Record **hours** spent below. Enter 0 if less than 1 hour.

    Record minutes at next question.

    Range:  0..12

    **[MinWlk10]**

    INTERVIEWER: Record here **minutes** spent walking.

    Range:  0..59

**IF Wlk5Int = Yes THEN**

    **[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)

**IF (Wlk15M = Yes) AND (Age>= 65) THEN**

    **[WalkEff]**[1]

    During the past four weeks, was the effort of walking for 10 minutes or more usually enough to make you breathe faster, feel warmer, or sweat?

1    Yes
2    No

**ASK ALL AGED 16+**

    **[ActPhy]**

    SHOW CARD E5

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

1    Yes
2    No

---

[1] New question for 2012

**IF ActPhy = Yes THEN**

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

| | | |
|---|---|---|
| 1 | Swimming | [WhtAct01] |
| 2 | Cycling | [WhtAct02] |
| 3 | Workout at a gym/Exercise bike/ Weight training | [WhtAct03] |
| 4 | Aerobics/Keep fit/Gymnastics/ Dance for fitness | [WhtAct04] |
| 5 | Any other type of dancing | [WhtAct05] |
| 6 | Running/ Jogging | [WhtAct06] |
| 7 | Football/ Rugby | [WhtAct07] |
| 8 | Badminton/ Tennis | [WhtAct08] |
| 9 | Squash | [WhtAct09] |
| 10 | Exercises (e.g. press-ups, sit ups) | [WhtAct10] |

**[WhtAcB][1]**
SHOW CARD E6
And have you done any of the activities on this card in the last four weeks? Please just tell me the numbers
PROBE: ANY OTHERS?

| | |
|---|---|
| 0 - No - none of these | [WhtAcB0] |
| 1 – Bowls | [WhtAcB01] |
| 2 - Fishing/angling | [WhtAcB02] |
| 3 – Golf | [WhtAcB03] |
| 4 - Hillwalking/rambling | [WhtAcB04] |
| 5 - Snooker/billiards/pool | [WhtAcB05] |
| 6 - Aqua-robics/aquafit/exercise class in water | [WhtAcB06] |
| 7 - Yoga/pilates | [WhtAcB07] |
| 8 – Athletics | [WhtAcB08] |
| 9 – Basketball | [WhtAcB09] |
| 10 - Canoeing/Kayaking | [WhtAcB10] |
| 11 – Climbing | [WhtAcB11] |
| 12 – Cricket | [WhtAcB12] |
| 13 – Curling | [WhtAcB13] |
| 14 – Hockey | [WhtAcB14] |
| 15 - Horse riding | [WhtAcB15] |
| 16 - Ice skating | [WhtAcB16] |
| 17 - Martial arts including Tai Chi | [WhtAcB17] |
| 18 – Netball | [WhtAcB18] |
| 19 - Powerboating/jet skiing | [WhtAcB19] |
| 20 – Rowing | [WhtAcB20] |
| 21 - Sailing/windsurfing | [WhtAcB21] |
| 22 – Shinty | [WhtAcB22] |
| 23 - Skateboarding/inline skating | [WhtAcB23] |
| 24 - Skiing/snowboarding | [WhtAcB24] |
| 25 – Subaqua | [WhtAcB25] |
| 26 - Surfing/body boarding | [WhtAcB26] |
| 27 - Table tennis | [WhtAcB27] |
| 28 - Tenpin bowling | [WhtAcB28] |
| 29 – Volleyball | [WhtAcB29] |

---

[1] New list of sports for 2012

**ASK ALL AGED 16+**
**REPEAT FOR UP TO 6 ADDITIONAL SPORTS, WHEN ANSWER YES AT EACH SUCCESSIVE 'OTHER ACTIVITY'**

> **[OactQ]*** *( Variable names: OActQ11-OActQ16)*
> Have you done any other sport or exercise not listed on the card?

1    Yes
2    No

**IF OActQ = Yes THEN**
> **WHTACT11 – WHT16[1]**

*For each activity, a set of questions about number of days/hours/minute and effort was asked:*

> **[swimocc to wskiocc]**
> Can you tell me on how many separate days did you do *(name of activity)* for at least 10 minutes at a time during the past four weeks, that is since *(date four weeks ago)?*
> INTERVIEWER: If only done for less than 10 minutes enter 0.
> Range:  0..28

> **[swimhrs to wskihrs]**
> How much time did you usually spend doing *(name of activity)* on each day? (Only count times you did it for at least 10 minutes).
> INTERVIEWER: Record **hours** spent below.
> Enter 0 if less than 1 hour.
> Record minutes at next question.
> Range: 0..12

> **[swimmin to wskimin]**
> INTERVIEWER: Record **minutes** here.
> Range:  0..59

> **[swimeff to wskieff]**
> 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

***For certain activities an additional question was asked to identify whether the activity could be classed as muscle strengthening.***

**IF WhtAct, WhtAcB or OactQ =** cycling, workout at a gym, aerobics, any other type of dancing, running/jogging, football/rugby, badminton/tennis, squash, exercises, ten pin bowling, yoga/pilates, aquarobics/aquafit, martial arts/Tai Chi, basketball, netball, lawn bowls, golf, hill walking/rambling, cricket, hockey, curling, ice skating, shinty, surf/body boarding, volleyball **THEN**

> **[cyclemus to vollmus]**2
> During the past four weeks, was the effort of (name of activity) usually enough to make your muscles feel some tension, shake or feel warm?

1        Yes

---

[1] Up to 6 other activities can be recorded.  These are then assigned a code in the office.
[2] New question for 2012

2       No

**IF WhtAct = Exercises (e.g. press-ups, sit-ups) AND (Age>=65) THEN**
      **[ExMov]**[1]
      Did these exercises involve you standing up and moving about?
1       Yes
2       No


**VERSION A ONLY**
      **[ComGam]**[2]
      SHOW CARD E11
      Would you say that Scotland hosting the Glasgow 2014 Commonwealth Games has influenced you in any of the following ways?
      CODE ALL THAT APPLY
      PROBE: What others?

| | | |
|---|---|---|
| 1 | I have taken up a new sport | [ComGam1] |
| 2 | I am thinking about taking up a new sport | [ComGam2] |
| 3 | I am doing more sport or physical activity | [ComGam3] |
| 4 | I am thinking about doing more sport or physical activity | [ComGam4] |
| 5 | I am more interested in sport and physical activity in general | [ComGam5] |
| 6 | (ON SCREEN ONLY: None of these) | [ComGam6] |
| 7 | (ON SCREEN ONLY: Can't say) | [ComGam7] |


**ASK ALL AGE 16+**
      **[TVWeek]**
      Thinking first of **weekdays**, that is Monday to Friday, how much time on **an average day** do you spend **sitting** watching TV or another type of screen such as a computer, games console or handheld gaming device?
      Please do **not** include any time spent in front of a screen while at school, college or work.
      INTERVIEWER: Reading a 'kindle' or reading on an ipad should not be included here. If the main activity is reading then code under sitting doing other activity such as eating, reading etc.
      INTERVIEWER: Record **hours** spent below.
      Enter 0 if less than 1 hour or never watches screen.
      Record minutes at the next question.
      Range: 0..12

      **[MinTVWk]**
      Record **minutes** spent watching TV / a screen.
      Range: 0..59

**[WkSit2H]**[3]
And how much time on an average **weekday** do you spend sitting down doing any other activity, such as eating a meal, reading, or listening to music or [if over 65] napping in a chair
Please do not include time spent doing these activities while at work**.**

---

INTERVIEWER: Other examples of these activities include snacking, studying, drawing, doing puzzles/crosswords etc. do not count time twice e.g. if they watch TV and eat, include that here or at previous question - not both.
INTERVIEWER:  Time spent reading using a screen (e.g. a kindle or ipad) can be included here if respondent says reading is the main activity.
RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION: 0..24

**[WkSit2M]**
RECORD MINUTES HERE:0..59

**[TVWkEnd]**[1]
>Now thinking of the **weekend**, that is Saturday and Sunday, how much time on **an average day** do you spend **sitting** watching TV or another type of screen (such as a computer, game console, or handheld gaming device)? Again, please do **not** include any time spent in front of a screen while at school, college or work.
>INTERVIEWER: Reading a 'kindle' or reading on an ipad should not be included here.  If the main activity is reading then code under sitting doing other activity such as eating, reading etc.
>INTERVIEWER: Record **hours** spent below. Enter 0 if less than 1 hour or never watches screen. Record minutes at next question.
>Range: 0..12

>**[MinTvWe]**
>INTERVIEWER: Record minutes spent watching TV / a screen here.
>Range:   :0..59

**[WESit2H]**
And how much time on an average **weekend day** (that is Saturday and Sunday) do you spend sitting down doing any other activity, such as eating a meal, reading, or listening to music or [if over 65] napping in a chair. Please do not include time spent doing these activities while at work.
INTERVIEWER: Other examples of these activities include snacking, studying, drawing, doing puzzles/crosswords etc. do not count time twice e.g. if they watch TV and eat, include that here or at previous question - not both.
INTERVIEWER:  Time spent reading using a screen (e.g. a kindle or ipad) can be included here if respondent says reading is the main activity.
RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.: 0..24

**[WESit2M]**
RECORD MINUTES HERE. 0..59

---

[1] New question for 2012

# Child physical activity module (2-15)

INTERVIEWER: Now follows the Child Activity module…

**ASK IF RESPONDENT IS 4 or 5 YEARS OLD**
    **[ChSch]**
Can I just check, is *(name of child)* at school in Primary 1 yet?
1    Yes
2    No

**ASK ALL AGED 2-15**
    **[Wlk5Ch]**
    Now I'd like to ask you about some of the things *(you/name of child) (have/has)* done **in the last week**. By last week I mean last *(day seven days ago)* up to yesterday. In the last week, *(have you/has he/she)* 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**
    **[DwlkChb]**
    On how many **days** in the last week did *(you/name of child)* 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 F1
    On each **day** that *(you/name of child)* did a walk like this for at least 5 minutes, how long did *(you/he/she)* 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
*(1    Less than five 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)

*(The answer options used at DayWlkT, on show card F1, are used repeatedly in the child physical activity module. Further mentions of show card F1 will not, therefore, list out the options in full).*

**IF DayWlkT = 4 hours or more THEN**

**[WlkHrs]**

How long did *(you/name of child)* 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

**ASK ALL AGED 13-15**

**[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)

**ASK ALL AGED 8-15**

**[HWkCh]**

In the last week *(have you/has name of child)* 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/has name of child)* 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]** *(See question [DayWlkT] for full listing of answer options on card F1)*

SHOW CARD F1AGAIN

On each day that *(you/name of child)* did any housework or gardening of this type for at least 15 minutes a time, how long did *(you/he/she)* spend?

Please give an answer from this card.

**IF THWk = 4 hours or more THEN**

**[HWkHrs]**

How long did *(you/name of child)* spend doing housework or gardening on each day?

INTERVIEWER: Record **hours** spent below.

Record minutes at next question.

Range: 4..12

**[HwkMin]**
INTERVIEWER: Record minutes spent doing housework/gardening.
Range: 0..59

**ASK ALL AGED 2-15**
**[Sport]\***
I would now like to ask *(you/name of child)* about any sports or exercise activities that *(you have/name of child has)* done. I will then go on to ask about other active things *(you/ name of child)* 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)*.

**[Spt1ch]**
SHOW CARD F2
In the last week, that is last *(day 7 days ago)* up to yesterday, have/has *(you/name of child)* done any sports or exercise activities *(not counting things done as part of school lessons)*? This card shows some of the things *(you/he/she)* 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

**ASK ALL AGED 2-15 WHO DID SOME SPORT IN THE PAST 7 DAYS (IF SportDo = Yes)**
**[WESpDo]**
Did *(you/he/she)* 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**
**[DWeSpCh]**
Was that on Saturday or Sunday or on both days?
1    Saturday only
2    Sunday only
3    Both Saturday and Sunday

**[LweSp]** *(See question [DayWlkT] for full listing of answer options on card F1)*
SHOW CARD F1
On *(Saturday/Sunday/Saturday and Sunday)* when *(you/name of child)* did these sports or exercise activities, how long did *(you/he/she)* spend *(on each day)*? Please give an answer from this card.
INTERVIEWER: If it varied, take the average.

**IF WeSpor = 4 hours or more THEN**
**[WeSpH]**
How long did *(you/name of child)* spend doing these sports or exercise activities?
INTERVIEWER: Record **hours** spent below.
Record minutes at next question.
Range: 4..12

**[WeSpM]**
INTERVIEWER: Record **minutes** spend doing sports or exercise activities.
Range: 0..59

**ASK ALL AGED 2-15 WHO DID SOME SPORT IN THE PAST 7 DAYS (IF SportDo = Yes)**
**[DaySpCh]**
Still thinking about last week. On how many of the **weekdays** did *(you/name of child)* 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 DaySpCh = 1 day to 5 days THEN**
**[LWkSp]** *(See question [DayWlkT] for full listing of answer options on card F1)*
SHOW CARD F1AGAIN
On each weekday that *(you/he/she)* did these sports or exercise activities, how long did *(you/he/she)* spend? Please give an answer from this card.

**IF LWkSp = 4 hours or more THEN**
**[WkSpH]**
How long did you spend doing these sports or exercise activities on each weekday?
INTERVIEWER: Record **hours** spent below.
Record minutes at next question
Range: 4..12

**[WkSpM]**
INTERVIEWER: Record **minutes** spent doing sports or exercise activities
Range: 0..59

**ASK ALL AGE 2-15**
**[WeActCh]**
SHOW CARD F3
Now I would like to know about when *(you/name of child)* do/does active things, like the things on this card or other activities like these. Did *(you/he/she)* 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 WeActCh = Yes THEN**
**[DWEActCh]**
Was that on Saturday or Sunday or on both days?
1    Saturday only
2    Sunday only
3    Both Saturday and Sunday

**[LWeAct]** *(See question [DayWlkT] for full listing of answer options on card F1)*
SHOW CARD F1 AGAIN
On *(Saturday/Sunday/Saturday and Sunday)* when *(you/name of child)* did active things like these, how long did *(you/he/she)* spend *(on each day)*? Please give an answer from this card.
INTERVIEWER: If it varied, take the average.

**IF LWeAct = 4 hours or more THEN**
**[WeActH]**
How long did *(you/name of child)* spend doing active things like these?
INTERVIEWER: Record **hours** spent below.
Record minutes at next question.
Range: 4..12

**[WeActM]**
INTERVIEWER: Record **minutes** spent doing active things like these.
Range: 0..59

**ASK ALL AGE 2-15**
**[WkActCh]**
SHOW CARD F3 AGAIN
Still thinking about last week. On how many of the **weekdays** did *(you/name of child)* 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 WkActCh = 1 day to 5 days THEN**
**[LWkAct]** *(See question [DayWlkT] for full listing of answer options on card F1)*
SHOW CARD F1AGAIN
On each **weekday** that *(you/name of child)* did active things like these, how long did *(you/he/she)* spend? Please give an answer from this card.

**IF LWkAct = 4 hours or more THEN**
**[WkActH]**
How long did *(you/name of child)* spend doing active things like these on each weekday?
INTERVIEWER: Record **hours** spent below.
Record minutes at the next question
Range: 4..12

**[WkActM]**
INTERVIEWER: Record **minutes** spent doing active things like these.
Range: 0..59

**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/name of child)* 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

## SCHOOL BASED PHYSICAL ACTIVITY

**ASK IF AGED 6-15 OR IF AGED 4 OR 5 AND IS AT SCHOOL**

**[SchAct]**

I would now like to ask about any activities such as walking, sports, exercise or other active things that *(you/child's name)* have/has done in the last week whilst in a lesson at school. Did *(you/child's name)* do any activities (walking, sports, exercise or other active things) in any lessons whilst at school last week?

1　Yes
2　No

**IF SchAct=Yes THEN**

**[SchDays]**

On how many days in the last week did *(you/child's name)* do any activities (walking, sports, exercise or other active things) in lessons at school?

1　1 day
2　2 days
3　3 days
4　4 days
5　5 days
6　6 days
7　7 days

**[SchTime]**
SHOW CARD F1 AGAIN
On each day that *(you/child's name)* did something active (walking, sports, exercise or other active things) in lessons at school, how long did *(you/he/she)* spend doing it?
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 1 ½ hours
6   1 ½ hours, less than 2 hours
7   2 hours, less than 2 ½ hours
8   2 ½ hours, less than 3 hours
9   3 hours, less than 3 ½ hours
10  3 ½ hours, less than 4 hours
11  4 hours or more (please say how long)

**IF SchTime = 4 hours or more THEN**
> **[SchTmH]**
> How long did *(you/child's name)* spend doing active things in lessons at school on each day?
> INTERVIEWER: Record **hours** spent below
> Record minutes at the next question
> Range: 4..12
>
> **[SchTmM]**
> INTERVIEWER: Record **minutes** spent DOING active things in lessons at school.
> Range: 0..59

**ASK ALL 2-15**
> **[Usual]**
> Were the activities *(you/child's name)* did last week different from what *(you/he/she)* would usually do for any reason?
> IF YES PROBE: Would *(you/child's name)* usually do **more** physical activity or **less**?
1   **NO** - same as usual
2   **YES DIFFERENT** - usually do MORE
3   **YES DIFFERENT** - usually do LESS

**ASK ALL AGED 2-15**
> **[TVWeek2]**
> Thinking first of weekdays, that is Monday to Friday, how much time on **an average day** do/does *(you/child's name)* spend **sitting** watching TV or another type of screen such as a computer, games console, or handheld gaming device?
> Please do **not** include any time spent in front of a screen while at nursery or school.
> INTERVIEWER:  Reading a 'kindle' or reading an ipad should not be included here.  If the main activity is reading then code under sitting doing other activity such as eating, reading etc.
> INTERVIEWER: Record **hours** spent below.
> Enter 0 if less than 1 hour or never watches screen.
> Record minutes at the next question.
> Range: 0..12

**[MinTVWk2]**
INTERVIEWER: Record **minutes** spent watching TV / a screen.
Range: 0..59

**[WkSit2H2]**[1]
And how much time on an average **weekday** do you/does *(you/child's name)* spend sitting down doing any other activity, such as eating a meal, reading, or listening to music? Please do not include time spent doing these activities while at nursery or school.
INTERVIEWER: Other examples of these activities include snacking, studying, drawing, doing puzzles/crosswords etc. Do not count time twice e.g. if they watch tv and eat, include that here or at previous question - not both.
INTERVIEWER:  Time spent reading using a screen (e.g. a kindle or ipad) can be included here if the respondent says reading is the main activity.
RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION:0..24

**[WkSit2M2]**
**RECORD MINUTES HERE.:0..59**

**[TVWkEnd2]**
Now thinking of the **weekend**, that is Saturday and Sunday, how much time on **an average day** do/does *(you/child's name)* spend **sitting** watching TV or another type of screen (such as a computer, games console or handheld gaming device)?
Again, please do **not** include any time spent in front of a screen while at nursery or school.
INTERVIEWER:  Reading a 'kindle' or reading an ipad should not be included here.  If the main activity is reading then code under sitting doing other activity such as eating, reading etc.
INTERVIEWER: Record **hours** spent below.
Enter 0 if less than 1 hour or never watches screen.
Record minutes at the next question.
Range: 0..12

**[MinTvWe2]**
INTERVIEWER: Record **minutes** spent watching TV / a screen.
  Range::0..59

**[WESit2H2]**[2]
And how much time on an average **weekend day** (that is Saturday and Sunday) do you/does *(you/child's name)*  spend sitting down doing any other activity, such as eating a meal, reading, or listening to music? Please do not include time spent doing these activities while at nursery or school.
INTERVIEWER: Other examples of these activities include snacking, studying, drawing, doing puzzles/crosswords etc. do not count time twice e.g. if they watch tv and eat, include that here or at previous question - not both.
INTERVIEWER:  Time spent reading using a screen (e.g. a kindle or ipad) can be included here if the respondent says reading is the main activity.
RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.": 0..24

**[WESit2M2]**

---

[1] New question for 2012
[2] New question for 2012

RECORD MINUTES HERE. 0..59

* = not on the datafile

# Eating habits module (2-15)

INTERVIEWER: Now follows the Eating Habits module…

**ASK ALL AGED 2-15 (VERSION A AND VERSION B)**

**[UsBred08][1]**
What kind of bread do you (*does child's name*) usually eat? Is it ... READ OUT…
CODE ONE ONLY
INTERVIEWER: Soda Bread, Chollah = CODE 1;
Wheatgerm, Wheatmeal, Granary, Rye, German, Highbran = CODE 2
1    white
2    brown, granary, wheatmeal,
3    wholemeal
4    SPONTANEOUS: (Wholemeal/white mixture e.g. 'Best of Both')
5    SPONTANEOUS: (Does not have usual type)
6    (Does not eat any type of bread)
7    (Other type of bread that does not fit above codes)

**If UsBred08 =Other type of bread**
**[BreadOth]***
INTERVIEWER: PLEASE SPECIFY…
Text: Maximum [90] characters

**ASK ALL WHO EAT BREAD (AT UsBread08)**
**[BrSlice]**
SHOW CARD G1
Now looking at this card, how many **slices of bread**, or how many **rolls**, do you (*does child's name*) usually eat on any **one day**?
INTERVIEWER: If varies, ask for an average
1    6 a day or more
2    4-5 a day
3    2-3 a day
4    One a day
5    Less than one per day

**ASK ALL AGED 2-15 AND AGED 16+ VERSION A ONLY**
**[Milk08][1]**
What kind of milk do you (*does child's name*) usually use for drinks, in tea or coffee and on cereals?
Is it ... READ OUT…
CODE ONE ONLY
1    ...whole milk,
2    semi-skimmed,
3    skimmed,
4    or, some other kind of milk? (TRY TO USE CODES BELOW)
5    (Soya/Rice/Oat-based milk)
6    (Goat's milk)
7    (Infant formula milk)

---

[1] The question wording and answer categories changed in 2008.

8        (Does not have usual type)
9         (Does not drink milk)

**[Cereal08]**[1]
Which type of breakfast cereal, including porridge, do you (*does child's name*) normally eat?
CODE ONE ONLY FROM CODING LIST 1
1        High fibre & high sugar
2        High fibre & low or no sugar
3        Low fibre & high sugar
4        Low fibre & low or no sugar
5        Other cereal **not** on coding list
6        SPONTANEOUS: (Does not have usual type)
7        (Does not eat breakfast cereal)


**IF Cereal08 = Other THEN**
        **[CerOth]***
        PLEASE SPECIFY

**IF Cereal08=1 to 6 OR DON'T KNOW**
        **[Cereals]**
        SHOW CARD G2
        How often do you (*does child's name*) eat **breakfast cereals, including porridge**?
        DO NOT COUNT BREAKFAST CEREAL BARS
1        6 or more times a day
2        4 or 5 times a day
3        2 to 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

*(The answer options used at Cereals, on show card G2, are used repeatedly in the eating habits module. Further mentions of show card G2 will not, therefore, list out the options in full).*

**ASK ALL AGED 2-15 AND AGED 16+ VERSION A ONLY**
        **[Chips]**
        SHOW CARD G2
        How often do you (*does child's name*) eat **chips**?

---

[1] The question wording and answer categories changed in 2008.

1    6 or more times a day
2    4 or 5 times a day
3    2 to 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 G2
Other than chips, how often do you (*does child's name*) eat **potatoes, pasta or rice**?

**[Meat03]**
SHOW CARD G2
How often do you (*does child's name*)  eat **meat such as beef, lamb, pork etc**, not including poultry?

**[MeatProd]**
SHOW CARD G2
How often do you (*does child's name*) eat **meat products** such as sausages, meat pies, bridies, corned beef, or burgers?
INTERVIEWER: INCLUDE LORNE, SLICED, AND LINKS SAUSAGES

**[TFish]**
SHOWCARD G2
How often do you (*does child's name*) eat **canned tuna fish**? Please don't count fresh or frozen tuna.

**[WFish03]**
SHOW CARD G2
How often do you (*does child's name*) eat **white fish** such as cod, haddock, whiting, sole or plaice, including fresh or frozen fish?

**[FshOil03]**
SHOW CARD G2
How often do you (*does child's name*) eat **other types of fish** such as herring, mackerel, salmon or kippers, including fresh, frozen or canned fish?
INTERVIEWER: If asked, include fresh or frozen tuna here.

**[Cheese]**
SHOWCARD G2
How often do you (*does child's name*) eat **cheese** not including cottage cheese and other reduced fat cheeses?

**[Confec]**
SHOW CARD G2
How often do you (*does child's name*) eat **sweets or chocolates**?

1    6 or more times a day
2    4 or 5 times a day
3    2 to 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 G2
How often do you (*does child's name*) eat **ice cream**?

**[Crisps]**
SHOW CARD G2
How often do you (*does child's name*) eat **crisps or other savoury snacks**?
**[SoftDr]**
SHOW CARD G2
How often do you (*does child's name*) drink **soft drinks**, **not** including diet or low-calorie drinks?
INTERVIEWER: Include cans, bottles, mixers. Include flavoured water and diluting drinks as long as they are **not** diet or low-calorie.
Do **not** include fresh fruit juice.

**[DietDr]**
SHOW CARD G2
How often do you (*does child's name*) drink diet or low-calorie **soft drinks**?
INTERVIEWER: Include cans, bottles, mixers. Include diet or low-cal flavoured water or diluting drinks here.  Do **not** include fresh fruit juice or plain water

**IF (Age<=15) THEN**
**[MilkDr]**
SHOW CARD G2
How often do you (*does child's name*) drink milk, **not** including milk used for tea, coffee and cereals, or in milkshakes or other flavoured milks?
INTERVIEWER: include soya / goat's milk.

**ASK ALL AGED 2-15 AND AGED 16+ VERSION A ONLY**
**[CakesEtc]**
SHOWCARD G2
How often do you (*does child's name*) eat **cakes, scones, sweet pies or pastries**?

**[Biscuits]**
SHOWCARD G2
How often do you (*does child's name*) eat **biscuits?**

1   6 or more times a day
2   4 or 5 times a day
3   2 to 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

**ASK ALL WHO EAT BISCUITS AT LEAST ONCE A DAY (IF [Biscuits] in [1..4])**
**[Biscuit]**
SHOW CARD G1 AGAIN
How many **biscuits** do you (*does child's name*)  usually eat on any one day?
INTERVIEWER: If varies, ask for an average
1   6 a day or more
2   4-5 a day
3   2-3 a day
4   One a day
5   Less than one per day

**ASK ALL WHO EAT CAKES / SCONES / PIES ETC AT LEAST ONCE A DAY**
**[CakeScon]**
SHOW CARD G1 AGAIN
How many **cakes, scones, sweet pies or pastries** do you (*does child's name*) usually eat
on any one day?
INTERVIEWER: If varies, ask for an average
1   6 a day or more
2   4-5 a day
3   2-3 a day
4   One a day
5   Less than one per day

# Fruit and vegetable module ALL VERSIONS (2+)

**ASK ALL AGED 2+**
INTERVIEWER: Now follows the Fruit & Vegetable module…

**[VFInt]\***
I'd like to ask you a few questions about some of the things you (*child's name*) ate and drank yesterday. By yesterday I mean 24 hours from midnight to midnight.
First I'd like to ask you some questions about the amount of fruit and vegetables you have (*child's name has*) eaten.
1    Continue

**[VegSal]**
Did you (*child's name*) eat any salad yesterday? Don't count potato, pasta or rice salad or salad in a sandwich.
INTERVIEWER: Salads made mainly from beans can **either** be included here **or** at the next question.
1    Yes
2    No

**IF VegSal = Yes THEN**
**[VegSalQ]**
How many cereal bowlsful of salad did you (*child's name*) eat yesterday?
IF ASKED: 'Think about an average-sized cereal bowl'.
Range: 0.5 ..50.0

**ASK ALL AGED 2+**
**[VegPul]**
Did you (*child's name*) eat any pulses yesterday? By pulses I mean lentils and all kinds of peas and beans, including chickpeas and baked beans. Don't count pulses in foods like Chilli con carne.
1    Yes
2    No

**IF VegPul = Yes THEN**
**[VegPulQ]**
SHOW CARD G3
How many tablespoons of pulses did you (*child's name*) eat yesterday?
IF ASKED: 'Think about a heaped or full tablespoon'.
FOR INFO: An average sized can of baked beans = 10 tablespoons.
Range: 0.5.. 50.0

**ASK ALL AGED 2+**
**[VegVeg]**
Not counting potatoes, did you (*child's name*) eat any vegetables yesterday?
Include fresh, raw, tinned and frozen vegetables.
1    Yes
2    No

**IF VegVeg = Yes THEN**

**[VegVegQ]**
SHOW CARD G3
How many tablespoons of vegetables did you (*child's name*) eat yesterday?
IF ASKED: 'Think about a heaped or full tablespoon'.
Range: 0.5...50.0

**ASK ALL AGED 2+**
**[VegDish]**
*(Apart from anything you have already told me about, did /Did)* you (*child's name*) eat any (*other)* dishes made **mainly** from vegetables or pulses yesterday, such as vegetable lasagne or vegetable curry?
Don't count vegetable soups or dishes made mainly from potatoes.
1      Yes
2      No

**IF VegDish = Yes THEN**
**[VegDishQ]**
SHOW CARD G3
How many tablespoons of vegetables or pulses did you (*child's name*) eat (*in these kinds of dishes)* yesterday?
IF ASKED: 'Think about a heaped or full tablespoon'.
Range: 0.5 - 50.0

**ASK ALL AGED 2+**
**[VegUsual]**
Compared with the amount of vegetables, salads and pulses you usually eat, would you say that yesterday you (*child's name*) ate...
...READ OUT...
1      less than usual,
2      more than usual,
3      or about the same as usual?

**FrtDrk09**
Did you (*child's name*) drink any pure fruit juice yesterday? Don't count diluting juice, squashes, cordials or fruit-drinks.
INTERVIEWER: Include pure fruit juice from concentrate.
1      Yes
2      No

**IF FrtDrk09 = Yes THEN**
**[FrtDrnkQ]**
How many small glasses of pure fruit juice did you (*child's name*) drink yesterday?
IF ASKED: 'A small glass is about a quarter of a pint'.
Range: 0.5.-.50.0

**ASK ALL AGED 2+**
**[Frt]**
Did you (*child's name*) eat any fresh fruit yesterday? Don't count fruit salads, fruit pies, etc.
1      Yes
2      No

**FrtC TO FrtMor REPEATED FOR EACH FRUIT CODED AT FrtC OR MENTIONED AT FrtOth**
**IF Frt = Yes (OR FrtMor = Yes)**

> **[FrtC]*** *(Variable names: FrtC01-FrtC08)*
> What kind of fresh fruit did you (*child's name*) eat yesterday?
> INTERVIEWER: Use the **Fresh Fruit Size list** in the coding booklet to code the size of this fruit (common examples listed below, **if in doubt** use the coding booklet).
> <span style="color:red">If more than one kind of fruit mentioned, and if same size, code each **kind of fruit separately**.</span>
> <span style="color:red">INTERVIEWER: For example: if respondent ate 2 apples and 1 banana code size of apple first (in this case 3 – medium fruit) then enter quantity of apples (in this case 2). Next code size of banana (3 – medium fruit) then quantity of bananas (in this case 1)</span>

1 Very large fruit (e.g. melon (all types), pineapple)
2 Large fruit (e.g. grapefruit, mango)
3 Medium-sized fruit (e.g. apply, banana, orange, peach)
4 Small fruit (e.g. kiwi, plum, apricot)
5 Very small fruit (e.g. strawberry, grapes (all types))
6 Not on coding list

**IF (FrtC = Very large fruit ... Very small fruit)**

> **[FrtQ]** *(Variable names: FrtQ01-FrtQ08)*
> IF FrtC= 'Very large fruit': How many average slices of this fruit did you eat yesterday?
> IF FrtC= 'Large / Medium / Small fruit': How much of this fruit did you eat yesterday?
> IF FrtC= 'Very small fruit': How many average handfuls of this fruit did you eat yesterday?
> Range: 0.5.-.50.0

**IF (FrtC = Not on coding list)**

> **[FrtOth** *(Variable names: FrtOth01-FrtOth15)***
> What was the name of this fruit?
> Text: Maximum 50 characters
>
> **[FrtNotQ]** *(Variable names:FrtNot01-FrtNot15)***
> How much of this fruit did you eat?
> Text: Maximum 50 characters

**REPEAT FOR UP TO 15 ADDITIONAL FRUITS**

> **[FrtMor]** *(Variable names:FrtMor01-FrtMor15)*
> Did you (*child's name*) eat any other fresh fruit yesterday?

1 Yes
2 No

**ASK ALL AGED 2+**

> **[FrtDry]**
> Did you (*child's name*) eat any dried fruit yesterday? Don't count dried fruit in cereal, cakes, etc.

1 Yes
2 No

**IF FrtDry = Yes THEN**

> **[FrtDryQ] SHOW CARD WITH SPOON PICTURES)**
> SHOW CARD G3
> How many tablespoons of dried fruit did you (*child's name*) eat yesterday?
> IF ASKED: 'Think about a heaped or full tablespoon'.
> Range: 0.5.-.50.0

**ASK ALL AGED 2+**

**[FrtFroz]**

Did you (*child's name*) eat any frozen or tinned fruit yesterday?

1    Yes
2    No

**IF FrtFroz = Yes THEN**

**[FrtFrozQ] SHOW CARD WITH SPOON PICTURES)**

SHOW CARD G3

How many tablespoons of frozen or tinned fruit did you (*child's name*) eat yesterday?

IF ASKED: 'Think about a heaped or full tablespoon'.

Range: 0.5.-.50.0

**ASK ALL AGED 2+**

**[FrtDish]**

(*Apart from anything you have already told me about*,) Did you (*child's name*) eat any (*other*) dishes made **mainly** from fruit yesterday, such as fruit salad or fruit pie? Don't count fruit in yoghurts.

1    Yes
2    No

**IF FrtDish = Yes THEN**

**[FrtDishQ]**

SHOW CARD G3

How many tablespoons of fruit did you (*child's name*) eat (*in these kinds of dishes*) yesterday?

IF ASKED: 'Think about a heaped or full tablespoon'.

Range: 0.5.-.50.0

**ASK ALL AGED 2+**

**[FrtUsual]**

Compared with the amount of fruit and fruit juice you (*child's name*) usually eat(s) and drink(s), would you say that yesterday you (*child's name*) ate and drank...

...READ OUT...

1    less than usual,
2    more than usual,
3    or about the same as usual?

# Vitamin supplements

**ASK ALL**

**[VitTake]**

At present, are you (*is child's name*) taking any vitamins, fish oils, iron supplements, calcium, other minerals or anything else to supplement your (*his/her*) diet or improve your (*his/her*) health, other than those prescribed by your (*his/her*) doctor?

INTERVIEWER: Only include supplements which are taken over a long period of time. do not include anything taken on a more temporary basis. e.g. to cure a cold.

1 Yes
2 No

**IF VitTake = Yes THEN**

**[VitaminD]**[1]

Are you (*is child's name*) currently taking vitamin D supplements, including as part of a multi-vitamin supplement?

1 Yes
2 No

**IF AGE 16-49 AND SEX= female THEN**

**[PregNTJ]**

Can I check, are you pregnant at the moment?

1 Yes
2 No

**[Folic]**

At present, are you taking any folic acid supplements such as Solgar folic acid, Pregnacare tablets,
Sanatogen Pronatal, or Healthy Start, to supplement your diet or improve your health?

1 Yes
2 No

**IF PreNTJ = Yes AND Folic = Yes THEN**

**[FolPreg]**

Did you start taking folic acid supplements before becoming pregnant?

1 Yes
2 No

**IF FolPreg = Yes THEN**

**[FolPrg12]**

Have you been taking folic acid supplements for the first 12 weeks of your pregnancy?

1 Yes
2 No

---

[1] New question in 2015

**IF PreNTJ = No AND Folic = Yes THEN**

    **[FolHelp]**

    People can take folic acid for various health reasons.

    Are you taking folic acid supplements because you hope to become pregnant?

1    Yes

2    No

# Smoking module

**IF Age of Respondent is 18 or 19 years THEN**
> **[BookChk]**
> INTERVIEWER CHECK: (*Name of respondent*) IS AGED (*age of respondent*).
> RESPONDENT TO BE...

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

> **[SmokPreAm]\*[1]**
> The next few questions ask about whether you smoke tobacco products. This means tobacco products which you light and smoke, and include, for example, cigarettes or hand-rolling tobacco.
>
> When answering these questions please do **NOT** include:
> - cigarettes that include no tobacco, or
> - electronic cigarettes
>
> INTERVIEWER: Press <1> and <Enter> to continue.

**ASK ALL AGED 20+ (OR AGED 18-19 IF BEING ASKED IN MAIN INTERVIEW)**
> **[SmokEv]$**
> May I just check, have you ever smoked a cigarette, a cigar or a pipe?
> CODE ALL THAT APPLY.

1    Yes: cigarette                                  [SmokEv08]
2    Yes: cigars                                    [SmokEv09]
3    Yes: pipe                                      [SmokEv10]
4    No                                            [SmokEv11]

> **[SmokEver]$**
> **CAPI DV:** Have you ever smoked a cigarette, a cigar or a pipe?

1    Yes
2    No

*IF ANY SmokEv08 to Smokev10 = yes THEN SmokEver = Yes; IF SmokEv08 = 4 THEN SmokEver = No*

**IF SmokEver = Yes THEN**
> **[SmokeNow]$[2]**
> Do you smoke cigarettes nowadays?

1    Yes
2    No

---

[1] Preamble was introduced in 2015
$ 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '$' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.
[2] Question wording was revised in 2012

**IF SmokeNow = Yes THEN**

 **[DlySmoke]$**

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

 INTERVIEWER: If respondent can only give range, take the mid-point.

 If less than one a day, enter 0

 If smokes roll-ups and cannot give cigarette no., code 97.

 Range: 0..97

**IF DlySmoke = 97 THEN**

 **[DlyEst]$**

 How much tobacco do you usually smoke on weekdays?

 INTERVIEWER: Code here whether the amount is to be coded in grams or ounces.

 Enter the amount at the next question:

1 Grams
2 Ounces

**IF DlyEst = Grams THEN**

 **[DlyG]$**

 INTERVIEWER: Enter amount in grams

 Range: 0..100

**IF DlyEst = Ounces OR Don't know THEN**

 **[DlyOz]$**

 INTERVIEWER: Enter amount in ounces

 Range: 0.00..100.00

**IF SmokeNow = Yes THEN**

 **[WkndSmok]$**

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

INTERVIEWER: If respondent can only give range, take the mid-point.

 If less than one a day, enter 0

 If smokes roll-ups and cannot give cigarette no., code 97.

 Range : 0..97

**IF WkndSmok = 97 THEN**

 **[WkndEst]$**

 How much tobacco do you usually smoke on weekends?

 INTERVIEWER: Code here whether the amount is to be coded in grams or ounces.

 Enter the amount at the next question:

1 Grams
2 Ounces

**IF WkndEst = Grams THEN**

 **[WkndG]$**

 INTERVIEWER: Enter amount in grams        Range: 0..100

---

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**IF WkndEst = Ounces THEN**
> **[WkndOz]$**
> INTERVIEWER: Enter amount in ounces
> Range: 0.00..100.00


**IF SmokeEv08=Yes AND SmokeNow= No 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 respondent can only give range, take the mid-point.
> If less than one a day, enter 0
> If smokes roll-ups and cannot give cigarette no., code 97.
> Range: 0..97

**IF NumSmok = 97 THEN**
> **[NumEst]**
> About how much tobacco did you smoke a day?
> INTERVIEWER: Code here whether the amount is to be coded in grams or ounces.
> Enter the amount at the next question:
1    Grams
2    Ounces

**IF NumEst= Grams THEN**
> **[NumG]**
> INTERVIEWER: Enter amount in grams
> Range: 0..100

**IF NumEst = Ounces THEN**
> **[NumOz]**
> INTERVIEWER: Enter amount in ounces
Range: 0.00..100.00

**IF SmokeReg = Smoked cigarettes regularly THEN**
> **[SmokYrs]**
> And for approximately how many years did you smoke regularly?
> INTERVIEWER: IF LESS THAN ONE YEAR, CODE 0.
> Range: 0..64

**IF SmokeReg = Smoked cigarettes regularly OR Smoked them only occasionally THEN**
> **[EndSmoke]**
> How long ago did you stop smoking cigarettes (regularly/occasionally)?
> INTERVIEWER: ENTER NO. 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

**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: 0..97

**IF (SmokeNow = Yes) OR (SmokeReg = Smoked cigarettes regularly OR Smoked them only occasionally) THEN**
[DrSmoke]
Has a medical person (e.g. doctor/nurse) ever advised you to stop smoking altogether because of your health?
1    Yes
2    No

**IF DrSmoke= Yes THEN**
[DrSmoke1]
How long ago was that?
1    Within the last twelve months
2    Over twelve months ago

**ASK ALL 20+ (OR AGED 18-19 IF BEING ASKED IN MAIN INTERVIEW) WHO CURRENTLY SMOKE (IF SmokeNow = Yes)**
[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

**ASK ALL 20+ (OR AGED 18-19 IF BEING ASKED IN MAIN INTERVIEW) WHO HAVE GIVEN UP SMOKING**
**IF (SmokStop= once or twice OR three times or more) THEN**
[StopLong][1]
SHOW CARD H1

And what is the longest period of time you have ever managed to stop smoking?
1    Less than a week
2    At least a week but less than a month
3    1 – 3 months
4    4 – 6 months
5    Over 6 months

[StopWant]
Would you like to give up smoking?
1    Yes
2    No

---

[1] New question for 2012

ASK ALL 20+ **(OR AGED 18-19 IF BEING ASKED IN MAIN INTERVIEW)**
**[ECigEv]**[1]**$**
Have you ever used an electronic cigarette (e-cigarette)?

> INTERVIEWER NOTE: AN ELECTRONIC CIGARETTE IS A DEVICE THAT CAN LOOK LIKE A NORMAL CIGARETTE (THOUGH SOME CAN LOOK DIFFERENT) AND THAT USES A BATTERY TO CREATE A VAPOUR THAT CAN LOOK LIKE SMOKE. UNLIKE NORMAL CIGARETTES, THEY DO NOT BURN, NOR CONTAIN TOBACCO. THEY SHOULD NOT BE CONFUSED WITH NICOTINE INHALERS / INHALATORS, WHICH ARE LICENSED NICOTINE REPLACEMENT THERAPY (NRT) PRODUCTS. E-CIGARETTES ARE SOLD AS CONSUMER PRODUCTS AS AN ALTERNATIVE TO SMOKING.

1    Yes
2    No

IF ECigEv=1 THEN
> **[ECigNow]**[2]**$**
> Do you use e-cigarettes at all nowadays?

1    Yes
2    No


*Questions about nicotine replacement products (NRT) are being asked in the core interview*
> *(previously asked in the nurse interview prior 2008-2011)*


**IF (SmokStop >1 OR (EndSmoke = 0) THEN**
**[UseNRT…]**[3]
SHOW CARD H2
We are also interested in whether people use any nicotine replacement or other products. Have you used any of the following products as part of your most recent attempt to stop smoking?
CODE ALL THAT APPLY

| | | |
|---|---|---|
| 1 | Yes, nicotine gum | [UseNRT1a] |
| 2 | Yes, nicotine patches that you stick on your skin | [UseNRT2a] |
| 3 | Yes, nasal spray/nicotine inhaler | [UseNRT3a] |
| 4 | Yes, lozenge/microtab | [UseNRT4a] |
| 5 | Yes, Champix/Varenicline | [UseNRT5a] |
| 6 | Yes, Zyban/Bupropion | [UseNRT6a] |
| 7 | Yes, electronic cigarette | [UseNRT7a][4] |
| 8 | Yes, other | [UseNRT8a] |
| 9 | No | [UseNRT9a] |

**[NRTOth]***
What other products did you use?

---

* = not on the datafile

**IF NOT 'NO' in USENRT**
**[NRTSupp…]**
Was this accompanied by smoking cessation support?
INTERVIEWER: IF YES: From Whom?

| | | |
|---|---|---|
| 1 | Yes, pharmacy | [NRTSupp1] |
| 2 | Yes, GP practice nurse | [NRTSupp2] |
| 3 | Yes, GP | [NRTSupp3a] |
| 4 | Yes, specialist smoking cessation advisor | [NRTSupp4a] |
| 5 | Yes, other | [NRTSupp5] |
| 6 | No | [NRTSupp6] |

**[SuppOth]\***
What other type of support did you receive?

**[NRTpresc][1]**
Did you buy these products yourself or did you get them on prescription?
1     Bought them myself
2     Got them on prescription
3     Mixture of both


**ASK ALL – age range extended to all (0+) in 2012**

**[Passive…]$**
SHOW CARD H1[2]
Are you (*is child's name*) regularly exposed to other people's tobacco smoke in any of these places?
PROBE: Where else?
INTERVIEWER: IF ASKED: ONLY INCLUDE CURRENT EXPOSURE TO OTHER PEOPLE'S TOBACCO.
CODE ALL THAT APPLY

| | | |
|---|---|---|
| 1 | At own home | [Passive1] |
| 2 | At work | [Passive2] |
| 3 | In other people's homes | [Passive3] |
| 4 | In cars, vans etc | [Passive4a] |
| 5 | Outside of buildings (e.g. pubs, shops, hospitals) | [Passive5a] |
| 6 | In other public places | [Passive6a] |
| 7 | **No, none of these** | [Passive7a] |

**IF EXPOSED TO SMOKE IN ANY PLACES (IF Passive7=0 OR Don't know AND Age>=13)**
**[Bother]$**
Does this bother you at all?
1     Yes
2     No

---

[1] New question for 2012

[2] Additional categories added for 2012

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# Drinking module (All Versions)

INTERVIEWER: Now follows the Drinking module…

**IF (Age of Respondent is 18 years or over) OR (BookChk = 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


**ASK ALL 18/20+ WHO NEVER DRINK ALCOHOL (IF DrinkAny = Never)**
   **[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


**ASK ALL 18/20+ WHO DRINK ALCOHOL (IF (Drink = Yes) OR (DrinkAny = Very occasionally))**
   **[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 J1
   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

---

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8      Not at all in the last 12 months
 *(The answer options used at Nbeer, on show card J1, are used repeatedly in the drinking module. Further mentions of show card J1 will not, therefore, list out the options in full).*

**IF (Nbeer =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                                                  [NbeerM1]
2      Small cans                                                  [NbeerM2]
3      Large cans                                                  [NbeerM3]
4      Bottles                                                     [NbeerM4][1]

**IF NbeerM = Half pints (IF NbeerM1=1)THEN**
       **[NbeerQ1]$**
       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?
       Range: 1..97

**IF NbeerM = Small cans (IF NbeerM2=1) THEN**
       **[NbeerQ2]$**
       ASK OR CODE: How many small cans of NORMAL STRENGTH BEER, LAGER, STOUT or CIDER have you usually drunk on any one day?
       Range: 1..97

**IF NbeerM = Large cans (IF NbeerM3=1) THEN**
       **[NbeerQ3]$**
       ASK OR CODE: How many large cans of NORMAL STRENGTH BEER, LAGER, STOUT or CIDER have you usually drunk on any one day?
       Range: 1..97

**IF NbeerM = Bottles (IF NbeerM4=1) THEN**
       **[nberqbt]$**
       ASK OR CODE: How many bottles of NORMAL STRENGTH BEER, LAGER, STOUT or CIDER  have you usually drunk on any one day?
       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

---

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[1] No equivalent in self-completion questionnaire

**[NcodeEq]**
EDIT ONLY:
PLEASE LOOK UP AND ENTER PINT EQUIVALENT OF A BOTTLE OF *(Name of Bottle)*
VALID ENTRIES ARE 0.00, 0.32, 0.35, 0.44, 0.48, 0.50, 0.58, 0.77, 0.88, 0.97 AND 1.00.
ENTER 9.99 IF CANNOT CODE

**ASK ALL 18/20+ WHO DRINK ALCOHOL (IF (Drink = Yes) OR (DrinkAny = Very occasionally))**
**[Sbeer]<sup>$</sup>**
SHOW CARD J1 *(See question [Nbeer] for full listing of answer options on card J1)*
Now I'd like to ask you about **strong** beer or cider which has 6% or more alcohol (e.g. Tennent's Super, Special Brew,). 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.

**IF (Sbeer =Almost every day…Once or twice a year) THEN**
**[SbeerM…]<sup>$</sup>**
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 | [SbeerM1] |
| 2 | Small cans | [SbeerM2] |
| 3 | Large cans | [SbeerM3] |
| 4 | Bottles | [SbeerM4][1] |

**IF SbeerM = Half pints THEN**
**[SbeerQ1]<sup>$</sup>**
ASK OR CODE: How many half pints of STRONG BEER, LAGER, STOUT or CIDER have you usually drunk on any one day?
Range: 1..97

**IF SbeerM = Small cans THEN**
**[SbeerQ2]<sup>$</sup>**
ASK OR CODE: How many small cans of STRONG BEER, LAGER, STOUT or CIDER have you usually drunk on any one day?
Range: 1..97

**IF SbeerM = Large cans THEN**
**[SbeerQ3]<sup>$</sup>**
ASK OR CODE: How many large cans of STRONG BEER, LAGER, STOUT or CIDER have you usually drunk on any one day?
Range: 1..97

**IF SbeerM = Bottles THEN**
**[sberqbt]<sup>$</sup>**
ASK OR CODE: How many bottles of STRONG BEER, LAGER, STOUT or CIDER have you usually drunk on any one day?
Range: 1..97

---

[1] No equivalent in self-completion questionnaire

**[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]$**
EDIT ONLY:
PLEASE LOOK UP AND ENTER PINT EQUIVALENT OF A BOTTLE OF *(Name of Bottle)*
VALID ENTRIES ARE 0.00, 0.32, 0.35, 0.44, 0.48, 0.50, 0.58, 0.77, 0.88, 0.97 AND 1.00.
ENTER 9.99 IF CANNOT CODE

**ASK ALL 18/20+ WHO DRINK ALCOHOL (IF (Drink = Yes) OR (DrinkAny = Very occasionally))**
**[Spirits]$**
SHOW CARD J1 *(See question [Nbeer] for full listing of answer options on card J1)*
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?

**IF (Spirits =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 any one day?
INTERVIEWER: Code the number of **singles** – count doubles as two singles.
Range: 1..97

**ASK ALL 18/20+ WHO DRINK ALCOHOL (IF (Drink = Yes) OR (DrinkAny = Very occasionally))**
**[Sherry]$ 1**
SHOW CARD J1 *(See question [Nbeer] for full listing of answer options on card J1)*
How often have you had a drink of sherry or martini including port, vermouth, Cinzano, Dubonnet or Buckfast during the last 12 months?

**IF (Sherry =Almost every day...Once or twice a year) THEN**
**[SherryQ]$ 1**
How much sherry or martini, including port, vermouth, Cinzano, Dubonnet or Buckfast have you usually drunk on any one day?
INTERVIEWER: Code the number of **glasses**.
Range: 1..97

---

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1 Buckfast was added to this question in 2008

**ASK ALL 18/20+ WHO DRINK ALCOHOL (IF (Drink = Yes) OR (DrinkAny = Very occasionally))**
**[Wine]$**
SHOW CARD J1 *(See question [Nbeer] for full listing of answer options on card J1)*
How often have you had a drink of wine, including Babycham and champagne, during the last 12 months?

**IF (Wine=Almost every day...Once or twice a year) THEN**
**[WineQ]$ 1**
How much wine, including Babycham and champagne, have you usually drunk on any one day?
INTERVIEWER: Code the measure the respondent used.
Please note that respondent may give answer in bottles and glasses.
Code **small** bottles (eg. 250ml, 175ml) as glasses, not bottles.
Please code the relevant option.
1    Bottle or parts of bottle
2    Glasses
3    Both bottles or parts of bottle, and glasses

---

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1 Question wording was revised in 2008.

**IF WineQ = Bottle or parts of bottle OR Both bottles and glasses**
    **WQBt$**
    INTERVIEWER: Code the number of 125ml glasses usually drunk **from the bottle** by the respondent.
    E.g. If they usually drank half a bottle, code 3 glasses.
    Press <F9> for more information.

---

Interviewer information screen:

    1 750ml bottle    = 6 glasses.
    ½ 750ml bottle    = 3 glasses.
    1/3 750ml bottle  = 2 glasses.
    ¼ 750ml bottle    = 1.5 glasses.

    1 litre              = 8 glasses.
    ½ litre            = 4 glasses.
    1/3 litre         = 2.5 glasses.
    ¼ litre            = 2 glasses.

    If respondent has answered in bottles or litres, convert to glasses using the information provided on        the screen.

    For example, if a respondent said they usually share a bottle with one other person and they share it        equally, code 3 glasses.

    Small bottles (e.g. 250ml, 175ml) should **not** be coded here – record them as glasses.
     Press <Esc> to close.

---

    Range: 1.0..97.9

**IF WineQ = Glasses OR Both bottles and glasses**
    **WQGl$**
    INTERVIEWER: Code the number of glasses (**drunk as glasses**).
    Range: 1.0..97.9

    **WQGlz$**
    Do you usually drink from a large, standard, or small glass?
    INTERVIEWER: SHOW WINE GLASS CARDS
    INTERVIEWER: If respondent drinks from two or three different size glasses, please code all that apply.
    Please note that if respondent usually drinks in a pub or wine bar and had a small glass, this would usually be 175ml.
    Also record the size of small bottles here

| | | |
|---|---|---|
| 1 | Large glass (250ml) | [WQGlz1] |
| 2 | Standard glass (175ml) | [WQGlz2] |
| 3 | Small glass (125ml) | [WQGlz3] |

**IF WQGlz1 = mentioned THEN**
    **Q250Glz$**
    How many large glasses (250ml) have you usually drunk?
    Range: 1.0..97.9

**IF WQGlz2 = mentioned THEN**
    **Ql75Glz$**
    How many standard glasses (175ml) have you usually drunk?
    Range: 1.0..97.9

**IF WQGlz3 = mentioned THEN**
    **Q125Glz$**
    How many small glasses (125ml) have you usually drunk?
    Range: 1.0..97.9

**ASK ALL 18/20+ WHO DRINK ALCOHOL (IF (Drink = Yes) OR (DrinkAny = Very occasionally))**
    **[Pops03]$**
    SHOW CARD J1 *(See question [Nbeer] for full listing of answer options on card J1)*
    How often have you had a drink of alcoholic soft drink ('alcopops'), or a pre-mixed alcoholic drink such as WKD, Smirnoff Ice, Bacardi Breezer etc, in the last 12 months?

---

$ 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '$' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.

**IF (Pops03=Almost every day...Once or twice a year) THEN**
    **[PopsM03] $ 1**
    How much alcopops or pre-mixed alcoholic drink have you usually drunk on any one day?
    INTERVIEWER: Code the measure(s) that you are going to use.

| | | |
|---|---|---|
| 1 | Small cans | [PopsM031] |
| 2 | Standard Bottles (275ml) | [PopsM032] |
| 3 | Large Bottles (700ml) | [PopsM033] |

**IF PopsM03 = Small cans THEN**
    **[PopsQ031]$**
    ASK OR CODE: How many small cans of alcopops or pre-mixed drink have you usually drunk on any one day?
    Range: 1..97

**IF PopsM03 = Standard Bottles THEN**
    **[PopsQ032]$**
    ASK OR CODE: How many standard sized bottles of alcopops or pre-mixed drink have you usually drunk on any one day?
    Range: 1..97

**IF PopsM03 = Large Bottles THEN**
    **[PopsQ033]$**
    ASK OR CODE: How many large bottles of alcopops or pre-mixed drink have you usually drunk on any one day?
    Range: 1..97

**ASK ALL 18/20+ WHO DRINK ALCOHOL (IF (Drink = Yes) OR (DrinkAny = Very occasionally))**
    **[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 J1 *(See question [Nbeer] for full listing of answer options on card J1)*
    How often have you had a drink of *(name of 'other' alcoholic drink)* 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?

---

[1] Prior to 2008 the alcopops measures were small cans or bottles. In 2008 the measures were changed to small cans, standard bottles (275ml) or large bottles (700ml).
$ 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '$' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.

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

    **[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

*Note: All drinks recorded under OthDrnkA backcoded into Nbeer-Pops03*

    **[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 J1 *(See question [Nbeer] for full listing of answer options on card J1)*
    How often have you had a drink of *(name of 'other' alcoholic drink)* in the last 12 months?

**IF FreqB IN [Amost every day...Once or twice a year] THEN**
    **[OthQMB]***
    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 OthQMB = Other THEN**
    **[OthQOB]***
    WHAT OTHER MEASURE?
    Text: Maximum 12 characters

    **[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

*Note: All drinks recorded under OthDrnkB backcoded into Nbeer- Pops03*

**[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 J1 *(See question [Nbeer] for full listing of answer options on card J1)*
   How often have you had a drink of *(name of 'other' alcoholic drink)* 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 any one 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

   **[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

*Note: All drinks recorded under OthDrnkC backcoded into Nbeer- Pops03*

**ASK ALL 18/20+ WHO DRINK ALCOHOL (IF (Drink = Yes) OR (DrinkAny = Very occasionally))**
   **[DrinkOft]$**
   SHOW CARD J1 *(See question [Nbeer] for full listing of answer options on card J1)*
   Thinking now about all kinds of drinks, how often have you had an alcoholic drink of any kind during the last 12 months?

---

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**ASK ALL 18/20+ WHO DRANK ALCOHOL IN THE PAST YEAR**
**(IF Drink = Yes AND DrinkOft <> Not at all in the last 12 months)**
**[DrinkL7]**<sup>$</sup>
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]**<sup>$</sup>
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]**<sup>$</sup>
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

**IF DrinkL7=Yes THEN**
**[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

**[DrnkTy]** <sup>$ 1</sup>
SHOW CARD J2
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 | [DrnkTy01] |
| 2 | Strong beer/lager/cider | [DrnkTy02] |
| 3 | Spirits or liqueurs | [DrnkTy03] |
| 4 | Sherry, martini or buckfast | [DrnkTy04] |
| 5 | Wine | [DrnkTy05] |
| 6 | Alcopops/Pre-mixed alcoholic drinks | [DrnkTy06] |
| 7 | Other alcoholic drinks | [DrnkTy07] |
| 8 | Low alcohol drinks | [DrnkTy08] |

---

<sup>$</sup> 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '$' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.
<sup>1</sup> Buckfast added to DrnkTy04 in 2008

**IF DrnkTy=Normal strength beer/lager/cider/shandy (IF DrnkTy01 mentioned) 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 | [NBrL71] |
| 2 | Small cans | [NBrL72] |
| 3 | Large cans | [NBrL73] |
| 4 | Bottles | [NBrL74] |

**IF NBrL7=Half pints (IF NBrL71 mentioned) THEN**
> **[NBrL7Q1]** $

> 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?
> Range: 1..97

**IF NBrL7=Small cans (IF NBrL72 mentioned) THEN**
> **[NBrL7Q2]** $

> ASK OR CODE: How many small cans of NORMAL STRENGTH BEER, LAGER, STOUT or CIDER did you drink that day?
> Range: 1..97

**IF NBrL7=Large cans (IF NBrL73 mentioned) THEN**
> **[NBrL7Q3]** $

> ASK OR CODE: How many large cans of NORMAL STRENGTH BEER, LAGER, STOUT or CIDER did you drink that day?
> Range: 1..97

**IF NBrL7=Bottles (IF NBrL74 mentioned) THEN**
> **[nberqbt7]** $ [1]

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

> EDIT ONLY:
> PLEASE LOOK UP AND ENTER PINT EQUIVALENT OF A BOTTLE OF *(Name of Bottle)*
> VALID ENTRIES ARE 0.00, 0.32, 0.35, 0.44, 0.48, 0.50, 0.58, 0.77, 0.88, 0.97 AND 1.00.
> ENTER 9.99 IF CANNOT CODE

---

**IF DrnkTy=Strong beer/lager/cider  (IF DrnkTy02 mentioned) 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 | [SBrL71] |
| 2 | Small cans | [SBrL72] |
| 3 | Large cans | [SBrL73] |
| 4 | Bottles | [SBrL74] |

**IF SBrL7=Half pints (IF SBrL71 mentioned) THEN**

**[SBrL7Q1]** $

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

Range: 1..97

**IF SBrL7=Small cans (IF SBrL72 mentioned) THEN**

**[SBrL7Q2]** $

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

Range: 1..97

**IF SBrL7=Large cans (IF SBrL73 mentioned) THEN**

**[SBrL7Q3]** $

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

Range: 1..97

**IF SBrL7=Bottles (IF SBrL74 mentioned) THEN**

**[sberqbt7]** $ [1]

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

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 0.00, 0.32, 0.35, 0.44, 0.48, 0.50, 0.58, 0.77, 0.88, 0.97 AND 1.00.

ENTER 9.99 IF CANNOT CODE

---

$ 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '$' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.

[1] No equivalent in self-completion questionnaire

**IF DrnkTy=Spirits  (IF DrnkTy03 mentioned) 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?
   INTERVIEWER: Code the number of singles – count doubles as two singles.
   Range: 1..97

**IF DrnkTy=Sherry  (IF DrnkTy04 mentioned) THEN**
   **[ShryL7]$ 1**
   Still thinking about last *(answer to WhichDay)*, how much sherry or martini, including port,
   vermouth, Cinzano, Dubonnet or Buckfast did you drink on that day?
   INTERVIEWER: Code the number of glasses.
   Range: 1..97

**IF DrnkTy=Wine  (IF DrnkTy05 mentioned) THEN**
   **[WineL7]$**
   Still thinking about last (*name of day*) how much wine, including Babycham and champagne,
   did you drink on that day?
   INTERVIEWER: Code the measure the respondent used.
   Please note that respondent may give answer in bottles and glasses.
   Code **small** bottles (eg. 250ml, 175ml) as glasses, not bottles.
   Please code the relevant option.
1   Bottle or parts of bottle
2   Glasses
3   Both bottles or parts of bottle, and glasses

**IF WineL7 = Bottle or parts of bottle OR Both bottles and glasses**
   **[WL7Bt]**
   INTERVIEWER: Code the number of 125ml glasses drunk **from the bottle** by the
   respondent.
   E.g. If they drank half a bottle, code 3 glasses.
   Press <F9> for more information.
   Range: 1.0..97.9

---

Interviewer information screen:

 1 750ml bottle = 6 glasses.
 ½ 750ml bottle        = 3 glasses.
 ⅓ 750ml bottle        = 2 glasses.
 ¼ 750ml bottle        = 1.5 glasses.
 1 litre   = 8 glasses.
 ½ litre  = 4 glasses.
 ⅓ litre  = 2.5 glasses.
 ¼ litre  = 2 glasses.

---

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completion booklet for young people, at the interviewers' discretion. Variables marked here with '$' are combined with
data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived
variable listing for details of these combined variable names.
1 Buckfast added in 2008

> If respondent has answered in bottles or litres, convert to glasses using the information provided on the screen.
>
> For example, if a respondent said they usually share a bottle with one other person and they share it equally, code 3 glasses.
>
> Small bottles (e.g. 250ml, 175ml) should **not** be coded here – record them as glasses. Press <Esc> to close.

**IF WineL7 = Glasses OR Both bottles and glasses**
    **[WL7Gl]$**
    INTERVIEWER: Code the number of glasses (**drunk as glasses**).
    Range: 1.0..97.9

    **[WL7Glz]$**
    Were you drinking from a large, standard, or small glass?
    INTERVIEWER SHOW WINE GLASS CARDS
    INTERVIEWER: If respondent drank from two or three different size glasses, please code all that apply.
    Please note that if respondent was drinking in a pub or wine bar and had a small glass, this would usually be 175ml.
| | | |
|---|---|---|
| 1 | Large glass (250ml) | [WL7Glz1] |
| 2 | Standard glass (175ml) | [WL7Glz2] |
| 3 | Small glass (125ml) | [WL7Glz3] |

**IF WL7Glz1=mentioned THEN**
    **[ml250Glz]$**
    How many large glasses (250ml) did you drink?
    Range: 1.0..97.9

**IF WL7Glz2=mentioned THEN**
    **[ml175Glz]$**
    How many standard glasses (175ml) did you drink?
    Range: 1.0..97.9

**IF WL7Glz3=mentionedTHEN**
    **[ml125Glz]$**
    How many small glasses (125ml) did you drink?
    Range: 1.0..97.9

---

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**IF DrnkTy=Alcoholic lemonades/colas  (IF DrnkTy06 mentioned) THEN**
> **[PopsL7]** $ 1
> Still thinking about last *(answer to Which Day)*, how much alcopops or pre-mixed alcoholic drinks such as WKD, Smirnoff Ice, Bacardi Breezer etc. did you drink on that day?
> INTERVIEWER: Code measures that you are going to use.

| | | |
|---|---|---|
| 1 | Small cans | [PopsL71] |
| 2 | Standard bottles (275ml) | [PopsL72] |
| 2 | Large bottles (700ml) | [PopsL73] |

**IF PopsL7=Small cans (IF PopsL71 mentioned) THEN**
> **[PopsL7Q1]$**
> ASK OR CODE: How many small cans of alcopops or pre-mixed alcoholic drinks did you drink on that day?
> Range: 1..97

**IF PopsL703=Standard Bottles (IF PopsL72 mentioned) THEN**
> **[PopsL7Q2]$**
> ASK OR CODE: How many standard sized bottles of alcopops or pre-mixed alcoholic drinks did you drink on that day?
> Range: 1..97

**IF PopsL703=Large Bottles (IF PopsL73 mentioned) THEN**
> **[PopsL7Q3]$**
> ASK OR CODE: How many large bottles of alcopops or pre-mixed alcoholic drinks did you drink on that day?
> Range: 1..97

**IF DrnkType=Other  (IF DrnkTy07 mentioned) 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**

---

[1] Prior to 2008 the alcopops measures were small cans or bottles. In 2008 the measures were changed to small cans, standard bottles (275ml) or large bottles (700ml).
$ 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '$' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.

**[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

***Note: All drinks recorded under OthL7A- OthL7C backcoded into NBrL7- PopsL703***

**[DrWher1]$ [1]**
SHOW CARD J3
In which of these places on this card would you say you drink the **most** alcohol?
CODE ONE ONLY.
1    In a pub or bar
2    In a restaurant
3    In a club or disco
4    At a party with friends
5    At my home
6    At someone else's home
7    Out on the street, in a park or other outdoor area
8    Somewhere else (WRITE IN)

**IF DrWher1=Somewhere else**
**[DrWher1E]***
In which place do you drink the **most** alcohol?
ENTER PLACE

---

[1] In 2008 the question was revised to only allow for the place where most alcohol was drunk, with a follow-up question for the next place. For 2012 onward the follow up question was dropped.

**ASK ALL 18/20+ WHO DRINK ALCOHOL (IF (Drink = Yes) OR (DrinkAny = Very occasionally))**
**[DrWith1]$ [1]**
SHOW CARD J4
Who are you usually with when you drink the **most** alcohol?
CODE ONE ONLY.
1     My husband or wife/boyfriend or girlfriend/partner
2     Male friends
3     Female friends
4     Male and female friends together
5     Work colleagues
6     Members of my family / relatives
7     Someone else (WRITE IN)
8     On my own

**IF DrWith1=Someone else**
**[DrWith1E]\***
Who are you usually with when you drink the **most** alcohol?
ENTER NAME

---

[1] Prior to 2008 participants were asked who they usually drink with when they drink alcohol. In 2008 the wording was revised and participants were asked who they are usually with when they drink the most alcohol and a follow up question asking who next. For 2012 onward the follow up question was dropped.

# Dental Health[1] (16+)

INTERVIEWER: Now follows the Dental Health module…

**ASK ALL AGED 16+**

**[NatTeeth]**
SHOW CARD K1
Adults can have up to **32** natural teeth but over time people lose some of them.  How many natural teeth, including crowns have you got?
1 No natural teeth
2 Fewer than 10 natural teeth
3 Between 10 and 19 natural teeth
4 20 or more natural teeth

**IF NatTeeth = 'Fewer than 10' … '20 or more' or DK/REF THEN**
**[TthApp]**
SHOW CARD K2
How happy or unhappy are you with the appearance of your teeth at present?
1 Very happy
2 Fairly happy
3 Fairly unhappy
4 Very unhappy

**[TthPain]**
Have you had any toothache or pain in your mouth within the last month, or are you having any at present?
1 Yes
2 No

**[TthProb]**
SHOW CARD K3
Do you have any problems or difficulties biting or chewing food?
IF ASKED: include problems with biting or chewing food because of sensitive teeth.
1 Yes, often
2 Yes, occasionally
3 No, never

**[GumBld]**
SHOW CARD K3 AGAIN
Do your gums bleed when you eat, brush your teeth or floss?
1 Yes, often
2 Yes, occasionally
3 No, never

**[DenTreat]**
If you went to the dentist tomorrow, do you think you would need treatment?
1 Yes
2 No

---

[1] The questions in this module were introduced to SHeS in 2008.

# Dental services Module Version A Only

INTERVIEWER: Now follows the Dental Services module…

**ASK ALL AGED 16+ in Version A**
**[Denture]**
Have you ever had any kind of denture? (False teeth which you can take out)
1    Yes
2    No

**IF DENTURE=Yes THEN**
**[DenType]***
SHOW CARD K4
What kind of denture do you have? Please include any denture that you have but do not
wear. Do not include any old dentures you have that have since been replaced.
CODE ALL THAT APPLY
1    Full upper denture                                    [Dentype1]
2    Full lower denture                                    [Dentype2]
3    Partial upper denture                                 [Dentype3]
4    Partial lower denture                                 [Dentype4]

**ASK FOR EACH DENTURE RECORDED AT DenType**
**[DenWear]***
Do you wear your *(insert type)* denture? (Yes/No)
1      Wears full upper denture                            [DenWear1]
2      Wears full lower denture                            [DenWear2]
3      Wears partial upper denture                         [DenWear3]
4      Wears Partial lower denture                         [DenWear4]

**ASK ALL AGED 16+ in Strand A (SG ROTATING MODULE)**
**[DentVst]**
SHOW CARD K5
About how long ago was your last visit to the dentist?
1    Less than a year ago
2    More than 1 year, up to 2 years ago
3    More than 2 years, up to 5 years ago
4    More than 5 years ago
5    Never been to the dentist

**IF DentVst = (1 'Less than a year ago' … 4 'More than 5 years ago') THEN**
**[DentNHS]**
Did you get your treatment on the NHS or was it private?
IF ASKED FOR CLARIFICATION: Dentists can be both private and NHS. For instance - you might see your dentist privately while your children are treated on the NHS for free by the same dentist. Most people are required to pay something towards treatment on the NHS but there are some exceptions. Expectant or nursing mothers or those receiving family tax credit, income support or incapacity benefit are entitled to free dental care on the NHS. If you have received your treatment on the NHS, you need to sign a form called a GP17 form. Some people who pay privately are treated under a dental insurance plan (e.g. Denplan)."

1   NHS
2   Private
3   Both
4   Don't know

**ASK ALL AGED 16+ in Strand A (SG ROTATING MODULE)**
**[DentFeel]**
SHOWCARD K6
Which of the options on this card best describe how you feel about visiting the dentist?
1   I don't feel nervous at all
2   I feel a bit nervous
3   I feel very nervous

**IF DentVst NOT = "Never been to the dentist"**
**[DentProb]\***
**SHOW CARD K7**
When visiting the dentist, do any of the following apply to you?
CODE ALL THAT APPLY
1   Difficulty in getting time off work                                        [DentPro1]
2   Difficulty in getting an appointment that suits me                         [DentPro2]
3   Dental treatment too expensive                                             [DentPro3]
4   Long way to go to the dentist                                              [DentPro4]
5   I have not found a dentist I like                                          [DentPro5]
6   I cannot get dental treatment under the NHS                                [DentPro6]
7   I have difficulty in getting access, e.g. steps, wheelchair access         [DentPro7]
8   Other                                                                      [DentPro8]
9   (None of these)                                                            [DentPro9]

**IF DentProb = 8 'Other reason'**
**[DentProbO]\***
INTERVIEWER: Enter other answer

**ASK ALL AGED 16+ in Strand A (SG ROTATING MODULE)**
    **[DentHlth]\***
    SHOW CARD K8
    Which of the following do you do **daily** to improve your dental and oral health?
    INTERVIEWER: If respondent is unsure whether the toothpaste they use is fluoride or not,
    assume that it is and code 1.
    CODE ALL THAT APPLY.

| | | |
|---|---|---|
| 1 | Brush my teeth with fluoride toothpaste | [DentHlt1] |
| 2 | Use dental floss | [DentHlt2] |
| 3 | Use a mouth rinse | [DentHlt3] |
| 4 | Restrict my intake of sugary foods and drinks | [DentHlt4] |
| 5 | Clean my dentures (including soaking with a sterilising tablet) | [DentHlt5] |
| 6 | Leave my dentures out at night | [DentHlt6] |
| 7 | None of these | [DentHlt7] |

# Social capital module Version A Only

INTERVIEWER: Now follows the Social Capital module…

**ASK ALL AGED 16+**
Now I'd like you some questions about social issues.

**[PTrust]**
Generally speaking, would you say that most people can be trusted, or that you can't be too careful in dealing with people?
1      Most people can be trusted
2      Can't be too careful in dealing with people
3      (SPONTANEOUS: It depends on people/circumstances)

**[NTrust]**
   Now I'd like to ask you a question about your immediate neighbourhood, by which I mean your street or block. Would you say that ...READ OUT...
1      …most of the people in your neighbourhood can be trusted
2      some can be trusted
3      a few can be trusted
4      or, that no-one can be trusted?
5      (SPONTANEOUS: Just moved here)

**[Involve]**
SHOW CARD L1
How involved do you feel in the local community?
1      A great deal
2      A fair amount
3      Not very much
4      Not at all

**[Particip]**
 SHOW CARD L2
   To what extent do you agree or disagree with the following statement: I can  influence decisions affecting my local area?
1      Strongly agree
2      Agree
3      Neither agree nor disagree
4      Disagree
5      Strongly disagree
6      (SPONTANEOUS - Don't have an opinion)
7      (SPONTANEOUS - Don't know)

**[Contact]**
SHOW CARD L3
Not counting the people you live with, how often do you personally contact your relatives, friends or neighbours either in person, by phone, letter, email or through the internet?
 1      On most days
2      Once or twice a week
3      Once or twice a month
4      Less often than once a month
5      Never

**[PCrisis]**
If you had a serious personal crisis, how many people, if any, do you feel you could turn to for comfort and support?
INTERVIEWER: If more than 15, code as 15.
Range: 0..15

# Discrimination and harassment (Version A Only)

INTERVIEWER: Now follows the Discrimination module…

**ASK ALL AGED 16+**
The next questions are about whether you have been unfairly treated in any aspect of your life, because you belong to a particular group.

**[Disc]***
SHOW CARD M1
Have you personally been **unfairly treated** or **discriminated** against in the last 12 months, that is since *(date 12 months ago)*, for any of the reasons on this card?
Please just tell me the letter next to the reasons that apply.
PROBE: What else?

| | | | |
|---|---|---|---|
| 1 | D | (Your accent) | [Disc1] |
| 2 | K | (Your ethnicity) | [Disc2] |
| 3 | W | (Your age) | [Disc3] |
| 4 | T | (Your language) | [Disc4] |
| 5 | G | (Your colour) | [Disc5] |
| 6 | L | (Your nationality) | [Disc6] |
| 7 | B | (Your mental ill-health) | [Disc7] |
| 8 | H | (Any other health problems or disability) | [Disc8] |
| 9 | A | (Your sex) | [Disc9] |
| 10 | C | (Your religious beliefs or faith) | [Disc10] |
| 11 | P | (Your sexual orientation) | [Disc11] |
| 12 | E | (Where you live) | [Disc12] |
| 13 | O | (Other reason) | [Disc13] |
| 14 | N | (I have not experienced this) | [Disc14] |

**[Harass]***
SHOW CARD M1 AGAIN
Have you personally experienced **harassment or abuse** in the last 12 months, that is since *(date 12 months ago),* for any of the reasons on this card?
Please just tell me the letter next to the reasons that apply.
PROBE: What else?

| | | | |
|---|---|---|---|
| 1 | D | (Your accent) | [Harass1] |
| 2 | K | (Your ethnicity | [Harass2] |
| 3 | W | (Your age) | [Harass3] |
| 4 | T | (Your language) | [Harass4] |
| 5 | G | (Your colour) | [Harass5] |
| 6 | L | (Your nationality) | [Harass6] |
| 7 | B | (Your mental ill-health) | [Harass7] |
| 8 | H | (Any other health problems or disability) | [Harass8] |
| 9 | A | (Your sex) | [Harass9] |
| 10 | C | (Your religious beliefs or faith) | [Harass10] |
| 11 | P | (Your sexual orientation) | [Harass11] |
| 12 | E | (Where you live) | [Harass12] |
| 13 | O | (Other reason) | [Harass13] |
| 14 | N | (I have not experienced this) | [Harass14] |

# Economic Activity module

**IF RESPONDENT IS AGED 16+ AND NOT HOUSEHOLD REFERENCE PERSON or IF RESPONDENT IS HOUSEHOLD REFERENCE PERSON BUT DID NOT ANSWER OCCUPATION QUESTIONS IN HOUSEHOLD QUESTIONNAIRE[1]**
**(IF (Age of Respondent is >=16) AND NOT (PerNum=PHRPNo AND PHRPOcc=Yes))**

In the last week (that is the 7 days ending *date last Sunday*) were you doing any of the following, even if only for one hour?
INTERVIEWER: 'Temporarily away' includes away from work ill, on maternity leave, on holiday leave and temporarily laid off (as long as there is still an employment contract). It does not include those who are laid off and no longer have an employment contract.
    INTERVIEWER: Code **all that apply**.

| | | |
|---|---|---|
| 1 | Working as an employee (or temporarily away) | [NWrkemp] |
| 2 | On a Government sponsored training scheme (or temporarily away) | [NGvtSchm] |
| 3 | Self employed or freelance (or temporarily away) | [NSelfEmp] |
| 4 | Working unpaid for your own family's business (or temporarily away) | [NWrkFam] |
| 5 | Doing any other kind of paid work | [NOthWrk] |
| 6 | None of the above | [NNoneabv] |

**IF (HRP Age 16 to 64]) AND NOT (NGvtSchm=1) THEN**
**[EducCou]**
Are you at presently at school or enrolled on any **full-time** education course excluding leisure classes? (Include correspondence courses and open learning as well as other forms of full-time education course).
INTERVIEWER: CODE **YES** IF FULL-TIME STUDENT ON HOLIDAY AND WILL BE STUDYING FULL-TIME WHEN NEXT TERM STARTS.
IF RESPONDENT IS STUDYING PART-TIME CODE **NO** HERE.
    1 Yes
    2 No

**IF ((NWrkFam=1) OR (NNoneabv=1))**
**AND NOT ((NWrkemp=1) OR (NGvtSchm=1) OR (NSelfEmp=1) OR (NOthWrk=1)) THEN**
**[Wk4Lk12]**
Thinking of the 4 weeks ending (date last Sunday), were you looking for any paid work or
    Government training scheme at any time in those 4 weeks?
    1 Yes
    2 No

**IF Wk4Lk12 = No THEN**
**[WaitJb12]**
Are you waiting to take up a job that you have already obtained?
    1 Yes
    2 No

---

[1] Economic activity questions changed in 2012

**IF (Wk4Lk12 = Yes OR WaitJb12 = Yes) THEN**
**[Wk2Str12]**
If a job or a place on a government scheme had been available in the week ending (*date last Sunday*), would you have been able to start within 2 weeks?
    1 Yes
    2 No


**IF (NNoneabv =1) AND (Wk4Lk12 = No) AND (WaitJb12 = No) THEN**
**[YNotWrk]**
May I just check, what was the main reason you did not look for work in the last 4 weeks?
INTERVIEWER: CODE ONE ONLY
    1  Waiting for the results of an application for a job/being assessed by a training agent
    2  Student
    3  Looking after family/home
    4  Temporarily sick or injured
    5  Long-term sick or disabled
    6  Believes no job available
    7  Not yet started looking
    8  Doesn't need employment
    9  Retired from paid work
    10 Any other reason

**IF (NNoneabv =1) AND (WaitJb12 <> Yes) THEN**
**[**EverJob]
Have you ever been in paid employment or self-employed?
    1 Yes
    2 No

**IF (WaitJb12 = Yes) 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

**IF (Everjob=Yes) THEN**
[PayLast]
Which year did you leave your last paid job?
WRITE IN.
Range: 1920..2015

**IF Last paid job less than or equal to 8 years ago (from PayLast) THEN**
[PayMon]
Which month in that year did you leave?
1       January
2       February
3       March
4       April
5       May
6       June
7       July
8       August

9       September
10      October
11      November
12      December
98      Can't remember

*[PayAge]*
***Computed: Age when last had a paid job.***

**ASK ALL WHO HAVE EVER WORKED (EverJob=Yes), OR CURRENTLY IN PAID WORK / SELF-EMPLOYED / ON A GOVERNMENT SCHEME / WORKING UNPAID IN OWN OR RELATIVE'S BUSINESS / WAITING TO TAKE UP PAID WORK ALREADY OBTAINED (Nactiv09=3 to 6), OR WORKED IN PAST WEEK (StWork=Yes)**

**[JobTitle]\***
I'd like to ask you some details about *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?
Text: Maximum 60 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

**[SkilNee]\***
What skills or qualifications are *(were)* needed for the job?
Text: Maximum 120 characters

**[Employe]**
Are you *(were you/will you be)* ...READ OUT...
1       an employee,
2       or, self-employed
        IF IN DOUBT, CHECK HOW THIS EMPLOYMENT IS TREATED FOR TAX & NI
        PURPOSES.

**IF Employe = 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

**IF Employe=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+

**IF Employe = Self-employed AND Dirctr=No THEN**
**[SNEmplee]**
Do *(did/will)* you have any employees?
1    None
2    1-24
3    25-499
4    500+

**IF Employe=Employee THEN**
**[Ind]***
What does *(did)* your employer make or do at the place where you *(usually worked/will work)*?
Text: Maximum 100 characters

**IF Employe=Self-employed THEN**
**[SlfWtMad]***
What *(did/will)* you make or do in your business?
Text: Maximum 100 characters

* = not on the datafile                                    201

# Stress at Work (Version A Only)

INTERVIEWER: Now follows the Stress module…

**ASK ALL AGED 16+ AND IN WORK**
**[StrWork]**
SHOW CARD P2
In general, how do you find your job?"
    1   Not at all stressful
    2   Mildly stressful
    3   Moderately stressful
    4   Very stressful
    5   Extremely stressful

**[WorkBal]**
SHOW CARD P3
How satisfied are you with the balance between the time you spend on your paid work and the time you spend on other aspects of your life?
Please take your answer from this card.
    1   0- Extremely dissatisfied,
    2   1,
    3   2,
    4   3,
    5   4,
    6   5,
    7   6,
    8   7,
    9   8,
    10  9,
    11  10- Extremely satisfied

SHOW CARD P4
I'm going to read out some statements about working conditions in your main job. Each statement refers to your current job and I would like you to use this card to say how often certain circumstances or conditions apply at work.
INTERVIEWER: Press <1> and <Enter> to continue.

**[Demand]**
SHOW CARD P4
I have unrealistic time pressures at work.
    1   Always
    2   Often
    3   Sometimes
    4   Seldom
    5   Never

**[Contrl]**
SHOW CARD P4 AGAIN
I have a choice in deciding how I do my work.
(Please use this card to say how much this applies to you).
  1   Always
  2   Often
  3   Sometimes
  4   Seldom
  5   Never

**[Role]**
SHOW CARD P4 AGAIN
I am clear what my duties and responsibilities are at work.
  1   Always
  2   Often
  3   Sometimes
  4   Seldom
  5   Never

**[Support1]**
SHOW CARD P5
Please use this card to say how much you agree or disagree with each of the following statements.
Firstly, my line manager encourages me at work.
1     Strongly agree
2     Tend to agree
3     Neutral
4     Tend to disagree
5     Strongly disagree

**[Support2]**
SHOW CARD P5 AGAIN
I get the help and support I need from colleagues at work.
1     Strongly agree
2     Tend to agree
3     Neutral
4     Tend to disagree
5     Strongly disagree

**[RelStrain]**
SHOW CARD P5 AGAIN
Relationships at work are strained.
(How much do you agree or disagree?)
1     Strongly agree
2     Tend to agree
3     Neutral
4     Tend to disagree
5     Strongly disagree

* = not on the datafile

**[Change]**
SHOW CARD P5 AGAIN
Staff are consulted about change at work.
1    Strongly agree
2    Tend to agree
3    Neutral
4    Tend to disagree
5    Strongly disagree

# Education module

INTERVIEWER: Now follows the Education module…

**ASK ALL AGED 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

    **[TopQua][1]\***
    SHOW CARD Q1
    Please look at this card and tell me which, if any, of the following educational qualifications you have.
    CODE ALL THAT APPLY.
    **None of these qualifications = Code 12**
1    School Leaving Certificate, NQ Unit        [TopQua1]
2    O Grade, Standard Grade, GCSE, GCE O Level, CSE, National Qualification
    Access 3 Cluster, Intermediate 1 or 2, Senior Certificate or equivalent    [TopQua2]
3    GNVQ/GSVQ Foundation or Intermediate, SVQ Level 1 or 2,
    SCOTVEC/National Certificate Module, City and Guilds Craft, RSA Diploma or
    equivalent    [TopQua3]
4    Higher grade, Advanced Higher, CSYS, A level, AS Level, Advanced Senior
    Certificate or equivalent    [TopQua4]
5    GNVQ/GSVQ Advanced, SVQ Level 3, ONC, OND, SCOTVEC National Diploma,
    City and Guilds Advanced Craft, RSA Advanced Diploma or equivalent    [TopQua5]
6    HNC, HND, SVQ Level 4, RSA Higher Diploma or equivalent    [TopQua6]
7    First Degree, Higher degree, SVQ Level 5 or equivalent    [TopQua7]
8    Professional qualifications e.g. teaching, accountancy    [TopQua8]
9    Other school examinations not already mentioned    [TopQua9]
10    Other post-school but pre Higher education examinations not already mentioned
    [TopQua10]
11    Other Higher education qualifications not already mentioned    [TopQua11]
12    No qualifications    [TopQua12]

---

[1] Qualification categories were revised in 2008

# National Identity, ethnic background and religion module (All)

INTERVIEWER: Now follows the Ethnic Background, National Identity and Religion module…

**ASK ALL (0+)**

**[BirthPla][1]**
What is your (*child's name's*) country of birth?
1       Scotland
2       England
3       Wales
4       Northern Ireland
5       Republic of Ireland
6       Elsewhere (write in)

**[BirthPlaO]\***
INTERVIEWER: Write in place of birth

**[Ethnic12][2]**
SHOW CARD Q3
What is your (*child's name's*) ethnic group?
INTERVIEWER READ OUT: 'Choose **ONE** section from A to F on the card, then tell me which of the options in that section **best describes** your (*child's name's*) ethnic group or background.'
CODE ONE ONLY

1       A - White: Scottish
2       A - White: Other British
3       A - White: Irish
4       A - White: Gypsy/Traveller
5       A - White: Polish
9       A - White: Other (**write in**)
10      B - Mixed: Any mixed or multiple ethnic groups (**write in**)
11      C - Asian: Pakistani, Pakistani Scottish or Pakistani British
12      C - Asian: Indian, Indian Scottish or Indian British
13      C - Asian: Bangladeshi, Bangladeshi Scottish or Bangladeshi British
14      C - Asian: Chinese, Chinese Scottish or Chinese British
15      C - Asian: Other (**write in**)
16      D - African: African, African Scottish or African British
17      D – African: Other (**write in**)
17      E – Caribbean or Black: Caribbean, Caribbean Scottish or Caribbean British
18      E – Caribbean or Black: Black, Black Scottish or Black British
19      E – Caribbean or Black: Other (**write in**)
20      F – Other ethnic group: Arab, Arab Scottish or Arab British
21      F – Other ethnic group: other (**write in**)

---

[1] New question in 2012
[2] This variable was called 'EthnicI' in 2008; it was renamed in 2009 when the list of answer categories was expanded. It was renamed again in 2012 when the list of answer categories was revised.

**IF Ethnic12=Other white background**
> **[Othwhit]***
> WRITE IN ETHNIC GROUP
> Text: Maximum 60 characters

**IF Ethnic12=Mixed background**
> **[Othmix]***
> WRITE IN ETHNIC GROUP
> Text: Maximum 60 characters

**IF Ethnic12=Other Asian background**
> **[OthAsi]***
> WRITE IN ETHNIC GROUP
> INTERVIEWER: Write in.
> Text: Maximum 60 characters

**IF Ethnic12=Other African background**
> **[OthAfr]***
> WRITE IN ETHNIC GROUP
> INTERVIEWER: Write in.
> Text: Maximum 60 characters

**IF Ethnic12=Other Caribbean or Black background**
> **[OthBlk]**
> WRITE IN ETHNIC GROUP
> INTERVIEWER: Write in.
> Text: Maximum 60 characters

**IF Ethnic12=Other**
> **[Otheth]***
> WRITE IN ETHNIC GROUP
> Text: Maximum 60 characters

*Note: All other ethnic group answers recorded under Othwhit- Otheth backcoded into Ethnic12*

**ASK ALL AGED 16+**
> **[Religi09][1]**
> What religion, religious denomination or body do you belong to?
> DO NOT PROMPT.
> 0       None
> 1       Church of Scotland
> 2       Roman Catholic
> 3       Other Christian
> 4       Muslim
> 5       Buddhist
> 6       Sikh
> 7       Jewish
> 8       Hindu
> 9       Pagan
> 10      Another religion (SPECIFY)
> 97      Refused

---

[1] This variable was called ReligioS in 2008; the new name reflects the reduced number of answer categories.

**IF Religi09=3 'Other Christian' THEN**
**[Religio2]***
How would you describe your religion?
INTERVIEWER: Write in

**IF Religi09=10 'another religion' THEN**
**[Religio3]***
What is the name of the religion, religious denomination or body you belong to?
 INTERVIEWER: Write in

*Note: All other religion answers recorded under Religio2-Religio3 backcoded into Religio9*

# Parental History

INTERVIEWER: Now follows the Parental Job Details..

**[PaIntro]***

If you wouldn't mind, I would now like to ask some more general questions about what your parents did when you were a child. If you were not living with, and had no contact with one or both of your parents at that time, please tell me about the people who did care for you. But if you did have even occasional contact with your parents, please tell me about them.
Press '1' and Enter to continue.

**ASK ALL AGED 16+ NOT LIVING WITH FATHER**

**[FathOcc]***
What was the name or title of the job your father did, when you were about 14 years old?
This would have been in the year (*year respondent was 14*).
INTERVIEWER: Code 1 if father's job title is known.
1   **Father's job title known**
2   Did not know father / no contact with father at the time
3   Father was dead
4   Caring for home / not working
5   Don't know

**IF FathOcc = Job title known THEN**
**[FathTitl]***
PROBE FULLY AND WRITE IN FATHER'S JOB TITLE.
Text: Maximum 60 characters

**[FathSup]**
CARD Q4
And which of the descriptions on this card best describes the responsibility he had for staff at that time?
CODE ONE ONLY.
1   Self-employed, with a business with 25 or more employees
2   Self-employed, with a business with fewer than 25 employees
3   Self-employed, in a business with no employees
4   A manager of 25 or more staff
5   A manager of fewer than 25 staff
6   Foreman/supervisor
7   An employee, not manager

**ASK ALL 16+ NOT LIVING WITH THEIR MOTHER**
     **[MothOcc]**
     What was the name or title of the job your mother did, when you were about 14 years old?
     This would have been in the year (*year respondent was 14*).
     INTERVIEWER: Code 1 if mother's job title is known.
**1     Mother's job title known**
2     Did not know mother / no contact with mother at the time
3     Mother was dead
4     Caring for home / not working
5     Don't know

**IF MothOcc = Job title known THEN**
     **[MothTitl]\***
     PROBE FULLY AND WRITE IN MOTHER'S JOB TITLE.
     Text: Maximum 60 characters

     **[MothSup]**
     CARD Q4
     And which of the descriptions on this card best describes the responsibility she had for staff at that time?
     CODE ONE ONLY.
1     Self-employed, with a business with 25 or more employees
2     Self-employed, with a business with fewer than 25 employees
3     Self-employed, in a business with no employees
4     A manager of 25 or more staff
5     A manager of fewer than 25 staff
6     Foreman/supervisor
7     An employee, not manager


**ASK ALL 16+**

     INTERVIEWER: Now follows the Parental Health History..

     We are interested in the way that some health conditions seem to run in families. The next set of questions relate to your natural parents  and to other family members.

**ASK ALL AGED 16+ NOT LIVING WITH THEIR MOTHER**
     **[LiveMaB]**
     (Can I just check), is your natural mother still alive?
1     Yes
2     No

**IF (LiveMaB = Yes) THEN**
     **[AgeMA]**
     How old is your natural mother?
     Range: 1..120

**IF (LiveMaB = No) THEN**

    **[ConsMaB]**
    SHOW CARD Q5
    Did your natural 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, trachycardia or rapid heart)
6    Diabetes
7    None of the above conditions

    **[AgeMaB]**
    How old was your natural mother when she died?
    Range: 10..120

**ASK ALL AGED 16+ NOT LIVING WITH THEIR FATHER**

    **[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

**IF (LivePaB=No) THEN**

    **[ConsPaB]**
    SHOW CARD Q5
    Did your natural 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

    **[AgePaB]**
    How old was your natural father when he died?
    Range: 1..120

**ASK ALL 16+**

*(We are interested in the way some health conditions seem to run in families.)* I am going to ask you about some conditions which may have been experienced by your own relatives, including those living and any who are deceased.

**[FamDB]**[1]
Have any of your parents, children or your brothers or sisters, ever had Type 1 or Type 2 diabetes?
INTERVIEWER: **IF ASKED, INCLUDE** RELATIVES WHO HAVE DIED BUT **EXCLUDE** NON-BLOOD RELATIVES E.G. STEP-BROTHERS, PARENTS-IN-LAW.
IF ADOPTED: IF POSSIBLE ANSWER ABOUT BIRTH PARENTS, IF NOT ANSWER ABOUT ADOPTIVE FAMILY
1      Yes
2      No


**[ParCVD]**[2]
Have either of your parents developed heart disease or had a stroke before the age of 60?
INTERVIEWER: **EXCLUDE** CONGENITAL HEART DISEASE (I.E. HEART CONDITIONS PEOPLE ARE BORN WITH)
1      Yes
2      No

**[SibCVD]**[3]
Have any of your brothers or sisters developed heart disease or had a stroke before the age of 60?
INTERVIEWER: **EXCLUDE** CONGENITAL HEART DISEASE (I.E. HEART CONDITIONS PEOPLE ARE BORN WITH)
1      Yes
2      No
3      Only child - no brothers/sisters

**[RelCVD]**[4]
Have any of your aunts, uncles or first cousins developed heart disease or had a stroke before the age of 60?
INTERVIEWER: **EXCLUDE** CONGENITAL HEART DISEASE (I.E. HEART CONDITIONS PEOPLE ARE BORN WITH)
INTERVIEWER: IF ASKED, THIS QUESTION IS ABOUT BLOOD RELATIVES
1      Yes,
2      No,
3      Does not have any aunts, uncles or first cousins

**IF RelCVD = Yes THEN**
[RelNum]
How many of them?: 1..97

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[1] New question in 2012
[2] New question in 2012
[3] New question in 2012
[4] New question in 2012

# Self-completion booklets admin

INTERVIEWER: Now follows the Presentation of Self-Completion Booklets.
You can assemble you scales and stadiometer while the participants are filling in their self-completions.

**IF Age of Respondent is 13 years or over THEN**
[SCIntro]*
INTERVIEWER: Prepare *(pink/blue/lilac)* self-completion booklet by entering serial numbers.
Check that you have correct person number.
<Year Sample Point Address Hhold Check letter Person>
Press <1> and <Enter> to continue.
INTERVIEWER: Please make sure you hand over the **2015 study** self-completion booklet.

**IF Age of Respondent is 18 or over AND IF (DrinkAny = Never) OR (DrinkOft=Once or twice a year OR Not at all in the last twelve months) (From Drinking module) 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.**
Press <1> and <Enter> to continue.

**IF Age of Respondent is 13 years or over THEN**
[SComp2]*
I would now like you to answer some questions by completing this booklet on your own. The questions cover *(smoking, drinking and general health / general health).*
INTERVIEWER: Explain how to complete booklet.
*(If asked, show booklet to parent(s)).*
Press <1> and <Enter> to continue.

**IF Age of any respondent in household = 4-12 years THEN**
[ParSDQ]
INTERVIEWER: Ask parent to complete mint green booklet for parents of children 4-12.
This child's parent(s) are: *(Names of parents)*
Code person number of the parent who is completing the booklet, or enter code:
95 = Parent not present at time of interview
96 = Booklet refused

**IF (ParSDQ IN [1..10]) THEN**
[PrepSDQ]*
INTERVIEWER: Prepare booklet for parents of children 4-12 by entering serial numbers.
Check you have the correct person number.
 Explain how to complete the booklet.
 1 Continue..

**IF Age of respondent is 13 years or over THEN**

**[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.

**[SComp3]**

INTERVIEWER CHECK: Was the *(pink/lilac/pale blue)* booklet *(for 13-15 year olds/for young adults/for adults)* completed?

1    Fully completed
2    Partially completed
3    Not completed

**IF SComp3=Partially completed OR Not completed THEN**

**[SComp6]**

INTERVIEWER: Record why booklet not completed / partially completed.

CODE ALL THAT APPLY:

| | | |
|---|---|---|
| 1 | Eyesight problems | [SComp61] |
| 2 | Language problems | [SComp62] |
| 3 | Reading/writing/comprehension problems | [SComp63] |
| 4 | Respondent bored/fed up/tired | [SComp64] |
| 5 | Questions too sensitive/invasion of privacy | [SComp65] |
| 6 | Too long/too busy/taken long enough already | [SComp66] |
| 7 | Refused to complete booklet (no other reason given) | [SComp67] |
| 8 | Other (SPECIFY) | [SComp68] |

**IF SComp6=Other THEN**

**[SComp6O]***

PLEASE SPECIFY OTHER REASON:

Text: Maximum 60 characters

**IF Age of any respondent in household = 4-12 years AND IF (ParSDQ IN [1..10]) THEN**

**[SDQChk]**

INTERVIEWER: Was the mint green booklet for parents completed?

1    Fully completed
2    Partially completed
3    Not completed

**IF SDQChk =Partially completed OR Not completed THEN**

**[SDQComp]**    INTERVIEWER: Record why booklet not completed / partially completed.

CODE ALL THAT APPLY

| | | |
|---|---|---|
| 0 | Child away from home during fieldwork period | [SDQComp0] |
| 1 | Eyesight problems | [SDQComp1] |
| 2 | Language problems | [SDQComp2] |
| 3 | Reading/writing/comprehension problems | [SDQComp3] |
| 4 | Respondent bored/fed up/tired | [SDQComp4] |
| 5 | Questions too sensitive/invasion of privacy | [SDQComp5] |
| 6 | Too long/too busy/taken long enough already | [SDQComp6] |
| 7 | Refused to complete booklet (no other reason given) | [SDQComp7] |
| 8 | Other (SPECIFY) | [SDQComp8] |

# Measurements module (All Versions)
# (Height 2+ & Weight 2+)

**ASK ALL AGED 2+**

**[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 health.

INTERVIEWER: Select appropriate information leaflet and fill in

INTERVIEWER: Remember to wipe the head plate and base plate of the stadiometer as well as the scales with Milton wipes between households.

Press <1> and <Enter> to continue

**ASK ALL WOMEN AGED 16-49**

**PregNowB**

May I check, are you pregnant now?

1    Yes
2    No

**ASK ALL AGED 2+**

**[RespHts]**

INTERVIEWER: Measure height and code.

Include 'disguised' refusals such as 'it will take too long', 'I have to go out' etc. as 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]**

INTERVIEWER: Enter height.

Range: 60.0..244.0

**[RelHiteB]**

INTERVIEWER CODE ONE ONLY

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

**IF RelHiteB = Unreliable THEN**

**[HiNRel]**

INTERVIEWER: 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


**IF 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

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

    **[NoHitM]***

    **INTERVIEWER: Code reason for not obtaining height.**

    CODE ALL THAT APPLY.

| | | |
|---|---|---|
| 1 | Away from home during fieldwork period (specify in a Note) | [NoHitM0] |
| 2 | Respondent is unsteady on feet | [NoHitM1] |
| 3 | Respondent cannot stand upright/too stooped | [NoHitM2] |
| 4 | Respondent is chairbound | [NoHitM3] |
| 5 | Child: subject would not stand still | [NoHitM4] |
| 6 | Ill or in pain | [NoHitM5] |
| 7 | Stadiometer faulty or not available | [NoHitM6] |
| 8 | Other – specify | [NoHitM7] |

**IF (NoHitM = Other) THEN**

    **[NoHitMO]***

    PLEASE SPECIFY OTHER REASON.

    Text: Maximum 60 characters

**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?

    If respondent doesn't know height use <Ctrl K>, if respondent isn't willing to give height use <Ctrl R>.

1    Metres
2    Feet and inches

**IF EHtCh = Metres THEN**

    **[EHtm]**

    INTERVIEWER: Please record estimated height in metres.  Range: 0.01..2.44

**IF EHtCh = Feet and inches THEN**

    **[EHtFt]**

    INTERVIEWER: Please record estimated height. Enter feet.  Range: 0..7

**[EHtIn]**
INTERVIEWER: Please record estimated height. Enter inches.  Range: 0..11

*[EMHeight] Final measured or estimated height (cm).*

**ASK ALL AGED 2+ UNLESS AGED 16-49 AND PREGNANT (IF PregNowB<>Yes)**
**[RespWts]**
INTERVIEWER: Measure weight and code.

If respondent weighs more than 200 kg (31 ½ stone) if you are using Seca 877 scales and 130 kg if you are using the Tanita THD-305 scales, do not weigh. Code as weight not attempted.
Include 'disguised' refusals such as 'it will take too long', 'i have to go out' etc. at code 2: weight refused.

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

**IF RespWts=Weight obtained (subject on own)**
**[Weight]**
INTERVIEWER: Record weight.
Range: 10.0..130.0

**IF RespWts = Weight obtained (child held by adult) THEN**
**[WtAdult]**
INTERVIEWER: Enter weight of adult on his/her own.
Range: 15.0..130.0

**[WtChAd]**
INTERVIEWER: Enter weight of adult holding child.
Range: 15.0..130.0

*[FWeight] Measured weight, either Weight or WtChAd-WtAdult*
*Range: 0.0..140.0*

**IF RespWts=Weight obtained (subject on own) OR Weight obtained (child held by adult)**
**[FloorM]**
INTERVIEWER: Were the scales placed on..."

| | | |
|---|---|---|
| 1 | …uneven floor, | [FloorM1] |
| 2 | carpet, | [FloorM2] |
| 3 | or neither? | [FloorM3] |

**[RelWaitB]**
INTERVIEWER: Code one only.
1    No problems experienced, reliable weight measurement obtained

Problems experienced - measurement likely to be:
2    Reliable
3    Unreliable

**IF RespWts = Weight refused THEN**
    **[ResNWt]**
    INTERVIEWER: 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

**IF RespWts = Weight attempted, not obtained OR Weight not attempted THEN**
    **[NoWaitM]***
    INTERVIEWER: Code reason for not obtaining weight.
    CODE ALL THAT APPLY.

| | | |
|---|---|---|
| 1 | Child: away from home during fieldwork period (specify in a Note) | [NoWaitM0] |
| 2 | Respondent is unsteady on feet | [NoWaitM1] |
| 3 | Respondent cannot stand upright | [NoWaitM2] |
| 4 | Respondent is chairbound | [NoWaitM3] |
| 5 | Respondent weighs more than 200 kg (Seca scales) or more than 130 kg (Tanita scales) | [NoWaitM4] |
| 6 | Ill or in pain | [NoWaitM5] |
| 7 | Scales not working | [NoWaitM6] |
| 8 | Parent unable to hold child | [NoWaitM7] |
| 9 | Other – specify | [NoWaitM8] |

**IF NoWaitM = Other THEN**
    **[NoWaitMO]***
    PLEASE SPECIFY OTHER REASON. Text: Maximum 60 characters

**IF RespWts = Weight refused OR Weight attempted, not obtained OR Weight not attempted THEN**
    **[EWtCh]**
    INTERVIEWER: Ask *(respondent)* for an estimated weight. Will it be given in kilograms or in stones and pounds?
    If respondent doesn't know weight use <Ctrl K>, if respondent isn't willing to give weight use <Ctrl R>.
1    Kilograms
2    Stones and pounds

**IF EWtCh = Kilograms THEN**
    **[EWtkg]**
    INTERVIEWER: Please record estimated weight in kilograms. Range: 1.0..210.0

**IF EWtCh = Stones and pounds THEN**
    **[EWtSt]**
    INTERVIEWER: Please record estimated weight. Enter stones. Range: 1..32

    **[EWtL]**
    INTERVIEWER: Please record estimated weight. Enter pounds. Range: 0..13

***[EMweight] Final measured or estimated weight (kg), computed***

# Consents

INTERVIEWER: Now follows the Consents module…

**ASK ALL AGED 16 +**
**[NHSCanA]\*[1]**
We would like your consent for us to send your name, address and date of birth to the Information Services Division of NHS Scotland so they can link it with your NHS health records. These records hold data on you about medical diagnoses and in-patient and out-patient visits to hospital. They are linked with other information about cancer registration, GP registration and mortality.
Please read this form, it explains more about what is involved.
INTERVIEWER: Give the respondent/s the **pale green** consent form (Scottish health records) and allow them time to read the information.
INTERVIEWER: Press <1> and <Enter> to continue.

**ASK ALL AGED 13-15**
**[NHSCanY]\***
We would like your consent for us to send your name, address and date of birth to the Information Services Division of NHS Scotland so they can link it with your NHS health records. These records hold data on you about medical diagnoses and in-patient and out-patient visits to hospital. They are linked with other information about cancer registration, GP registration and mortality.  Please read this form, it explains more about what is involved.
Please read this form, it explains more about what is involved.
INTERVIEWER: Give the *child* the **lemon** consent form (Scottish Health Records) and allow them time to read the information.

**ASK PARENT/GUARDIAN OF CHILD AGED 0-13**
 **[NHSCanC]\***
We would like your consent for us to send *(child's name)*, address and date of birth to the Information Services Division of NHS Scotland so they can link it with his/her/their NHS health records. These records hold data about medical diagnoses and in-patient and out-patient visits to hospital. They are linked with other information about cancer registration, GP registration and mortality.
Please read this form, it explains more about what is involved.
INTERVIEWER: Give the *parent/guardian* the **lemon** consent form (Scottish Health Records) and allow them time to read the information.
Press <1> and <Enter> to continue.

**ASK ALL**
**[NHSCon]**
INTERVIEWER: Did *respondent* give consent *(on behalf of child's name/children's names)?*
1       Consent given
2       Consent not given

---

[1] Wording for consents revised in 2012

**IF NHSCon = Consent given THEN**
**[NHSSig]**
Before I can pass on (*your /name of child's)* details, I have to obtain written consent from you.
INTERVIEWER: Enter the respondent's serial number on the top of the consent form.
Ask the (*respondent/parent/guardian)* to sign and date the form.
Give the (*respondent/parent/guardian)* the white copy of the form to keep, you keep the top copy.
Code whether signed consents obtained.
1    Scottish Health records consent signed
2    No signed consents

**ASK ALL AGED 16+**
**[ReInterA]\***
In the future, the Scottish Government may want to commission follow-up research among particular groups of the public to improve health or health services. Please be assured that any information you provide for this purpose will be released for statistical and research purposes only and carried out by reputable research organisations and that your confidentiality will be protected in the publication of any results given. Would you be willing to have your name, contact details and relevant answers you have given during the interview passed on to the Scottish Government or other research agencies acting on behalf of, or in collaboration with, the Scottish Government for this purpose?
Please read this form, it explains more about what is involved.
INTERVIEWER: Give the respondent the **pale blue** consent form (Scottish Government follow up research) and allow them time to read the information.
Press <1> and <Enter> to continue.

**ASK ALL AGED 13-15**
**[ReInterY]\***
In the future, the Scottish Government may want to commission follow-up research among particular groups of the public to improve health or health services. Please be assured that any information you provide for this purpose will be released for statistical and research purposes only and carried out by reputable research organisations and that your confidentiality will be protected in the publication of any results given. Would you be willing to have your name, contact details and relevant answers you have given during the interview passed on to the Scottish Government or other research agencies acting on behalf of, or in collaboration with, the Scottish Government for this purpose?
Please read this form, it explains more about what is involved.
INTERVIEWER: Give the child the **pink** consent form (Scottish Government follow up research) and allow them time to read the information.

**ASK PARENT/GUARDIAN OF CHILD AGED 0-13**
**[ReInterC]\* [1]**
In the future, the Scottish Government may want to commission follow-up research among particular groups of the public to improve health or health services. Please be assured that any information you provide for this purpose will be released for statistical and research purposes only and carried out by reputable research organisations and that your confidentiality will be protected in the publication of any results given.
Would you be willing to have *(child's name)* name, contact details and relevant answers you have given during the interview passed on to the Scottish Government or other research agencies acting on behalf of, or in collaboration with, the Scottish Government for this purpose? Please read this form, it explains more about what is involved.
INTERVIEWER: Give the parent/guardian the **pink** consent form (Scottish Government follow up research) and allow them time to read the information.
1 Continue


**ASK ALL**
**[ReIntCon]**
INTERVIEWER: Did *respondent* give consent *(on behalf of child's name/children's names)?*
1      Consent given
2      Consent not given


**IF ReIntCon = Consent given THEN**
**[ReIntSig]**
Before I can pass on (*your /name of child's/children's)* details, I have to obtain written consent from you.
INTERVIEWER: Enter the respondent's serial number on the top of the consent form.
Ask (*respondent / parent / guardian)* to sign and date the form.
Give the respondent the white  copy of the form, you keep the top copy. Code whether signed consents obtained.
1      Signed consents obtained
3      No signed consents

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[1] The brackets around the text in this question only appear in main sample households where adults are also asked the preceding consent question.

# Health Measurements and Samples
**ALL 16+ IN SAMPLE B HOUSEHOLDS**

[BimodInt]*
I am now going to ask you a few more questions and take some more measurements. Some people find these sensitive and prefer them to be carried out in private

[BioTurn]*
I need to go through the these next questions with each of you in turn so which of you would like to go first? INTERVIEWER: GET THE RESPONDENTS TO DECIDE AMONG THEMSELVES WHO IS GOING TO GO FIRST)

# Prescribed Medicines and Drug Coding

**ASK ALL SAMPLE B 16+**

> **[MedCNJD]**
> Are you taking or using any medicines, pills, syrups, ointments, puffers or injections prescribed for you by a doctor or a nurse?

1    Yes
2    No

**IF (MedCNJD = Yes) AND ([MEDCINBP=yes] OR [MedHeart=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?
> INTERVIEWER: Include the contraceptive pill

1    Continue

*Questions MedBI-MedBIC repeated for up to 22 drugs*

**IF (MedCNJD = Yes) AND ([MEDCINBP=yes] OR [MedHeart=yes]) THEN**
> **[MedBI]** (Variable names: Medbi01 – Medbi22)
> Enter name of drug number (*number*).
> Ask if you can see the containers for all prescribed medicines currently being taken.
> If Aspirin, record dosage as well as name.
> Text: maximum 50 characters

> **[YTake] (Variable names: MedBIA-MedBIA22)**
> Do you take (name of drug) because of a heart problem, high blood pressure or for some other reason?

1    Heart problem                                              [YTake011-YTake221]
2    High blood pressure                                    [YTake012-YTake222]
3    Other reason                                              [YTake013-YTake223]

> **[MedBIA]** (Variable names: MedBIAB-MedBIA22B)
> Have you taken or used (name of drug) in the last 7 days?

1    Yes
2    No

> **[MedBIC]***
> INTERVIEWER CHECK: Any more drugs to enter?

1    Yes
2    No

# Blood Pressure

**ALL SAMPLE B Age 16+ (EXCEPT PREGNANT WOMEN)**

I would now like to measure your blood pressure, which is an important indicator of cardiovascular health. Blood pressure is measured using a monitor and a cuff which I will secure around your right arm. When we are ready to begin I'll press the start button and the cuff will inflate and deflate automatically three times. You will feel some pressure on your arm when the cuff inflates.
Once I have completed the recordings I will tell you what they are
Are you willing to have your blood pressure measured?
PRESS <1> AND <ENTER> TO CONTINUE.

**[BPConst]**
INTERVIEWER: DOES THE RESPONDENT AGREE TO BLOOD PRESSURE MEASUREMENT?
1    Yes, agrees
2    No, refuses
3    Unable to measure BP for reason other than refusal

**IF BPConst = Yes, agrees 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                                                          [ConSubX1]
2    Smoked                                                         [ConSubX2]
3    Drunk alcohol                                                  [ConSubX3]
4    Done vigorous exercise                                         [ConSubX4]
5    (None of these)                                                [ConSubX5]

**[OMRONNo]**
INTERVIEWER RECORD BLOOD PRESSURE EQUIPMENT SERIAL NUMBER:
Range:001..999

**[CufSize]**
INTERVIEWER: SELECT CUFF AND ATTACH TO THE  RESPONDENT'S **RIGHT** ARM.
ASK THE RESPONDENT TO SIT STILL FOR FIVE MINUTES.
READ OUT: Before I start the measurement I'd like you to sit quietly and relax for 5 minutes. During that time you shouldn't talk or read and your legs should be uncrossed with your feet flat on the floor.
After the 5 minutes, I will start the monitor. It will automatically take three readings, with a minute between each one. While I am doing these recording I will not speak to you, and you shouldn't speak to me either.
(I'm just going to put away some of my equipment and complete some paperwork while we wait.)
RECORD CUFF SIZE CHOSEN.
1    Small adult (17-25 cm)
2    Adult (22-32 cm)
3    Large adult (32-42 cm)

[**BPReady**]*
INTERVIEWER: ONCE RESPONDENT HAS SAT STILL FOR 5 MINUTES YOU ARE READY TO
TAKE THE MEASUREMENTS.
INTERVIEWER: Check that the MODE selector is set to AVG (average) and P-SET Volume
(pressure setting) is set to auto.
ENSURE THE [**READY TO MEASURE**] SYMBOL IS SHOWING BEFORE PRESSING THE
[**START**] BUTTON TO START THE MEASUREMENTS.

*Sys to BPWait repeated for up to 3 blood pressure measurements and average is also
recorded*
[**Sys**] *(variable names sys1om – sys4om)*
INTERVIEWER: Take three measurements from **right** arm.
ENTER (Average/First/Second/Third) SYSTOLIC 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

[**Dias**] *(variable names dias1om – dias4om)*
ENTER (Average/First/Second/Third) DIASTOLIC READING (mmHg).
IF READING NOT OBTAINED, ENTER 999.
Range:001..999

[**Pulse**] *(variable names pulse1om –pulse4om)*
ENTER (Average/First/Second/Third) PULSE READING (bpm).
IF READING NOT OBTAINED, ENTER 999.
Range:001..999

[**MAP**] *(variable names map1om –map4om)*

**IF NO FULL MEASUREMENT OBTAINED (at least one '999' reading in all 3 sets of 3
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

**ALL SAMPLE B Age 16+ (EXCEPT PREGNANT WOMEN)**
[**RespBPS**]
Response to Blood Pressure measurements:
1    Three Blood pressure measurements
2    Two Blood pressure measurements
3    One Blood pressure measurements
4    Tried
5    Not tried
6    Refused

**IF BLOOD PRESSURE MEASUREMENT REFUSED OR NOT ATTEMPTED, OR FEWER THAN THREE FULL READINGS OBTAINED (IF RespBPS in [Two … Refused]) THEN**

**[NAttBPD]**
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.

| | |
|---|---|
| Problems with PC | [NAttBPD0] |
| Respondent upset/anxious/nervous | [NAttBPD1] |
| Error reading | [NAttBPD2] |
| Problems with cuff fitting/painful | [NAttBPD3]] |
| Problems with equipment (not error reading) | [NAttBPD4] |
| Other reason(s) (specify at next question) | [NAttBPD9] |

**IF NattBP = Other THEN**

**[OthNBP]\***
ENTER FULL DETAILS OF OTHER REASON(S) FOR NOT OBTAINING/ATTEMPTING THREE BP READINGS:
Text: Maximum 140 characters

**IF ONE, TWO OR THREE FULL BLOOD PRESSURE READINGS OBTAINED (IF RespBPS in [Three … One]) THEN**

**[DifBPC]**
RECORD ANY PROBLEMS TAKING READINGS.
CODE ALL THAT APPLY.

| | |
|---|---|
| No problems taking blood pressure | [DifBPC1] |
| Reading taken on left arm because right arm not suitable | [DifBPC2] |
| Respondent was upset/anxious/nervous | [DifBPC3] |
| Problems with cuff fitting/painful | [DifBPC4] |
| Problems with equipment (not error reading) | [DifBPC5] |
| Error reading | [DifBPC6] |
| Other problems (SPECIFY AT NEXT QUESTION) | [DifBPC9] |

**IF DifBP=Other THEN**

**[OthDifBP]\***
RECORD FULL DETAILS OF OTHER PROBLEM(S) TAKING READINGS.
Text: Maximum 140 characters

**[BPOffer]\***
INTERVIEWER:  CHECK YOU'VE WRITTEN DOWN BLOOD PRESSURE RESULTS ONTO (*RESPONDENT'S) MEASUREMENT RECORD CARD CORRECTLY.*

| | | |
|---|---|---|
| Avg) (Average Systolic reading) | (Average Diastolic reading) | (Average Pulse reading) |
| i) (First Systolic reading) | (First Diastolic reading) | (First Pulse reading) |
| ii) (Second Systolic reading) | (Second Diastolic reading) | (Second Pulse reading) |
| iii) (Third Systolic reading) | (Third Diastolic reading) | (Third Pulse reading) |

**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.
PLEASE REPORT THIS READING TO THE SURVEY DOCTOR WHEN YOU LEAVE THE PARTICIPANT'S HOME

Just to let you know we pass on blood pressure results to our survey doctor.
She may contact you to check if you have any queries or concerns.

**IF Systolic reading 160-179 OR Diastolic reading 100-114 THEN:**

TICK THE **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 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 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 2 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 THEN:**

TICK THE **NORMAL** BOX AND READ OUT TO RESPONDENT:
Your blood pressure is normal.

# Waist Circumference

**ASK ALL SAMPLE B 16+ (EXCEPT PREGNANT WOMEN)**

**[WHMod]***

INTERVIEWER: NOW FOLLOWS THE **WAIST CIRCUMFERENCE MEASUREMENT** MODULE.

EQUIPMENT: MEASURING TAPE.

INTERVIEWER: Remember to wipe the measurement tape with Milton wipes between households.

PRESS <1> AND <ENTER> TO CONTINUE

1    Continue

**[WIntro]**

Now I would like to measure the circumference of your waist.

The waist circumference is a measure of the distribution of body fat, provides important additional information and is a predictor of health risk.

You will need to be standing for this measurement. I will ask you to identify where on your body your tummy button is, and I will then ask you to place this measuring tape around your waist, over your clothing, at the level of your tummy button. Once the tape measure is level around your waist I will ask you to take a normal breath and then breathe out. I will then record the measurement. I will take at least two measurements.

Are you willing for me to take this measurement?

INTERVIEWER CODE:

1    Respondent agrees to have waist measured
2    Respondent refuses to have waist measured
3    Unable to measure waist for reason other than refusal

**IF (WIntro=Agree) THEN**

**Repeat for up to three waist measurements.**
**Third measurement taken only if difference between first two measurements is greater than 3cm.**

**[Waist]** *(variable names Waist1 to Waist3)*

INTERVIEWER: MEASURE THE WAIST CIRCUMFERENCES **TO THE NEAREST MM**.

ENTER THE (**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

**IF WIntro in [1..3] THEN**

*(computed from WIntro, Waist)*

**[RespW]**

Response to waist measurements:

1    Both measurements obtained
2    One measurement obtained
3    Refused
4    Not tried

* = not on the datafile

**IF (Waist1 = 999.9) OR (Waist2 = 999.9) THEN**
    **[YNoW]**
    ENTER REASON FOR NOT GETTING BOTH MEASUREMENTS
1    Both measurements refused
2    Attempted but not obtained
3    Measurement not attempted

**IF NO OR ONE MEASUREMENT OBTAINED ((WHIntro=Refuse OR Unable) OR Only one waist measurement obtained) THEN**
    **[WPNABM]**
    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 in a wheelchair                [WPNABM1]
2    Respondent is confined to bed               [WPNABM2]
3    Respondent is too stooped                  [WPNABM3]
4    Respondent did not understand the procedure    [WPNABM4]
5    Respondent is embarrassed/sensitive about their size    [WPNABM5]
6    No time/busy/already spent enough time on this survey    [WPNABM6]
7    Other (SPECIFY AT NEXT QUESTION)         [WPNABM7]

**IF WHPNABM = Other THEN**
    **[OthWH]\***
    GIVE FULL DETAILS OF 'OTHER' REASON(S) FOR NOT GETTING FULL WAIST MEASUREMENT:
    Text: Maximum 140 characters

**IF AT LEAST ONE WAIST MEASUREMENT OBTAINED (IF (Waist1 <> 999.9 AND Waist1 <> EMPTY) OR (Waist2 <> 999.9 AND Waist2 <> EMPTY)) THEN**
    **[WJRel]**
    INTERVIEWER: RECORD ANY PROBLEMS WITH **WAIST** MEASUREMENT (INCLUDE HERE RESTRICTIONS FROM TYPE OF CLOTHING WORN SUCH AS SARIS OR RELIGIOUS /CULTURAL ITEMS WORN ON THE BODY)
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]**
    INTERVIEWER: RECORD WHETHER PROBLEMS EXPERIENCED ARE LIKELY TO INCREASE OR DECREASE THE **WAIST** MEASUREMENT.
1    Increases measurement (e.g. bulky clothing)
2    Decreases measurement (e.g. very tight clothing)
3    Measurement not affected

**IF ONE OR TWO WAIST MEASUREMENTS OBTAINED THEN**
    **[WHRes]\***
    INTERVIEWER: OFFER TO WRITE RESULTS OF WAIST MEASUREMENTS, WHERE APPLICABLE, ONTO RESPONDENT'S MEASUREMENT RECORD CARD.
    Waist:   PRESS <1> AND <ENTER> TO CONTINUE.
1    Continue

# Saliva sample

**ASK ALL SAMPLE B 16+ (EXCEPT PREGNANT WOMEN)**
  **[SalInt1]***
  INTERVIEWER: Now follows the **Saliva Sample**.
1     Continue

  **[Smoke]**
  Can I just check, do you smoke cigarettes, cigars or a pipe at all these days?
  CODE ALL THAT APPLY
  INTERVIEWER: If respondent used to smoke but does not any more, code 'No'.
  1         Yes, cigarettes                                              [Smoke1]
  2         Yes, cigars                                                  [Smoke2]
  3         Yes, pipe                                                    [Smoke3]
  4         No                                                           [Smoke4]

  IF Smoke = No THEN
  **[SmokeYr]**
  Have you smoked in the last 12 months?
  1         Yes
  2         No

  **[UseNRTB]**
  SHOW CARD R1
  Have you used any of the following products **in the last seven days**?
  CODE ALL THAT APPLY
  1         Yes, nicotine gum                                            [UseNRTB1]
  2         Yes, nicotine patches that you stick on your skin            [UseNRTB2]
  3         Yes, nasal spray/nicotine inhaler                            [UseNRTB3]
  4         Yes, lozenge/microtab                                        [UseNRTB4]
  5         Yes, Champix/Varenicline                                     [UseNRTB5]
  6         Yes, Zyban/Bupropion                                         [UseNRTB6]
  7         Yes, electronic cigarette                                    [UseNRTB7]
  7         Yes, other                                                   [UseNRTB8]
  8         No                                                           [UseNRTB9]

  IF UseNRTB = Yes, other THEN
  **[NRTOthB]***
  What other products did you use?
  Text: Maximum 140 characters

  **[SalIntr1]**
  INTERVIEWER: Ask respondent for a saliva sample.
  READ OUT: I would like to take a sample of saliva (spit). This simply involves chewing on
  some dental roll. 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**

**[SalWrit]\***
INTERVIEWER CHECKLIST FOR CONSENT BOOKLET:
1. Enter Serial No at top of page 1 and 3.
2. Obtain respondent signature on page 3.
3. Sign and date page 3 yourself.
4. Complete interviewer and respondent details on page 1.
5. **Circle code 01** at question 7 on page 1 of the Consent Booklet.
6. Turn to lab dispatch note and at Smoking status code (**1**/**2**)[1]

1    Continue

**[SalInst]\***
INTERVIEWER: Ask (resondent) to chew on dental roll (dribble into tube)
Write the serial number and date of birth on the blue label using a **blue/black** biro
Serial number (Displays serial number)
PERSON NUMBER (Displays person number)
Date of birth (Displays date of birth)
INTERVIEWER: Remember to check <span style="color:red">date of birth</span> on label with respondent
INTERVIEWER: Remember to put on <span style="color:red">gloves</span> when handling the sample
INTERVIEWER: The saliva label goes **around** the **outer** tube (not lengthways)
Press <1> and <Enter> to continue.
1    Continue

**[SalObt1]**
INTERVIEWER CHECK:
1    Saliva sample obtained
2    Saliva sample refused
3    Saliva sample not attempted
4    Attempted but not obtained

**IF SalObt1 = Obtained THEN**

**[SalCod1]\***
INTERVIEWER: PLEASE CIRCLE CODE 1 'YES' AT QUESTION 8 IN THE CONSENT
BOOKLET

**[SalHow]**
INTERVIEWER: Code the method used to obtain the saliva sample.
1    Dribbled into tube
2    Dental Roll

**IF (SalObt1= Not attempted or Attempted, not obtained) OR (SalIntr1=Unable) THEN**
**[SalNObt]**
INTERVIEWER: Record why saliva sample not obtained.
Code all that apply.
3    Respondent not able to produce any saliva                    [SalNObt3]
4    Other (specify at next question)                             [SalNObt4]

---

[1] 1 for smokers and 2 for non-smokers

**IF SalNObt = Other THEN**
　**[OthNObt]\***
　INTERVIEWER: Give full details of reason(s) why saliva sample not obtained.
　Text: Maximum 140 characters

　[SalCode]
　INTERVIEWER: Circle code **02** at question 7 on page 1 of the Consent Booklet.
　INTERVIEWER: Please ensure you complete all of page 1 in the Consent Booklet.

1　Continue

**IF SalIntr1=Refused THEN**
　**[SalYRef]**
　INTERVIEWER: GIVE REASON(s) FOR REFUSAL
　CODE ALL THAT APPLY.
　1.　　Embarrassed/sensitive about providing a samples　　[SalYRef1]
　2.　　Knows they would have difficulty providing a sample　[SalYRef2]
　3.　　No time/busy/already spent enough time on this survey　[SalYRef3]
　4.　　Doesn't like the thought of doing it　　[SalYRef4]
　5.　　Concerns about how sample will be used/store　　[SalYRef5]
　6.　　Respondent did not understand the procedure　　[SalYRef6]
　95.　　Other (SPECIFY AT NEXT QUESTION)　　[SalYRef9]

　**IF SalYRef = other THEN**
　INTERVIEWER: WRITE IN OTHER REASON FOR REFUSAL
　Text: Maximum 140 characters

　**[SalCode]\***
　INTERVIEWER: Circle code **02** at question 7 on page 1 of the Consent Booklet.
　INTERVIEWER: Please ensure you complete all of page 1 in the Consent Booklet.

1　Continue

# Urine Sample

**ASK ALL SAMPLE B 16+  (EXCEPT PREGNANT WOMEN)**

**[UriDisp]\***
INTERVIEWER: Now follows the **Urine Sample**.

**[UriIntro]**
INTERVIEWER READ OUT: I would like to take a sample of your urine. This simply involves you collecting a small amount of urine (mid-flow) in this container. The sample will be analysed for sodium (salt), so we can measure the amount of salt in people's diets. High dietary salt levels are related to high blood pressure, so this is important information for assessing the health of the population.
Would you be willing to provide a urine sample?
1     Respondent agrees to give urine sample
2     Respondent refuses to give urine sample
3     Unable to obtain urine sample for reason other than refusal

**IF UriIntr1=Agree THEN**
**[UriWrit]\***
INTERVIEWER CHECKLIST FOR CONSENT BOOKLET:
1.       Enter Serial No at top of page 1 and 4
2.       Obtain respondent signature on page 4
3.       Sign and date page 4 yourself.
4.       Complete interviewer and respondent details on page 1
5.       **Circle code 03** at question 7 on page 1 of the Consent Booklet
Press <1> and <Enter> to continue.
1     Continue

**[UriSamp]\***
INTERVIEWER: Ask respondent to take container and provide urine sample. Remind respondent it should be a **mid-flow** sample. Also ask them to wash their hands before collecting the sample as there might be substances on their hands which could contaminate the sample.
Write the serial number and date of birth on a blood label using a **blue/black** biro.
Serial number: (Displays serial no)
Person number (Displays person no)
Date of birth: (Displays date of birth)
INTERVIEWER: Remember to check date of birth on label with respondent
INTERVIEWER: Remember to put on gloves when handling the sample
INTERVIEWER: The urine label goes **lengthways** on the tube (not around it)

**[UriObt1]**
INTERVIEWER CHECK:
1     Urine sample obtained
2     Urine sample refused
3     Urine sample not attempted
4     Attempted but not obtained

**IF (UriObt1=Not attempted or Attempted, not obtained) OR (UriIntr1=Unable) THEN**

**[UriNObt]**

INTERVIEWER: Record why urine sample not obtained.

CODE ALL THAT APPLY.

| | | |
|---|---|---|
| 1 | Respondent not able to produce any urine | [UriNObt3] |
| 2 | Other (specify at next question) | [UriNObt4] |

**IF UriNObt = Other THEN**

**[OthNObt]\***

INTERVIEWER: Give full details of reason(s) why urine sample not obtained.

Text: Maximum 140 characters

**[UriCod2]**

INTERVIEWER: PLEASE CIRCLE CODE 2 'NO' AT QUESTION 9 IN THE CONSENT BOOKLET.

1    Continue

**IF UriIntr1=Refused OR UriObt1=Refused THEN**

**[UriYRef]**

INTERVIEWER: GIVE REASON(s) FOR REFUSAL

CODE ALL THAT APPLY.

| | | |
|---|---|---|
| 1. | Embarrassed/sensitive about providing sample | [UriYRef1] |
| 2. | Went to toilet too recently to provide sample | [UriYRef2] |
| 3. | Knows they would have difficulty providing a sample for reason other than having just been to toilet | [UriYRef3] |
| 4. | No time/busy/already spent enough time on this survey | [UriYRef4] |
| 5. | Doesn't like the thought of doing it | [UriYRef5] |
| 6. | Concerns about how sample will be used/store | [UriYRef6] |
| 7. | Respondent did not understand the procedure | [UriYRef7] |
| 95. | Other (SPECIFY AT NEXT QUESTION) | [UriYRef9] |

**IF UriYRef = Other THEN**

**[UriYRefO]\***

INTERVIEWER: WRITE IN OTHER REASON FOR REFUSAL

Text: Maximum 140 characters

INTERVIEWER: PLEASE CIRCLE CODE CODE 2 'NO' AT QUESTION 9 IN THE CONSENT BOOKLET

**[UriEnd]**

INTERVIEWER: That's the end of the Urine Sample collection module.

Press <1> and <Enter> to continue.

**ASK ALL SAMPLE B 16+**
**[CASIInt]***
I now have some questions for you to answer yourself, on the computer. The questions cover topics to do with depression, anxiety and self-harm. When you have finished the computer will lock away your answers and no one else will be able to see them, including me.
Instructions about which keys to press will be shown on the computer screen. If you press the wrong key I can tell you how to change the answer. When you get to the end, please tell me and we will complete the rest of the interview with me asking you questions again.
INTERVIEWER: Only where necessary, ask respondent if they would like you to read the questions out to them.
Please code whether the self-completion is accepted or not.
1    Self-completion accepted by respondent
2    Self-completion to be read out by interviewer
3    Self-completion refused

**If CASIInt=3 (refused)**
**[SCompNH]**
INTERVIEWER: Record why the computer self-completion was not completed.
CODE ALL THAT APPLY
1    Eyesight problems                                    [SCompNH1]
2    Language problems                                   [SCompNH2]
3    Reading/writing/comprehension problems              [SCompNH3]
4    Doesn't like computers                              [SCompNH4]
5    Respondent bored/fed up/tired                       [SCompNH5]
6    Questions too sensitive/invasion of privacy         [SCompNH6]
7    Too long/too busy/taken long enough already         [SCompNH7]
8    Refused to complete self-completion (no other reason given)[SCompNH8]
9    Other (SPECIFY)                                     [SCompNH9]

**{If CASI NOT REFUSED}**
**[CASIInst]***
INTERVIEWER: If the respondent is happy to do the self-completion themselves - hand over the computer now.
Otherwise keep interviewing.

**[DashInt]***
The next questions are for you to answer yourself. They all ask you to choose an answer from those listed on the screen.  Please choose your answer by pressing the number next to the answer you want to give and then press the large key with the red sticker (the enter key). You don't have to answer every question - if you want to skip one the interviewer will tell you how to do this.
Please ask the interviewer if you want any help. Now press 1 and **then** the key with the red sticker to continue.

**[AnxInt]***
The next few questions ask about how you've been feeling lately and if you've been feeling depressed, worried or anxious.
Press 1 and **then** the key with the red sticker to continue.

# Anxiety

**[J1SC]**
Have you been feeling anxious or nervous in the past month?
1 Yes, anxious or nervous
2 No

**IF J1SC = No THEN**
**[J2SC]**
In the past month, did you ever find your muscles felt tense or that you couldn't relax?
1 Yes
2 No

**ALL**
**[J3SC**]
Some people have phobias; they get nervous or uncomfortable about specific things or situations when there is no real danger. For instance they may get extremely anxious when in confined spaces, or they may have a fear of heights. Others become nervous at the sight of things like blood or spiders.
In the past month have you felt anxious, nervous or tense about any specific things when there was no real danger?
1 Yes
2 No

**IF RESPONDENT HAS EXPERIENCED ANXIETY AND PHOBIA ((IF J1SC=Yes AND J3SC=Yes) OR (J2SC=Yes AND J3SC=Yes)) THEN**
**[J5SC]**
In the past month, when you felt anxious/nervous/tense, was this always brought on by the phobia about some specific situation or thing or did you sometimes feel generally anxious/nervous/tense?
1 Always brought on by phobia
2 Sometimes generally anxious

**IF J5SC = Sometimes generally anxious THEN**
**[J6SC]**
The next questions are concerned with general anxiety/nervousness/tension only.
On how many of the past seven days have you felt generally anxious/nervous/tense?
1 4 days or more
2 1 to 3 days
3 None

**IF RESPONDENT HAS EXPERIENCED GENERAL ANXIETY ONLY (IF (J1SC=Yes AND J3SC=No) OR (J2SC=Yes AND J3SC=No)) THEN**
**[J7SC]**
On how many of the past seven days have you felt generally anxious/nervous/tense?
1 4 days or more
2 1 to 3 days
3 None

**IF RESPONDENT HAS EXPERIENCED ANXIETY FOR AT LEAST 1 DAY (IF J6SC IN [1..2] OR J7SC IN [1..2]) THEN**

**[J8SC]**

In the past week, has your anxiety/nervousness/tension been:
RUNNING PROMPT

1 ...very unpleasant
2 ...a little unpleasant
3 ...or not unpleasant?

**[J9SC]**

In the past week, when you've been anxious/nervous/tense, have you had any of the symptoms shown below?
Heart racing or pounding
Hands sweating or shaking
Feeling dizzy
Difficulty getting your breath
Butterflies in stomach
Dry mouth
Nausea or feeling as though you wanted to vomit

**IF RESPONDENT HAS EXPERIENCED ANY OF THE SYMPTOMS LISTED IF J9SC=Yes) THEN**

**[J9A…]**

Which of these symptoms did you have when you felt anxious/nervous/tense?
CODE ALL THAT APPLY

| | | |
|---|---|---|
| 1 | Heart racing or pounding | [J9A1SC] |
| 2 | Hands sweating or shaking | [J9A2SC] |
| 3 | Feeling dizzy | [J9A3SC] |
| 4 | Difficulty getting your breath | [J9A4SC] |
| 5 | Butterflies in stomach | [J9A5SC] |
| 6 | Dry mouth | [J9A6SC] |
| 7 | Nausea or feeling as though you wanted to vomit | [J9A7SC] |

**IF RESPONDENT HAS EXPERIENCED ANXIETY FOR AT LEAST 1 DAY (IF J6SC IN [1..2] OR J7SC IN [1..2]) THEN**

**[J10SC]**

Have you felt anxious/nervous/tense for more than 3 hours in total on any one of the past seven days?

1 Yes
2 No

**[J11SC]**

How long have you had these feelings of general anxiety/nervousness/tension as you described?

1 less than 2 weeks
2 2 weeks but less than 6 months
3 6 months but less than 1 year
4 1 year but less than 2 years
5 2 years or more

# Depression

**[G1SC]**
Almost everyone becomes sad, miserable or depressed at times.
Have you had a spell of feeling sad, miserable or depressed in the past month?
1   Yes
2   No

**[G2SC]**
During the past month, have you been able to enjoy or take an interest in things as much as you usually do?
1   Yes
2   No/no enjoyment or interest

**IF G1SC = Yes THEN**
**[G4SC]**
In the past week have you had a spell of feeling sad, miserable or depressed?
1   Yes
2   No

**IF G2SC= No THEN**
**[G5SC]**
In the past week have you been able to enjoy or take an interest in things as much as usual?
1   Yes
2   No/no enjoyment or interest

**IF (G4SC = Yes) OR (G5SC = No/no enjoyment or interest) THEN**
**[G6SC]**
Since last [Sunday / Monday / Tuesday / Wednesday / Thursday / Friday / Saturday] on how many days have you felt [depressed or unable to take an interest in things / sad, miserable or depressed / unable to enjoy or take an interest in things]?
1   4 days or more
2   1 to 3 days
3   None

**[G7SC]**
Have you felt [depressed or unable to take an interest in things / sad, miserable or depressed /unable to enjoy or take an interest in things] for more than 3 hours in total (on any day in the past week)?
1   Yes
2   No

**[G9SC]**
In the past week when you felt sad, miserable or depressed/unable to enjoy or take an interest in things, did you ever become happier when something nice happened, or when you were in company?
1   Yes, at least once
2   No

**[G10SC]**

How long have you been feeling sad, miserable or depressed/unable to enjoy or take an interest in things as you have described?

1   less than 2 weeks
2   2 weeks but less than 6 months
3   6 months but less than 1 year
4   1 year but less than 2 years
5   2 years but less than 5 years
6   5 years but less than 10 years
7   10 years or more

# Self Harm

**[DSHIntro]***
There may be times in everyone's life when they become very miserable and depressed and may feel like taking drastic action because of these feelings
Press 1 and **then** the key with the **red** sticker to continue.
**[DSH4SC]**
Have you ever made an attempt to take your life, by taking an overdose of tablets or in some other way?
1    Yes
2    No

**IF DSH4SC = Yes THEN**
**[DSH4aSC]**
When was this?
Please tell us about the most recent time
1    In the last week?
2    In the last year?
3    Some other time?

**ALL**
**[DSH5SC]**
Have you **ever** deliberately harmed yourself in any way but not with the intention of killing yourself?
1    Yes
2    No

**IF DSH5SC = Yes THEN**
**[DSH5aSC]**
When was this?
Please tell us about the most recent time
1    In the last week?
2    In the last year?
3    Some other time?

**DISPLAY IF DSH4aSC = 'in the last week' OR 'in the last year' THEN**
**[DSHExit]***
The sorts of thoughts and feelings we have talked about here are very serious and it is important that you talk to someone, for example a doctor or The Samaritains, if you find yourself thinking them.

**[DCEndY]**
Please hand the computer back to the interviewer.
INTERVIEWER: PRESS <1> AND <ENTER> TO CONTINUE.

**ASK ALL**
**[DashLeaf]***
INTERVIEWER: PLEASE HAND OVER THE USEFUL CONTACTS LEAFLET TO RESPONDENTS BEFORE CONTINUING.

IF THE RESPONDENT APPEARS UPSET OR DISTRESSED THEN YOU MIGHT NEED TO GIVE THEM SOME TIME TO COMPOSE THEMSELVES BEFORE CARRYING ON WITH THE REST OF THE INTERVIEW.

* = not on the datafile

# Final

**[BioEnd]***

Those are all the questions I wanted to ask you.

INTERVIEWER: MAKE SURE THE RESPONDENT HAS:

- COPIES OF THEIR CONSENT FORMS
- MEASUREMENT RECORD CARD
- USEFUL CONTACTS LEAFLET


**[BioEnd2]***

INTERVIEWER: Before you leave make sure you have:

1. Office copies of consent forms
2. Labeled the samples
3. Completed the despatch note
4. Included deispatch note in envelope with samples

INTERVIEWER: PRESS <Ctrl Enter> RETURN TO THE INDIVIDUAL SESSION TO COLLECT PHONE NUMBER BEFORE FINISHING OR TO OPEN ANOTHER BIOMODULE SESSION FOR THE NEXT RESPONDENT.

**[EndReach]***

INTERVIEWER: End of questionnaire reached.

Press <1> and <Enter> to continue.

1      Continue

**[Thank]***

INTERVIEWER: Thank respondent for his/her co-operation.

Then press <1> and <Enter> to finish.

1      Continue