

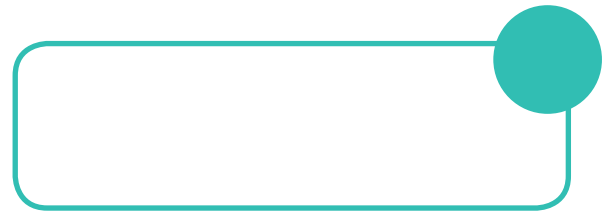


Appendix A:

Fieldwork Documents

APPENDIX A: FIELDWORK DOCUMENTS

1. Advance Letter (Child Boost sample) - ONS
2. Advance Letter (Child Boost sample) - ScotCen
3. Advance Letter (Version A & Health Board boost sample) - ONS
4. Advance Letter (Version A & Health Board boost sample) - ScotCen
5. Advance Letter (Version B sample)
6. Biological Measurements Record Card
7. Biological module consent booklet
8. Information Leaflet for Adults (Version A sample – no biological module)
9. Information Leaflet for Adults (Version B sample – biological module)
10. Information Leaflet for Adults (Health Board Boost)
11. Information Leaflet for Children (Version A & B and Child Boost)
12. Information Leaflet for Parents (Child Boost only)
13. Language translations card
14. NHS linkage consent form (Adult)
15. NHS linkage consent form (Child)
16. Questionnaire documentation (inc. household, individual and biological module)
17. Self-completion booklet (13-15 year olds)
18. Self-completion booklet (Adults)
19. Self-completion booklet (Parents of 4-12 year olds)
20. Self-completion booklet (Young Adults)
21. Scottish Government Follow-up Research consent form (Adult)
22. Scottish Government Follow-up Research consent form (Child)
23. Show cards
24. Survey Leaflet
25. Useful Contact Leaflet



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We are particularly interested in understanding the health of **children and young people aged 0-15**. An interviewer will arrive to do the interview, but if there is no-one aged 0-15 in your household then let them know when they arrive.

By taking part, your answers can help improve health services in your local area. Last year more than 6,000 people took part – now you have an opportunity to join in as well. Many found it to be interesting and we're sure you will too.



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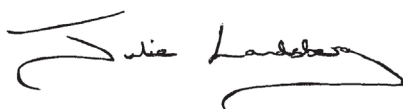
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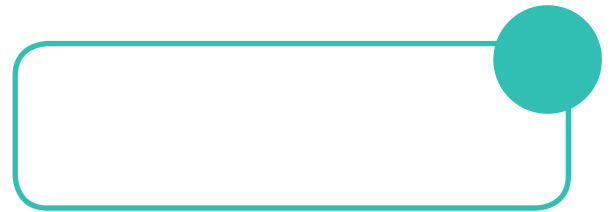
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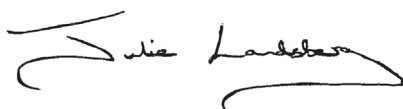
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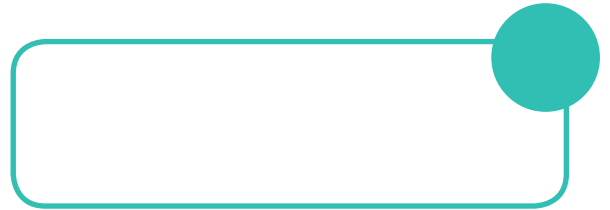
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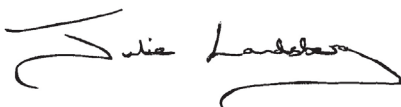
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Survey Manager, Scottish Government

ScotCen Social Research, Scotiabank House, 2nd Floor, 6 South Charlotte Street, Edinburgh, EH2 4AW. Tel. 0800 652 4569.
A Company Limited by Guarantee, Charity No. SC038454

ONS, NSHW Field Office, Room 4100W, Office for National Statistics, Segensworth Road, Titchfield, Hampshire, PO15 5RR

64 – P12027 - Advance letter - Core
Non-Bio/ HB boost LAM - ONS

Collect your £10 today!

You can redeem this voucher at any Post Office branch. Counter staff will make your payment in cash. See back for more information.

Voucher number:

Expiry date:

£10

Scottish Health Survey
www.scottishhealthsurvey.org

POST
OFFICE

EXAMPLE
Barcode

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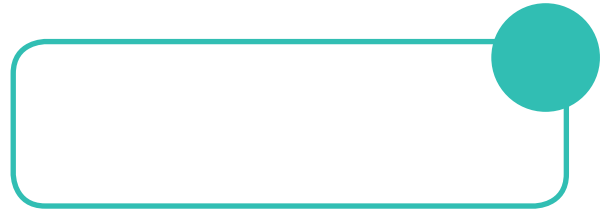
Find your nearest branch:

Call: 08457 22 33 44 | Web: www.postoffice.co.uk

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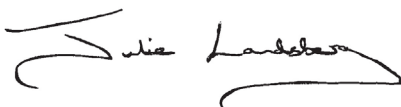
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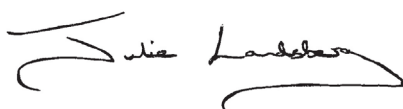
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What is the interview about?

The interview covers a range of health topics, including general health and lifestyles. If you agree, the interviewer will also take some measurements, such as height, weight and blood pressure.

Where can I find out more?

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Participant name _____

The Measurements

Height and Weight

Lately there has been much discussion about the relationship between weight and health and we are looking at weight in relation to height.

| | | |
|----------------|-------|--------|
| Height: | _____ | cm |
| | _____ | ft/ins |
| Weight: | _____ | kg |
| | _____ | st/lbs |

For adults, height and weight information can be used to calculate Body Mass Index (BMI). Further information on this calculation and guidance on BMI can be found on this website:

www.nhs.uk/Tools/Pages/Healthyweightcalculator.aspx

Waist measurement

Your waist measurement is useful for assessing distribution of weight over the body. The interviewer will ask you to pass the tape measure around your waist, over your clothes.

| | | |
|---------------------------|-------|-----|
| Waist measurement: | | |
| First Measurement: | _____ | cm |
| | _____ | ins |
| Second Measurement: | _____ | cm |
| | _____ | ins |

Blood Pressure

Blood pressure is measured using an inflatable cuff that goes around your upper arm. High blood pressure can be a health problem. A person's blood pressure is influenced by age and can vary from day to day with emotion, meals, tobacco, alcohol, medication, temperature and pain. The interviewer will tell you your blood pressure along with an indication of its meaning. However, a diagnosis cannot be made on measurements taken on a single occasion.

| | Systolic (mmHg) | | | Diastolic (mmHg) | | | Pulse (bpm) | | |
|---------|-----------------|--|--|------------------|--|--|-------------|--|--|
| Average | | | | | | | | | |
| (i) | | | | | | | | | |
| (ii) | | | | | | | | | |
| (iii) | | | | | | | | | |

Blood pressure interpretation:

Summary of advice given by interviewer:

- Normal Raised
- Mildly raised Considerably raised

Visit your GP to have your blood pressure checked within:

Saliva Sample

We would like to take a sample of saliva (spit). This simply involves dribbling saliva into a tube, or sucking on a piece of cotton wool. The interviewer will ask you to sign a consent form before any sample is taken. The sample will be analysed for cotinine. Cotinine is related to the intake of cigarette smoke and is of particular interest to see whether non-smokers may have raised levels as a result of 'passive' smoking. The saliva will only be tested for cotinine. It will not be tested for other substances, like drugs or alcohol.

What will happen to the saliva sample I give?

Your saliva sample will be sent to a laboratory, and analysed as outlined in the previous section. Your name and address will not be attached to the sample and so your sample will remain confidential. The anonymous saliva sample will be destroyed after the analysis is carried out. No genetic (DNA) tests will be conducted, only the analysis outlined above.

As your results will be presented anonymously and cannot be linked to you, it would not be possible to remove your results from any published reports.

ScotCen
Social Research



 Office for
National Statistics

Physical and Health Measurements

The 2018 Scottish Health Survey Information for Participants

This leaflet provides extra information about the measurements and samples collected as part of the **Scottish Health Survey**.

If you would like anything to be explained, or if you have any questions, please just ask the interviewer, or contact ScotCen directly (email scottishhealthsurvey@scotcen.org.uk or phone 0131 240 0210). The NHS Inform website (www.nhsinform.scot) and phonenumber (0800 224488) can also provide information about health conditions.

P12027.01

Scottish Health Survey 2018

CONSENT BOOKLET

Please use capital letters and write with a ballpoint pen

SERIAL NO. Month _____

House / flat number (or name): _____

Postcode:

1. Interviewer number

2. Date of birth DD MM YYYY

3. Full name (of person interviewed) _____

4. Sex Male
Female

5. Date interview completed DD MM YYYY

6. Full name of parent/guardian (*if person under 18*) _____

| 7. SUMMARY OF CONSENTS - RING CODE FOR EACH ITEM | YES | NO |
|--|-----|----|
| Sample of saliva to be taken | 01 | 02 |

8. SALIVA SAMPLE COLLECTED: Yes
No

9. SALIVA DISPATCHED (if applicable):
DD MM YYYY

SALIVA SAMPLE CONSENT

SERIAL NO.

I consent to a trained ScotCen Social Research interviewer collecting a sample of my saliva on behalf of the Scottish Government

- a) I have read and understood the Information for Participants leaflet and understand that I will be asked to provide a saliva sample collected by either dribbling into a small container or by chewing on a dental roll. These samples will then be sealed and packaged. This measurement will take approximately three (3) minutes to complete.*
- b) The saliva sample will be sent to a secure storage facility where it will be analysed for cotinine. I understand that:*
 - i. The sample and related information will be coded to ensure that my personal identity is not revealed to researchers carrying out scientific analysis*
 - ii. Links to my name and/or contact details will not be made at any time*
 - iii. No personal test results from my saliva sample will be given to me*
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 - v. The sample will be destroyed after the analysis has been carried out*
- c) The interviewer has explained the procedure, and I have had an opportunity to discuss this with him/her.*

Print name (participant): _____

Sign name (participant): _____

Date: _____

Print name (interviewer): _____

Sign name (interviewer): _____

Date: _____

You can cancel this permission at any time in the future by writing to us at the following address:
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If you would like more information on the survey please visit the *Scottish Health Survey* website:

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SCOTTISH HEALTH SURVEY 2018

DISPATCH NOTE FOR SALIVA SAMPLES

Complete all sections **CLEARLY** and **LEGIBLY**.

SERIAL NO. **B**

1. SEX: Male 1
Female 2

2. DATE OF BIRTH: DD MM YYYY

3. SMOKING STATUS:
Current smoker 1
Non smoker / NA 2

4. SALIVA SAMPLE COLLECTED Yes 1
No 2

1
 2

5. DATE SAMPLE TAKEN: DD MM YYYY

6. INTERVIEWER NO:

**LABELLING ON SAMPLE TUBES AND THIS FORM MUST CORRESPOND
CHECK ALL DETAILS ABOVE ARE CORRECT BEFORE POSTING**

STORAGE FACILITY USE ONLY

| | |
|------------------------|-----------------------------------|
| TUBES ENCLOSED: | <input type="checkbox"/> if rec'd |
| Saliva | <input type="text"/> |

Your measurements:

With your permission we will measure your height and weight. We can use the space below to record this information if you wish.

NAME: _____

HEIGHT: _____ cm
_____ ft/ins

WEIGHT: _____ kg
_____ st/lbs

For adults, height and weight information can be used to calculate Body Mass Index (BMI). Further information on this calculation and guidance on BMI can be found on this website:

www.nhs.uk/Tools/Pages/Healthyweightcalculator.aspx

For further information and advice on healthy living please see the Healthier Scotland website:

www.takelifeon.co.uk

Information about common health conditions is available here:

www.nhsinform.scot

ScotGen
Social Research

 Office for
National Statistics



The 2018 Scottish Health Survey

This survey is being carried out for the Scottish Government by ScotCen Social Research, an independent research institute, the Office for National Statistics (ONS), the MRC Social and Public Health Sciences Unit at the University of Glasgow and academics from the Universities of Aberdeen and Edinburgh.

This leaflet tells you more about the survey and why it is being done.

What is it about?

The first Scottish Health Survey was commissioned in 1995 by the Scottish Office because it was concerned about the lack of information about the health of people in Scotland. The survey was repeated again in 1998 and 2003 and has been conducted annually since 2008. The detailed information provided by these surveys has proved very valuable and is used to help develop ways of improving people's health and to plan the services people need at times of ill health. The 2018 survey will update the information collected in previous surveys.

The 2018 survey has questions about your general health, and about behaviour that can affect your health such as eating habits, physical activity, smoking and drinking. There are also some questions about diseases of the heart, lungs and chest. The Scottish Government are particularly interested in having this information because at present the rates of heart disease in Scotland are among the highest in the world.

The survey also collects, if you agree, height and weight measurements. Some personal details such as age, sex and employment are also included to help interpret this information.

Why have we come to your household?

To visit every household in Scotland is expensive and time consuming. Instead we select a sample of addresses in such a way that all addresses in the country have a chance of being chosen. Yours is one of those chosen for the 2018 survey.

Who will we want to speak to?

We would like to interview every adult (aged 16 and over) who lives in your household. If there are any children aged 0-15 we would like to interview two of them. Parents or guardians will answer questions on behalf of children aged under 13.

What happens to the information I provide?

Your answers are treated with care and with full respect for your privacy. The information collected is used for statistical and research purposes only and will be dealt with in accordance with data protection legislation. The Scottish Government, ScotCen and ONS guarantee that the survey results will not be published in a form that can reveal your identity and that no attempts will be made to identify individuals from their answers.

If you agree and give us your written consent, your NHS health records, including information about in-patient or out-patient visits or diagnosis, will be linked with your survey answers. This increases the value of the information you provide. This is done in such a way that no data which can identify you or any other individual will be released.

For further information on how the information you provide will be used please see the Privacy Notice on the Scottish Government's website here:

<http://www.gov.scot/Topics/Statistics/Browse/Health/scottish-health-survey/faqs>

If you were to decide at a later date that you no longer wanted the information collected about you to be used in the survey then it would be deleted.

Is the survey compulsory?

No. In all our surveys we rely on voluntary co-operation. The success of the survey depends on the goodwill and co-operation of those asked to take part. The more people who do take part, the more useful the results will be. You are free to withdraw from any part of the survey at any time, and you do not have to answer all the questions.

Do I get anything from the survey?

If you wish, you may have a record of your measurements. Other benefits from the survey will be indirect and in due course will come from any improvements in health and in health services which result from the survey.

What if I have any other questions?

We hope this leaflet answers the questions you may have, and that it shows the importance of the survey. If you have any other questions about the survey, please do not hesitate to ring one of the contacts listed below.

Your co-operation is very much appreciated.

Thank you very much for your help with this survey.

Joanne McLean or Shanna Christie
ScotCen Social Research
Scotiabank House
2nd Floor
6 South Charlotte Street
Edinburgh
EH2 4AW

Tel: 0131 240 0210

www.scottishhealthsurvey.org

Who has reviewed the study?

The study has been looked at by an independent group of people called a Research Ethics Committee, to protect your safety, rights, wellbeing and dignity. This study has been given a favourable opinion by Wales REC 3 on behalf of the NHS.

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The survey also collects, if you agree, some physical measurements such as height, weight and blood pressure. Some

personal details such as age, sex and employment are also included to help interpret this information.

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Do I get anything from the survey?

If you wish, you may have a record of your measurements. Other benefits from the survey will be indirect and in due course will come from any improvements in health and in health services which result from the survey.

What measurements are included in the survey?

Adults aged 16 and over will be asked to have their height, weight, waist circumference and blood pressure measured, and to provide a saliva sample. The interviewer has been given specialist training to conduct these measurements and to handle the sample. Taking part in the measurements and providing sample is voluntary – you can answer the questions in the rest of the survey and choose to miss out the measurements and sample if you prefer. The interviewer will give you a leaflet that explains more about the measurements and sample.

Any children aged 2-15 in your household that take part in the survey will be asked to have their height and weight measured. Children will not be asked to take part in any other measurements or to provide samples.

Your measurements:

With your permission we will measure your height and weight. We can use the space below to record this information if you wish.

NAME: _____

| | | |
|----------------|-------|--------|
| HEIGHT: | _____ | cm |
| | _____ | ft/ins |

| | | |
|----------------|-------|--------|
| WEIGHT: | _____ | kg |
| | _____ | st/lbs |

For adults, height and weight information can be used to calculate Body Mass Index (BMI). For further information on this calculation and guidance on BMI can be found on this website:

www.nhs.uk/Tools/Pages/Healthyweightcalculator.aspx

For further information and advice on healthy living please see the Healthier Scotland website:

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Information about common health conditions is available here:

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The 2018 survey has questions about your general health, and about behaviour that can affect your health such as eating habits, physical activity, smoking and drinking. There are also some questions about diseases of the heart, lungs and chest. The Scottish Government are particularly interested in having this information because at present the rates of heart disease in Scotland are among the highest in the world.

The survey also collects, if you agree, height and weight measurements. Some personal details such as age, sex and employment are also included to help interpret this information.

Why have we come to your household?

To visit every household in Scotland is expensive and time consuming. Instead we select a sample of addresses in such a way that all addresses in the country have a chance of being chosen. Yours is one of those chosen for the 2018 survey.

Who will we want to speak to?

We would like to interview every adult (aged 16 and over) who lives in your household.

What happens to the information I provide?

Your answers are treated with care and with full respect for your privacy. The information collected is used for statistical and research purposes only and will be dealt with in accordance with data protection legislation. The Scottish Government, ScotCen and ONS guarantee that the survey results will not be published in a form that can reveal your identity and that no attempts will be made to identify individuals from their answers.

If you agree and give us your written consent, your NHS health records, including information about in-patient or out-patients visits or diagnosis, will be linked with your survey answers. This increases the value of the information you provide. This is done in such a way that no data which can identify you or any other individual will be released.

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If you were to decide at a later date that you no longer wanted the information collected about you to be used in the survey then it would be deleted.

Is the survey compulsory?

No. In all our surveys we rely on voluntary co-operation. The success of the survey depends on the goodwill and co-operation of those asked to take part. The more people who do take part, the more useful the results will be. You are free to withdraw from any part of the survey at any time, and you do not have to answer all the questions.

Do I get anything from the survey?

If you wish, you may have a record of your measurements. Other benefits from the survey will be indirect and in due course will come from any improvements in health and in health services which result from the survey.

What if I have any other questions?

We hope this leaflet answers the questions you may have, and that it shows the importance of the survey. If you have any other questions about the survey, please do not hesitate to ring one of the contacts listed below.

Your co-operation is very much appreciated.

Thank you very much for your help with this survey.

Joanne McLean or Shanna Christie

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Your measurements:

If you want us to we will measure how tall you are and what you weigh. You can use the space below to keep a copy of this if you wish. If you do not want this written down, please just say.

Name:

HEIGHT: _____ cm
_____ ft/ins

WEIGHT: _____ kg
_____ st/lbs



The Scottish Health Survey 2018

Information for Children

The Scottish Health Survey is a survey to find out about the health of people in Scotland.

Every year around 1,700 children and 4,000 adults take part in the study.

This leaflet tells you more about the study and why it is being done.



What are the questions about?

The interviewer will ask you some questions about your general health and illness. The interviewer will also ask about things that can affect your health like the kinds of food you eat and what kinds of sports and activities you do.



What are the measurements?

If you agree, the interviewer will also measure your height and weight. If you want, the interviewer will write down your height and weight for you.



Who will see my answers?

The interviewer will not tell anyone you know about the answers you give.



Why have you come to my house?

To visit every household in Scotland would take too long and cost too much money. Instead we select a small number of addresses and ask the people at each address to take part in the Scottish Health Survey.



Do I have to answer the questions?

No, not if you don't want to. If you only want to answer some of the questions this is okay too. If you are aged 12 or under your mum, dad or the person who looks after you will answer the questions with your help. If you don't want them to answer a question about you this is okay, just tell them not to.



Do I have to be measured and weighed?

No, not if you don't want to. The interviewer will ask you if it's okay to measure your height and weight before he or she takes your measurements.



If I have any other questions?

We hope this leaflet answers the questions you may have. If you have any other questions about the study, please ask the interviewer. You can also send an email with any questions to:

scottishhealthsurvey@scotcen.org.uk

Thank you for your help with this study.

What if I have any questions?

We hope this leaflet answers the questions you may have, and that it shows the importance of the survey. A separate information sheet for children is also available.

If you have any other questions about the survey, please do not hesitate to ring one of the contacts listed below.

Your co-operation is very much appreciated.

Thank you very much for your help with this survey.

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The 2018 Scottish Health Survey

Information for Parents

This survey is being carried out for the Scottish Government by ScotCen Social Research, an independent research institute, the Office for National Statistics (ONS), the MRC Social and Public Health Sciences Unit at the University of Glasgow and academics from the Universities of Aberdeen and Edinburgh.

This leaflet tells you more about the survey and why it is being done.

What is it about?

The first Scottish Health Survey was commissioned in 1995 by the Scottish Office because it was concerned about the lack of information about the health of people in Scotland. The survey was repeated again in 1998 and 2003 and has been conducted annually since 2008. The detailed information provided by these surveys has proved very valuable and is used to help develop ways of improving people's health and to plan the services people need at times of ill health. The 2018 survey will update the information collected in previous surveys.

The 2018 survey will collect information about a range of health conditions and about behaviour that can affect health such as eating habits and physical activity. The Scottish Government and NHS Health Scotland would like better information about the health of children and so each year extra children are interviewed.

What is involved?

For children, the survey has questions about general health and about behaviour that can affect health such as eating habits and physical activity. Parents or guardians will be asked to answer on behalf of children up to the age of 12 – with help from the child when possible. Children aged 13-15 will be interviewed in person – with their parent or guardian present in the home.

The interviewer will also ask permission to collect some physical measurements like height and weight.

Parents are asked some personal details such as age, sex and employment which are needed to interpret the information about children's health.

Why have we come to your household?

To visit every household in Scotland is expensive and time consuming. Instead we select a sample of addresses and ask the people at each address to take part in the Scottish Health Survey. For this part of the survey we would like to invite up to two children aged 0-15 to take part.

What happens to the information I provide?

Your answers are treated with care and with full respect for your privacy. The information collected is used for statistical and research purposes only and will be dealt with in accordance with data protection legislation. The Scottish Government, ScotCen and ONS guarantee that the survey results will not be published in a form that can reveal your child's identity and that no attempts will be made to identify individuals from their answers.

If you agree and give us your written consent, the information provided in this survey about your child's NHS health records, including information about in-patient or out-patient visits or diagnosis, will be linked to your survey answers. This increases the value of the information provided. This is done in such a way that no data which can identify you, your child or any other individual will be released.

For further information on how the information you provide will be used please see the Privacy Notice on the Scottish Government's website here:

<http://www.gov.scot/Topics/Statistics/Browse/Health/scottish-health-survey/faqs>

If you were to decide at a later date that you no longer wanted the information collected about your child to be used in the survey then it would be deleted.

Is the survey compulsory?

No. In all our surveys we rely on voluntary co-operation. The success of the survey depends on the goodwill and co-operation of those asked to take part. The more people who do take part, the more useful the results will be. You and your child are free to withdraw from any part of the survey at any time, and you do not have to answer all the questions.

Do I get anything from the survey?

If you wish, your child may have a record of their height and weight measurements. Other benefits from the survey will be indirect and in due course will come from any improvements in health and in health services which result from the survey.

Scottish Health Survey

British Sign Language

Your household has been selected to take part in the Scottish Health Survey. This important study collects information on behalf of the Scottish Government and the National Health Service about the health and lifestyles of people who live in Scotland. If you would you like us to arrange for a BSL interpreter to help conduct the interview, or to explain more about what is involved, please give the person who has called at your address your telephone number so we can arrange this.

Gaelic / Gàidhlig

Chaidh an dachaigh agaibhse a thaghadh airson pàirt a ghabhail ann an Suirbhidh Slàinte na h-Alba. Tha an sgrùdadh cudromach seo a' cruinneachadh fiosrachadh airson Riaghaltas na h-Alba agus Seirbheis Nàiseanta na Slàinte mu dheidhinn slàinte agus caitheamh-beatha muinntir na h-Alba. Ma tha sibh ag iarraidh eadar-theangair a chuidicheas leis an agallamh, no a mhìnicheas dè bhios na lùib, comharraich an cànan a tha sibh a' bruidhinn agus thoiribh an àireamh fòn agaibh don neach a thàinig don taigh gus am faigh sinn air sin a chur air dòigh dhuibh.

Bengali / বাংলা

স্কটিশ হেলথ সার্ভে (Scottish Health Survey) -তে অংশগ্রহণ করার জন্য আপনার পরিবার নির্বাচিত হয়েছে। এই গুরুত্বপূর্ণ অধ্যয়নটি স্কটিশ গভর্নর (Scottish Government) এবং ন্যাশানাল হেলথ সার্ভিস (National Health Service)-এর পক্ষ স্কটল্যান্ড-এ বসবাসকারী ব্যক্তিদের স্বাস্থ্য এবং জীবনধারা সংক্রান্ত বিষয়ে তথ্য সংগ্রহ করে। আপনি যদি চান যে সাক্ষাৎকারে সহায়তার করতে, অথবা কী কী বিষয় অন্তর্ভুক্ত আছে সে সম্পর্কে আরো ব্যাখ্যা করতে আমরা আপনার জন্য একজন দোভাষীর বন্দোবস্ত করি, তাহলে অনুগ্রহ করে আপনি যে ভাষায় কথা বলেন সেটি নির্দেশ করুন এবং যিনি আপনার ঠিকানায় ফোন করবেন সেই ব্যক্তিকে আপনার ফোন নম্বরটি দিন যাতে করে আমরা এটির বন্দোবস্ত করতে পারি।

Chinese (Cantonese) /中文 (廣東話)

府上已獲選參與《蘇格蘭健康問卷調查》(Scottish Health Survey)。這是一項代表蘇格蘭政府及國民保健服務 (National Health Service) 收集有關居住在蘇格蘭的人士的健康及生活形式的資料的重要研究。如你希望我們為你安排口譯員以協助進行訪問，或更詳細地解釋當中所涉及的過程，請向到訪府上的問卷調查員指出你所說的語言，並提供你的電話號碼，以便我們作出此安排。

French / Français

Votre foyer a été sélectionné pour participer à l'étude sur la santé en Écosse. Cette importante étude réunit des informations au nom du Gouvernement écossais et du ministère national de la Santé à propos de la santé et du style de vie des habitants de l'Écosse. Si vous aimeriez que nous organisions la présence d'un interprète pour faciliter la conduite de cet entretien ou vous expliquer plus en détail ce qui est impliqué, veuillez indiquer la langue que vous parlez et donner votre numéro de téléphone à la personne qui s'est présentée chez vous pour que nous puissions l'organiser.

Hindi / हिन्दी

आपके परिवार को स्कॉटिश स्वास्थ्य सर्वेक्षण में हिस्सा लेने के लिए चुना गया है। इस महत्वपूर्ण अध्ययन में स्कॉटलैंड सरकार और राष्ट्रीय स्वास्थ्य सेवा की ओर से स्कॉटलैंड में रहने वाले लोगों के स्वास्थ्य और जीवनशैलियों के संबंध में जानकारी एकत्र की जाती है। साक्षात्कार के आयोजन अथवा इसमें शामिल किसी अन्य जानकारी को स्पष्ट करने के लिए यदि आप दुभाषिण (इंटरप्रेटर) की व्यवस्था चाहते हैं तो आप जो भाषा बोलते हैं उस पर निशान लगाएं तथा आपसे सम्पर्क करने वाले व्यक्ति को अपना टेलीफोन नम्बर दे दें ताकि हम इसका प्रबन्ध कर सकें।

Polish / Polski

Uprzejmie informujemy, że Pana/i gospodarstwo domowe wybrano do wzięcia udziału w ankiecie na temat zdrowia (Scottish Health Survey). Celem tego ważnego badania jest zebranie informacji na temat zdrowia i trybu życia mieszkańców Szkocji. Sondaż przeprowadzamy w imieniu szkockiego rządu i państwowej służby zdrowia (National Health Service). Jeżeli chciał(a)by Pan/i wziąć udział w ankiecie korzystając z pomocy tłumacza bądź uzyskać bliższe informacje na temat badania, proszę wskazać na karcie swój język ojczysty i podać urzędnikowi numer swojego telefonu, by można było umówić spotkanie, podczas którego obecny będzie tłumacz.

Punjabi / ਪੰਜਾਬੀ

ਤੁਹਾਡੇ ਘਰਬਾਰ ਨੂੰ ਸਕੌਟਲੈਂਡ ਦੇ ਸੇਹਤ ਸਰਵੇ ਵਿੱਚ ਭਾਗ ਲੈਣ ਲਈ ਚੁਣਿਆ ਗਿਆ ਹੈ। ਇਹ ਮਹੱਤਵਪੂਰਨ ਅਧਿਐਨ ਸਕੌਟਲੈਂਡ ਦੀ ਸਰਕਾਰ ਅਤੇ ਨੈਸ਼ਨਲ ਹੈਲਥ ਸਰਵਿਸ ਦੀ ਤਰਫੋਂ ਸਕੌਟਲੈਂਡ ਵਿੱਚ ਰਹਿ ਰਹੇ ਲੋਕਾਂ ਦੀ ਸੇਹਤ ਅਤੇ ਰਹਿਣੀ ਬਹਿਣੀ ਬਾਰੇ ਜਾਣਕਾਰੀ ਇਕੱਤਰ ਕਰਦੀ ਹੈ। ਇੰਟਰਵਿਓ ਕਰਨ ਵਿੱਚ ਸਹਾਇਤਾ ਲਈ, ਜਾਂ ਜੇ ਕੁੱਝ ਇਸ ਵਿੱਚ ਸ਼ਾਮਲ ਹੋ ਬਾਰੇ ਵਧੇਰੇ ਜਾਣਕਾਰੀ ਚੇਣ ਲਈ, ਜੇ ਤੁਸੀਂ ਚਾਹੁੰਦੇ ਹੋ ਕਿ ਅਸੀਂ ਚੋਭਾਸ਼ੀਏ ਦਾ ਪ੍ਰਬੰਧ ਕਰੀਏ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਜਿਹੜੀ ਭਾਸ਼ਾ ਤੁਸੀਂ ਬੋਲਦੇ ਹੋ ਉਸ ਵੱਲ ਇਸ਼ਾਰਾ ਕਰੋ ਅਤੇ ਜਿਹੜਾ ਵਿਅਕਤੀ ਤੁਹਾਡੇ ਘਰ ਆਇਆ ਹੈ ਉਸ ਨੂੰ ਆਪਣਾ ਟੈਲੀਫੋਨ ਨੰਬਰ ਦਿਓ ਤਾਂ ਕਿ ਅਸੀਂ ਇਸ ਦਾ ਪ੍ਰਬੰਧ ਕਰ ਸਕੀਏ।

Turkish / Türkçe

Aileniz İskoç Sağlık Anketi'ne katılmak üzere seçilmiştir. Bu önemli çalışmada, İskoçya Hükümeti ve Ulusal Sağlık Hizmetleri adına, İskoçya'da yaşayan kişilerin sağlık durumları ve yaşam tarzları ile ilgili önemli bilgiler toplanmaktadır. Görüşmelerin yapılabilmesine yardımcı olması veya bu sürece dahil olan diğer noktaları açıklaması için bir tercüman ayarlamamızı istiyorsanız, lütfen konuştuğunuz dili belirtin ve sizi ziyaret eden kişiye telefon numaranızı verin; sizin için gerekli ayarlamaları yapacağız.

Arabic / العربية

لقد وقع الاختيار عليك وعلى عائلتك للمشاركة في استبيان الصحة الاسكتلندي، وتقوم هذه الدراسة الهامة بجمع المعلومات لصالح الحكومة الاسكتلندية وهيئة الصحة الوطنية (NHS) وتتعلق بصحة ونمط وأسلوب حياة القاطنين في اسكتلندا. إذا كنت ترغب منا أن نرتب حضور مترجم لمساعدتك خلال هذه المقابلة أو لتوضيح المزيد عن أهداف ومغزى الاستبيان فالرجاء الإشارة إلى اللغة التي تتكلمها إلى الشخص الذي جاء لمنزلك لإجراء المقابلة و اكتب له رقم هاتفك لترتيب إجراء هذه المقابلة بحضور مترجم.

Farsi / فارسی

خانواده شما برای شرکت در نظرسنجی سلامتی و بهداشت اسکاٹلند انتخاب شده است. در این تحقیق بسیار مهم از طرف دولت اسکاٹلند و سرویس ملی بهداشت، اطلاعاتی درباره سلامتی و شیوه های زندگی مردم ساکن اسکاٹلند جمع آوری می شود. اگر مایل هستید برای تان یک مترجم بیاوریم تا در انجام مصاحبه کمک کند، یا اطلاعات بیشتری درباره تحقیق به شما بدهد، لطفاً به نام زبانی که به آن صحبت می کنید اشاره کرده و شماره تلفن خود را به فردی که به آدرس شما مراجعه کرده است بدهید تا ترتیب این کار بدهیم.

Urdu / اردو

سکاٹش ہیلتھ سروے میں حصہ لینے کے لئے آپ کے گھرانے کا انتخاب کیا گیا ہے۔ یہ ضروری تحقیق سکاٹش گورنمنٹ اور نیشنل ہیلتھ سروے کی جانب سے سکاٹ لینڈ میں رہائش پذیر لوگوں کی صحت اور طرز زندگی کے متعلق معلومات جمع کرتی ہے۔ اگر آپ چاہتے ہیں کہ ہم انٹرویو لینے یا اس میں شامل امور کی مزید وضاحت کرنے میں مدد کے لئے ایک انٹریویٹر (ترجمان) کا انتظام کریں تو براہ مہربانی جو زبان آپ بولتے ہیں اس کی طرف اشارہ کریں اور جو شخص آپ کے گھر تشریف لایا ہے اسے اپنا پتہ اور ٹیلیفون نمبر دے دیں تاکہ ہم اس کا انتظام کرسکیں۔

Ref number.

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

NHS (A)

THE SCOTTISH HEALTH SURVEY 2018

Scottish Health Records

(Adults 16+)

- The National Health Service (NHS) maintains routine medical and other health records on all patients who use their services. We would like to ask for your consent to link your survey answers to your NHS health records on the following:
 - Visits to hospital and length of stay.
 - Information about diagnosis, treatments and hospital stays for cancer, heart disease, stroke, diabetes and psychiatric episodes.
 - Details about registration with a general practitioner and, if you pass away, the date and cause of death.
- To link this information we need to send your name, address and date of birth to the Information Services Division (ISD) of NHS Scotland so they can identify your health records.
- By linking this information with the interview data the research is more useful as we can look at how people's lifestyle and circumstances can have an impact on their future health and use of hospital services.
- This information will be confidential and used for statistical and research purposes only. The information will not identify you so it cannot be used by anyone treating you as a patient.
- By signing this form you are only giving permission for the linking of this information to routine administrative data and nothing else. Your data will be handled in accordance with Data Protection Legislation.
- You can cancel this permission at any time in the future by writing to: ScotCen Social Research, Scotiabank House, 2nd Floor, 6 South Charlotte Street, Edinburgh, EH2 4AW. You do not need to give a reason to cancel this.

Your consent

I, (name) _____ consent to ScotCen Social Research /Office for National Statistics passing my name, address and date of birth to:

the **Information Services Division of NHS Scotland**

Signed _____

Date _____

I understand that these details will be used for statistical and research purposes only.

Ref number.

| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|

NHS (C)**THE SCOTTISH HEALTH SURVEY 2018**

Scottish Health Records

(Children 0-15)

- The National Health Service (NHS) maintains routine medical and other health records on all patients who use their services. We would like to ask for your consent to link your survey answers to your NHS health records on the following:
 - Visits to hospital and length of stay.
 - Information about diagnosis, treatments and hospital stays for cancer, heart disease, stroke, diabetes and psychiatric episodes.
 - Details about registration with a general practitioner and, if you pass away, the date and cause of death.
- To link this information we need to send your name, address and date of birth to the Information Services Division (ISD) of NHS Scotland so they can identify your health records.
- By linking this information with the interview data the research is more useful as we can look at how people's lifestyle and circumstances can have an impact on their future health and use of hospital services.
- This information will be confidential and used for statistical and research purposes only. The information will not identify you so it cannot be used by anyone treating you as a patient.
- By signing this form you are only giving permission for the linking of this information to routine administrative data and nothing else. Your data will be handled in accordance with Data Protection Legislation.
- You can cancel this permission at any time in the future by writing to: ScotCen Social Research, Scotiabank House, 2nd Floor, 6 South Charlotte Street, Edinburgh, EH2 4AW. You do not need to give a reason to cancel this.

Your consents

I, (name) _____

am the parent/guardian of

(child's name) _____

I consent to ScotCen Social Research / Office for National Statistics passing his/her name, address and date of birth to:

the **Information Services Division of NHS Scotland**.

Signed _____

Date _____

I understand that these details will be used for statistical and research purposes only.

Scottish Health Survey 2018

Questionnaire documentation

Index

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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.

Important note for data users: You are advised to use the documentation accompanying the final dataset released by the UK Data Archive as there may be updates or corrections to the documentation between the publication of the annual report and the release of the final dataset.

Scottish Health Survey 2018 – 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 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 2018. The household questionnaire documentation begins on page 6 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. '*respiratory*' in version A. The below 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*.

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.
- 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] | |
| Respiratory symptoms [CVD] 16+ | | |
| | General CVD (16+) and use of services [CVD] 0+ | |
| | Asthma core [Asthma] 0+ | |
| Asthma additional [Asthma] 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+ | |
| Additional physical activity questions [AdPhysic] [ChPhysic] 2+ | Eating habits kids [Eating] 2 - 15 | |
| Eating habits adults [Eating] 16+ | 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+ | |
| | Education and employment details 16+ | |
| | Ethnicity (0+) place of birth (0+)and religion (16+) [Ethnic] | |
| | Self-completions [Selfcomp] 4+ | |
| | Height and weight [Measure] 2+ | |
| | Consents [Consents] 0+ | |
| | | Biological module (16+)includes: <ul style="list-style-type: none"> • Prescription drugs |

| | | |
|--|--|---|
| | | <ul style="list-style-type: none"> • Blood Pressure • Waist • Saliva • Anxiety • Depression • Self harm |
|--|--|---|

| |
|---|
| Child Boost |
| Household questionnaire [HHgrid]+[GenHHold] |
| General health including caring [GenHlth] |
| Asthma core [Asthma] 0+ |
| Additional asthma [Asthma] 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 |
| Household questionnaire [HHgrid]+[GenHHold] |
| General health including caring [GenHlth] |
| General CVD [CVD] 16+ |
| Asthma core [Asthma] 16 |
| Physical activity adults |
| 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+ |
| Self-completions [Selfcomp] 16+ |
| Height and weight [Measure] 16+ |
| Consents [Consents] 16+ |

[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:

Org: (*ScotCen=3, ONS=7*)

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 AgeOf=Dk/Ref THEN

[AgeEst]*

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

SHOW CARD 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?

INTERVIEWER: 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 of respondent's*) 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/daughter/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/sister (ie. both natural parents the same)
- 15 Half-brother / Half-sister (ie. one natural parent the same)
- 16 Step-brother / Step-sister (ie. no natural parents the same)
- 17 adopted brother/sister
- 18 foster brother/sister
- 19 brother/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?

(Codeframe of adult household members)

1-12 Person numbers of household members

97 Not a household member

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 AN INDIVIDUAL INTERVIEW ARE:

(List of eligible respondents)

PRESS <1> AND <Enter> TO CONTINUE.

ASK ALL AGED 16+

[OwnORent08]

SHOW CARD A3

In which of these ways do you occupy this accommodation?

PROBE FOR DETAILS

- 1 Buying it with mortgage or 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]

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

Range : 0..100.

ASK ALL

[PasSm]

Does anyone smoke **inside** this (house/flat) on most days?

INTERVIEWER: IF ASKED, RESPONDENT SHOULD INCLUDE THEMSELVES AND NON-HOUSEHOLD MEMBERS WHO SMOKE IN THE HOUSE/FLAT, BUT EXCLUDE ANY HOUSEHOLD MEMBERS WHO ONLY SMOKE OUTSIDE OF THE HOUSE/FLAT.

- 1 Yes
- 2 No

[SmokHm]

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
- 5 Seven times
- 6 More than often than this

INTERVIEWER: I'm now going to ask you some questions about your local area

ASK ALL

[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

Overall, how satisfied or dissatisfied are you with each of these services?

[LocHealth]

SHOW CARD A5

Local health services

- 1 Very satisfied
- 2 Fairly satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Fairly dissatisfied
- 5 Very dissatisfied
- 6 No opinion

[RefColl]

SHOW CARD A5

Refuse collection

- 1 Very satisfied
- 2 Fairly satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Fairly dissatisfied
- 5 Very dissatisfied
- 6 No opinion

[LocSchol]

SHOW CARD A5

Local schools

- 1 Very satisfied
- 2 Fairly satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Fairly dissatisfied
- 5 Very dissatisfied
- 6 No opinion

[SocWork]

SHOW CARD A5

Social care or social work services

- 1 Very satisfied
- 2 Fairly satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Fairly dissatisfied
- 5 Very dissatisfied
- 6 No opinion

[Transprt]

Public transport

- 1 Very satisfied
- 2 Fairly satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Fairly dissatisfied
- 5 Very dissatisfied
- 6 No opinion

[StrtCln]

Street cleaning

- 1 Very satisfied
- 2 Fairly satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Fairly dissatisfied
- 5 Very dissatisfied
- 6 No opinion

[SportLei]

SHOW CARD A5

Council sports and leisure facilities

- 1 Very satisfied
- 2 Fairly satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Fairly dissatisfied

- 5 Very dissatisfied
- 6 No opinion

[Librar]

SHOW CARD A5

Council libraries

- 1 Very satisfied
- 2 Fairly satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Fairly dissatisfied
- 5 Very dissatisfied
- 6 No opinion

[MusGall]

SHOW CARD A5

Council museums and galleries

- 1 Very satisfied
- 2 Fairly satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Fairly dissatisfied
- 5 Very dissatisfied
- 6 No opinion

[ParkSpa]

SHOW CARD A5

Council parks and open spaces

- 1 Very satisfied
- 2 Fairly satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Fairly dissatisfied
- 5 Very dissatisfied
- 6 No opinion

[GenHHRe]

INTERVIEWER CODE:

Who was the person responsible for answering the household questionnaire?

(list of names from household grid)

: 1..97, NODONTKNOW, NOREFUSAL

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

[SrcInc]

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

- | | | |
|----|---|------------|
| 1 | Earnings from employment or self-employment (incl. overtime, tips, bonuses) | [SrcInc1] |
| 2 | State retirement pension | [SrcInc2] |
| 3 | Pension from former employer | [SrcInc3] |
| 4 | Personal pensions | [SrcInc4] |
| 5 | Pension Credit | [SrcInc5] |
| 6 | Child Benefit | [SrcInc6] |
| 7 | Universal Credit | [SrcInc7] |
| 8 | Job-Seekers Allowance | [SrcInc8] |
| 9 | Income Support | [SrcInc9] |
| 10 | Working Tax Credit, Child Tax Credit or any other Tax Credit | [SrcInc10] |
| 11 | Housing Benefit | [SrcInc11] |
| 12 | Employment and Support Allowance | [SrcInc12] |
| 13 | Personal Independence Payments | [SrcInc13] |
| 14 | Disability Living Allowance | [SrcInc14] |
| 15 | Attendance Allowance | [SrcInc15] |
| 16 | Carer's Allowance | [SrcInc16] |
| 17 | Other state benefits | [SrcInc17] |
| 18 | Student grants and bursaries (but not loans) | [SrcInc18] |
| 19 | Interest from savings and investments (eg stocks & shares) | [SrcInc19] |
| 20 | Rent from property (after expenses) | [SrcInc20] |
| 21 | Other kinds of regular income (e.g. maintenance or grants) | [SrcInc21] |
| 22 | No source of income | [SrcInc22] |

[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.

INTERVIEWER: 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 households total income from all these sources over the last 12 months before any deductions for taxes, National Insurance contributions, health insurance payments, superannuation payments etc? Just tell me the number beside the row that applies.

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

EMPLOYMENT DETAILS OF HOUSEHOLD REFERENCE PERSON

EconAc12

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

[HEducCour]

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

[HWk2Star12]

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 (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

[HEverJob]

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]

Which year did *you/name* (Household Reference Person) leave *your/his/her* last paid job?

WRITE IN.

Numeric: 1920..2001 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
- 12 December
- 13 Can't remember

**IF (HEverJob = 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?
- 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?

[HNEmployee]

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

[HSNEmp]

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

[HSIfWtMa]*

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

Can I just check, is your age: (age from HHGrid)?1 Yes

- 2 No

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

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 ODOB, 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?

[LongII12]

Do you have a physical or mental health 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 LongII12=Yes OR More=Yes THEN

[IIIcode]* (*variable names IIIcode1 to IIIcode6*)¹

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

¹ Note – the verbatim illness given by the respondent is coded in the office after interview.

- 26 Stomach ulcer/ulcer (nes)/abdominal hernia/rupture
- 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)

Does (*name of condition*) limit your activities in any way?

INTERVIEWER: IF YES, PROBE: Is that a little or a lot?

- 1 Yes, a lot
- 3 Yes, a little
- 2 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]

Apart from anything you do as part of paid employment, do you 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

IF RG15New = Yes THEN

[RG16a]

Who is it that you provide regular help or care for?

INTERVIEWER: Code up to two people cared for.

Code the **first** person here.

- 1-12 Person numbers of household members
- 97 Someone outside the household

IF RG16a=1-12 or 97 THEN

[RG16b]

Who else do you provide 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 provide regular help or care for outside your household?

INTERVIEWER: Code all that apply

- 1 Parent/parent-in-law [RG16c1]
- 2 Other relative [RG16c2]
- 3 Friend/neighbour [RG16c3]
- 4 Other person [RG16c4]

[RG17New]

SHOW CARD A9

In total, how many hours each week approximately do you 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 PAID EMPLOYMENT

INTERVIEWER: Show showcard

- 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 SHOW CARD)

[RG18]

SHOW CARD A10

How long have you been providing this care for (him/her/them)?

INTERVIEWER: 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

ASK ALL 16-70 who are carers (IF RG15New=Yes) THEN

[RG19]

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

- | | | |
|----|---|----------|
| 1 | Been unable to take up employment | [RG191] |
| 2 | Worked fewer hours | [RG192] |
| 3 | Reduced responsibility at work | [RG193] |
| 4 | Flexible employment agreed | [RG194] |
| 5 | Changed to work at home | [RG195] |
| 6 | Reduced opportunities for promotion | [RG196] |
| 7 | Took new job | [RG197] |
| 8 | Left employment altogether | [RG198] |
| 9 | Took early retirement | [RG199] |
| 10 | Other (SPECIFY) | [RG1910] |
| 11 | Employment not affected/never had a job | [RG1911] |

[RG190]*

INTERVIEWER: WRITE IN OTHER ANSWER

ASK ALL 16+ who are carers (IF RG15new=Yes) THEN

[RG20]

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] |

ASK ALL aged 4-15 who are carers (IF RG15New=Yes THEN)

[RG20b]

SHOW CARD A13

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 | [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)

[RG200]*

INTERVIEWER: WRITE IN OTHER ANSWER

ASK ALL 16+

[LifeSat]

SHOW CARD 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 |

Respiratory symptoms and Cardiovascular Disease– All Versions

ASK ALL AGED 16+

[Flemwint]

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

- 1 Yes
- 2 No

[Flemdawn]

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

- 1 Yes
- 2 No

IF Flemwint=Yes OR Flemdawn=Yes THEN

[Flemreg]

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

- 1 Yes
- 2 No

IF Uphillw <> Cannot walk THEN

[Windhila]

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

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

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

[WindPeer]

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

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

IF Windpeer = Yes or No THEN

[Windpace]

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

- 1 Yes
- 2 No

[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

[CVD0th]*

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

[Doclreg]

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

- 1 Yes
- 2 No

IF Doclreg = Yes THEN

[Reclreg]

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 / Everlreg/ 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 pastabbp = 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

ASK ALL 16+ WITH DIABETES (IF Everdi = Yes AND DocInfo1=Yes THEN)

[TypeD]

Have you been told whether you have Type 1 or Type 2 diabetes?

- 1 Yes, Type 1 diabetes
- 2 Yes, Type 2 diabetes
- 3 Not been told
- 4 Not sure which type

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)

[COPDDoctr]

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 COPDDoctr = 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 COPDDoctr=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]

SHOW CARD 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+

[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 breathing.

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

- 1 Yes
- 2 No

VERSION A ONLY 0+ WHO HAVE EVER WHEEZED (IF EverW = Yes)

[NoCol]

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

- 1 Yes
- 2 No

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

[TweWz]

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

- 1 Yes
- 2 No

VERSION A ONLY AGED 0+ WHO'VE WHEEZED IN THE LAST 12 MONTHS (IF TweWz=Yes)

[Attak]

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

IF DON'T KNOW, OBTAIN ESTIMATE.

PROMPT IF REQUIRED:

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

[SleTw]

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

READ OUT...

- 1 Never woken with wheezing,
- 2 Woken less than 1 night per week,
- 3 Woken one or more nights per week,

INTERVIEWER: If Don't know, obtain estimate.

[NaDLi]

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

READ OUT...

- 1 Not at all,
- 2 A little,
- 3 Quite a bit,
- 4 or a lot?

VERSION A ONLY 0+ WHO HAVE EVER WHEEZED (IF EverW = Yes)

[RecAtW]

When was your most recent attack of wheezing/whistling?

PROMPT IF NECESSARY.

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

ASK ALL 0+

[ConDr]

Did a doctor ever tell you that you had asthma?

PLEASE EXCLUDE ADVICE FROM HOMEOPATHS, ETC.

- 1 Yes
- 2 No

IF (EverW = Yes or ConDR = Yes) AND RecAtW < 4

[TrtWze]

SHOW CARD C1

Have you received any treatment or advice for asthma/wheezing from any of the people on this card?

- 1 Yes
- 2 No

IF TrtWze=Yes THEN

[TrtWh]

Which ones? PROBE: Any others?

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

[Temporary Question]

IF Age=4 or Age =5 THEN ASK

[StartSch]

Can I check, has (*name of child*) started school?

- 1 Yes
- 2 No

IF StartSch = Yes AND (TweWz = Yes OR ConDR = Yes). OR IF Age >5 and (TweWz = Yes OR ConDR = Yes) THEN

[SchAb]

Over the last 12 months, how many days has (asthma/wheezing/whistling) caused (him/her) to be absent from school?

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

On an average work day in the last **four** weeks, how much time did you usually spend sitting down?

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.

[WrkAct3H]

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

[WrkAct3M]

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

IF Housewrk = Yes THEN

[HWrkList]

SHOW CARD E1

Have you done any housework listed on this card?

- 1 Yes
- 2 No

Adult physical activity module (16+)

[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?

RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION; Range: 0..12

[MinHHW]

RECORD MINUTES SPENT ON HEAVY HOUSEWORK.

Range: 0..59

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

Range: 0..12

[MinDIY]

RECORD MINUTES SPENT ON GARDENING OR DIY.

Range: 0..59

ASK ALL AGED 16+

[Wik5Int]

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

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

IF Wik5Int = Yes THEN

[Wik10M]

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 Wik10M = Yes THEN

[DayWik10]

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*))

IF THEY WALKED EVERYDAY 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 (DayWik10 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?

Range: 1..28

IF Wik10M = Yes THEN

[HrsWik10]

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.

RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR.

RECORD MINUTES AT NEXT QUESTION.

Range: 0..12

[MinWik10]

INTERVIEWER: RECORD HERE MINUTES SPENT WALKING.

Range: 0..59

IF Wik5Int = 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 (Wik15M = Yes) AND (Age >= 65) THEN

[WalkEff]

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, but exclude any activities done as part of your main job.

- 1 Yes
- 2 No

IF ActPhy = Yes THEN

[WhtAct]

Which have you done in the last **four** weeks? PROBE: Any others?

CODE ALL THAT APPLY.

- | | | |
|----|---|------------|
| 1 | Swimming | [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]

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] |
| 30 | Waterskiing | [WhtAcB30] |

ASK ALL AGED 16+

REPEAT FOR UP TO 6 ADDITIONAL SPORTS, WHEN ANSWER YES AT EACH SUCCESSIVE 'OTHER ACTIVITY' VARIABLE OActQ11 to OActQ16

[OactQ]* (*Variable names: OActQ11-OActQ16*)

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

INTERVIEWER: PROBE FOR NAME OF SPORT OR EXERCISE AND WRITE IN.

- 1 Yes
- 2 No

IF OActQ = Yes THEN

[WHTACT11 – WHT16¹]

¹ Up to 6 other activities can be recorded. These are then assigned a code in the office.

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*)?

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).

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

[ExcMus]

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/pliates, 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]

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
- 2 No

IF WhtAct = Exercises (e.g. press-ups, sit-ups) AND (Age>=65) THEN

[ExMov]

Did these exercises involve you standing up and moving about?

- 1 Yes
- 2 No

VERSION A ONLY

[REASSPRT]

SHOW CARD E7

I would like to ask you some more detail about the last time you did (activity/activities).
What were your reasons for doing it/them?

CODE ALL THAT APPLY

- | | | |
|----|--|------------|
| 1 | To keep fit (not just to lose weight) | [REASSPRT] |
| 2 | To lose weight | [REASSPR2] |
| 3 | To take children | [REASSPR3] |
| 4 | To socialise | [REASSPR4] |
| 5 | To train/ take part in a competition | [REASSPR5] |
| 6 | To improve my performance | [REASSPR6] |
| 7 | Just enjoy it | [REASSPR7] |
| 8 | To help with my injury or disability | [REASSPR8] |
| 9 | Part of my voluntary work | [REASSPR9] |
| 10 | To walk the dog | [REASSP10] |
| 11 | For health reasons / to improve health | [REASSP11] |
| 12 | For peace and quiet | [REASSP12] |
| 13 | To de-stress, relax and unwind | [REASSP13] |
| 14 | To feel closer to nature | [REASSP14] |
| 15 | Other (RECORD AT NEXT QUESTION) | [REASSP15] |

[REASSPRTO]

INTERVIEWER: WRITE IN OTHER ANSWER GIVEN

[MREASSPRT] SHOW CARD E7

And which of these was your main reason?

- | | |
|----|--|
| 1 | To keep fit (not just to lose weight) |
| 2 | To lose weight |
| 3 | To take children |
| 4 | To socialise |
| 5 | To train/ take part in a competition |
| 6 | To improve my performance |
| 7 | Just enjoy it |
| 8 | To help with my injury or disability |
| 9 | Part of my voluntary work |
| 10 | To walk the dog |
| 11 | For health reasons / to improve health |
| 12 | For peace and quiet |
| 13 | To de-stress, relax and unwind |
| 14 | To feel closer to nature |
| 15 | Other (RECORD AT NEXT QUESTION) |

[MREASSPRTO]*

INTERVIEWER: WRITE IN OTHER ANSWER GIVEN

VERSION A ONLY

[Barsprt]

SHOW CARD E8

Looking at this card, are there any particular reasons why you haven't done any/more sport in the last 4 weeks?

CODE ALL THAT APPLY

- | | | |
|---|-------------------|------------|
| 1 | It costs too much | [Barsprt1] |
|---|-------------------|------------|

- | | | |
|----|---|-------------|
| 2 | No one to do it with | [Barsprt2] |
| 3 | Never occurred to me | [Barsprt3] |
| 4 | Not really interested | [Barsprt4] |
| 5 | Fear of injury/making current injury worse | [Barsprt5] |
| 6 | I wouldn't enjoy it | [Barsprt6] |
| 7 | Health isn't good enough | [Barsprt7] |
| 8 | I might feel uncomfortable or out of place | [Barsprt8] |
| 9 | Facilities are too far away | [Barsprt9] |
| 10 | Not enough information on what is available | [Barsprt10] |
| 11 | It's difficult to find the time | [Barsprt11] |
| 12 | I already do enough | [Barsprt12] |
| 13 | Other (RECORD AT NEXT QUESTION) | [Barsprt13] |
| 14 | No reason | [Barsprt14] |

[BarsprtO]*

INTERVIEWER: WRITE IN OTHER ANSWER GIVEN.

[Barspmaj]

SHOW CARD E8

And which of these was your main reason?

- | | |
|----|---|
| 1 | It costs too much |
| 2 | No one to do it with |
| 3 | Never occurred to me |
| 4 | Not really interested |
| 5 | Fear of injury/making current injury worse |
| 6 | I wouldn't enjoy it |
| 7 | Health isn't good enough |
| 8 | I might feel uncomfortable or out of place |
| 9 | Facilities are too far away |
| 10 | Not enough information on what is available |
| 11 | It's difficult to find the time |
| 12 | I already do enough |
| 13 | Other |

[BarspmaO]*

INTERVIEWER: WRITE IN OTHER ANSWER GIVEN.

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, tablet, phone, games console or handheld gaming device? Please do **not** include any time spent in front of a screen while at school, work or college.

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.

RECORD **HOURS** SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR OR NEVER WATCHES SCREEN. RECORD MINUTES AT NEXT QUESTION.

Range: 0..12

[MinTVWk]

RECORD MINUTES HERE.

Range: 0..59

[WkSit2H]

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 the respondent says reading is the main activity

RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR OR NEVER.

RECORD MINUTES AT NEXT QUESTION.

Range: 0..12

[WkSit2M]

RECORD MINUTES HERE: Range: 0..59

[TVWkEnd]

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, tablet, phone, games 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.

RECORD **HOURS** SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR OR NEVER

WATCHES SCREEN. RECORD MINUTES AT NEXT QUESTION.

Range: 0..12

[MinTvWe]

RECORD MINUTES 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 [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 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

[WESit2M]

RECORD MINUTES HERE. 0..59

Child physical activity module (2-15)

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

[Wik5Ch]

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

- 1 Yes
- 2 No

IF Wik5Ch = Yes THEN

[Wik5Day]

On which **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 Monday
- 2 Tuesday
- 3 Wednesday
- 4 Thursday
- 5 Friday
- 6 Saturday
- 7 Sunday
- 8 Every day

[DayWikT]

SHOW CARD F1

On {day(s) mentioned in Wik5Day}, 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)

IF DayWikT = 4 hours or more THEN

[WikHrs]

How long did (*you/name of child*) spend walking on each day?

RECORD HOURS SPENT BELOW. RECORD MINUTES AT NEXT QUESTION

Range: 4..12

[WikMin]

RECORD HERE MINUTES SPENT WALKING.

Range: 0..59

ASK ALL AGED 5-15

[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 2-15

[Sport]*

I would now like to ask (*you/name of child*) about any sports or exercise activities that (*he/she/you*) have/has done. I will then go on to ask about other active things (*he/she/you*) may have done.

Showcard F2 shows what we would like you to include for sports and exercises, and

Showcard F3 shows what we would like you to include for other active things.

INTERVIEWER: Please ask respondent to look at Showcards F2 and F3.

For the following questions please include any activities done at a nursery or playgroup, but don't count any activities done as part of school lessons

- 1 Continue

[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 Spt1ch = Yes)

[DaySprt]

On which days did (*you/name of child*) do any of these sports or exercise activities? Sports and exercise activities are shown on Showcard F2. (*Please remember not to count things done as part of school lessons*)

- 1 Monday
- 2 Tuesday
- 3 Wednesday

- 4 Thursday
- 5 Friday
- 6 Saturday
- 7 Sunday
- 8 Everyday

[mTmSprt]

SHOW CARD F1

On {Insert day in the last week selected at **DaySprt** }, how long did (you/he/she) spend doing sports or exercise activities?

Please give an answer from Showcard F1.

- (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)

IF LWkSp = 4 hours or more THEN

[WkSpH]

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

RECORD HOURS SPENT BELOW. RECORD MINUTES AT NEXT QUESTION

Range: 4..12

[WkSpM]

RECORD HERE MINUTES SPENT DOING SPORTS OR EXERCISE ACTIVITIES

Range: 0..59

ASK ALL AGE 2-15

[OatDay]

SHOW CARD F3 AGAIN

On which days in the last week did (*you/name of child*) do any of these active things? Other active things are shown on Showcard F3. (*Please remember not to count things done as part of school lessons*)

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

- 1 Monday
- 2 Tuesday
- 3 Wednesday
- 4 Thursday
- 5 Friday
- 6 Saturday
- 7 Sunday
- 8 Everyday
- 9 Did not do these active things on any day last week.

[OatTm]

On {Insert day in the last week selected at **DayAct**} how long did (you/he/she) spend doing these types of activities?

Please give an answer from Showcard F1.

- 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)

IF LWkSp = 4 hours or more THEN

[OAT4Hrs]

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

RECORD HOURS SPENT BELOW. RECORD MINUTES AT NEXT QUESTION

Range: 4..12

[OATMins]

RECORD HERE MINUTES SPENT DOING SPORTS OR EXERCISE ACTIVITIES

Range: 0..59

SCHOOL BASED PHYSICAL ACTIVITY

ASK IF AGED 5-15 OR IF AGED 4 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

[SchADays]

On which 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 Monday
- 2 Tuesday
- 3 Wednesday
- 4 Thursday
- 5 Friday
- 6 Saturday
- 7 Sunday
- 8 Everyday

[SchATm]

SHOW CARD F1 AGAIN

On {Insert day in the last week selected at **SchDays** }, how long did (*you/he/she*) spend being active in lessons at school?

Please give an answer from Showcard F1.

- 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

[SchATmH]

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

[SchATmM]

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

[TVWeek]

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, tablet, phone, 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 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.

RECORD **HOURS** SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR OR NEVER WATCHES SCREEN. RECORD MINUTES AT NEXT QUESTION.

Range: 0..12

[MinTVWk]

RECORD MINUTES HERE.

Range: 0..59

[WkSit2H2]¹

And how much time on an **average weekday** do/does (*you/your child*) 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

Range: 0..59

[TVWkEnd]

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, tablet, phone, game 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 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.

RECORD **HOURS** SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR OR NEVER WATCHES SCREEN. RECORD MINUTES AT NEXT QUESTION.

Range: 0..12

[MinTvWe2]

RECORD MINUTES HERE.

Range::0..59

[WESit2H2]²

And how much time on an average **weekend** day (that is Saturday and Sunday) do/does (*you/your child*) 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: Range 0..24

New question for 2012

² New question for 2012

[WESit2M2]
RECORD MINUTES HERE.
Range:0..59

Eating habits module (2-15) (Version A – all age 2 +)

ASK ALL AGED 2-15 AND AGED 16+ VERSION A ONLY

[UsBread]¹

What kind of bread do you 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 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 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)
- 8 (Does not have usual type)
- 9 (Does not drink milk)

¹ The question wording and answer categories changed in 2008.

[Cereal08]¹

Which type of breakfast cereal, including porridge, do you 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 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 eat **chips?**

- 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

¹ The question wording and answer categories changed in 2008.

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

[Meat03]

SHOW CARD G2

How often do you eat **meat such as beef, lamb, pork etc**, not including poultry?

[MeatProd]

SHOW CARD G2

How often do you eat **meat products** such as sausages, meat pies, bridies, corned beef, or burgers?

INTERVIEWER: INCLUDE LORNE, SLICED, AND LINKS SAUSAGES

[TFish]

SHOW CARD G2

How often do you eat **canned tuna fish**? Please don't count fresh or frozen tuna.

[WFish03]

SHOW CARD G2

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

[FshOil03]

SHOW CARD G2

How often do you 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]

SHOW CARD G2

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

[Confec]

SHOW CARD G2

How often do you eat **sweets or chocolates**?

[IceCream]

SHOW CARD G2

How often do you eat **ice cream**?

[Crisps]

SHOW CARD G2

How often do you eat **crisps or other savoury snacks**?

[DietDr]

SHOW CARD G2

How often do you drink diet, low-calorie or no-added sugar **soft drinks**?

Include diet fizzy drinks, low-cal flavoured water and no-added sugar diluting juice. (*adults only*) Include diet or low-calorie soft drinks added to alcohol. Do **not** include fresh fruit juice or plain water

[SoftDr]

SHOW CARD G2

How often do you drink **sugary soft drinks**?

Include fizzy drinks, energy drinks and diluting juice with added sugar.

(adults only) Include sugary soft drinks added to alcohol.

INTERVIEWER: Do **not** include diet, low-calorie or no-added sugar drinks or fresh fruit juice.

IF (Age<=15) THEN

[MilkDr]

SHOW CARD G2

How often does (he/she/name) drink milk, **not** including milk used for tea, coffee and cereals, or in milkshakes and other flavoured milks?

INTERVIEWER: include soya / goat's milk.

ASK ALL AGED 2-15 AND AGED 16+ VERSION A ONLY

[CakesEtc]

SHOW CARD G2

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

[Biscuits]

SHOW CARD G2

How often do you eat **biscuits**?

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 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 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+

[VFInt]*

I'd like to ask you a few questions about some of the things you 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 eaten.

1 Continue

[VegSal]

Did you 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 eat yesterday?

IF ASKED: 'Think about an average-sized cereal bowl'.

Range: 0.5 ..50.0

ASK ALL AGED 2+

[VegPul]

Did you 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 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 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 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 eat any (other) dishes made **mainly** from vegetables or pulses yesterday, such as vegetable lasagne or vegetable curry?

Don't count vegetable soup, 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 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 ate...

...READ OUT...

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

[FrtDrk09]

Did you 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 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 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 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).

INTERVIEWER: IF MORE THAN ONE KIND OF FRUIT MENTIONED AND IF SAME SIZE, CODE EACH KIND OF FRUIT SEPARATELY.

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).

- 1 Very large fruit (e.g. melon (all types), pineapple)
- 2 Large fruit (e.g. grapefruit, mango)
- 3 Medium-sized fruit (e.g. apple, 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 eat any other fresh fruit yesterday?

- 1 Yes
- 2 No

ASK ALL AGED 2+

[FrtDry]

Did you 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 eat yesterday?

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

Range: 0.5-.50.0

ASK ALL AGED 2+

[FrtFroz]

Did you 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 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 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 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 usually eat and drink, would you say that yesterday you ate and drank...

...READ OUT...

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

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

ASK ALL AGED 20+ (OR AGED 18-19 IF BEING ASKED IN MAIN INTERVIEW)

[SmokPreAm][§]

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

[SmokEv][§]

May I just check, have you ever smoked a cigarette, a cigar or a pipe?
CODE ALL THAT APPLY.

- | | |
|--|---|
| <ol style="list-style-type: none"> 1 Yes: cigarette 2 Yes: cigars 3 Yes: pipe 4 No | <p>[SmokEv08]</p> <p>[SmokEv09]</p> <p>[SmokEv10]</p> <p>[SmokEv11]</p> |
|--|---|

IF ANY SmokEv08 to Smokev10 = yes THEN SmokEver = Yes; IF SmokEv08 = 4 THEN SmokEver = N

IF SmokEver = Yes THEN

[SmokNow15][§]

Do you smoke cigarettes nowadays?

- 1 Yes
- 2 No

IF SmokeNow = Yes THEN

[DlySmoke][§]

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

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][§]

[§] 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.

How much tobacco do you usually smoke on weekdays?
 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][§]
 ENTER AMOUNT IN GRAMS
 Range: 0..100

IF DlyEst = Ounces OR Don't know THEN

[DlyOz]
 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?
 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?
 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][§]
 ENTER AMOUNT IN GRAMS
 Range: 0..100

IF WkndEst = Ounces THEN

[WkndOz][§]
 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

[§] 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.

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?

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?

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][§]

ENTER AMOUNT IN GRAMS

Range: 0..100

IF NumEst = Ounces THEN

[NumOz][§]

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][§]

[§] 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.

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]

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

ASK ALL 20+ (OR AGED 18-19 IF BEING ASKED IN MAIN INTERVIEW)

[ECigEv16]¹

Have you ever used an electronic cigarette (e-cigarette), or any other vaping device?

INTERVIEWER NOTE: AN ELECTRONIC CIGARETTE IS A DEVICE THAT CAN LOOK LIKE A NORMAL CIGARETTE (THOUGH SOME CAN LOOK DIFFERENT) AND THAT

[§] 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 New question in 2014, revised in 2016

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 AN ALTERNATIVE TO SMOKING.

- 1 Yes
- 2 No

IF ECigEv16=1 THEN

[ECigNw16]¹

Do you use an e-cigarette or vaping device at all nowadays?

- 1 Yes
- 2 No

IF ECigNw16=yes

[OftECigC]

SHOW CARD H2

How often in the last **four weeks** have you used an e-cigarette or vaping device?

- 1 Every day
- 2 4-6 days a week
- 3 2-3 days a week
- 4 Once a week
- 5 2-3 times in the last 4 weeks
- 6 Once in the last 4 weeks
- 7 Not at all in last 4 weeks

IF ECigNw16=no

[EcigReg]

Did you use an e-cigarette or vaping device regularly or did you only try them once or twice?

- 1 Used e-cigarettes/vaping devices regularly
- 2 SPONTANEOUS: Used e-cigarettes/vaping devices occasionally
- 3 Never really used e-cigarettes/vaping devices, just tried them once or twice

IF EcigReg =regular or occasional

[OftECigX]

SHOW CARD H3

How often did you use an e-cigarette or vaping device in a typical **four week** period?

- 1 Every day
- 2 4-6 days a week
- 3 2-3 days a week
- 4 Once a week
- 5 2-3 times in a 4 week period
- 6 Once in a 4 week period
- 7 Less than once in a 4 week period

IF ECigNw16=yes OR EcigReg= Used e-cigarettes regularly/occasionally

[StrtEcig]

Can I just check, how old were you when you first tried an e-cigarette or vaping device?

IF ECigNw16=yes

¹ New question in 2014, revised in 2016

[EcigYrC]

And for approximately how long have you been using an e-cigarette or vaping device?

INTERVIEWER: Record **years** below and **months** at next question.

INTERVIEWER: Enter 0 if less than 1 year.

[EcigMthC]

INTERVIEWER: Record **months** here.

INTERVIEWER: Enter 0 if less than 1 month.

IF ECigReg=used e-cigarettes regularly or occasionally

[EcigYrX]

And for approximately how long did you use an e-cigarette or vaping device?

INTERVIEWER: Record **years** below and **months** at next question.

INTERVIEWER: Enter 0 if less than 1 year.

[EcigMthX]

INTERVIEWER: Record **months** here.

INTERVIEWER: Enter 0 if less than 1 month.

IF StrtEcig AND StartSmk=SAME

[WhchFrst]

Can I just check, did you start **regularly** smoking tobacco cigarettes before **first trying** e-cigarettes/vaping devices?"

- 1 Yes, started **regularly smoking** tobacco cigarettes *before first trying* e-cigarettes/vaping devices, or
- 2 No, **started regularly** smoking tobacco cigarettes *after first trying* e-cigarettes/vaping devices first")

IF (SmokStop >1 OR EndSmoke >= 0) THEN

[UseNRT...]

SHOW CARD H4

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/Vaping devices | [UseNRT7a] |
| 8 | Yes, other | [UseNRT8a] |
| 9 | No | [UseNRT9a] |

[NRTOth]*

What other products did you use?

**ASK IF (StopLong > 2 OR EndSmoke = RESPONSE) AND response given at UseNRT
For each product mentioned at UseNRT ASK**

[ScQtNRT] NRTHelp

Did using (product) help you to successfully stop smoking for a month or more?

- 1 Yes
- 2 No

[NRTpresc]

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

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?

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

[Passive...][§]

SHOW CARD H5

Are you 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][§]

[§] 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

- Does this bother you at all?
- 1 Yes
 - 2 No

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.

Drinking module (All Versions)

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.

^{\$} 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.

[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
- 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?

^{\$} 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

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

[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][§]

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...][§]

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][§]

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

¹ No equivalent in self-completion questionnaire

IF SbeerM = Small cans THEN

[SbeerQ2]^{\$}

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]^{\$}

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]^{\$}

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

Range: 1..97

[Sbottle]*

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

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

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

Text: Maximum 21 characters

[ScodeEq]^{\$}

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, 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, or cocktails) have you usually drunk on any one day?

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

Range: 1..97

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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, t 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, or Buckfast have you usually drunk on any one day?

CODE THE NUMBER OF GLASSES

Range: 1..97

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]^{\$ 2}

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

¹ Buckfast was added to this question in 2008

^{\$} 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 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

[WQGI][§]

INTERVIEWER: Code the number of glasses (**drunk as glasses**).

Range: 1.0..97.9

[WQGIz][§]

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) | [WQGIz1] |
| 2 | Standard glass (175ml) | [WQGIz2] |
| 3 | Small glass (125ml) | [WQGIz3] |

[§] 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 WQG1z1 = mentioned THEN

[Q250G1z][§]

How many large glasses (250ml) have you usually drunk?

Range: 1.0..97.9

IF WQG1z2 = mentioned THEN

[Q175G1z][§]

How many standard glasses (175ml) have you usually drunk?

Range: 1.0..97.9

IF WQG1z3 = mentioned THEN

[Q125G1z][§]

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 ('alcopop'), or a pre-mixed alcoholic drink such as WKD, Smirnoff Ice, Bacardi Breezer etc, in the last 12 months?

IF (Pops03=Almost every day...Once or twice a year) THEN

[PopsM03]^{§ 1}

How much alcopops or pre-mixed alcoholic drinks 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 alcoholic drinks have you usually drunk on any one day?

Range: 1..97

IF PopsM03 = Standard Bottles THEN

[PopsQ032][§]

ASK OR CODE: How many standard bottles of alcopops or pre-mixed alcoholic drinks 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 alcoholic drinks 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.

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: Maximum 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?

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 [Almost 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?

**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]\$

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

- 1 Yes
- 2 No

IF DrinkL7=Yes THEN

[DrnkDay]\$

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

Range: 1..7

IF DrnkDay = 2 to7 days THEN

[DrnkSame]\$

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

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

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

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§ 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.

- 3 Tuesday
- 4 Wednesday
- 5 Thursday
- 6 Friday
- 7 Saturday

[DrnkTy]^{\$ 1}

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]

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

¹ Buckfast added to DrnkTy04 in 2008

^{\$} 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 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

¹ No equivalent in self-completion questionnaire

[§] 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.

[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

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, or cocktails) did you drink on that day?

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

Range: 1..97

IF DrnkTy=Sherry (IF DrnkTy04 mentioned) THEN

[ShryL7]^{§ 2}

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

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

F WineL7 = Bottle or parts of bottle OR Both bottles and glasses

[WL7Bt]

¹ No equivalent in self-completion questionnaire

[§] 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 Buckfast added in 2008

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.

$\frac{1}{2}$ 750ml bottle = 3 glasses.

$\frac{1}{3}$ 750ml bottle = 2 glasses.

$\frac{1}{4}$ 750ml bottle = 1.5 glasses.

1 litre = 8 glasses.

$\frac{1}{2}$ litre = 4 glasses.

$\frac{1}{3}$ litre = 2.5 glasses.

$\frac{1}{4}$ 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.

IF WineL7 = Glasses OR Both bottles and glasses

[WL7GI]^{\$}

INTERVIEWER: Code the number of glasses (**drunk as glasses**).

Range: 1.0..97.9

^{\$} 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.

[WL7G1z]§

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. Also record the size of small bottles here.

- | | | |
|---|------------------------|-----------|
| 1 | Large glass (250ml) | [WL7G1z1] |
| 2 | Standard glass (175ml) | [WL7G1z2] |
| 3 | Small glass (125ml) | [WL7G1z3] |

IF WL7G1z1=mentioned THEN**[ml250G1z]§**

How many large glasses (250ml) did you drink?

Range: 1.0..97.9

IF WL7G1z2=mentioned THEN**[ml175G1z]§**

How many standard glasses (175ml) did you drink?

Range: 1.0..97.9

IF WL7G1z3=mentioned THEN**[ml125G1z]§**

How many small glasses (125ml) did you drink?

Range: 1.0..97.9

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 bottles of alcopops or pre-mixed alcoholic drinks did you drink on that day?

Range: 1..97

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.

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

[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

Dental Health¹ (16+)

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

[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

[MthIssue]

SHOW CARD K2

Do you currently have any problems with your mouth, teeth or dentures that cause you difficulty with any of the following listed on show card K2? If you prefer please just tell me the number or numbers on the card that apply to you.

INTERVIEWER: PLEASE CODE ALL THAT APPLY.

- 1 Yes, eating food
- 2 Yes, speaking clearly
- 3 Yes, smiling, laughing and showing teeth without embarrassment
- 4 Yes, emotional stability, for example, becoming more easily upset than usual
- 5 Yes, enjoying the company of other people such as family, friends, or neighbours
- 6 No, none of these

[GumBld]

SHOW CARD K3

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.

Employment Classification 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 QUESTIONNAIRE¹

[EconAc12]

(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 | [NOfthWrk] |
| 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 (NOfthWrk=1)) THEN

[Wk4Lk12]

Thinking of the 4 weeks ending (*date last Sunday*), were you actively 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

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

¹ Economic activity questions changed in 2012

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..2017

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

[Employee]

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

[SifWtMad]*

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

Text: Maximum 100 characters

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] *

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, National Qualification Access Unit | [TopQua1] |
| 2 | O Grade, Standard Grade, GCSE, GCE O Level, CSE, National Qualification Access 3 Cluster, Intermediate 1 or 2, National 4 or 5, 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] |

National Identity, ethnic background and religion module (All)

ASK ALL (0+)

[BirthPla]

What is your 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]*

SHOW CARD Q2

What is your ethnic group?

INTERVIEWER READ OUT: Choose **ONE** from A to E on the card, then tell me which of the options in that section **best describes** your 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)

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]

What religion, religious denomination or body do you belong to?

INTERVIEWER: 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

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

Self-completion booklets admin

IF Age of Respondent is 13 years or over THEN

[SCIntro]*

PREPARE (*PINK/BLUE/BURGANDY/GREEN*) SELF-COMPLETION BOOKLET BY ENTERING SERIAL NUMBERS. CHECK YOU HAVE CORRECT PERSON NUMBER.

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.

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)*).

IF Age of any respondent in household = 4-12 years THEN

[ParSDQ]

INTERVIEWER: Ask parent to complete 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.

Press <1> and <Enter> to continue.

IF Age of respondent is 13 years or over THEN

[SCCheck]*

INTERVIEWER: Wait until respondent(s) have finished and then ask respondent to check booklet is fully completed (do not check booklet yourself)

If not, ask if questions missed in error.

If in error, ask respondent to complete.

[SComp3]

INTERVIEWER CHECK: Was the (*pink/blue.burgandy*) 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 pale yellow 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] |

IF SDQComp= Other THEN

[SDQCompO]*

PLEASE SPECIFY OTHER REASON:

Text: Maximum 60 characters

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> 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

Problems experienced - measurement likely to be:

- 2 Reliable
- 3 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.

(*INTERVIEWER¹: If respondent weighs more than 200kg (31.7 stones) 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.

¹ This interviewer instruction only appears if the person being weighed is aged 6 or above.

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 200kg | [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

ASK ALL AGED 16 +

[NHSCanA]*

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.

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 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 *parent/guardian* the **lemon** consent form (Scottish Health Records) and allow them time to read the information.

ASK ALL

[NHSCon]

INTERVIEWER: Did *respondent* give consent (*on behalf of child's name/children's names*)?

- 1 Consent given
- 2 Consent not given

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 top copy of the form to keep, you keep the white copy.

Code whether signed consents obtained.

- 1 Signed consents obtained
- 2 No signed consents

ASK ALL AGED 16+

[ReInterA]*

In the future, the Scottish Government or other organisations 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 privacy 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 with the permission of 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.

ASK ALL AGED 13-15

[ReInterY]*

In the future, the Scottish Government or other organisations 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 privacy 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 with the permission of 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 or other organisations 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 privacy 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 with the permission of 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.

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 **top** copy of the form to the respondent. Code whether signed consents obtained.

- 1 Signed consents obtained
- 3 No signed consents

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

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?

- | | |
|--|--|
| <ol style="list-style-type: none"> 1 Heart problem 2 High blood pressure 3 Other reason | <p>[YTake011-YTake221] [YTake012-YTake222] [YTake013-YTake223]</p> |
|--|--|

[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

[BPCnst]

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 BPCnst = 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]

SELECT CUFF AND ATTACH TO THE RESPONDENT'S RIGHT ARM. ASK THE RESPONDENT TO SIT STILL FOR FIVE MINUTES.

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.

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.

- | | | |
|---|---|------------|
| 0 | Problems with PC | [NAttBPD0] |
| 1 | Respondent upset/anxious/nervous | [NAttBPD1] |
| 2 | Error reading | [NAttBPD2] |
| 5 | Other reason(s) (specify at next question) | [NAttBPD5] |
| 6 | Problems with cuff fitting/painful | [NAttBPD6] |
| 7 | Problems with equipment (not error reading) | [NAttBPD7] |

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.

- | | | |
|---|--|-----------|
| 1 | No problems taking blood pressure | [DifBPC1] |
| 2 | Reading taken on left arm because right arm not suitable | [DifBPC2] |
| 3 | Respondent was upset/anxious/nervous | [DifBPC3] |
| 4 | Other problems (SPECIFY AT NEXT QUESTION) | [DifBPC4] |
| 5 | Problems with cuff fitting/painful | [DifBPC5] |
| 6 | Problems with equipment (not error reading) | [DifBPC6] |
| 7 | Error reading | [DifBPC7] |

IF DifBP=Other THEN

[OthDifBP]*

RECORD FULL DETAILS OF OTHER PROBLEM(S) TAKING READINGS.

Text: Maximum 140 characters

[BPOffer]*

OFFER BLOOD PRESSURE RESULTS TO RESPONDENT

| | <u>Systolic</u> | <u>Diastolic</u> | <u>Pulse</u> |
|------|----------------------------|-----------------------------|-------------------------|
| 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) |

ENTER THESE ON RESPONDENT'S MEASUREMENT RECORD CARD (COMPLETE NEW RECORD CARD IF REQUIRED).

ADVICE TO RESPONDENTS ON BLOOD PRESSURE 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.

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 2-3 weeks to have a further blood pressure reading to see whether this is a once-off finding or not.

IF Systolic reading 140-159 OR Diastolic reading 85-99 THEN

TICK THE MILDLY RAISED BOX AND READ OUT TO RESPONDENT: Your blood pressure is a bit high today. Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure. You are advised to visit your GP within 3 months to have a further blood pressure reading to see whether this is a once-off finding or not.

IF Systolic reading <140 AND Diastolic reading <85 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.
ENTER '1' 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 (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

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]

RECORD ANY PROBLEMS WITH WAIST MEASUREMENT:

- 1 No problems experienced, RELIABLE waist measurement
- 2 Problems experienced - waist measurement likely to be RELIABLE
- 3 Problems experienced - waist measurement likely to be SLIGHTLY UNRELIABLE
- 4 Problems experienced - waist measurement likely to be UNRELIABLE

IF WJRel = Problems experienced THEN

[ProbWJ]

RECORD WHETHER PROBLEMS EXPERIENCED ARE LIKELY TO INCREASE OR DECREASE THE WAIST MEASUREMENT.

- 1 Increases measurement (e.g. bulky clothing)
- 2 Decreases measurement (e.g. very tight clothing)
- 3 Measurement not affected

IF ONE OR TWO WAIST/HIP MEASUREMENTS OBTAINED THEN

[WHRes]*

OFFER TO WRITE RESULTS OF WAIST MEASUREMENTS, WHERE APPLICABLE, ONTO RESPONDENT'S MEASUREMENT RECORD CARD.

Waist: (Write in waist measurements 1 and 2)

- 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

ASK ALL SAMPLE B 16+ (EXCEPT PREGNANT WOMEN)

[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] |
| 8 | Yes, other | [UseNRTB8] |
| 9 | 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 (or 2 depending on smoking status)

1 Continue

[SalInst]*

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 BIRO

SERIAL NO (Displays serial number)

PERSON NO (Displays person number)

DATE OF BIRTH (Displays date of birth)

INTERVIEWER: The saliva label goes around the outer tube (not lengthways)

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]

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]

IF SalNObt = Other THEN

[OthNObt]*

GIVE FULL DETAILS OF REASON(S) WHY SALIVA SAMPLE NOT OBTAINED.

Text: Maximum 140 characters

[SalCode]

INTERVIEWER: Circle 02 at question 7 on page 1 of the Consent Booklet.

INTERVIEWER: Please ensure you complete all of page 1 in the Consent Booklet.

The respondent's date of birth is (displays DOB)

1 Continue

IF SalIntr1=Refused THEN

[SalYRef]

- | | | |
|---|---|------------|
| 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] |
| 9 | 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.

The respondent's date of birth is (displays DOB)

1 Continue

ASK ALL SAMPLE B 16+**[CASInt]***

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 CASInt=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}**[CASInst]***

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?

- 1 Heart racing or pounding
- 2 Hands sweating or shaking
- 3 Feeling dizzy
- 4 Difficulty getting your breath
- 5 Butterflies in stomach
- 6 Dry mouth
- 7 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

- 1 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 Samaritans, if you find yourself thinking them.

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.

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 dispatch note
4. Included dispatch 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

P12027

| | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|-------------|
| Org | Samp type | Point | Address | HHLD | CKL | Child no | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | SPARE 12-13 |
| 1 | 2 | 3-5 | 6-7 | 8 | 9 | 10-11 | |
| Interviewer number | | <input type="text"/> | First name | | <input type="text"/> | | |
| | | 22-25 | | | | | |
| Card | Batch | | Survey month | | <input type="text"/> | | |
| <input type="text"/> | <input type="text"/> | | | | | | |
| 3 1 3 | 17-21 | | | | SPARE 26-368 | | |
| 14-16 | | | | | | | |

Scottish Health Survey 2018

Booklet for 13-15 year olds

- Here are some questions for you to answer on your own.
- We are interested in your honest answers.
- We will not tell anyone what your answers are.
- You do not have to answer all the questions. If you want to miss a question, please just leave it out and move to the next one.
- Look at the instructions on the next page and read what to do.
- Ask the interviewer for help if you do not understand a question or are not sure what to do.

Thank you for taking part in this survey

P12027 U SC (13-15)

How to answer these questions

- Please read each question carefully
- All of the questions can be answered by putting a tick in the box next to the answer that applies to you like this

Yes ₁

No ₂

General health over the last few weeks

Please read this carefully:

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

HAVE YOU RECENTLY:

Tick **ONE** box

| | Better than usual | Same as usual | Less than usual | Much less than usual | |
|---|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-----|
| Q1. Been able to concentrate on whatever you're doing? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 369 |

Tick **ONE** box

| | Not at all | No more than usual | Rather more than usual | Much more than usual | |
|--|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-----|
| Q2. Lost much sleep over worry? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 370 |

Tick **ONE** box

| | More so than usual | Same as usual | Less useful than usual | Much less useful | |
|---|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-----|
| Q3. Felt you were playing a useful part in things? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 371 |

Tick **ONE** box

| | More so than usual | Same as usual | Less so than usual | Much less capable | |
|---|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-----|
| Q4. Felt capable of making decisions about things? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 372 |

Tick **ONE** box

| | Not at all | No more than usual | Rather more than usual | Much more than usual | |
|--|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-----|
| Q5. Felt constantly under strain? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 373 |

Tick **ONE** box

| | Not at all | No more than usual | Rather more than usual | Much more than usual | |
|--|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-----|
| Q6. Felt you couldn't overcome your difficulties? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 374 |

HAVE YOU RECENTLY:

Tick ONE box

| | | | | | |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|-----|
| | More so than usual | Same as usual | Less so than usual | Much less than usual | |
| Q7. Been able to enjoy your normal day-to-day activities? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | 375 |

Tick ONE box

| | | | | | |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|-----|
| | More so than usual | Same as usual | Less able than usual | Much less able | |
| Q8. Been able to face up to your problems? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | 376 |

Tick ONE box

| | | | | | |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|-----|
| | Not at all | No more than usual | Rather more than usual | Much more than usual | |
| Q9. Been feeling unhappy and depressed? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | 377 |

Tick ONE box

| | | | | | |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|-----|
| | Not at all | No more than usual | Rather more than usual | Much more than usual | |
| Q10. Been losing confidence in yourself? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | 378 |

Tick ONE box

| | | | | | |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|-----|
| | Not at all | No more than usual | Rather more than usual | Much more than usual | |
| Q11. Been thinking of yourself as a worthless person? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | 379 |

Tick ONE box

| | | | | | |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|-----|
| | More so than usual | About same as usual | Less so than usual | Much less than usual | |
| Q12. Been feeling reasonably happy, all things considered? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | 380 |

General Health Questionnaire (GHQ-12)
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Please read this carefully:

Below are some statements about feelings and thoughts.

Please tick the box that best describes your experience of each over the last 2 weeks

Tick ONE box

| | | | | | | | |
|------------|---|----------------------------|-----------------------------|----------------------------|----------------------------|----------------------------|-----|
| | None of the time | Rarely | Some of the Time | Often | All of the time | | |
| Q13 | I've been feeling optimistic about the future | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 381 |

Tick ONE box

| | | | | | | | |
|------------|-----------------------------|----------------------------|-----------------------------|----------------------------|----------------------------|----------------------------|-----|
| | None of the time | Rarely | Some of the time | Often | All of the time | | |
| Q14 | I've been feeling useful | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 382 |

Tick ONE box

| | | | | | | | |
|------------|-----------------------------|----------------------------|-----------------------------|----------------------------|----------------------------|----------------------------|-----|
| | None of the time | Rarely | Some of the time | Often | All of the time | | |
| Q15 | I've been feeling relaxed | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 383 |

Tick ONE box

| | | | | | | | |
|------------|--|----------------------------|-----------------------------|----------------------------|----------------------------|----------------------------|-----|
| | None of the time | Rarely | Some of the time | Often | All of the time | | |
| Q16 | I've been feeling interested in other people | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 384 |

Tick ONE box

| | | | | | | | |
|------------|-----------------------------|----------------------------|-----------------------------|----------------------------|----------------------------|----------------------------|-----|
| | None of the time | Rarely | Some of the time | Often | All of the time | | |
| Q17 | I've had energy to spare | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 385 |

Tick ONE box

| | | | | | | | |
|------------|--------------------------------------|----------------------------|-----------------------------|----------------------------|----------------------------|----------------------------|-----|
| | None of the time | Rarely | Some of the time | Often | All of the time | | |
| Q18 | I've been dealing with problems well | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 386 |

Tick ONE box

| | | | | | | | |
|------------|-----------------------------|----------------------------|-----------------------------|----------------------------|----------------------------|----------------------------|-----|
| | None of the time | Rarely | Some of the time | Often | All of the time | | |
| Q19 | I've been thinking clearly | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 387 |

Please read this carefully:

Below are some statements about feelings and thoughts.

Please tick the box that best describes your experience of each over the last 2 weeks

Tick ONE box

| | None of the time | Rarely | Some of the time | Often | All of the time | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----|
| Q20 I've been feeling good about myself | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 388 |

Tick ONE box

| | None of the time | Rarely | Some of the time | Often | All of the time | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----|
| Q21 I've been feeling close to other people | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 389 |

Tick ONE box

| | None of the time | Rarely | Some of the time | Often | All of the time | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----|
| Q22 I've been feeling confident | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 390 |

Tick ONE box

| | None of the time | Rarely | Some of the time | Often | All of the time | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----|
| Q23 I've been able to make up my own mind about things | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 391 |

Tick ONE box

| | None of the time | Rarely | Some of the time | Often | All of the time | |
|------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----|
| Q24 I've been feeling loved | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 392 |

Tick ONE box

| | None of the time | Rarely | Some of the time | Often | All of the time | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----|
| Q25 I've been interested in new things | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 393 |

Tick ONE box

| | None of the time | Rarely | Some of the time | Often | All of the time | |
|---------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----|
| Q26 I've been feeling cheerful | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 394 |

Now go to Q27 on page 5 ↓

And now a question about physical activity.

Q27 The government advises people to spend a certain amount of time doing moderate physical activity to help them stay healthy. This includes bike riding, swimming, playing tennis or any other activity that makes them breathe slightly faster.

How much time **per day** do you **think** people **your age** are **advised to spend** doing this?

Please write in time (you can either write your answer in minutes, hours or both).

| Hours | Minutes |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |

550-551

552-553

**Thank you for answering these questions.
Please give the booklet back to the interviewer.**

P12027

| | | | | | | | |
|--|--|--|---|--------------------------------------|----------------------------------|---|-------------|
| Org <input type="text"/> 1 | Samp type <input type="text"/> 2 | Point <input type="text"/> <input type="text"/> <input type="text"/> 3-5 | Address <input type="text"/> <input type="text"/> 6-7 | HHL D <input type="text"/> 8 | CKL <input type="text"/> 9 | Person no <input type="text"/> <input type="text"/> 10-11 | SPARE 12-13 |
| Interviewer number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 22-25 | Card <input type="text"/> <input type="text"/> <input type="text"/> 3 1 2 14-16 | Batch <input type="text"/> 17-21 | First name <input type="text"/> | Survey month <input type="text"/> | SPARE 26-368 | | |

Scottish Health Survey 2018

Booklet for Adults

How to fill in this questionnaire

A Most of the questions on the following pages can be answered by simply ticking the box below or alongside the answer that applies to you. You do not have to answer every question.

Example:

Tick ONE box

| | | | | |
|-----------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
| | Very healthy life | Fairly healthy life | Not very healthy life | An unhealthy life |
| Do you feel that you lead a | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

B On most pages you should answer ALL the questions but sometimes you will find an instruction next to the box you have ticked telling you to go to another question. By following the instructions carefully you will miss out questions which do not apply to you.

Example:

Tick ONE box

| | | | |
|-----|-------------------------------------|---|----------|
| Yes | <input checked="" type="checkbox"/> | → | Go to Q4 |
| No | <input type="checkbox"/> | → | Go to Q5 |

P12027 U SC (A)

GENERAL HEALTH OVER THE LAST FEW WEEKS

Please read this carefully:

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

HAVE YOU RECENTLY:

| | | Tick <u>ONE</u> box | | | | |
|-----------|--|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-----|
| | | Better than usual | Same as usual | Less than usual | Much less than usual | |
| Q1 | Been able to concentrate on whatever you're doing? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 369 |

| | | Tick <u>ONE</u> box | | | | |
|-----------|-----------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-----|
| | | Not at all | No more than usual | Rather more than usual | Much more than usual | |
| Q2 | Lost much sleep over worry? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 370 |

| | | Tick <u>ONE</u> box | | | | |
|-----------|--|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-----|
| | | More so than usual | Same as usual | Less useful than usual | Much less useful | |
| Q3 | Felt you were playing a useful part in things? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 371 |

| | | Tick <u>ONE</u> box | | | | |
|-----------|--|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-----|
| | | More so than usual | Same as usual | Less so than usual | Much less capable | |
| Q4 | Felt capable of making decisions about things? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 372 |

| | | Tick <u>ONE</u> box | | | | |
|-----------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-----|
| | | Not at all | No more than usual | Rather more than usual | Much more than usual | |
| Q5 | Felt constantly under strain? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 373 |

| | | Tick <u>ONE</u> box | | | | |
|-----------|---|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-----|
| | | Not at all | No more than usual | Rather more than usual | Much more than usual | |
| Q6 | Felt you couldn't overcome your difficulties? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 374 |

HAVE YOU RECENTLY:

| | | | | | | |
|------------|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|-----|
| | | Tick <u>ONE</u> box | | | | |
| | | More so than usual | Same as usual | Less so than usual | Much less than usual | |
| Q7 | Been able to enjoy your normal day-to-day activities? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | 375 |
| | | Tick <u>ONE</u> box | | | | |
| | | More so than usual | Same as usual | Less able than usual | Much less able | |
| Q8 | Been able to face up to your problems? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | 376 |
| | | Tick <u>ONE</u> box | | | | |
| | | Not at all | No more than usual | Rather more than usual | Much more than usual | |
| Q9 | Been feeling unhappy and depressed? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | 377 |
| | | Tick <u>ONE</u> box | | | | |
| | | Not at all | No more than usual | Rather more than usual | Much more than usual | |
| Q10 | Been losing confidence in yourself? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | 378 |
| | | Tick <u>ONE</u> box | | | | |
| | | Not at all | No more than usual | Rather more than usual | Much more than usual | |
| Q11 | Been thinking of yourself as a worthless person? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | 379 |
| | | Tick <u>ONE</u> box | | | | |
| | | More so than usual | About same as usual | Less so than usual | Much less than usual | |
| Q12 | Been feeling reasonably happy, all things considered? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | 380 |

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Please read this carefully:

Below are some statements about feelings and thoughts.

Please tick the box that best describes your experience of each over the last **2 weeks**

| | | Tick <u>ONE</u> box | | | | | |
|------------|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|-----|
| | | None of the time | Rarely | Some of the Time | Often | All of the time | |
| Q13 | I've been feeling optimistic about the future | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | 381 |
| | | Tick <u>ONE</u> box | | | | | |
| | | None of the time | Rarely | Some of the time | Often | All of the time | |
| Q14 | I've been feeling useful | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | 382 |
| | | Tick <u>ONE</u> box | | | | | |
| | | None of the time | Rarely | Some of the time | Often | All of the time | |
| Q15 | I've been feeling relaxed | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | 383 |
| | | Tick <u>ONE</u> box | | | | | |
| | | None of the time | Rarely | Some of the time | Often | All of the time | |
| Q16 | I've been feeling interested in other people | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | 384 |
| | | Tick <u>ONE</u> box | | | | | |
| | | None of the time | Rarely | Some of the time | Often | All of the time | |
| Q17 | I've had energy to spare | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | 385 |
| | | Tick <u>ONE</u> box | | | | | |
| | | None of the time | Rarely | Some of the time | Often | All of the time | |
| Q18 | I've been dealing with problems well | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | 386 |
| | | Tick <u>ONE</u> box | | | | | |
| | | None of the time | Rarely | Some of the time | Often | All of the time | |
| Q19 | I've been thinking clearly | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | 387 |

Please read this carefully:

Below are some statements about feelings and thoughts.

Please tick the box that best describes your experience of each over the last **2 weeks**

| | | Tick <u>ONE</u> box | | | | | |
|------------|--|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-----|
| | | None of the time | Rarely | Some of the time | Often | All of the time | |
| Q20 | I've been feeling good about myself | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 388 |
| | | Tick <u>ONE</u> box | | | | | |
| | | None of the time | Rarely | Some of the time | Often | All of the time | |
| Q21 | I've been feeling close to other people | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 389 |
| | | Tick <u>ONE</u> box | | | | | |
| | | None of the time | Rarely | Some of the time | Often | All of the time | |
| Q22 | I've been feeling confident | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 390 |
| | | Tick <u>ONE</u> box | | | | | |
| | | None of the time | Rarely | Some of the time | Often | All of the time | |
| Q23 | I've been able to make up my own mind about things | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 391 |
| | | Tick <u>ONE</u> box | | | | | |
| | | None of the time | Rarely | Some of the time | Often | All of the time | |
| Q24 | I've been feeling loved | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 392 |
| | | Tick <u>ONE</u> box | | | | | |
| | | None of the time | Rarely | Some of the time | Often | All of the time | |
| Q25 | I've been interested in new things | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 393 |
| | | Tick <u>ONE</u> box | | | | | |
| | | None of the time | Rarely | Some of the time | Often | All of the time | |
| Q26 | I've been feeling cheerful | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 394 |

Please read this carefully:

The next questions ask about whether you, or anyone in your household, worry about being able to buy enough food. They ask whether you have enough money to buy the quantity of food your household needs, rather than whether you have enough money to eat a nutritious or balanced diet.

During the last 12 months, was there a time when:

Q27 You were worried you would run out of food because of a lack of money or other resources? **Tick ONE box**

Yes ₁ **Go to Q28** ⇨ 434

No ₂ **Go to Q30** ⇨

Q28 You ate less than you thought you should because of a lack of money or other resources? **Tick ONE box**

Yes ₁ **Go to Q29** ⇨ 435

No ₂ **Go to Q30** ⇨

Q29 Your household ran out of food because of lack of money or other resources? **Tick ONE box**

Yes ₁ 436

No ₂

EVERYONE PLEASE ANSWER

SPARE 437-549

Q30 And now a question about physical activity. The government **advises people to spend** a certain amount of time doing moderate physical activity to help them stay healthy. This includes brisk walking, heavy gardening or any other activity that makes you breathe slightly faster than usual. How much time **per week** do you **think** people **your age** are **advised to spend** doing this?

Please write in time (You can either write your answers in minutes, hours or both).

| | |
|------------------------|------------------------|
| Hours | Minutes |
| <input type="text"/> | <input type="text"/> |
| <small>550-551</small> | <small>552-553</small> |

Q31 Which of the following options best describes how you think of yourself? **Tick ONE box**

Heterosexual or Straight ₁

Gay or Lesbian ₂ 554

Bisexual ₃

Other ₄

Q32 How would you describe your gender identity? **Tick ONE box**

Man / Boy ₁

Woman / Girl ₂ 555

In another way ₃ ⇨

If you would like to, please write in the other words you would use below:

.....

THANK YOU FOR TAKING PART

556

P12027

| | | | | | | |
|---|--|--|---|------------------------------------|----------------------------------|--|
| Org <input type="text"/> 1 | Samp type <input type="text"/> 2 | Point <input type="text"/> <input type="text"/> <input type="text"/> 3-5 | Address <input type="text"/> <input type="text"/> 6-7 | HHLID <input type="text"/> 8 | CKL <input type="text"/> 9 | Child no <input type="text"/> <input type="text"/> 10-11 |
| Person no of parent <input type="text"/> <input type="text"/> 12-13 | | First name of child <input type="text"/> | | | | |
| Card <input type="text"/> <input type="text"/> <input type="text"/> 14-16 | Batch 17-21 | First name of parent completing booklet <input type="text"/> | | | | |
| Interviewer number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 22-25 | Survey month <input type="text"/> | | | | | |

Scottish Health Survey 2018

Booklet for parents of 4-12 year olds

How to fill in this questionnaire.

The questions in this booklet can be answered by ticking the box below the answer that applies. You do not have to answer every question.

Example:

Tick **ONE** box on each row

| | Very healthy life | Fairly healthy life | Not very healthy life | An unhealthy life |
|--------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
| Do you feel that you lead a... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SPARE 26-573

P12027 U SC (4-12)

Strengths and Difficulties Questionnaire

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft!

Please give your answers on the basis of the child's behaviour over the last six months.

| | Tick ONE box on each row | | | |
|---|---------------------------------|--------------------------|--------------------------|-----|
| | 1 | 2 | 3 | |
| | Not true | Somewhat true | Certainly true | |
| Considerate of other people's feelings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 574 |
| Restless, overactive, cannot stay still for long | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 575 |
| Often complains of headaches, stomach-aches or sickness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 576 |
| Shares readily with other children (treats, toys, pencils etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 577 |
| Often has temper tantrums or hot tempers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 578 |
| Rather solitary, tends to play alone | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 579 |
| Generally obedient, usually does what adults request | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 580 |
| Many worries, often seems worried | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 581 |
| Helpful if someone is hurt, upset or feeling ill | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 582 |
| Constantly fidgeting or squirming | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 583 |
| Has at least one good friend | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 584 |
| Often fights with other children or bullies them | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 585 |
| Often unhappy, down-hearted or tearful | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 586 |
| Generally liked by other children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 587 |
| Easily distracted, concentration wanders | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 588 |
| Nervous or clingy in new situations, easily loses confidence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 589 |
| Kind to younger children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 590 |
| Often lies or cheats | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 591 |
| Picked on or bullied by other children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 592 |
| Often volunteers to help others (parents, teachers, other children) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 593 |
| Thinks things out before acting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 594 |
| Steals from home, school or elsewhere | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 595 |
| Gets on better with adults than with other children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 596 |
| Many fears, easily scared | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 597 |
| Sees tasks through to the end, good attention span | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 598 |

Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

| | | | | |
|-----------------------------|--------------------------|---|-----------------------------|-----|
| No | <input type="checkbox"/> | 1 | → Go to questions on page 3 | |
| Yes – minor difficulties | <input type="checkbox"/> | 2 | → Go to next question | 599 |
| Yes – definite difficulties | <input type="checkbox"/> | 3 | | |
| Yes – severe difficulties | <input type="checkbox"/> | 4 | | |

If you have answered “Yes”, please answer the following questions about these difficulties:

How long have these difficulties been present?

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|-----|
| Less than a month | 1-5 months | 6-12 months | Over a year | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 600 |
| 1 | 2 | 3 | 4 | |

Do the difficulties upset or distress your child?

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|-----|
| Not at all | Only a little | Quite a lot | A great deal | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 601 |
| 1 | 2 | 3 | 4 | |

Do the difficulties interfere with your child’s everyday life in the following areas?

| | | | | | |
|--------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----|
| | Not at all | Only a little | Quite a lot | A great deal | |
| Home life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 602 |
| Friendships | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 603 |
| Classroom learning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 604 |
| Leisure activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 605 |
| | 1 | 2 | 3 | 4 | |

Do the difficulties put a burden on you or the family as a whole?

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|-----|
| Not at all | Only a little | Quite a lot | A great deal | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 606 |
| 1 | 2 | 3 | 4 | |

And now some questions about physical activity

The **government advises** that young children of pre-school age who are capable of walking without help should spend a certain amount of time being physically active. This includes light or more energetic activities such as walking or skipping, riding a bike, and running and chasing games.

How much time **per day** do you **think** under fives who are able to walk are **advised to spend** doing this?

Please write in time (You can either write your answer in minutes, hours or both)

| | | |
|----------------------|----------------------|------------------------------|
| Hours | Minutes | Do not have a child this age |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 608-609 | 610-611 | 607 |

The **government also advises** that children and young people (aged 5 – 18) should spend a certain amount of time doing moderate physical activity to help them stay healthy. This includes bike riding, playground activities, swimming, playing tennis or any other activity that makes them breathe slightly faster than usual.

How much time **per day** do you **think** those aged 5-18 are **advised to spend** doing this?

Please write in time (You can either write your answer in minutes, hours or both)

| | | |
|----------------------|----------------------|------------------------------|
| Hours | Minutes | Do not have a child this age |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 613-614 | 615-616 | 612 |

**Thank you for answering these questions.
Please give the booklet back to the interviewer.**

P12027

| | | | | | | | |
|--|---|--|---|-----------------------------------|----------------------------------|---|-------------|
| Org <input type="text"/> 1 | Samp type <input type="text"/> 2 | Point <input type="text"/> <input type="text"/> <input type="text"/> 3-5 | Address <input type="text"/> <input type="text"/> 6-7 | HHLD <input type="text"/> 8 | CKL <input type="text"/> 9 | Person no <input type="text"/> <input type="text"/> 10-11 | SPARE 12-13 |
| Interviewer number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 22-25 | | First name <input type="text"/> | | | | | |
| Card <input type="text"/> <input type="text"/> <input type="text"/> 14-16 | Batch <input type="text"/> <input type="text"/> 17-21 | Survey month <input type="text"/> | | | | | SPARE 26-68 |

Scottish Health Survey 2018

Booklet for Young Adults

How to fill in this questionnaire

A Most of the questions on the following pages can be answered by simply ticking the box below or alongside the answer that applies to you. You do not have to answer every question.

Tick ONE box

Example:

| | | | | |
|-----------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
| | Very healthy life | Fairly healthy life | Not very healthy life | An unhealthy life |
| Do you feel that you lead a | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

Example:

Write in no.

C On most pages you should answer ALL the questions but sometimes you will find an instruction next to the box you have ticked telling you to go to another question. By following the instructions carefully you will miss out questions which do not apply to you.

Tick ONE box

Example:

| | | | |
|-----|-------------------------------------|---|----------|
| Yes | <input checked="" type="checkbox"/> | → | Go to Q4 |
| No | <input type="checkbox"/> | → | Go to Q5 |

P12027 U SC (YA)

SMOKING

The first few questions in the booklet ask about whether you smoke tobacco products.

This means tobacco products which you light and smoke and can include, for example, cigarettes or hand-rolling tobacco.

When answering these questions please do NOT include:
 - cigarettes that contain no tobacco
 - electronic cigarettes

Q1 Have you ever smoked a cigar or a pipe?

Tick ALL that apply

Yes – cigar

 1

Yes – pipe

 2

No

 3

Go to Q2 ↓

69-70

Q2 Have you ever smoked a cigarette?

Tick ONE box

Yes

 1

Go to Q3 ↓

71

No

 2

Go to Q7 on page 2 ➡

Q3 How old were you when you first tried smoking a cigarette, even if it was only a puff or two?

Write in how old you were then

Go to Q4 ↓

72-74

Q4 Do you smoke cigarettes nowadays?

Tick ONE box

Yes

 1

Go to Q6a ↓

75

No

 2

Go to Q5 ↓

Q5 Did you smoke cigarettes regularly or occasionally?

Tick ONE box

Regularly, that is at least one cigarette a day

 1

76

Occasionally

 2

Go to Q7 on page 2 ➡

I never really smoked cigarettes, just tried them once or twice

 3

CURRENT SMOKERS

Q6a About how many cigarettes a day do you usually smoke on weekdays?

Write in number smoked a day

Go to Q6b ↓

77-79

Q6b And about how many cigarettes a day do you usually smoke at weekends?

Write in number smoked a day

Go to Q7 on page 2 ➡

80-82

EVERYONE PLEASE ANSWER

Q7 Have you ever used an electronic cigarette (e-cigarette), or any other vaping device? 83

Tick ONE box

- Yes ₁ — Go to Q8 ↓
- No ₂ — Go to Q15 on page 3 ➡

Q8 Do you use an e-cigarette or vaping device at all nowadays? 84

Tick ONE box

- Yes ₁ — Go to Q10 ↓
- No ₂ — Go to Q9 ↓

Q9 Did you use an e-cigarette or vaping device regularly or did you only try them once or twice? 85

Tick ONE box

- Used e-cigarettes/vaping devices regularly ₁ — Go to Q11 ↓
- Used e-cigarettes/vaping devices occasionally ₂ — Go to Q11 ↓
- Never really used e-cigarettes/vaping devices, just tried them once or twice ₃ — Go to Q15 on page 3 ➡

Q10 How often in the last **four weeks** have you used an e-cigarette or vaping device? 86-87

Tick ONE box

- Every day ₀₁
- 4-6 days a week ₀₂
- 2-3 days a week ₀₃
- Once a week ₀₄ — Go to Q12 on page 3 ➡
- 2-3 times in the last 4 weeks ₀₅
- Once in the last 4 weeks ₀₆
- Not at all in the last 4 weeks ₀₇

Q11 How often did you use an e-cigarette or vaping device in a typical **four week** period? 88-89

Tick ONE box

- Every day ₀₁
- 4-6 days a week ₀₂
- 2-3 days a week ₀₃
- Once a week ₀₄ — Go to Q12 on page 3 ➡
- 2-3 times in a 4 week period ₀₅
- Once in a 4 week period ₀₆
- Less than once in a 4 week period ₀₇

Q12 Can I just check, how old were you when you first tried an e-cigarette or vaping device?

Write in how old you were then

Go to Q13 ↓

90-92

Q13 And for approximately how long have you been using/did you use an e-cigarette or vaping device?

Please write in number of years and months. For example if 1 year and 4 months enter '1' in years box and '4' in months box. If less than 1 month enter '0' in months box.

Years

Months

Go to Q14 ↓

93-94

95-96

Q14 Can I just check, did you start **regularly** smoking tobacco cigarettes before **first trying** e-cigarettes/vaping devices?

Yes (**started regularly** smoking tobacco cigarettes *before first trying* e-cigarettes/vaping devices)

No (**started regularly** smoking tobacco cigarettes *after first trying* e-cigarettes/vaping devices)

Not applicable – *never* **regularly** smoked tobacco cigarettes

Tick **ONE** box

1

2

3

Go to Q15 ↓

97

Q15 Are you regularly exposed to other people's tobacco smoke in any of these places?

Please tick **all** boxes that apply

Tick **ALL** that apply

At home

1

At work

2

In other people's homes

3

In cars, vans etc

4

Outside of buildings (e.g. pubs, shops, hospitals)

5

In other public places

6

No, none of these

7

Go to Q16 ↓

Go to Q17 on page 4 ➡

98-103

Q16 Does this bother you at all?

Tick **ONE** box

Yes

1

No

2

104

NOW GO TO THE QUESTIONS ON THE NEXT PAGE ➡

DRINKING

Q17 Do you ever drink alcohol nowadays, including drinks you brew or make at home?

Tick ONE box

- Yes ₁ — Go to Q20 ↓
- No ₂ — Go to Q18 ↓

105

Q18 Just to check, does that mean you never have an alcoholic drink nowadays, or do you have an alcoholic drink very occasionally, perhaps for medicinal purposes or on special occasions like Christmas and New Year?

Tick ONE box

- Very occasionally ₁ — Go to Q20 ↓
- Never ₂ — Go to Q19 ↓

106

Q19 Have you always been a non-drinker or did you stop drinking for some reason?

Tick ONE box

- Always a non-drinker ₁ — Go to Q33 on page 12 ➡
- Used to drink but stopped ₂

107

Q20 How old were you the first time you ever had a proper alcoholic drink – a whole drink, not just a sip?

108-110

Write in how old you were then Go to the next page ➡

SPARE 111-149

The next few questions are concerned with different types of alcoholic drink. Please tick the box underneath the answer that best describes how often you usually drank each of them in the **last 12 months**. For the ones you drank, write in how much you usually drank on any one day. **EXCLUDE ANY NON-ALCOHOLIC OR LOW-ALCOHOL DRINKS, EXCEPT SHANDY.**

EXAMPLE

A How often have you had this type of drink in the past year?

Tick ONE box

| | | | | | | | |
|----------------------------|----------------------------|----------------------------|---------------------------------------|----------------------------|-----------------------------|-------------------------------------|-----------------------------|
| Almost every day | Five or six days a week | Three or four days a week | Once or twice a week | Once or twice a month | Once every couple of months | Once or twice in the last 12 months | Never in the last 12 months |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input checked="" type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |

Go to QB

How much did you usually drink on any one day? WRITE IN NUMBER

| | | |
|--------|------------|-----------------------|
| 2 | Half-pints | |
| AND/OR | | Large cans or bottles |
| AND/OR | 1 | Small cans or bottles |

NOW PLEASE ANSWER Q21-Q28

Q21 **Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol) - exclude bottles/cans of shandy.**

How often have you had this type of drink in the past year?

Tick ONE box

| | | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|-------------------------------------|-----------------------------|
| Almost every day | Five or six days a week | Three or four days a week | Once or twice a week | Once or twice a month | Once every couple of months | Once or twice in the last 12 months | Never in the last 12 months |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |

Go to Q22 on page 6 ➡

How much did you usually drink on any one day? WRITE IN NUMBER

| | | | |
|--------|-----------------------|-----------------------|---------|
| | Half-pints | 150 | |
| AND/OR | | Large cans or bottles | 153-154 |
| AND/OR | Small cans or bottles | | 155-156 |

Q22 Strong beer, lager, stout, cider (6% alcohol or more, such as Tennant's Super, Special Brew)

How often have you had this type of drink in the past year?

Tick **ONE** box

| | | | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|-------------------------------------|-----------------------------|-----|
| Almost every day | Five or six days a week | Three or four days a week | Once or twice a week | Once or twice a month | Once every couple of months | Once or twice in the last 12 months | Never in the last 12 months | |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | 157 |

How much did you usually drink on any one day? WRITE IN NUMBER

| | | | |
|--------|----------------------|-----------------------|---------|
| | <input type="text"/> | Half-pints | 158-159 |
| AND/OR | <input type="text"/> | Large cans or bottles | 160-161 |
| AND/OR | <input type="text"/> | Small cans or bottles | 162-163 |

Go to Q23 ↓

Q23 Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails

How often have you had this type of drink in the past year?

Tick **ONE** box

| | | | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|-------------------------------------|-----------------------------|-----|
| Almost every day | Five or six days a week | Three or four days a week | Once or twice a week | Once or twice a month | Once every couple of months | Once or twice in the last 12 months | Never in the last 12 months | |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | 164 |

How much did you usually drink on any one day? WRITE IN NUMBER

| | | |
|----------------------|--------------------------------------|---------|
| <input type="text"/> | Glasses (count doubles as 2 singles) | 165-166 |
|----------------------|--------------------------------------|---------|

Go to Q24 on page 7 →

Q24 Sherry or martini (including port, vermouth, cinzano) or Buckfast

How often have you had this type of drink in the past year?

Tick **ONE** box

| | | | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|-------------------------------------|-----------------------------|-----|
| Almost every day | Five or six days a week | Three or four days a week | Once or twice a week | Once or twice a month | Once every couple of months | Once or twice in the last 12 months | Never in the last 12 months | |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | 167 |

How much did you usually drink on any one day? WRITE IN NUMBER Glasses (count doubles as 2 singles) 168-169

Go to Q25 ↓

Q25 Wine (including babycham and champagne)

How often have you had this type of drink in the past year?

Tick **ONE** box

| | | | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|-------------------------------------|-----------------------------|-----|
| Almost every day | Five or six days a week | Three or four days a week | Once or twice a week | Once or twice a month | Once every couple of months | Once or twice in the last 12 months | Never in the last 12 months | |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | 170 |

How much did you usually drink on any one day? WRITE IN NUMBER You can write in parts of a bottle, e.g. half a bottle
If you drink **small** bottles (e.g. 250ml or 175ml) enter the number of glasses you drank from the bottle

| | | |
|----------------------|--------------------------|---------|
| <input type="text"/> | Large Glasses (250ml) | 171-172 |
| <input type="text"/> | Standard Glasses (175ml) | 173-174 |
| <input type="text"/> | Small Glasses (125ml) | 175-176 |
| <input type="text"/> | Bottles (750ml) | 177-178 |

Go to Q26 on page 8 →

Q26 Alcoholic soft drinks or 'alcopops' (such as WKD, Smirnoff Ice, Bacardi Breezer etc)

How often have you had this type of drink in the past year?

Tick **ONE** box

| | | | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|-------------------------------------|-----------------------------|-----|
| Almost every day | Five or six days a week | Three or four days a week | Once or twice a week | Once or twice a month | Once every couple of months | Once or twice in the last 12 months | Never in the last 12 months | |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | 179 |

Go to Q27 ↓

How much did you usually drink on any one day? WRITE IN NUMBER

| | | |
|----------------------|--------------------------|---------|
| <input type="text"/> | Small cans | 180-181 |
| <input type="text"/> | Standard bottles (275ml) | 182-183 |
| <input type="text"/> | Large bottles (700ml) | 184-185 |

Q27 Have you had any other kinds of alcoholic drink in the last 12 months?

Tick **ONE** box

| | | | |
|-----|----------------------------|------------------------|-----|
| No | <input type="checkbox"/> 1 | Go to Q29 on page 10 → | 186 |
| Yes | <input type="checkbox"/> 2 | | |

WRITE IN NAME OF DRINK

187-188

How often have you had this type of drink in the past year?

Tick **ONE** box

| | | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|-------------------------------------|-----|
| Almost every day | Five or six days a week | Three or four days a week | Once or twice a week | Once or twice a month | Once every couple of months | Once or twice in the last 12 months | |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | 189 |

How much did you usually drink on any one day? WRITE IN NUMBER

| | | |
|-----------------------------|--------------------------------------|---------|
| <input type="text"/> | Glasses (count doubles as 2 singles) | 190-191 |
| AND/OR <input type="text"/> | Half-pints | 192-193 |
| AND/OR <input type="text"/> | Large cans or bottles | 194-195 |
| AND/OR <input type="text"/> | Small cans or bottles | 196-197 |

Go to Q28 on page 9 →

Q28 Have you had any other kinds of alcoholic drink in the last 12 months?

Tick **ONE** box

No ₁ — Go to Q29 on page 10 ➡

198

Yes ₂

WRITE IN NAME OF DRINK

199-200

How often have you had this type of drink in the past year?

Tick **ONE** box

| | | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Almost every day | Five or six days a week | Three or four days a week | Once or twice a week | Once or twice a month | Once every couple of months | Once or twice in the last 12 months |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ | <input type="checkbox"/> ₇ |

201

How much did you usually drink on any one day? WRITE IN NUMBER

| | | |
|----------------------|--------------------------------------|-------------------------------|
| <input type="text"/> | Glasses (count doubles as 2 singles) | 202-203 |
| AND/OR | <input type="text"/> | Half-pints 204-205 |
| AND/OR | <input type="text"/> | Large cans or bottles 206-207 |
| AND/OR | <input type="text"/> | Small cans or bottles 208-209 |

Go to Q29 on page 10 ➡

SPARE 210-248

Q29 Thinking now about all kinds of drinks, how often have you had an alcoholic drink of any kind during the last 12 months?

Tick ONE box

- Almost every day 01
- Five or six days a week 02
- Three or four days a week 03
- Once or twice a week 04
- Once or twice a month 05
- Once every couple of months 06
- Once or twice a year 07
- Not at all in the last 12 months 08

249-250

Go to Q30 ↓

Q30 Did you have an alcoholic drink in the seven days ending yesterday?

Tick ONE box

- Yes 1
- No 2

251

Go to Q31 ↓

Go to Q33 on page 12 ➡

Q31 On how many days out of the last seven did you have an alcoholic drink?

Tick ONE box

- One 1
- Two 2
- Three 3
- Four 4
- Five 5
- Six 6
- Seven 7

252

Go to Q32 on page 11 ➡

Q32 Please think about the day in the last week on which you drank the most. (If you drank the same amount on more than one day, please answer about the most recent of those days.)

From this list, please tick all the types of alcoholic drink which you drank on that day. For the ones you drank, write in how much you drank on that day. EXCLUDE NON-ALCOHOLIC OR LOW-ALCOHOL DRINKS, EXCEPT SHANDY.

| TICK ALL DRINKS DRUNK ON THAT DAY | | WRITE IN HOW MUCH DRUNK ON THAT DAY | | | |
|--|------------------------------------|---|--|--|---|
| | | Glasses (count doubles as 2 singles) | Half-pints | Large cans or bottles | Small cans or bottles |
| Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol)-exclude bottles/cans of shandy | <input type="text"/> ₀₁ | <input type="text"/> 269-270 | <input type="text"/> 271-272 | <input type="text"/> 273-274 | |
| Strong beer, lager, stout or cider (6% alcohol or more, such as Tennent's Super, Special Brew) | <input type="text"/> ₀₂ | <input type="text"/> 275-276 | <input type="text"/> 277-278 | <input type="text"/> 279-280 | |
| Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails | <input type="text"/> ₀₃ | <input type="text"/> 281-282 | | | |
| Sherry or martini (including port, vermouth, cinzano) or Buckfast | <input type="text"/> ₀₄ | <input type="text"/> 283-284 | | | |
| Wine (including babycham and champagne) You can write in parts of a bottle, e.g. half a bottle. If you drank small bottles (e.g. 250ml or 175ml) enter the number of glasses drunk from the bottle | <input type="text"/> ₀₅ | Large glasses (250ml) <input type="text"/> 285-286 | Standard glasses (175ml) <input type="text"/> 287-288 | Small glasses (125ml) <input type="text"/> 289-290 | Bottles (750ml) <input type="text"/> 291-292 |
| Alcoholic soft drinks or 'alcopops' (such as WKD, Smirnoff Ice, Bacardi Breezer) | <input type="text"/> ₀₆ | | Small cans <input type="text"/> 293-294 | Standard bottles (275ml) <input type="text"/> 295-296 | Large bottles (700ml) <input type="text"/> 297-298 |
| Other kinds of alcoholic drink WRITE IN NAME OF DRINK | | Glasses (count doubles as 2 singles) | Half-pints | Large cans or bottles | Small cans or bottles |
| 1. <input type="text"/> | <input type="text"/> ₀₇ | <input type="text"/> 299-300 | <input type="text"/> 301-302 | <input type="text"/> 303-304 | <input type="text"/> 305-306 |
| 2. <input type="text"/> | <input type="text"/> ₀₈ | <input type="text"/> 307-308 | <input type="text"/> 309-310 | <input type="text"/> 311-312 | <input type="text"/> 313-314 |

Go to next page ➡

SPARE 315-368

GENERAL HEALTH OVER THE LAST FEW WEEKS

EVERYONE PLEASE ANSWER

Please read this carefully:

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

HAVE YOU RECENTLY:

| | | | | | |
|---|----------------------------|----------------------------|-------------------------------|-----------------------------|-----|
| | Tick ONE box | | | | |
| | Better than usual | Same as usual | Less than usual | Much less than usual | |
| Q33 Been able to concentrate on whatever you're doing? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 369 |
| Tick ONE box | | | | | |
| | Not at all | No more than usual | Rather more than usual | Much more than usual | |
| Q34 Lost much sleep over worry? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 370 |
| Tick ONE box | | | | | |
| | More so than usual | Same as usual | Less useful than usual | Much less useful | |
| Q35 Felt you were playing a useful part in things? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 371 |
| Tick ONE box | | | | | |
| | More so than usual | Same as usual | Less so than usual | Much less capable | |
| Q36 Felt capable of making decisions about things? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 372 |
| Tick ONE box | | | | | |
| | Not at all | No more than usual | Rather more than usual | Much more than usual | |
| Q37 Felt constantly under strain? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 373 |
| Tick ONE box | | | | | |
| | Not at all | No more than usual | Rather more than usual | Much more than usual | |
| Q38 Felt you couldn't overcome your difficulties? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 374 |

HAVE YOU RECENTLY:

- | | | | | | |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|-----|
| | Tick <u>ONE</u> box | | | | |
| | More so than usual | Same as usual | Less so than usual | Much less than usual | |
| Q39 Been able to enjoy your normal day-to-day activities? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | 375 |
| Tick <u>ONE</u> box | | | | | |
| | More so than usual | Same as usual | Less able than usual | Much less able | |
| Q40 Been able to face up to your problems? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | 376 |
| Tick <u>ONE</u> box | | | | | |
| | Not at all | No more than usual | Rather more than usual | Much more than usual | |
| Q41 Been feeling unhappy and depressed? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | 377 |
| Tick <u>ONE</u> box | | | | | |
| | Not at all | No more than usual | Rather more than usual | Much more than usual | |
| Q42 Been losing confidence in yourself? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | 378 |
| Tick <u>ONE</u> box | | | | | |
| | Not at all | No more than usual | Rather more than usual | Much more than usual | |
| Q43 Been thinking of yourself as a worthless person? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | 379 |
| Tick <u>ONE</u> box | | | | | |
| | More so than usual | About same as usual | Less so than usual | Much less than usual | |
| Q44 Been feeling reasonably happy, all things considered? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | 380 |

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Please read this carefully:

Below are some statements about feelings and thoughts.

Please tick the box that best describes your experience of each over the last **2 weeks**

| | | Tick ONE box | | | | | |
|------------|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----|
| | | None of the time | Rarely | Some of the Time | Often | All of the time | |
| Q45 | I've been feeling optimistic about the future | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 381 |
| | | Tick ONE box | | | | | |
| | | None of the time | Rarely | Some of the time | Often | All of the time | |
| Q46 | I've been feeling useful | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 382 |
| | | Tick ONE box | | | | | |
| | | None of the time | Rarely | Some of the time | Often | All of the time | |
| Q47 | I've been feeling relaxed | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 383 |
| | | Tick ONE box | | | | | |
| | | None of the time | Rarely | Some of the time | Often | All of the time | |
| Q48 | I've been feeling interested in other people | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 384 |
| | | Tick ONE box | | | | | |
| | | None of the time | Rarely | Some of the time | Often | All of the time | |
| Q49 | I've had energy to spare | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 385 |
| | | Tick ONE box | | | | | |
| | | None of the time | Rarely | Some of the time | Often | All of the time | |
| Q50 | I've been dealing with problems well | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 386 |
| | | Tick ONE box | | | | | |
| | | None of the time | Rarely | Some of the time | Often | All of the time | |
| Q51 | I've been thinking clearly | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 387 |

Please read this carefully:

Below are some statements about feelings and thoughts.

Please tick the box that best describes your experience of each over the last **2 weeks**

| | | | | | | | |
|------------|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|-----|
| | | Tick ONE box | | | | | |
| | | None of the time | Rarely | Some of the time | Often | All of the time | |
| Q52 | I've been feeling good about myself | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | 388 |
| | | Tick ONE box | | | | | |
| | | None of the time | Rarely | Some of the time | Often | All of the time | |
| Q53 | I've been feeling close to other people | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | 389 |
| | | Tick ONE box | | | | | |
| | | None of the time | Rarely | Some of the time | Often | All of the time | |
| Q54 | I've been feeling confident | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | 390 |
| | | Tick ONE box | | | | | |
| | | None of the time | Rarely | Some of the time | Often | All of the time | |
| Q55 | I've been able to make up my own mind about things | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | 391 |
| | | Tick ONE box | | | | | |
| | | None of the time | Rarely | Some of the time | Often | All of the time | |
| Q56 | I've been feeling loved | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | 392 |
| | | Tick ONE box | | | | | |
| | | None of the time | Rarely | Some of the time | Often | All of the time | |
| Q57 | I've been interested in new things | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | 393 |
| | | Tick ONE box | | | | | |
| | | None of the time | Rarely | Some of the time | Often | All of the time | |
| Q58 | I've been feeling cheerful | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | 394 |

SPARE 395-433

Please read this carefully:

The next questions ask about whether you, or anyone in your household, worry about being able to buy enough food. They ask whether you have enough money to buy the quantity of food your household needs, rather than whether you have enough money to eat a nutritious or balanced diet.

During the last 12 months, was there a time when:

Q59 You were worried you would run out of food because of a lack of money or other resources?

Tick ONE box

| | | | | |
|-----|--------------------------|---|-------------|-----|
| Yes | <input type="checkbox"/> | 1 | Go to Q60 ⇨ | 434 |
| No | <input type="checkbox"/> | 2 | Go to Q62 ⇨ | |

Q60 You ate less than you thought you should because of a lack of money or other resources?

Tick ONE box

| | | | | |
|-----|--------------------------|---|-------------|-----|
| Yes | <input type="checkbox"/> | 1 | Go to Q61 ⇨ | 435 |
| No | <input type="checkbox"/> | 2 | Go to Q62 ⇨ | |

Q61 Your household ran out of food because of lack of money or other resources?

Tick ONE box

| | | | |
|-----|--------------------------|---|-----|
| Yes | <input type="checkbox"/> | 1 | 436 |
| No | <input type="checkbox"/> | 2 | |

EVERYONE PLEASE ANSWER

SPARE 437-549

Q62 And now a question about physical activity. The government **advises people to spend** a certain amount of time doing moderate physical activity to help them stay healthy. This includes bike riding, swimming, playing tennis or any other activity that makes them breathe slightly faster. How much time **per day** do you **think** people **your age** are **advised to spend** doing this?

Please write in time (You can either write your answer in minutes, hours or both).

| | |
|----------------------|----------------------|
| Hours | Minutes |
| <input type="text"/> | <input type="text"/> |
| 550-551 | 552-553 |

NOW GO TO THE QUESTIONS ON THE NEXT PAGE ➡

Q63 Which of the following options best describes how you think of yourself?

Tick ONE box

- Heterosexual or Straight ₁
- Gay or Lesbian ₂
- Bisexual ₃
- Other ₄

554

Q64 How would you describe your gender identity?

Tick ONE box

- Man / Boy ₁
- Woman / Girl ₂
- In another way ₃ ⇨

555

If you would like to, please write in the other words you would use below:

.....

556

THANK YOU FOR TAKING PART

Ref number.

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

SG (A)

THE SCOTTISH HEALTH SURVEY 2018

Follow-up Research

(Adults 16+)

- In the future, the Scottish Government may want follow-up research to be conducted among particular groups of the public to improve health or health services.
- If you are willing, your name, contact details and relevant answers you have given during the interview will be passed on to the Scottish Government or research agencies, with the permission of the Scottish Government, for this purpose.
- Please be assured that if you sign this statement, any information you provide as part of the survey will only be released for statistical and research purposes carried out by reputable research organisations and that your confidentiality will be protected in the publication of any results given.
- Any information passed to any other organisation will be treated in accordance with data protection legislation and will not be used for any purposes other than future research about health or health services.
- Researchers are not interested in your individual answers but instead are interested in the combined answers of all the people interviewed.
- If you are invited to take part in any future studies you will be free to refuse if you do not want to take part.
- You can cancel this permission at any time in the future by writing to: ScotCen Social Research, Scotiabank House, 2nd Floor, 6 South Charlotte Street, Edinburgh, EH2 4AW.

Your consent

I, (name) _____ consent to ScotCen Social Research / Office for National Statistics passing my name, address and answers I have given in this interview to:

*the **Scottish Government** or research agencies with the permission of the Scottish Government.*

Signed _____

Date _____

I understand that these details will be used for the purpose of follow-up research only and that I am free to decline to take part in any future studies if asked.

Ref number.

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

SG (C)

THE SCOTTISH HEALTH SURVEY 2018

Follow-up Research

(Children 0-15)

- In the future, the Scottish Government may want follow-up research to be conducted among particular groups of the public to improve health or health services.
- If you are willing, your name, contact details and relevant answers you have given during the interview will be passed on to the Scottish Government or research agencies, with the permission of the Scottish Government, for this purpose.
- Please be assured that if you sign this statement, any information you provide as part of the survey will only be released for statistical and research purposes carried out by reputable research organisations and that your confidentiality will be protected in the publication of any results given.
- Any information passed to any other organisation will be treated in accordance with data protection legislation and will not be used for any purposes other than future research about health or health services.
- Researchers are not interested in your individual answers but instead are interested in the combined answers of all the people interviewed.
- If you are invited to take part in any future studies you will be free to refuse if you do not want to take part.
- You can cancel this permission at any time in the future by writing to: ScotCen Social Research, Scotiabank House, 2nd Floor, 6 South Charlotte Street, Edinburgh, EH2 4AW.

Your consents

I, (name) _____

am the parent/guardian of

(child's name) _____

I consent to ScotCen Social Research / Office for National Statistics passing his/her name, address and the answers given in this interview to:

the **Scottish Government** or research agencies with the permission of the Scottish Government.

Signed _____

Date _____

I understand that these details will be used for statistical and research purposes only and that I am free to decline to take part in any future studies if asked.

SCOTTISH HEALTH SURVEY 2018

SHOWCARDS

CARD A1

MARITAL STATUS

- 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

CARD A2

RELATIONSHIP

- 1 Husband / Wife / Spouse
- 2 Legally recognised civil partner
- 3 Partner / Cohabitee

- 4 Natural son / daughter / child
- 5 Adopted son / daughter / child
- 6 Foster son / daughter / child
- 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 / Natural sibling (ie. both natural parents the same)
- 15 Half-brother / Half-sister / Half-sibling (ie. one natural parent the same)
- 16 Step-brother / Step-sister / Step-sibling (ie. no natural parents the same)
- 17 Adopted brother / Adopted sister / Adopted sibling
- 18 Foster brother / Foster sister / Foster sibling
- 19 Brother-in-law / Sister-in-law / Sibling through marriage or civil partnership

- 20 Grandchild
- 21 Grandparent

- 22 Other relative
- 23 Other non-relative

CARD A3

- 1 Buying with mortgage / loan
- 2 Own it outright
- 3 Part rent / part mortgage
- 4 Rent (including rents paid by housing benefit)
- 5 Living here rent free

CARD A4

- 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

CARD A5

- 1 Very satisfied
- 2 Fairly satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Fairly dissatisfied
- 5 Very dissatisfied
- 6 No opinion

CARD A6

- 1 Earnings from employment or self-employment (including overtime, tips, bonuses)
- 2 State retirement pension
- 3 Pension from former employer
- 4 Personal pensions
- 5 Pension Credit
- 6 Child Benefit
- 7 Universal Credit
- 8 Job-Seekers Allowance
- 9 Income Support
- 10 Working Tax Credit, Child Tax Credit or any other Tax Credit
- 11 Housing Benefit
- 12 Employment and Support Allowance
- 13 Personal Independence Payments
- 14 Disability Living Allowance
- 15 Attendance Allowance
- 16 Carer's Allowance
- 17 Other state benefits
- 18 Student grants and bursaries (but not loans)
- 19 Interest from savings and investments (eg. stocks and shares)
- 20 Rent from property (after expenses)
- 21 Other kinds of regular income (eg. maintenance or grants)
- 22 No source of income

CARD A7

GROSS INCOME FROM ALL SOURCES

(before any deductions for taxes, National Insurance contributions, health insurance payments, superannuation payments etc.)

| WEEKLY | or | MONTHLY | or | ANNUAL |
|----------------------------------|----|------------------------------------|----|--------------------------------------|
| Less than £10 1 | | Less than £40 1 | | Less than £520 1 |
| £10 less than £30 2 | | £40 less than £130 2 | | £520 less than £1,600 2 |
| £30 less than £50 3 | | £130 less than £220 3 | | £1,600 less £2,600 3 |
| £50 less than £70 4 | | £220 less than £300 4 | | £2,600 less than £3,600 4 |
| £70 less than £100 5 | | £300 less than £430 5 | | £3,600 less than £5,200 5 |
| £100 less than £150 6 | | £430 less than £650 6 | | £5,200 less than £7,800 6 |
| £150 less than £200 7 | | £650 less than £870 7 | | £7,800 less than £10,400 7 |
| £200 less than £250 8 | | £870 less than £1,100 8 | | £10,400 less than £13,000 8 |
| £250 less than £300 9 | | £1,100 less than £1,300 9 | | £13,000 less than £15,600 9 |
| £300 less than £350 10 | | £1,300 less than £1,500 10 | | £15,600 less than £18,200 10 |
| £350 less than £400 11 | | £1,500 less than £1,700 11 | | £18,200 less than £20,800 11 |
| £400 less than £450 12 | | £1,700 less than £2,000 12 | | £20,800 less than £23,400 12 |
| £450 less than £500 13 | | £2,000 less than £2,200 13 | | £23,400 less than £26,000 13 |
| £500 less than £550 14 | | £2,200 less than £2,400 14 | | £26,000 less than £28,600 14 |
| £550 less than £600 15 | | £2,400 less than £2,600 15 | | £28,600 less than £31,200 15 |
| £600 less than £650 16 | | £2,600 less than £2,800 16 | | £31,200 less than £33,800 16 |
| £650 less than £700 17 | | £2,800 less than £3,000 17 | | £33,800 less than £36,400 17 |
| £700 less than £800 18 | | £3,000 less than £3,500 18 | | £36,400 less than £41,600 18 |
| £800 less than £900 19 | | £3,500 less than £3,900 19 | | £41,600 less than £46,800 19 |
| £900 less than £1,000 20 | | £3,900 less than £4,300 20 | | £46,800 less than £52,000 20 |
| £1,000 less than £1,150 21 | | £4,300 less than £5,000 21 | | £52,000 less than £60,000 21 |
| £1,150 less than £1,350 22 | | £5,000 less than £5,800 22 | | £60,000 less than £70,000 22 |
| £1,350 less than £1,500 23 | | £5,800 less than £6,500 23 | | £70,000 less than £78,000 23 |
| £1,500 less than £1,750 24 | | £6,500 less than £7,500 24 | | £78,000 less than £90,000 24 |
| £1,750 less than £1,900 25 | | £7,500 less than £8,300 25 | | £90,000 less than £100,000 25 |
| £1,900 less than £2,100 26 | | £8,300 less than £9,200 26 | | £100,000 less than £110,000 26 |
| £2,100 less than £2,300 27 | | £9,200 less than £10,000 27 | | £110,000 less than £120,000 27 |
| £2,300 less than £2,500 28 | | £10,000 less than £10,800 28 | | £120,000 less than £130,000 28 |
| £2,500 less than £2,700 29 | | £10,800 less than £11,700 29 | | £130,000 less than £140,000 29 |
| £2,700 less than £2,900 30 | | £11,700 less than £12,500 30 | | £140,000 less than £150,000 30 |
| £2,900 or more 31 | | £12,500 or more 31 | | £150,000 or more 31 |

CARD A8

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

CARD A9

HOURS SPENT PROVIDING CARE

- 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

CARD A10

- 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

CARD A11

- 1 Been unable to take up employment
- 2 Worked fewer hours
- 3 Reduced responsibility at work
- 4 Flexible employment agreed
- 5 Changed to work at home
- 6 Reduced opportunities for promotion
- 7 Took new job
- 8 Left employment altogether
- 9 Took early retirement
- 10 Other (Please say what)
- 11 Employment not affected/never had a job

CARD A12

- 1 Short breaks or respite e.g. day time breaks, overnight breaks or emergency respite
- 2 Advice and information
- 3 Practical support (e.g. transport, equipment/adaptations)
- 4 Counselling or emotional support
- 5 Training and learning
- 6 Advocacy services
- 7 Personal assistant/ support worker/ community nurse/ home help
- 8 Help from family, friends or neighbours
- 9 Carer's allowance
- 10 Other (Please say what)
- 11 Receive no help or support

CARD A13

- 1 Short breaks or respite e.g. day time breaks, overnight breaks or emergency respite
- 2 Advice and information
- 3 Practical things, e.g. putting hand rails in the bathroom, transport to a day centre
- 4 Talking to someone for support, e.g. family member, friend, counsellor
- 5 Having a befriender or a peer mentor
- 6 Advocacy services
- 7 Personal assistant/ support worker/ community nurse/ home help
- 8 Help from family, friends or neighbours
- 9 Help from teachers at school, e.g. talking or extra help with homework
- 10 Social activities and support, e.g. young carers' groups or day trips
- 11 Other (Please say what)
- 12 Receive no help or support

CARD A14

**Extremely
dissatisfied**

**Extremely
satisfied**

0

1

2

3

4

5

6

7

8

9

10

CARD B2

- 1 Regular check-up with GP / hospital / clinic
- 2 Taking medication (tablets / inhalers)
- 3 Advice or treatment to stop smoking
- 4 Using oxygen
- 5 Immunisations against flu / pneumococcus
- 6 Exercise or physical activity
- 7 Advice or treatment to lose weight
- 8 Other (Please say what)

CARD C1

A general practitioner (GP)

Nurse at GP surgery/Health centre

Community, School or District Nurse

Hospital casualty/Accident and Emergency department

Consultant/Specialist or other doctor at hospital outpatients

Consultant/Specialist or other doctor elsewhere

Homeopath

Acupuncturist

Other alternative medicine professional

CARD E1

HOUSEWORK

Done during the last 4 weeks -

Hoovering

Dusting

Ironing

General tidying

Washing floors and paintwork

CARD E2

HEAVY HOUSEWORK

Done during the last 4 weeks -

Moving heavy furniture

Spring cleaning

Walking with heavy shopping
(for more than 5 minutes)

Cleaning windows

Scrubbing floors with a scrubbing brush

CARD E3

GARDENING, DIY AND BUILDING WORK

Done during the last 4 weeks -

Hoeing, weeding, pruning

Mowing with a power mower

Planting flowers/seeds

Decorating

Minor household repairs

Car washing and polishing

Car repairs and maintenance

CARD E4

HEAVY MANUAL WORK

Done during the last 4 weeks -

Digging, clearing rough ground

Building in stone/bricklaying

Mowing large areas with a hand mower

Felling trees, chopping wood

Mixing/laying concrete

Moving heavy loads

Refitting a kitchen or bathroom

CARD E5

Done during the last 4 weeks -

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

Please also include teaching, coaching and training/practice sessions

CARD E6

- 1 Bowls
 - 2 Fishing / angling
 - 3 Golf
 - 4 Hillwalking / rambling
 - 5 Snooker / billiards / pool
 - 6 Aqua-robics / aquafit / exercise class in water
 - 7 Yoga / pilates
 - 8 Athletics
 - 9 Basketball
 - 10 Canoeing / Kayaking
 - 11 Climbing
 - 12 Cricket
 - 13 Curling
 - 14 Hockey
 - 15 Horse riding
 - 16 Ice skating
 - 17 Martial arts including Tai Chi
 - 18 Netball
 - 19 Powerboating / jet skiing
 - 20 Rowing
 - 21 Sailing / windsurfing
 - 22 Shinty
 - 23 Skateboarding / inline skating
 - 24 Skiing/ snowboarding
 - 25 Subaqua
 - 26 Surfing / body boarding
 - 27 Table tennis
 - 28 Tenpin bowling
 - 29 Volleyball
 - 30 Waterskiing
- 0 No – none of these**

CARD E7

- 1 To keep fit (not just to lose weight)
- 2 To lose weight
- 3 To take children
- 4 To socialise
- 5 To train / take part in a competition
- 6 To improve my performance
- 7 Just enjoy it
- 8 To help with my injury or disability
- 9 Part of my voluntary work
- 10 To walk the dog
- 11 For health reasons / to improve health
- 12 For peace and quiet
- 13 To de-stress, relax and unwind
- 14 To feel closer to nature
- 15 Other (Please say what)

CARD E8

- 1 It costs too much
- 2 No one to do it with
- 3 Never occurred to me
- 4 Not really interested
- 5 Fear of injury /making current injury worse
- 6 I wouldn't enjoy it
- 7 Health isn't good enough
- 8 I might feel uncomfortable or out of place
- 9 Facilities are too far away
- 10 Not enough information on what is available
- 11 It's difficult to find the time
- 12 I already do enough
- 13 Other
- 14 No reason

CARD F1

- 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)

CARD F2

SPORTS AND EXERCISE ACTIVITIES

INCLUDE any sports and exercise activities like:

Playing football, rugby or netball in a team,
or any other organised team games

Playing tennis, squash or badminton

include playing in:
a practice session
a match
a club
out-of-school lesson

Going swimming or swimming lessons

Gymnastics (include Toddler Gym, Tumble Tots etc)

Dance lessons, ballet lessons, ice skating

Horse riding

Disco dancing

Any other organised sports, team sports or exercise activities

CARD F3

Other active things like:

Ride a bike

Kick a ball around

Run about (outdoors or indoors)

Play active games

Jump around

Any other things like these

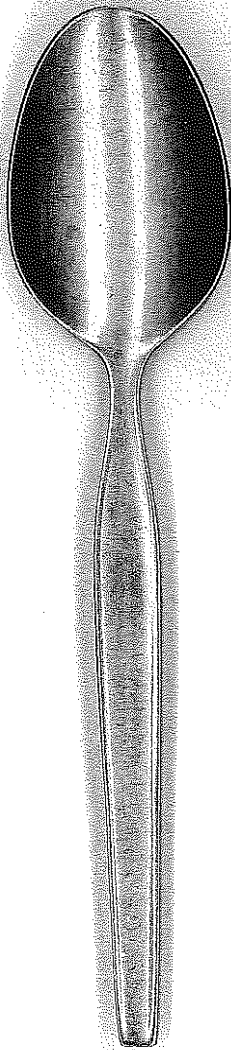
CARD G1

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

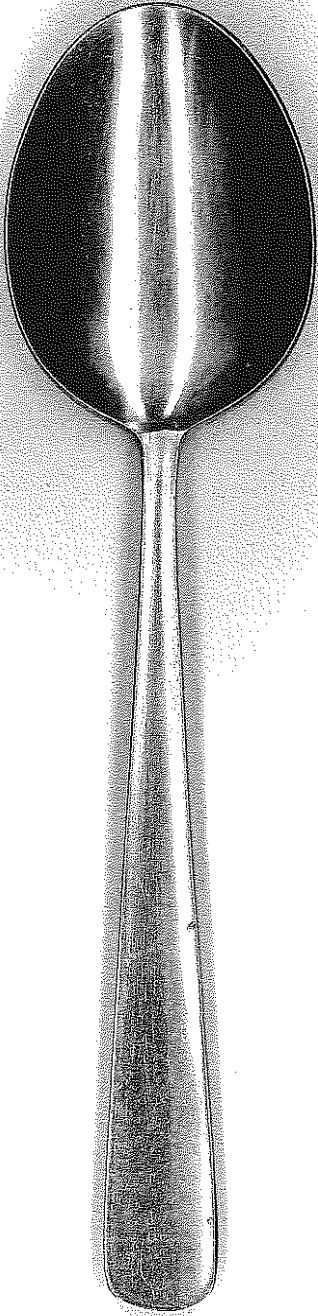
CARD G2

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

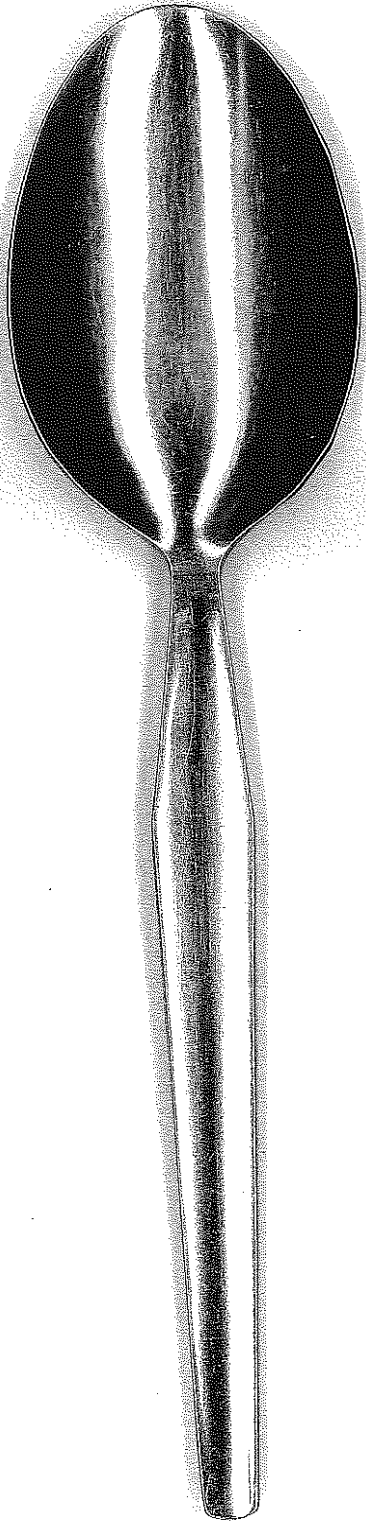
CARD G3



Teaspoon



Dessertspoon



Tablespoon

CARD H1

- 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

CARD H2

- 1 Every day
- 2 4 - 6 days a week
- 3 2 – 3 days a week
- 4 Once a week
- 5 2 – 3 times in the last 4 weeks
- 6 Once in the last 4 weeks
- 7 Not at all in last 4 weeks

CARD H3

- 1 Every day
- 2 4 - 6 days a week
- 3 2 – 3 days a week
- 4 Once a week
- 5 2 – 3 times in a 4 week period
- 6 Once in a 4 week period
- 7 Less than once in a 4 week period

CARD H4

- 1 Nicotine gum
- 2 Nicotine patches that you stick on your skin
- 3 Nasal spray/nicotine inhaler
- 4 Lozenge / microtab
- 5 Champix / Varenicline
- 6 Zyban / Bupropion
- 7 Electronic cigarette / vaping device
- 8 Other (Please say what)
- 9 No products used

CARD H5

- 1 At own home
- 2 At work
- 3 In other people's homes
- 4 In cars, vans etc
- 5 Outside of buildings (e.g. pubs, shops, hospitals)
- 6 In other public places

CARD J1

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

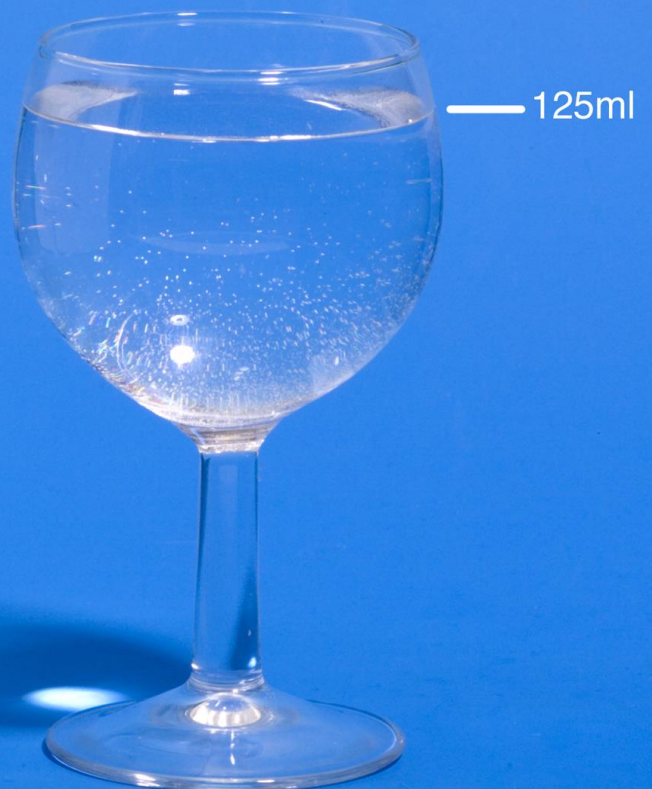


— 250 ml

250ml wine glass



175ml wine glass



125ml wine glass

CARD J2

- 1 Normal strength beer / lager / cider / shandy
- 2 Strong beer / lager / cider
- 3 Spirits or Liqueurs
- 4 Sherry, Martini or Buckfast
- 5 Wine
- 6 Alcopops / pre-mixed drinks
- 7 Other alcoholic drinks
- 8 Low alcohol drinks only

CARD K1

- 1 No natural teeth
- 2 Fewer than 10 natural teeth
- 3 Between 10 and 19 natural teeth
- 4 20 or more natural teeth

CARD K2

1. Eating food
2. Speaking clearly
3. Smiling, laughing and showing teeth without embarrassment
4. Emotional stability, for example, becoming more easily upset than usual
5. Enjoying the company of other people such as family, friends, or neighbours
6. None of these

CARD K3

- 1 Yes, often
- 2 Yes, occasionally
- 3 No, never

CARD P1

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

CARD Q1

- 1 School Leaving Certificate, National Qualification Access Unit
- 2 O Grade, Standard Grade, GCSE, GCE O Level, CSE, National Qualification Access 3 Cluster, Intermediate 1 or 2, National 4 or 5, Senior Certificate or equivalent
- 3 GNVQ/GSVQ Foundation or Intermediate, SVQ Level 1 or 2, SCOTVEC / National Certificate Module, City and Guilds Craft, RSA Diploma or equivalent
- 4 Higher Grade, Advanced Higher, CSYS, A level, AS level, Advanced Senior Certificate or equivalent
- 5 GNVQ/GSVQ Advanced, SVQ Level 3, ONC, OND, SCOTVEC National Diploma, City and Guilds Advanced Craft, RSA Advanced Diploma or equivalent
- 6 HNC, HND, SVQ Level 4, RSA Higher Diploma or equivalent
- 7 First Degree, Higher Degree, SVQ Level 5 or equivalent
- 8 Professional qualifications e.g. teaching, accountancy
- 9 Other school examinations not already mentioned
- 10 Other post-school but pre Higher education examinations not already mentioned
- 11 Other Higher education qualifications not already mentioned
- 12 No qualifications

CARD Q2

Choose **ONE** section from A to F, then choose **ONE** option which best describes your ethnic group or background.

A White

Scottish

Other British

Irish

Gypsy/Traveller

Polish

Other white ethnic group (please say what)

B Mixed or multiple ethnic group

Any mixed or multiple ethnic groups (please say what)

C Asian, Asian Scottish or Asian British

Pakistani, Pakistani Scottish or Pakistani British

Indian, Indian Scottish or Indian British

Bangladeshi, Bangladeshi Scottish or Bangladeshi British

Chinese, Chinese Scottish or Chinese British

Other (please say what)

D African

African, African Scottish or African British

Other (please say what)

E Caribbean or Black

Caribbean, Caribbean Scottish or Caribbean British

Black, Black Scottish or Black British

Other (please say what)

F Other ethnic group

Arab, Arab Scottish or Arab British

Other, (please say what)

CARD R1

- 1 Nicotine gum
- 2 Nicotine patches that you stick on your skin
- 3 Nasal spray/nicotine inhaler
- 4 Lozenge / microtab
- 5 Champix / Varenicline
- 6 Zyban / Bupropion
- 7 Electronic cigarette / vaping device
- 8 Other (Please say what)
- 9 No products used

How will you change the picture this year?

The information we collect provides an important picture of the health of the nation and helps the Scottish Government and others to plan more effective health services for the future. We rely on the goodwill of people like you to make the study a success. Please take part and help us to make a difference to the health of people in Scotland. Thank you.

We need your help with the Scottish Health Survey.

An interviewer from ScotCen will call at your address and will be able to explain more about the study. In the meantime, you can find out more at:

www.scottishhealthsurvey.org

Who is carrying out the study and why?

The Scottish Government has asked ScotCen Social Research to carry out the survey. The Scottish Government will use this information to help plan services and to identify inequalities in health.

The survey is used by other organisations, including:

- **NHS Health Scotland** have used the survey data to inform their work on monitoring and evaluating the measures taken to tackle problem drinking in Scotland.
- **The British Heart Foundation** have used the findings to help raise awareness of heart disease risk in Scotland.

Contact

ScotCen, 0800 652 4569.

ScotCen Social Research, Scotiabank House, 2nd Floor,
6 South Charlotte Street, Edinburgh, EH2 4AW
Email: scottishhealthsurvey@scotcen.org.uk

Scottish Health Survey Team, Scottish Government
St Andrew's House, Regent Road, Edinburgh, EH1 3DG
Email: scottishhealthsurvey@scotland.gsi.gov.uk

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ScotCen
Social Research that works for society



SHeS 2013-15 - Survey Leaflet, V1, 18 November 2016

The Scottish Health Survey

A brief introduction

ScotCen
Social Research

We interview around 6,000 people each year as part of the **Scottish Health Survey**. It's an annual study that looks into the changing health and lifestyles of people living in Scotland.

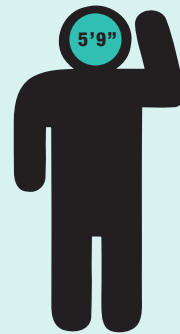
Everything is done with voluntary co-operation and with full respect for your privacy (in accordance with the Data Protection Act 1998).



Key aspects of the survey include height and weight measurements, plus questions on topics such as physical activity, fruit and vegetable intake, and general health



In recent years we found out that...



The average man is about 5 foot 9 inches and roughly 13 stone and 6 pounds.



The average woman is about 5 foot 4 inches and weighs around 11 stone and 5 pounds.



Around **2in3** adults are **overweight**.

Children eat just



under 3 portions



of fruit and veg a



day on average.



Adults aged 16-24 are least likely to eat the recommended daily intake of fruit and veg.



Around **3 in 5** adults meet the recommended weekly level of moderate or vigorous physical activity



Around **7 in 10** children are active at the recommended level



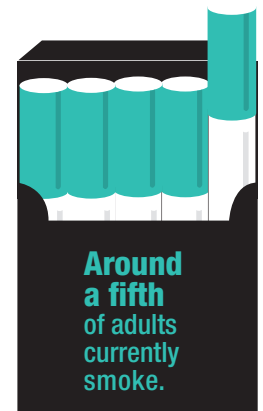
1in6 men and women have some form of cardiovascular disease.



3/4 of men and women say their health is 'good' or 'very good'.



Around **1in4** adults drink more than 14 units per week.



Around **a fifth** of adults currently smoke.

Cruse Bereavement Care Scotland

Offers help, including a free counselling service, for bereaved people whatever their age, nationality or beliefs.

Phone: 0845 600 2227

www.crusescotland.org.uk

Parentline Scotland: Children 1st

Provides information and advice to anyone concerned about a child's safety and to anyone caring for a child in Scotland.

Phone: 08000 28 22 33 - free

www.children1st.org.uk

Citizens Advice Scotland

Helps people resolve their legal, money and other problems by providing them with free information and advice.

For local offices see the listings in your local phonebook or on the website.

Phone: 0808 800 9060 free from landline

www.cas.org.uk

Carers Scotland

Provides advice, information and support to carers.

Phone: 0808 808 7777

www.carersuk.org/scotland



The Scottish Health Survey 2018 Useful Contacts

Local contacts:

A GP (General Practitioner): Your GP will be able to provide help and advice and can provide access to appropriate specialist services and local organisations.

There are also many local organisations providing a range of services including support groups, helplines and information. Details can be obtained from your GP, your local library, or they may be listed in the telephone directory.

The national organisations listed below may also be able to put you in touch with local groups:

NHS 24

Provides help and advice from a qualified nurse on a wide range of health problems and issues.

Phone: 111 - 24 hours a day, 7 days a week

www.nhs24.com

www.nhsinform.scot (phone: 0800 22 44 88) also provides information about health and conditions in Scotland.

For more information about healthy eating or physical exercise please see the Healthier Scotland website:

www.takelifeon.co.uk

For more information about stopping smoking please see the NHS Smokefree website:

www.smokefree.nhs.uk

ScotCen
Social Research

 Office for
National Statistics

Alzheimer Scotland

Provides support for people with dementia and for the people who care for them.

Phone: 0808 808 3000 - free 24 hour helpline

www.alzscot.org

Alcoholics Anonymous

A fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others recover from alcoholism.

Phone: 0800 9177 650 – free

www.alcoholics-anonymous.org.uk

Narcotics Anonymous

A fellowship of men and women for whom drugs have become a major problem. The only requirement for membership is the desire to stop using drugs.

Phone: 0300 999 1212 (10am – midnight)

www.ukna.org

Victim Support line

Provides help and information to anyone who has been affected by a crime, including domestic violence and sexual assault.

Scottish helpline 0345 603 9213 (8am-8pm Mon-Fri)

www.victimsupportscotland.org.uk

UK support line 0808 16 89 111 (24 hours)

www.victimsupport.org.uk

Scotland Domestic Abuse and Forced Marriage Helpline

Information and support service for those affected by domestic abuse and/or forced marriage

Phone: 0800 027 1234 (24 hours)

<http://natdomesticabuseforcedmarriagehelpline.org.uk/>

Refuge (domestic abuse helpline)

Provides access to 24-hour emergency refuge accommodation as well as an information service.

Phone: 0808 2000 247 (free 24 hours)

www.refuge.org.uk

LGBT Helpline Scotland

Helpline provides information and emotional support to lesbian, gay, bisexual and transgender people - or their friends or family.

Phone: 0300 123 2523 (Tuesday and Wednesday 12–9pm)

www.lgbthealth.org.uk

The Samaritans

The Samaritans provide a confidential service for people in despair and who feel suicidal.

116 123 – free (24 hour) phone line

www.samaritans.org

Breathing Space Scotland

Breathing Space is a confidential phonenumber service for any individual who is experiencing low mood or depression or who is unusually worried and in need of someone to talk to.

Phone: 0800 83 85 87 – free (6pm-2am Mon-Thurs;

6pm Friday–6am Monday)

www.breathingspacescotland.co.uk

NHS Living Life

Free telephone service available to anyone over the age of 16 who is suffering from low mood, mild to moderate depression and/or anxiety.

Phone: 0800 328 9655 (10am–9pm Mon-Thurs 10am-6pm Fri)

www.nhs24.com/usefulresources/livinglife

SANE

Provides information and support to people who suffer from all forms of mental illness and their friends and families.

Phone: 0300 304 7000 (4.30-10.30pm every day)

www.sane.org.uk

Supportline

Confidential telephone helpline offering emotional support to any individual on any issue including child abuse, bullying, eating disorders, domestic violence, rape, mental health, depression, anxiety and addictions.

Phone: 01708 765 200

www.supportline.org.uk