

P2127

## **The Health Survey for England 2001**

### **Program Documentation**

### **Individual Questionnaire**

#### **Introduction**

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**ALL**

#### **IIntDate**

PLEASE ENTER THE DATE OF THIS INTERVIEW. ENTER DAY OF MONTH IN NUMBERS, NAME OF MONTH IN WORDS (FIRST THREE LETTERS), YEAR IN NUMBERS, EG. 2 Jan 1998.

#### **PersDisp**

INTERVIEWER: FOR YOUR INFORMATION...the person(s) allocated to this session are:  
*(List of allocated respondents)*

#### **IF AgeP=2-12 THEN**

##### **AdResp**

WHO IS ANSWERING ON BEHALF OF *(Name of selected child <13) ?*  
*(List of adult household members)*

**ENDIF**

**General health**

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**ASK ALL****OwnDoB**

What is your date of birth?

ENTER DAY OF MONTH IN NUMBERS, NAME OF MONTH IN **WORDS** (FIRST THREE LETTERS), YEAR IN NUMBERS, E.G. 2 Jan 1972.

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

**IF OwnDoB = Response THEN**

**OwnAge**

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

- 1 Yes
- 2 No

**ENDIF**

**IF OwnDoB = Not known/Refused THEN**

**OwnAgeE**

Can you tell me your age last birthday? IF NECESSARY: What do you estimate your age to be?

Range: 1..120

**IF (OwnAgeE = Not known/Refused) AND (Estimated age from household grid >=16) THEN**

**AgeAEst**

INTERVIEWER: ESTIMATE NEAREST AGE

- 18 (ie between 16-19)
- 25 (ie between 20-29)
- 35 (ie between 30-39)
- 45 (ie between 40-49)
- 55 (ie between 50-59)
- 65 (ie between 60-69)
- 75 (ie between 70-79)
- 85 (ie 80+)

**ELSE IF (OwnAgeE = Not known/Refused) AND (Estimated age from household grid < 16) THEN**

**AgeCEst**

INTERVIEWER: ESTIMATE NEAREST AGE:

- 1 1 year
- 3 3 years
- 5 5 years
- 7 7 years
- 9 9 years
- 11 11 years
- 13 13 years
- 15 15 years

**ENDIF**

**ENDIF**

**ASK ALL****GenHelf**

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

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

**LongIll**

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

- 1 Yes
- 2 No

**IF LongIll = Yes THEN****FOR i = 1 TO 6 DO****IF (i = 1) OR (More[i - 1] = Yes) THEN****Records up to six long-standing illnesses****IllsTxt[i]**

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

INTERVIEWER: RECORD FULLY. PROBE FOR DETAIL.

IF MORE THAN ONE MENTIONED, ENTER ONE HERE ONLY.

Open Answer: up to 60 characters

Variable names for text are IllsTxt1-IllsTxt6

**IF (i < 6) THEN****More[i]**

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

- 1 Yes
- 2 No

**ENDIF****ENDIF****ENDDO****LimitAct**

Does this illness or disability (*do any of these illnesses or disabilities*) limit your activities in any way?

- 1 Yes
- 2 No

**ENDIF****ASK ALL****LastFort**

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

- 1 Yes
- 2 No

**IF Lastfort = Yes THEN****DaysCut**

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

Range: 1..14

**ENDIF**

## Use of services

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

#### NDocTalk

During the two weeks ending yesterday, apart from any visit to a hospital, did you talk to a doctor for any reason at all, either in person or by telephone? *(Please exclude any consultations made on behalf of children under 16)*

EXCLUDE CONSULTATIONS MADE ON BEHALF OF PERSONS OUTSIDE THE HOUSEHOLD

- 1 Yes
- 2 No

### IF NDocTalk = Yes THEN

#### NChats

How many times did you talk to a doctor in these two weeks?

Range: 1..97

### Repeat for up to 9 consultations

#### IF Nchats:=1..9 THEN

#### FOR Indx:=1 TO 9 DO

#### IF NChats >=Indx THEN

**Repeat WhsBhlf to Presc for each consultation: QuServs [1-9]**

#### WhsBhlf

*(Thinking of the last time you talked to a doctor/Thinking now about the consultation before that)* On whose behalf was this consultation made?

- 1 Respondent
- 2 Other member of household aged 16 or over

#### IF WhsBhlf=Other THEN

#### ForPer

INTERVIEWER: ENTER PERSON NUMBER OF HOUSEHOLD MEMBER ON WHOSE BEHALF RESPONDENT TALKED TO A DOCTOR.

*(List of adults aged 16+ displayed)*

Range: 1..12

#### ENDIF

#### NHS

*(Still thinking of the last time you talked to a doctor)* Was this consultation.... READ OUT..

- 1 ...under the National Health Service
- 2 or paid for privately?

#### GP

Was the doctor... READ OUT..

- 1 ...a GP (i.e. a family doctor),
- 2 or a specialist,
- 3 or some other kind of doctor?

#### DocWher

Did you talk to the doctor... READ OUT...

- 1 ...by telephone,
- 2 at your home
- 3 in the doctor's surgery,
- 4 at a health centre,
- 5 or elsewhere?

**Presc**

Did the doctor give *or send* you a prescription?

- 1 Yes
- 2 No

**ENDIF****ENDO****ENDIF****ENDIF**

**IF NDocTalk=No OR (NDocTalk=Yes AND (ALL (QuSrvs[1-9].WhsBhlf<>Self)) THEN  
WhenDoc**

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

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

**ENDIF****PNur**

During the last 2 weeks ending yesterday, did you see a practice nurse at the GP surgery on your own behalf?

- 1 Yes
- 2 No

**IF PNur = Yes THEN**

**NPNur**

How many times did you see a practice nurse at the GP surgery in these 2 weeks?

Range: 1..97

**ENDIF**

**IF ((NDocTalk = Yes) AND for at least one visit (WhsBhlf=Respondent)) OR WhenDoc = 1-4  
(less than a year ago) THEN**

**Nerves**

In the last 12 months have you spoken to a GP or family doctor on your own behalf, either in person or by telephone, about being anxious or depressed, or about a mental, nervous or emotional problem?

- 1 Yes
- 2 No

**ENDIF****ENDIF**

**IF Age of respondent is < 1 year THEN**

**HlthVsit**

Since (*name of child*) was born, has *he/she* been seen by a health visitor?

- 1 Yes
- 2 No

**DevChk**

Has (*name of child*) had a development check up yet?

- 1 Yes
- 2 No

**If DevChk = Yes THEN**

**NChk**

How many development check ups has (*name of child*) had to date?

- 1 One
- 2 Two
- 3 Three or more

**ENDIF**

**ENDIF**

**IF Age of Respondent is 0-15 years THEN**

**CDocTalk**

And during the two weeks ending yesterday, apart from any visit to a hospital, did you or any other member of the household talk to a doctor on *your/Name of child* behalf for any reason at all?

INCLUDE TELEPHONE CONSULTATIONS

- 1 Yes
- 2 No

**IF CDocTalk = No THEN**

**CWhnDoc**

Apart from any visit to a hospital, when was the last time you, or any other person talked to a doctor *your/his/her* behalf?

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

**ELSE IF CDocTalk = Yes THEN**

**CNChats**

How many times did you talk to the doctor, or did any other member of the household consult the doctor on (*your/Name of child*)'s behalf in those two weeks?

Range: 1..97

**Repeat for up to 4 consultations**

**IF CNChats = 1..4 THEN**

**FOR Indx:=1 TO 4 DO**

**IF CNChats >= Indx THEN**

***Repeat CNHS to CPresc for each consultation: QuSrvs[1-4]***

**CNHS**

*(Thinking of the last time you talked to the doctor or any other member of the household consulted the doctor on your behalf/Thinking now about the consultation before that) was this consultation...READ OUT...*

- 1 ...under the National Health Service,
- 2 or paid for privately?

**CGP**

Was the doctor... READ OUT

- 1 ... a GP (ie a family doctor),
- 2 or a specialist,
- 3 or some other kind of doctor?

**CDrWher**

Did you (or the other household member) talk to the doctor... READ OUT..

- 1 ... by telephone,
- 2 at your home,
- 3 in the doctor's surgery,
- 4 at a health centre,
- 5 or elsewhere?

**CPresc**

Did the doctor give *or send (you/Name of child)* a prescription?

- 1 Yes
- 2 No

**ENDIF****ENDO****ENDIF****ENDIF****IF Age of respondent <= 2 years THEN****CClinic**

Have you, or any other person, taken (*Name of child*) to a child health clinic *yet/in the last six months?*

- 1 Yes
- 2 No

**IF CClinic = Yes THEN****ClinReg**

How many times *in the last six months* have you, or any other person, taken (*Name of child*) to a child health clinic?

Range: 1..97

**ELSE IF CClinic = No THEN****ClinWhen**

When, if ever, was the last time you or any other person took (*Name of child*) to a child health clinic?

- 1 More than 6 months ago but less than 9 months ago
- 2 9 months ago but less than 12 months ago
- 3 12 months ago but less than 15 months ago
- 4 15 months ago but less than 18 months ago
- 5 18 months ago or more
- 6 Never taken to child health clinic

**ENDIF****ENDIF****ASK ALL AGED 0-15****CPNur**

During the last 2 weeks ending yesterday, did *you/Name of child* see a practice nurse at the GP surgery?

- 1 Yes
- 2 No

**CNP Nur**

How many times did *you/Name of child* see a practice nurse at the GP surgery in these 2 weeks?

Range: 1..97

**IF Age of Respondent is >= 4 AND NOT(CWhnDoc = More than 12 months ago/Never) THEN**

**CNerves**

In the last 12 months have you spoken to a GP or family doctor on your own behalf, or did any other member of the household talk to a doctor on your behalf, either in person or by telephone, about being anxious or depressed, or about a mental, nervous or emotional problem?

- 1 Yes
- 2 No

**ENDIF**

**ENDIF**

**IF Age of respondent >= 2 THEN**

**GIWear**

Do you ever wear glasses or contact lenses?

- 1 Yes
- 2 No

**IF GIWear = Yes THEN**

**GIType**

Can I check do you wear ... READ OUT...

- 1 glasses only,
- 2 contact lenses only,
- 3 or do you sometimes wear glasses and sometimes wear contact lenses?

**ENDIF**

**ENDIF**

## Dental health

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**IF Age of Respondent is >= 16 THEN**

### Teeth

I would now like to ask a few questions about dental health. Can I just check, have you still got some of your own teeth, or have you lost them all?

- 1 Still got some of own teeth
- 2 Lost all teeth

**IF Teeth = Still got some of own teeth THEN**

### AdTAche

In the past 6 months have you experienced any toothache or severe discomfort with your teeth?

- 1 Yes
- 2 No

### Dentist

In general, do you go to the dentist for a regular check-up, an occasional check-up, or only when you are having trouble with your teeth?

- 1 Regular check-up
- 2 Occasional check-up
- 3 Only when having trouble
- 4 Never go to the dentist

**ENDIF**

**ENDIF**

**IF Age of Respondent = 2-15 years THEN**

### ChDent

(I would now like to ask a few questions about dental health.) Have you ever been to a dentist's surgery, excluding school dentists, either for treatment or for some other reason?

- 1 Yes
- 2 No

**IF ChDent = Yes THEN**

### ChDtWh

Last time you went to the dentist, was it because... READ OUT...CODE FIRST TO APPLY

- 1 you were having trouble with your teeth,
- 2 you went for a regular check-up,
- 3 or you went to get used to going to the dentist?
- 4 (Other: None of these reasons)

**ENDIF**

### ChTAche

Have you had toothache within the last four weeks?

- 1 Yes
- 2 No

**ENDIF**

## **Fruit and vegetable consumption**

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**IF Age of respondent >= 5 THEN**

**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.

- 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 bowlfuls of salad did you eat yesterday?

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

Range: 0.5 - 50.0

**ENDIF**

**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**

How many tablespoons of pulses did you eat yesterday?

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

Range: 0.5 - 50.0

**ENDIF**

**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**

How many tablespoons of vegetables did you eat yesterday?

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

Range: 0.5 - 50.0

**ENDIF**

### **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 soups or dishes made mainly from potatoes.*

- 1 Yes
- 2 No

### **IF VegDish = Yes THEN**

#### **VegDishQ**

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

### **ENDIF**

### **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?

### **FrtDrnk**

Not counting cordials, fruit-drinks and squashes, did you drink any fruit juice yesterday?

- 1 Yes
- 2 No

### **IF FrtDrnk = Yes THEN**

#### **FrtDrnkQ**

How many small glasses of fruit juice did you drink yesterday?  
IF ASKED: 'A small glass is about a quarter of a pint'.

Range: 0.5-.50.0

### **ENDIF**

### **Frt**

Did you eat any fresh fruit yesterday? Don't count fruit salads, fruit pies, etc.

- 1 Yes
- 2 No

### **IF Frt = Yes THEN**

#### **FOR idx:= 1 TO 15 DO**

#### **IF (idx = 1) OR (FrtMor[idx-1] = Yes) THEN**

#### **FrtC[idx]**

What kind of fresh fruit did you eat yesterday?

INTERVIEWER: USE CODING **LIST A** TO CODE THE SIZE OF THIS FRUIT.

IF MORE THAN ONE KIND OF FRUIT MENTIONED, CODE ONE HERE ONLY

- 1 Very large fruit
- 2 Large fruit
- 3 Medium-sized fruit
- 4 Small fruit
- 5 Very small fruit
- 6 Not on coding list

```
IF FrtC[idx] IN [VLge..VSml] THEN
  IF FrtC[idx] = VLge THEN
    much:= 'many average slices'
  ELSEIF FrtC[idx] IN [Lge..Sml] THEN
    much:= 'much'
  ELSEIF FrtC[idx] = VSml THEN
    much:= 'many average handfuls'
ENDIF
```

**FrtQ[idx]**

How *much* of this fruit did you eat yesterday?

Range: 0.5-.50.0

```
ELSEIF FrtC[idx] = NotLst THEN
```

**FrtOth[idx]**

What was the name of this fruit?

Text: Maximum 50 characters

**FrtNotQ[idx]**

How much of this fruit did you eat?

Text: Maximum 50 characters

```
ENDIF
```

```
IF idx < 15 THEN
```

**FrtMor[idx]**

Did you eat any other fresh fruit yesterday?

- 1 Yes
- 2 No

```
ENDIF
```

```
ENDIF
```

```
ENDDO
```

```
ENDIF
```

*FrtC to FrtMor repeated for up to 15 different types of fruit*

**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
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**FrtDryQ**

How many tablespoons of dried fruit did you eat yesterday?

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

Range: 0.5-.50.0

```
ENDIF
```

**FrtFroz**

Did you eat any frozen or tinned fruit yesterday?

- 1 Yes
- 2 No

**IF FrtFroz = Yes THEN**

**Fr\_tFrozQ**

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

**ENDIF**

**Fr\_tDish**

*Apart from anything you have already told me about, did/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 Fr\_tDish = Yes THEN**

**Fr\_tDishQ**

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

**ENDIF**

**Fr\_tUsual**

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?

**ENDIF**

**Disability**

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**IF Age of respondent >= 10 THEN****DisIntA**

SHOW CARD H.

Do any of the things on this card apply to you? Please read all the things on the card before telling me.

INTERVIEWER: DO NOT INCLUDE TEMPORARY DISABILITIES, IE PROBLEMS EXPECTED TO LAST LESS THAN ONE YEAR.

- 1 Yes
- 2 No

**IF (DisIntA = Yes) THEN****DisAbA**

Which ones apply to you? Just tell me the numbers.

CODE ALL THAT APPLY.

- 1 Cannot walk 200 yards or more on own without stopping or discomfort (WITH WALKING AID IF NORMALLY USED)
- 2 Cannot walk up and down a flight of 12 stairs without resting
- 3 Cannot follow a TV programme at a volume others find acceptable (WITH HEARING AID IF NORMALLY WORN)
- 4 Cannot see well enough to recognise a friend across a road (four yards away) (WITH GLASSES OR CONTACT LENSES IF NORMALLY WORN)
- 5 Cannot speak without difficulty

**ENDIF****IF (Hear IN DisAbA) THEN****NoVol**Can you follow a TV programme with the volume turned up?  
WITH HEARING AID IF NORMALLY WORN.

- 1 Yes
- 2 No

**ENDIF****IF Age of respondent >= 10 THEN****HearAid**

Can I check, do you wear a hearing aid most of the time?

- 1 Yes
- 2 No

**IF NOT(Hear IN DisAbA) AND (HearAid = Yes) THEN****NoHrAid**Can you hear well enough to follow a TV programme at a volume others find acceptable  
**without your hearing aid?**

- 1 Yes
- 2 No

**ENDIF**

**IF (Sight IN DisAbA) THEN****NoArmSee**

Can you see well enough to recognise a friend one yard away (at arm's length)?

WITH GLASSES OR CONTACT LENSES IF NORMALLY WORN.

- 1 Yes
- 2 No

**ENDIF**

**IF Age of respondent >=10 THEN****Glasses**

Can I check, do you wear glasses or contact lenses most of the time?

- 1 Yes
- 2 No

**IF NOT(Sight IN DisAbA) AND (Glasses=Yes) THEN****NoGlas**

Can you see well enough to recognise a friend across the road (four yards away) **without glasses or contact lenses?**

- 1 Yes
- 2 No

**ENDIF**

**IF (Walk IN DisAbA) THEN****HowFar**

What is the furthest you can walk on your own without stopping or discomfort WITH WALKING AID IF NORMALLY USED ...READ OUT...

- 1 .... only a few steps
- 2 or more than a few steps but less than 200 yards?
- 3 CODE IF APPLIES: Cannot walk at all

**ENDIF**

**IF HowFar <> NoWalk THEN****WlkAid**

Can I check, do you use a walking stick or other walking aid most of the time when walking?

- 1 Yes
- 2 No

**ENDIF**

**IF NOT(Walk IN DisAbA) AND (WlkAid=Yes) THEN****NoWlkAd**

Can you walk 200 yards or more on your own without stopping or discomfort **without the walking stick or aid?**

- 1 Yes
- 2 No

**ENDIF**

**IF (Stair IN DisAbA) AND (HowFar <> NoWalk) THEN****TkRest**

Can you walk up and down a flight of 12 stairs if you hold on and take rests?

- 1 Yes
- 2 No

**ENDIF**

**IF Age of respondent >= 10****DisIntB**

SHOW CARD I.

Do any of the things on this card apply to you? Please read all the things on the card before telling me.

INTERVIEWER: DO NOT INCLUDE TEMPORARY DISABILITIES, I.E. PROBLEMS EXPECTED TO LAST LESS THAN ONE YEAR.

- 1 Yes
- 2 No

**IF (DisIntB = Yes) THEN****DisAbB**

Which ones apply to you? Just tell me the numbers.

CODE ALL THAT APPLY.

- 1 Cannot get in and out of bed on own without difficulty
- 2 Cannot get in and out of a chair without difficulty
- 3 Cannot bend down and pick up a shoe from the floor when standing
- 4 Cannot dress and undress without difficulty
- 5 Cannot wash hands and face without difficulty
- 6 Cannot feed, including cutting up food without difficulty
- 7 Cannot get to and use toilet on own without difficulty
- 8 Have problem communicating with other people - that is, have problem understanding them or being understood by them

**ENDIF****IF (Bed IN DisAbB) THEN****BedDif**

Can you get in and out of bed on your own ...READ OUT...

- 1 with some difficulty, or
- 2 can you only get in or out of bed with someone to help you?
- 3 CODE IF APPLIES: Confined to bed

**ENDIF****IF (Chair IN DisAbB)****ChrDif**

Can you get in and out of a chair on your own ...READ OUT...

- 1 with some difficulty, or
- 2 can you only get in or out of a chair with someone to help you?
- 3 CODE IF APPLIES: Chair-bound

**ENDIF****IF (Dress IN DisAbB) THEN****DrsDif**

Can you dress and undress yourself on your own ...READ OUT...

- 1 with some difficulty, or
- 2 can you only dress and undress with someone to help you?

**ENDIF**

**IF (Wash IN DisAbB) THEN**

**WashDif**

Can you wash your hands and face on your own ...READ OUT...

- 1 with some difficulty, or
- 2 can you only wash your hands and face with someone to help you?

**ENDIF**

**IF (Feed IN DisAbB) THEN**

**FeedDif**

Can you feed yourself, including cutting up food ...READ OUT...

- 1 with some difficulty, or
- 2 can you only feed yourself with someone to help you?

**ENDIF**

**IF (Toilet IN DisAbB) THEN**

**ToiDif**

Can you get to and use the toilet on your own ...READ OUT...

- 1 with some difficulty, or
- 2 can you only get to and use the toilet with someone to help you?

**ENDIF**

**IF (Commun IN DisAbB) THEN**

**ComFam**

Do you have any problems communicating with **close members of your family**, that is, problems with understanding members of your close family or making them understand you?

- 1 Yes
- 2 No

**ComSpch**

Are your communication problems to do with your speech?

- 1 Yes
- 2 No

**ComHear**

Are your communication problems to do with your hearing?

- 1 Yes
- 2 No

**ComVis**

Are your communication problems to do with your vision?

- 1 Yes
- 2 No

**ENDIF**

**IF (DisIntA = Yes) OR (DisIntB = Yes) THEN**

**Problem**

You have told me you have a (*Problem/number of problems*).

What health condition has caused (*this /these*) problem (s)?

PROBE FOR FULL DETAILS, INCLUDING: 'Was it caused by anything else?' / 'What does the doctor call this condition?' / 'What does the doctor say causes this problem?'

Open answer: up to 150 characters

**IF (DisAbA = Yes) OR (DisAbB = Yes) THEN**

**TrigAcc**

(*Is/Are any of your*) problem(s) the result of an accident?

- 1 Yes
- 2 No

**IF (TrigAcc = No) OR (NumProb > 1) THEN**

**TrigIll**

(*Is/Are any of your*) problem(s) the result of an illness or disease?

- 1 Yes
- 2 No

**IF (TrigIll = Yes) THEN**

**ProbChk**

INTERVIEWER CHECK: Have you recorded name of disease or illness at 'Problem'?

- 1 Yes
- 2 No

**IF (ProbChk <>Yes) THEN**

**ProbChkO**

INTERVIEWER: RECORD FULL DETAILS OF DISEASE OR ILLNESS.

Open answer: up to 150 characters

**ENDIF**

**ENDIF**

**ENDIF**

**ENDIF**

**ENDIF**

**ENDIF**

**Accidents**

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**ASK ALL****PreAcc**

Now I would like to ask you about accidents that may have happened to you recently. By this I mean accidental events which resulted in injury or physical harm to you.

- 1 Continue

**DrAcc**

In the last 6 months, that is since *(date six months ago)* have you had any kind of accident which caused you to see a doctor or go to hospital?

INTERVIEWER: ALL TYPES OF ACCIDENT, INCLUDING CUTS, BURNS, ACCIDENTAL EXPOSURE TO DANGEROUS SUBSTANCES, ACCIDENTS OUTSIDE U.K., RESULTING IN SEEING A DOCTOR OR GOING TO HOSPITAL. TELEPHONE CONSULTATIONS ONLY DO NOT COUNT.

- 1 Yes
- 2 No

**IF DrAcc = Yes THEN****NDrAcc**

How many accidents did you have in the last six months where you saw a doctor or went to hospital?

Range: 1..15

**ENDIF****IF DrAcc = Yes THEN**

**Repeat DrMth for up to 10 accidents**

**FOR i:= 1 TO 10 DO****IF (i <= NDrAcc) THEN****DrMth[i]**

*(Thinking of the accident that happened most recently, in/In) which month did that accident happen?*

- 1 January
- 2 February
- 3 March
- 4 April
- 5 May
- 6 June
- 7 July
- 8 August
- 9 September
- 10 October
- 11 November
- 12 December

**ENDIF****ENDDO****ENDIF**

**IF DrAcc = Yes THEN****DrWyrB**

SHOW CARD J

Now can we talk about the accident (*that happened to you most recently*). Where did the accident happen? CODE ONE ONLY:

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

**IF DrWyr = Other THEN****DrWyrO**

PLEASE SPECIFY.

Text: Maximum 60 characters

**ENDIF****DrFal**

Thinking about how the accident happened, (can I check,) did you fall, slip or trip?

- 1 Yes
- 2 No

**DrCar**

(Can I check,) was a moving motor vehicle involved in any way?

- 1 Yes
- 2 No

**DrBik**

(Can I check,) was a bicycle or some other type of moving non-motor vehicle involved?

- 1 Yes
- 2 No

**DrTul**

(Can I check,) was the injury you suffered caused by a tool, implement or piece of electrical or mechanical equipment? OTHER THAN A MOVING VEHICLE.

- 1 Yes
- 2 No

**IF age <= 8 THEN****DrToy**

(Can I check) Was a toy or plaything involved in the accident?

- 1 Yes
- 2 No

**ENDIF****IF age >= 2 THEN****DrSpt**

(Can I check,) when the accident happened, were you playing a sport or taking exercise?

- 1 Yes
- 2 No

**ENDIF**

**IF age 2-12 AND (DrSpt = No) THEN****DrPly**(Can I check,) was (*name of child*) playing in some other way when the accident happened?

- 1 Yes
- 2 No

**ENDIF****IF age <2 THEN****DrPlyg**(Can I check) was (*name of child*) playing when the accident happened?

- 1 Yes
- 2 No

**ENDIF****DrInj**

SHOW CARD K. (Can I check,) which of the types of injury described on this card did you suffer? CODE ALL THAT APPLY

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

**IF DrInj=Other THEN****DrInjO**

PLEASE SPECIFY

Text: Maximum 60 characters

**ENDIF****DrBdy**

SHOW CARD L. (Can I check,) which parts of your body were affected by the injury you suffered in this accident (could you show me where)? CODE ALL THAT APPLY.

- 1 Eyes
- 2 Face or teeth
- 3 Other part of head
- 4 Neck
- 5 Back
- 6 Shoulder, arm, wrist or hand
- 7 Hip, leg, ankle or foot
- 8 Chest, ribs or lungs
- 9 Abdomen or genitals
- 10 Other internal organs

**IF DrInj=Broken bones THEN****DrBone**

SHOW CARD M. Can I check, which bones did you break? Please call out the names from this card. PROBE: Any others?

- 1 Collar/Clavicle
- 2 Shoulder/Scapula
- 3 Upper arm/Humerus
- 4 Lower arm/Radius and Ulna
- 5 Hand and/or wrist
- 6 Knee/Patella
- 7 Ankle and/or foot
- 8 Lower leg/Tibia and fibula
- 9 Upper leg/Femur
- 10 Hip joint/Neck of femur
- 11 Hip bones/Pelvis/Ileum
- 12 Back bones
- 13 Other (e.g Ribs, Skull)

**ENDIF****DrAid**

SHOW CARD N

(Can I check,) from which of the people on this card did you get help or advice about the injury you suffered? CODE ALL THAT APPLY.

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

**IF Age of respondent >= 4 THEN****DrOff**

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

- 1 Yes
- 2 No

**IF DrOff =Yes THEN****DrSOW**

Are you still off (*work, school or college / school or college*)?

- 1 Yes
- 2 No

**DrTOW**

Counting the day of the accident, how much time *(have you so far taken/did you take)* off *(work, school or college/school or college)* *(up to and including yesterday)? ...READ OUT... (Is/Was) it:-*

- 1 ...less than one day,
- 2 ...one day but less than one week,
- 3 ...between one week and one month,
- 4 ...or one month or more?

**IF DrTOW = One month or more THEN**

**DrMOW**

How many months?

Range: 1..6

**ENDIF**

**ENDIF**

**ENDIF**

**DrNDA**

As a result of the accident did you have to give up or change any of your normal daily activities?

- 1 Yes
- 2 No

**IF DrNDA = Yes THEN**

**DrSNN**

Are you back to normal now?

- 1 Yes
- 2 No

**DrTNN**

Counting the day of the accident, for how long *(did/have)* you *(have/so far had)* to give up or change any of your normal daily activities *(up to and including yesterday)? ...READ OUT...*

- 1 ...less than one day,
- 2 ...one day but less than one week,
- 3 ...between one week and one month,
- 4 ...or one month or more?

**IF DrTNN = One month or more THEN**

**DrMNN**

How many months?

Range: 1..6

**ENDIF**

**ENDIF**

**IF age of respondent >= 13 THEN**

**DrJob**

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

- 1 Yes
- 2 No

**IF DrJob = Yes THEN**

**DrWrk**

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

- 1 Yes
- 2 No

**ENDIF**

**ENDIF****ENDIF****IF (DrAcc=No OR DrAcc=1) AND NOT (Broken IN DrInj) THEN****DrBrk**

Can I check in the last 6 months, that is since (*date six months ago*) have you broken any bones due to an accident or other incident?

- 1 Yes
- 2 No

**IF DrBrk = Yes THEN****DrWBn**

SHOWCARD M

Which bones did you break? Please call all the names from this card.

- 1 Collar/Clavicle
- 2 Shoulder/Scapula
- 3 Upper arm/Humerus
- 4 Lower arm/Radius and Ulna
- 5 Hand and/or wrist
- 6 Knee/Patella
- 7 Ankle and/or foot
- 8 Lower leg/Tibia and fibula
- 9 Upper leg/Femur
- 10 Hip joint/Neck of femur
- 11 Hip bones/Pelvis/Ileum
- 12 Back bones
- 13 Other (e.g Ribs, Skull)

**ENDIF****ENDIF****IF DrAcc>1 OR (DrAcc=1 AND (Broken IN DrInj)) THEN****DrBrkA**

Apart from the accident you have just told me about, in the last 6 months, that is, since (*date 6 months ago*), have you broken any (*other*) bones due to an accident or other incident?

- 1 Yes
- 2 No

**IF DrBrkA = Yes****DrWBnA**

SHOWCARD M

Which bones did you break in that accident or incident? Please call out the names from this card. PROBE: Any others?

- 1 Collar/Clavicle
- 2 Shoulder/Scapula
- 3 Upper arm/Humerus
- 4 Lower arm/Radius and Ulna
- 5 Hand and/or wrist
- 6 Knee/Patella
- 7 Ankle and/or foot
- 8 Lower leg/Tibia and fibula
- 9 Upper leg/Femur
- 10 Hip joint/Neck of femur
- 11 Hip bones/Pelvis/Ileum
- 12 Back bones
- 13 Other (e.g Ribs, Skull)

**ENDIF**  
**ENDIF**

**ASK ALL**

**Axi**

That was about accidents which caused you to see a doctor or go to hospital. Thinking just about the last four weeks, that is since *(date four weeks ago)* have you had any *(other)* accidents which caused you to suffer pain or discomfort for 24 hours or more but about which you did **not** see a doctor or go to a hospital?

- 1 Yes
- 2 No

**IF Axi = Yes THEN**

**NAxi**

How many accidents of that kind have you had within the last 4 weeks?

Range: 1..28

**AxWkA**

*(How many of these accidents happened/did that accident happen)* in the last week including yesterday? (enter code). IF NONE, RECORD 0.

Range: 0..7

**IF (NAxi - AxWkA >= 1) THEN**

**AxWkB**

*(How many of these accidents happened/did that accident happen)* between one week and two weeks ago?

(enter code) IF NONE, RECORD 0.

Range: 0..7

**IF (NAxi - (AxWkA + AxWkB)) >= 1 THEN**

**AxWkC**

*(How many of these accidents happened/did that accident happen)* between two weeks and three weeks ago?

(enter code). IF NONE, RECORD 0.

Range: 0..7

**IF (NAxi - (AxWkA + AxWkB + AxWkC)) >= 1 THEN**

**AxWkD**

*(How many of these accidents happened/did that accident happen)* between three weeks and four weeks ago?

(enter code) IF NONE, RECORD 0.

Range: 0..7

**ENDIF**

**ENDIF**

**ENDIF**

**AxWyrB**

Now can you tell me about your (*accident/the accident that happened most recently*) (which caused you to suffer pain or discomfort for 24 hours or more but about which you did not see a doctor or go to hospital).

SHOW CARD J

Where did the accident happen?

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

**IF AxWyrB = Other THEN**

**AxWyrO**

PLEASE SPECIFY.

Open answer: up to 60 characters

**ENDIF**

**AxFal**

Thinking about how the accident happened, (can I check,) did you fall, slip or trip?

- 1 Yes
- 2 No

**AxCar**

(Can I check,) was a moving motor vehicle involved in any way?

- 1 Yes
- 2 No

**AxBik**

(Can I check,) was a bicycle or other type of moving non-motor vehicle involved?

- 1 Yes
- 2 No

**AxTul**

(Can I check,) was the injury you suffered caused by a tool, implement or piece of electrical or mechanical equipment?

OTHER THAN A MOVING VEHICLE.

- 1 Yes
- 2 No

**IF Age <= 8 THEN**

**AxToy**

(Can I check) Was a toy or plaything involved in the accident?

- 1 Yes
- 2 No

**ENDIF**

**IF Age >=2 THEN**

**AxSpt**

(Can I check,) when the accident happened, were you playing a sport or taking exercise?

- 1 Yes
- 2 No

**ENDIF**

**IF Age 2-12 AND (AxSpt = No) THEN****AxPly**(Can I check,) was (*child's name*) playing in some other way when the accident happened?

- 1 Yes
- 2 No

**ENDIF****IF Age <2 THEN****AxPlyg**(Can I check) was (*child's name*) playing when the accident happened?

- 1 Yes
- 2 No

**ENDIF****AxInj**

## SHOW CARD K

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

CODE ALL THAT APPLY

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

**IF AxInj=Other THEN****AxInjO**

PLEASE SPECIFY

Text: Maximum 60 characters

**ENDIF****AxBdy**

## SHOW CARD L

(Can I check,) which parts of your body were affected by the injury you suffered in this accident (could you show me where)? CODE ALL THAT APPLY.

- 1 Eyes
- 2 Face or teeth
- 3 Other part of head
- 4 Neck
- 5 Back
- 6 Shoulder, arm, wrist or hand
- 7 Hip, leg, ankle or foot
- 8 Chest, ribs or lungs
- 9 Abdomen or genitals
- 10 Other internal organs

**AxAid**

SHOW CARD N

(Can I check,) from which of the people on this card did you get help or advice about the injury you suffered? CODE ALL THAT APPLY.

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

**IF Age of respondent >= 4 THEN****AxOff**

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

- 1 Yes
- 2 No

**IF AxOff =Yes THEN****AxSOW**

Are you still off (*work, school or college / school or college*)?

- 1 Yes
- 2 No

**AxTOW**

Counting the day of the accident, how much time (*have you so far taken/did you take*) off (*work, school or college/school or college*) (*up to and including yesterday*)? ...READ OUT...  
(*Is/Was*) it:-

- 1 ...less than one day,
- 2 ...one day but less than one week,
- 3 ...between one week and one month,
- 4 ...or one month or more?

**ENDIF****ENDIF****AxNDA**

As a result of the accident did you have to give up or change any of your normal daily activities?

- 1 Yes
- 2 No

**IF AxNDA = Yes THEN****AxSNN**

Are you back to normal now?

- 1 Yes
- 2 No

**AxTNN**

Counting the day of the accident, for how long (*did/have*) you (*have/so far had*) to give up or change any of your normal daily activities (*up to and including yesterday*)? ...READ OUT...

- 1 ...less than one day,
- 2 ...one day but less than one week,
- 3 ...between one week and one month,
- 4 ...or one month or more?

**ENDIF****IF age of respondent 13 –70 THEN****AxJob**

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

- 1 Yes
- 2 No

**IF AxJob = Yes THEN****AxWrk**

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

- 1 Yes
- 2 No

**ENDIF****ENDIF****IF Naxi>1 THEN****AxiWyrB**

Now can you tell me about your next most recent accident (which caused you to suffer pain or discomfort for 24 hours or more but about which you did not see a doctor or go to hospital).

SHOW CARD J

Where did the accident happen?

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

**IF AxiWyrB = Other THEN****AxiWyrO**

PLEASE SPECIFY.

Open answer: up to 60 characters

**ENDIF****AxiFal**

Thinking about how the accident happened, (can I check,) did you fall, slip or trip?

- 1 Yes
- 2 No

**AxiCar**

(Can I check,) was a moving motor vehicle involved in any way?

- 1 Yes
- 2 No

**AxiBik**

(Can I check,) was a bicycle or other type of moving non-motor vehicle involved?

- 1 Yes
- 2 No

**AxiTul**

(Can I check,) was the injury you suffered caused by a tool, implement or piece of electrical or mechanical equipment?

OTHER THAN A MOVING VEHICLE.

- 1 Yes
- 2 No

**IF Age <= 8 THEN****AxiToy**

(Can I check) Was a toy or plaything involved in the accident?

- 1 Yes
- 2 No

**ENDIF****IF Age >=2 THEN****AxiSpt**

(Can I check,) when the accident happened, were you playing a sport or taking exercise?

- 1 Yes
- 2 No

**ENDIF****IF Age 2-12 AND (AxiSpt = No) THEN****AxiPly**

(Can I check,) was (*child's name*) playing in some other way when the accident happened?

- 1 Yes
- 2 No

**ENDIF****IF Age <2 THEN****AxiPlyg**

(Can I check) was (*child's name*) playing when the accident happened?

- 1 Yes
- 2 No

**ENDIF****AxiInj**

SHOW CARD K

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

CODE ALL THAT APPLY

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

**IF AxiInj=Other THEN****AxiInjO**

PLEASE SPECIFY

Text: Maximum 60 characters

**ENDIF****AxiBdy**

SHOW CARD L

(Can I check,) which parts of your body were affected by the injury you suffered in this accident (could you show me where)? CODE ALL THAT APPLY.

- 1 Eyes
- 2 Face or teeth
- 3 Other part of head
- 4 Neck
- 5 Back
- 6 Shoulder, arm, wrist or hand
- 7 Hip, leg, ankle or foot
- 8 Chest, ribs or lungs
- 9 Abdomen or genitals
- 10 Other internal organs

**AxiAid**

SHOW CARD N

(Can I check,) from which of the people on this card did you get help or advice about the injury you suffered? CODE ALL THAT APPLY.

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

**IF Age of respondent >= 4 THEN****AxiOff**As a result of the accident did you have to take any time off (*work, school or college / school or college*)?

- 1 Yes
- 2 No

**IF AxiOff =Yes THEN****AxiSOW**Are you still off (*work, school or college / school or college*)?

- 1 Yes
- 2 No

**AxiTOW**

Counting the day of the accident, how much time *(have you so far taken/did you take)* off *(work, school or college/school or college)* *(up to and including yesterday)? ...READ OUT... (Is/Was) it:-*

- 1 ...less than one day,
- 2 ...one day but less than one week,
- 3 ...between one week and one month,
- 4 ...or one month or more?

**ENDIF****ENDIF****AxiNDA**

As a result of the accident did you have to give up or change any of your normal daily activities?

- 1 Yes
- 2 No

**IF AxiNDA = Yes THEN****AxiSNN**

Are you back to normal now?

- 1 Yes
- 2 No

**AxiTNN**

Counting the day of the accident, for how long *(did/have)* you *(have/so far had)* to give up or change any of your normal daily activities *(up to and including yesterday)? ...READ OUT...*

- 1 ...less than one day,
- 2 ...one day but less than one week,
- 3 ...between one week and one month,
- 4 ...or one month or more?

**ENDIF****IF age of respondent 13 -70 THEN****AxiJob**

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

- 1 Yes
- 2 No

**IF AxiJob = Yes THEN****AxiWrk**

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

- 1 Yes
- 2 No

**ENDIF****ENDIF****ENDIF****ENDIF**

## Respiratory and atopic conditions

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**IF Age of respondent <=4 THEN**

**Dib**

I am now going to ask you some questions about (*child's name*)'s breathing. Has *he/she* ever had difficulty in breathing such as shortness of breath, noisy breathing, breathing fast?

1 Yes

2 No

**IF (Dib = No OR Dib =DK) THEN**

**CWheeze**

Has *he/she* ever had wheezing or whistling in the chest at any time, either now or in the past?

1 Yes

2 No

**IF CWheeze = Yes THEN**

**CBrWhy**

Has (*child's name*) ever been at all breathless when the wheezing or whistling noise was present?

1 Yes

2 No

**ENDIF**

**ENDIF**

**ELSE (If age >4)**

**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

**ENDIF**

**IF (Dib = Yes OR CWheeze = Yes) THEN EverW:= Yes**

**ELSEIF (Dib = No AND CWheeze = No) THEN EverW:= No**

**ELSEIF (Dib = DK AND CWheeze = DK) THEN EverW:= DK**

**ELSEIF (Dib = RF AND CWheeze = RF) THEN EverW:= RF**

**ENDIF**

**IF EverW = Yes THEN**

**NoCol**

Have you ever had this *wheezing or whistling / difficulty in breathing* when you did not have a cold?

1 Yes

2 No

**IF age >=5 THEN**

**BrWhy**

Have you ever been at all breathless when the *wheezing or whistling noise / difficulty in breathing* was present?

1 Yes

2 No

**ENDIF**

**TweWz**

Have you had *wheezing or whistling in the chest / difficulty in breathing* in the last 12 months?

- 1 Yes
- 2 No

**IF (TweWz = Yes) THEN**

**Attak**

How many attacks of *wheezing/whistling / difficulty in breathing* 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 / difficulty in breathing?* Have you ...READ OUT...

IF DK, OBTAIN ESTIMATE.

- 1 ...never woken with *wheezing / difficulty in breathing*,
- 2 woken less than 1 night per week,
- 3 woken one or more nights per week?

**IF Age >=2 THEN**

**Speke**

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

- 1 Yes
- 2 No

**ENDIF**

**NaDLi**

In the last 12 months, how much did *wheezing/whistling / difficulty in breathing* interfere with your normal daily activities ...READ OUT...

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

**IF Age >=16 THEN**

**FtJob**

Can I check, in the last 12 months, have you had a full-time job?

- 1 Yes
- 2 No

**IF FtJob = Yes THEN**

**FtMnt**

Over the last 12 months, for how many months did you work full-time?

Range: 1.12

**WoAbs**

In the last 12 months, how many days has your wheezing/whistling caused you to be absent from work?

PROMPT AS NECESSARY.

- 1 none
- 2 less than five
- 3 5, less than 10
- 4 10, less than 15
- 5 15, less than 20
- 6 20, less than 30
- 7 30 or more

**ENDIF**

**ENDIF**

**IF age >=5 AND <=15 THEN**

**SchAb**

In the last 12 months, how many days has your difficulty in breathing caused you to be absent from school?

PROMPT AS NECESSARY.

- 1 none
- 2 less than five
- 3 5, less than 10
- 4 10, less than 15
- 5 15, less than 20
- 6 20, less than 30
- 7 30 or more

**ENDIF**

**ENDIF**

**FirAtW**

How old were you when you had your first attack of *wheezing/whistling / difficulty in breathing?*

IF LESS THAN ONE YEAR, CODE 0.

Range: 0..120

**RecAtW**

When was your most recent attack of *wheezing/whistling / difficulty in breathing?*

PROMPT IF NECESSARY.

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

**ENDIF**

**ASK ALL**

**ConDr**

Did a doctor ever tell you that you had asthma? EXCLUDE: HOMEOPATHS, ETC.

- 1 Yes
- 2 No

**IF (ConDr = Yes) THEN**

**Dr12mth**

When were you first told by a doctor that you had asthma, was it...READ OUT...

- 1 ...in the last 12 months,
- 2 ...or over 12 months ago?

**F (EverW = No/DK) OR (EverW = Yes) AND (TweWz = No/DK) THEN**

**FirAtA**

How old were you when you had your first attack of asthma?

IF LESS THAN ONE YEAR, CODE 0.

Range: 0..120

**AsTwe**

When was your most recent attack of asthma? PROMPT IF NECESSARY.

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

**ENDIF**

**ENDIF**

**IF (EverW = Yes OR ConDr = Yes) AND (AsTwe IN [Less4W..OneTo5]) OR (RecAtW IN [Less4W..OneTo5]) THEN**

**Precp**

SHOW CARD O

Do you find that any of the things on this card bring on an attack of *asthma / wheezing/whistling / difficulty in breathing*?

- 1 Yes
- 2 No

**IF (Precp = Yes) THEN**

**Precp1**

Which ones? PROBE

Any other things? CODE ALL THAT APPLY.

- 1 Dust
- 2 Pets
- 3 Feathers
- 4 Being excited or upset
- 5 Cold air
- 6 Chest infections/cold/flu
- 7 Cigarette smoke (yours/others)
- 8 Pollen
- 9 Grass
- 10 Traffic fumes
- 11 Certain food or drinks
- 12 Exercise
- 13 Aspirin
- 14 Other things

**IF (Other IN Precp1) THEN**

**PrecpO**

Which other things?

IF MORE THAN THREE, TAKE THREE MOST COMMON

Open answer: up to 60 characters

**ENDIF**

**ENDIF**

**TrtWze**

SHOW CARD P

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

- 1 Yes
- 2 No

**IF TrtWze = Yes THEN**

**TrtWh**

Which ones? PROBE: Any others?

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

**IF (1-6 IN TrtWh) THEN**

**TrTim[1-6]**

**Repeat for any of first six categories of medical professional (codes 1-6 at TrtWh)**

How many times were you treated by (*type of medical professional*) for your *asthma/wheezing/whistling* in the last 12 months?

Range: 0..52

**ENDIF**

**ENDIF**

**InPat**

In the last twelve months, have you spent a night in hospital because of *asthma / wheezing/whistling / difficulty in breathing*? INCLUDE: OVERNIGHT ON OBSERVATION

- 1 Yes
- 2 No

**IF (InPat = No/DK) THEN**

**EvePt**

Have you **ever** spent a night in hospital because of *asthma/wheezing/whistling*?

INCLUDE: OVERNIGHT ON OBSERVATION.

- 1 Yes
- 2 No

**ENDIF**

**TrtWard**

In the last 12 months, have you received treatment for your *asthma/wheezing/whistling* on a hospital ward without staying overnight?

- 1 Yes
- 2 No

**IF (TrtWard = Yes) THEN**

**TrTimW**

How many times were you treated on a hospital ward?

Range: 1.52

**ENDIF**

**ENDIF**

**IF (EverW = Yes OR ConDr = Yes) AND (AstWe IN [Less4W...OneTo5]) OR RecAtW IN [Less4W...OneTo5]) THEN**

**RegAp**

Are you given regular appointments to be seen by a doctor for your *asthma / wheezing/whistling / difficulty in breathing?*

IF ASKED: REGULAR = A FURTHER APPOINTMENT IS MADE AT EACH VISIT.

- 1 Yes
- 2 No

**IF (RegAp = Yes) THEN**

**PIApp1**

Are you given regular appointments with a hospital doctor?

IF ASKED: REGULAR = A FURTHER APPOINTMENT IS MADE AT EACH VISIT.

- 1 Yes
- 2 No

**PIAppl2**

With your GP?

IF ASKED: REGULAR = A FURTHER APPOINTMENT IS MADE AT EACH VISIT

- 1 Yes
- 2 No

**ENDIF**

**Inhal**

Over the last 12 months, have you used an inhaler, puffer or nebuliser prescribed by a doctor to treat your *asthma / wheezing/whistling / difficulty in breathing?*

- 1 Yes
- 2 No

**IF (Inhal = Yes) THEN**

**InhalA**

SHOW CARD Q

In the last 12 months, have you used any of the inhaled medications on this card? Include those taken by inhaler, puffer, nebuliser or other inhaling device.

- 1 Yes
- 2 No

**IF (InhalA = Yes) THEN**

**InTyp**

SHOW CARD Q

In the last 12 months, which of the inhaled medications listed on this card have you used?

PROBE: Any others?

INTERVIEWER: IF IN ANY DOUBT ABOUT THE NAME(S) OF THE MEDICINE(S), PLEASE ASK THE RESPONDENT TO FETCH THEM. CODE ALL THAT APPLY.

- 1 Ventolin
- 2 Intal
- 3 Tilade
- 4 Bricanyl
- 5 Serevent
- 6 Atrovent
- 7 Becotide
- 8 Pulmicort
- 9 Aerolin
- 10 Oxivent
- 11 Aerobec
- 12 Salbutamol
- 13 Terbutaline
- 14 Salmeterol
- 15 Beclometasone
- 16 Berotec

**InTypA**

In the last 12 months, have you used any other inhaled medications not listed on this card?

- 1 Yes
- 2 No

**IF (InTypA = Yes) THEN**

**InTypO**

Which (other) inhaled medications have you used?

RECORD FULL NAME OF INHALED MEDICATION. ASK TO SEE INHALER, PUFFER OR NEBULISER. IF MORE THAN ONE 'OTHER' MEDICATIONS, ENTER ONE HERE ONLY.

Open answer: up to 50 characters

**ENDIF**

**MthDr, DayDr and RegDr asked for all drugs coded in InTyp and InTypO**

**MthDr**

Have you taken (*name of drug*) in the last month?

- 1 Yes
- 2 No

**IF (MthDr = Yes) THEN**

**DayDr**

Have you taken (*name of drug*) in the past 24 hours?

- 1 Yes
- 2 No

**RegDr**

Do you take (*name of drug*) on a daily basis?

1 Yes

2 No

**ENDIF**

**ENDIF**

**ENDIF**

**Medic**

Over the last 12 months, have you taken any tablets or syrups prescribed by a doctor to treat your *asthma/wheezing/whistling*?

1 Yes

2 No

**IF (Medic = Yes) THEN**

**MedicA**

SHOW CARD R

Over the last 12 months, have you taken any of the tablets or syrups listed on this card?

1 Yes

2 No

**IF (MedicA = Yes) THEN**

**MedTyp**

SHOW CARD R

In the last 12 months, which of the tablets or syrups on this card have you taken?

PROBE: Any others?

INTERVIEWER: IF IN ANY DOUBT ABOUT THE NAME(S) OF THE MEDICINE(S), PLEASE ASK THE RESPONDENT TO FETCH THEM. CODE ALL THAT APPLY.

1 Ventolin

2 Volmax

3 Monovent

4 Bricanyl

5 Nuelin

6 Slo-Phyllin

7 Theo-Dur

8 Prednisolone

9 Deltacortril

10 Salbutamol

11 Aminophylline

**MedTypA**

In the last 12 months, have you used any other tablets or syrups for your *asthma / wheezing/whistling / difficulty in breathing*?

1 Yes

2 No

**IF (MedTypA = Yes) THEN**

**MedTypO**

Which (other) tablets or syrups have you used?

RECORD FULL NAME OF OTHER MEDICINES.

IF MORE THAN ONE 'OTHER', ENTER ONE HERE ONLY.

Open answer: up to 50 characters

**ENDIF**

**MthDr, DayDr and RegDr asked for all drugs coded in MedTyp and MedTypO**

**MthDr**

Have you taken (*name of drug*) in the last month?

- 1 Yes
- 2 No

**IF (MthDr = Yes) THEN**

**DayDr**

Have you taken (*name of drug*) in the past 24 hours?

- 1 Yes
- 2 No

**RegDr**

Do you take (*name of drug*) on a daily basis?

- 1 Yes
- 2 No

**ENDIF**

**ENDIF**

**ENDIF**

**IF (AGE <=4) AND (EverW = Yes) AND ConDr <> Yes) THEN**

**Antib**

Over the last 12 months have you been prescribed an antibiotic to treat your *asthma / wheezing/whistling / difficulty in breathing*?

- 1 Yes
- 2 No

**ENDIF**

**IF (AGE >=7) THEN**

**Preds**

Do you usually keep a supply of prednisolone or steroid tablets in case your *asthma / wheezing/whistling / difficulty in breathing* gets worse?

- 1 Yes
- 2 No

**MaPla**

Have you been given written advice on what to do when your symptoms get worse?

- 1 Yes
- 2 No

**PkFlo**

Do you have a peak flow meter?

- 1 Yes
- 2 No

**ENDIF**

**ENDIF**

**ENDIF**

**IF Age >=2 THEN**

**Bronc**

Did you have a serious chest illness before the age of two years?

- 1 Yes
- 2 No

**ENDIF**

**IF Age <2 THEN**

**BrcInf**

Has (*child's name*) ever had a serious chest infection?

- 1 Yes
- 2 No

**ENDIF**

**ASK ALL**

**Nooze**

Have you ever had a problem with sneezing or a runny or blocked nose when you did not have a cold or the flu?

- 1 Yes
- 2 No

**IF Nooze = Yes THEN**

**NoFlu**

In the last 12 months, have you had a problem with sneezing or a runny or blocked nose when you did not have a cold or the flu?

- 1 Yes
- 2 No

**IF NoFlu = Yes THEN**

**EyeIt**

In the last 12 months, has this problem been accompanied by itchy watery eyes?

- 1 Yes
- 2 No

**ENDIF**

**ENDIF**

**ASK ALL**

**HayFe**

(Can I just check) have you ever had hay fever?

- 1 Yes
- 2 No

**IF HayFe = Yes THEN**

**HayDr**

Was this confirmed by a doctor?

- 1 Yes
- 2 No

**ENDIF**

**ASK ALL**

**SkItc**

Have you ever in the past had an itchy skin condition - by itchy we mean a condition which makes you want to scratch or rub the skin a lot?

- 1 Yes
- 2 No

**IF SkItc = Yes THEN**

**TwItc**

Have you had such an itchy skin condition in the last 12 months?

- 1 Yes
- 2 No

**IF TwItc = Yes THEN**

**SkAge**

How old were you when **this** skin condition began?

IF LESS THAN ONE YEAR, CODE 0.

INTERVIEWER: CODE EARLIEST AGE OF ANY CONDITION WHICH HAS OCCURRED IN THE LAST 12 MONTHS.

Range: 0..120

**Krees**

Has this skin condition ever affected any of these skin creases...READ OUT...

CODE ALL THAT APPLY.

- 1 the fronts of elbows?
- 2 behind the knees?
- 3 fronts of ankles?
- 4 around the neck?
- 5 around the eyes?
- 6 or on the cheeks?
- 7 (no, none)

**DrySK**

In the last 12 months, have you suffered from a generally dry skin?

- 1 Yes
- 2 No

**SleSk**

In the last 12 months, how often on average has your sleep been disturbed due to itching or scratching?

- 1 Never woken with itching/scratching
- 2 Less than 1 night per week
- 3 One or more nights per week

**ENDIF**

**ENDIF**

**ASK ALL**

**Exxma**

(Can I just check) have you ever had eczema?

- 1 Yes
- 2 No

**IF Exxma = Yes THEN**

**ExeDr**

Was this confirmed by a doctor?

- 1 Yes
- 2 No

**ENDIF**

**IF Age <5 THEN**

**HayFam**

Does anyone in (*child's name*)'s immediate family suffer from eczema, hayfever or asthma? By immediate family I mean *his/her* parents and brothers and sisters.

- 1 Yes
- 2 No

**ENDIF**

**Smoking** (Aged 18+)**IF Age of respondent = 18..20 THEN****BookChc**INTERVIEWER CHECK: (*name of respondent*) IS AGED (*age of respondent*). RESPONDENT TO BE...:

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

**ENDIF****IF (Age of respondent is 20 years or over) OR (BookChk = Asked) THEN****SmkEvr**

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

- 1 Yes
- 2 No

**IF SmkEvr = Yes THEN****CigNow**

Do you smoke cigarettes at all nowadays?

- 1 Yes
- 2 No

**IF CigNow = Yes THEN****CigWDay**

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

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

Range: 0..97

**IF CigWDay = 97 THEN****Estim**INTERVIEWER: ASK RESPONDENT FOR AN ESTIMATED (*DAILY*) CONSUMPTION OF TOBACCO (*ON WEEKDAYS*). WILL IT BE GIVEN IN GRAMS OR IN OUNCES?

- 1 Grams
- 2 Ounces

**IF Estim = grams THEN****Grams**PLEASE RECORD ESTIMATED (*DAILY*) CONSUMPTION OF TOBACCO (*ON WEEKDAYS*) IN GRAMS.

Range: 1..67

**ELSEIF Estim = ounces THEN****Ounces**PLEASE RECORD ESTIMATED (*DAILY*) CONSUMPTION OF TOBACCO (*ON WEEKDAYS*) IN OUNCES. FOR FRACTIONS OF OUNCES RECORD:

- 1/4 (a quarter) oz as .25
  - 1/3 (a third) oz as .33
  - 1/2 (half) oz as .5
  - 2/3 (two thirds) oz as .66
  - 3/4 (three quarters) oz as .75
- Range: 0.01..2.40

**ENDIF***RoDly***Computed: estimated tobacco consumption in ounces.****Range: 1..97****ENDIF**

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

**CigWEnd**

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

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

Range: 0..97

**IF CigWEnd = 97 THEN****Estim**

INTERVIEWER: ASK RESPONDENT FOR AN ESTIMATED (DAILY) CONSUMPTION OF TOBACCO (AT WEEKENDS). WILL IT BE GIVEN IN GRAMS OR IN OUNCES?

- 1 Grams
- 2 Ounces

**IF Estim = grams THEN****Grams**

PLEASE RECORD ESTIMATED (DAILY) CONSUMPTION OF TOBACCO (AT WEEKENDS) IN GRAMS.

Range: 1..67

**ELSEIF Estim = ounces THEN****Ounces**

PLEASE RECORD ESTIMATED (DAILY) CONSUMPTION OF TOBACCO (AT WEEKENDS) IN OUNCES. FOR FRACTIONS OF OUNCES RECORD:

- 1/4 (a quarter) oz as .25
- 1/3 (a third) oz as .33
- 1/2 (half) oz as .5
- 2/3 (two thirds) oz as .66
- 3/4 (three quarters) oz as .75

Range: 0.01..2.40

**ENDIF***RoIWknd***Computed: estimated tobacco consumption in ounces.****Range: 1..997****ENDIF**

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

**CigTyp**

Do you mainly smoke ...READ OUT...

- 1 ... filter-tipped cigarettes
- 2 plain or untipped cigarettes,
- 3 or hand-rolled cigarettes?

**IF CigTyp = filter-tipped cigarettes OR plain or untipped cigarettes THEN**

**CigBrd**

Which brand of cigarette do you usually smoke?

ASSIGN 3-DIGIT CODE FROM CIGARETTE BRANDS CODING LIST. IF NOT ON LIST, CODE AS 9997.

Range: 1..9997

**IF CigBrd=9997 THEN**

**BrandTxt**

INTERVIEWER: PLEASE ASK TO SEE PACKET AND WRITE IN FULL DETAILS OF BRAND OF CIGARETTE RESPONDENT SMOKES; INCLUDE BRAND NAME AND TYPE. IF NO PACKET AVAILABLE ASK RESPONDENT TO RECALL.

String (max. 100 characters).

**CigTar**

INTERVIEWER: CODE TAR LEVEL (not nicotine content) OF USUAL BRAND OF CIGARETTES, IN MG. THIS IS USUALLY PRINTED ON THE SIDE OF THE PACKET. IF NO PACKET AVAILABLE, ASK RESPONDENT TO ESTIMATE.

Range: 0..25

**IF CigTar = RESPONSE THEN**

**TarEst**

INTERVIEWER CODE:

- 1 Tar level obtained by looking at packet
- 2 Respondent estimated tar level

**ENDIF**

**ENDIF**

**ENDIF**

**SmNoDay**

How easy or difficult would you find it to go without smoking for a whole day? Would you find it .... READ OUT ...

- 1 ... very easy,
- 2 ... fairly easy,
- 3 ... fairly difficult,
- 4 ... or, very difficult?

**GiveUp**

Would you like to give up smoking altogether?

- 1 Yes
- 2 No

**FirstCig**

How soon after waking do you **usually** smoke your first cigarette of the day? PROMPT AS NECESSARY.

- 1 Less than 5 minutes
- 2 5-14 minutes
- 3 15-29 minutes
- 4 30 minutes but less than 1 hour
- 5 1 hour but less than 2 hours
- 6 2 hours or more

**ELSE IF CigNow<>Yes (Smokes but doesn't smoke cigarettes nowadays)**

**CigEvr**

Have you ever smoked cigarettes?

- 1 Yes
- 2 No

**IF CigEvr = Yes THEN**

**CigReg**

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

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

**IF CigReg = Smoked cigarettes regularly THEN**

**NumSmok**

About how many cigarettes did you smoke in a day?

INTERVIEWER: IF RANGE GIVEN AND CAN'T ESTIMATE, ENTER MID POINT.

IF RESPONDENT SMOKES ROLL UPS AND CANNOT GIVE NUMBER OF CIGARETTES,

CODE 97

Range: : 0..97

**IF NumSmok = 97 THEN**

**Estim**

INTERVIEWER: ASK RESPONDENT FOR AN ESTIMATED (*DAILY*)

CONSUMPTION OF TOBACCO (*ON WEEKDAYS/ON WEEKENDS*). WILL IT BE GIVEN IN GRAMS OR IN OUNCES?

- 1 Grams
- 2 Ounces

**IF Estim = grams THEN**

**Grams**

PLEASE RECORD ESTIMATED (*DAILY*) CONSUMPTION OF TOBACCO (*ON WEEKDAYS/AT WEEKENDS*) IN GRAMS.

Range: 1..67

**ELSEIF Estim = ounces THEN**

**Ounces**

PLEASE RECORD ESTIMATED (*DAILY*) CONSUMPTION OF TOBACCO  
(*ON WEEKDAYS/AT WEEKENDS*) IN OUNCES.FOR FRACTIONS OF  
OUNCES RECORD:

1/4 (a quarter) oz as .25

1/3 (a third) oz as .33

1/2 (half) oz as .5

2/3 (two thirds) oz as .66

3/4 (three quarters) oz as .75": 0.01..2.40

ENDIF

**RolNum**

**Computed: estimated tobacco consumption in ounces.**

**Range: 1..97**

ENDIF

ENDIF

ENDIF

ENDIF

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

**IF CigNow=Yes OR CigReg=Smoked cigarettes regularly THEN**

**StartSmk**

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

INTERVIEWER: IF 'Never smoked regularly' CODE 97.

Range: 1..97

ENDIF

**IF CigReg=Regularly or Occasionally THEN**

**EndSmoke**

How long ago did you stop smoking cigarettes?

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

Range: 0..97

**IF EndSmoke=0 THEN**

**LongEnd**

How many months ago was that?

1 Less than 6 months ago

2 Six months, but less than one year

ENDIF

**IF EndSmoke<2 THEN**

**Nicot**

Did you use any nicotine products, such as nicotine patches, chewing gum, lozenges or  
other similar products at all to help you give up?

INTERVIEWER: IF RESPONDENT HAS GIVEN UP MORE THAN ONCE, ASK  
ABOUT MOST RECENT OCCASION.

1 Yes

2 No

ENDIF

**SmokYrs**

And for approximately how many years did you smoke cigarettes regularly?

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

Range: 0..97

**ENDIF**

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

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

**IsPreg**

Can I check, are you pregnant now?

- 1 Yes
- 2 No

**IF IsPreg = Yes THEN**

**SmokePrg**

Have you smoked at all since you've known you've been pregnant? IF YES, PROBE:  
All the time or just some of the time?

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

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

**StopPreg**

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

- 1 Because of pregnancy
- 2 For some other reason

**ENDIF**

**ENDIF**

**ENDIF**

**IF (IsPreg = No) OR (IsPreg = NONRESPONSE) OR (CigNow = Yes) THEN**

**PregRec**

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

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

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

**PregSmok**

Did you smoke at all during pregnancy? (I.E. DURING TIME WHEN KNEW SHE  
WAS PREGNANT) IF YES, PROBE: All the time or just some of the time?

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

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

**PregStop**

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

- 1 Because of pregnancy
- 2 For some other reason

**ENDIF**

**ENDIF**

**ENDIF**  
**ENDIF**

**CigarNow**

Do you smoke cigars at all nowadays?

- 1 Yes
- 2 No

**IF CigarNow = Yes THEN**

**CigarReg**

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

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

**ENDIF**

**IF Sex = Male THEN**

**PipeNowA**

Do you smoke a pipe at all nowadays?

- 1 Yes
- 2 No

**ENDIF**

**ENDIF**

**ENDIF**

**IF (Age of respondent is 20 years or over) OR (BookChk = Asked) THEN**

**SmkDad**

Did your father ever smoke regularly when you were a child?

- 1 Yes
- 2 No

**SmkMum**

Did your mother ever smoke regularly when you were a child?

- 1 Yes
- 2 No

**ENDIF**

**FOLLOWING SECTION ASKED OF ALL RESPONDENTS:**

**IF Respondent is 13 years or over THEN**

**ExpSm**

Now, in most weeks, how many hours a week are you exposed to other people's tobacco smoke?

Range: 0..97

**ELSEIF Age of respondent is 0 to 12 years THEN**

**ChExpSm**

Is (*Name of child*) looked after for more than two hours per week by anyone who smokes while looking after *him/her*?

- 1 Yes
- 2 No

**ENDIF**

**Drinking** (Aged 18+)**IF (Age of respondent is 20 years or over) OR (BookChk = Asked) THEN****Drink**

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

- 1 Yes
- 2 No

**IF Drink = No THEN****DrinkAny**

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

- 1 Very occasionally
- 2 Never

**ENDIF****ENDIF****IF (Drink = Yes) OR (DrinkAny = Very occasionally) THEN****Intro**

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

**NBeer**

SHOW CARD S

I'd like to ask you first about **normal strength** beer or cider which has less than 6% alcohol. How often have you had a drink of **normal strength** BEER, LAGER, STOUT, CIDER or SHANDY (excluding cans and bottles of shandy) during the last 12 months? (NORMAL = less than 6% Alcohol by volume) INTERVIEWER: IF RESPONDENT DOES NOT KNOW WHETHER BEER ETC DRUNK IS STRONG OR NORMAL, INCLUDE HERE AS NORMAL.

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

**IF NBeer = [Almost every day.....Once or twice a year] THEN****NBeerM**

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

INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE

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

**IF NBeerM = Half pints THEN****NBeerQHP**

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

**ENDIF****IF NBeerM = Small cans 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

**ENDIF****IF NBeerM = Large cans THEN****NBeerQ3**

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

Range: 1..97

**ENDIF****IF NBeerM = Bottles THEN****NBeerqbt**

ASK OR CODE: How many bottles cans 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**

**Computed: Pint equivalent of bottles.**

**ENDIF****ENDIF****SBeer****SHOW CARD S**

Now I'd like to ask you about **strong** beer or cider which has 6% or more alcohol (eg Tennants Extra, Special Brew, Diamond White). How often have you had a drink of **strong** BEER, LAGER, STOUT or CIDER during the last 12 months? (STRONG=6% and over Alcohol by volume) INTERVIEWER: IF RESPONDENT DOES NOT KNOW WHETHER BEER ETC DRUNK IS STRONG OR NORMAL, INCLUDE AS NORMAL STRENGTH AT NBeer ABOVE.

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

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

**SBeerM**

How much STRONG BEER, LAGER, STOUT or CIDER have you usually drunk on any one day? INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE

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

**IF SBeerM = Half pints THEN**

**SBeerQHP**

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

Range 1..97

**ENDIF**

**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

**ENDIF**

**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

**ENDIF**

**IF SBeerM = Bottles THEN**

**SBeerQt**

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**

**Computed: Pint equivalent of bottles.**

**ENDIF**

**ENDIF**

**Spirits**

## SHOW CARD S

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

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

**IF (Spirits = [Almost every day...Once or twice a year] THEN**

**SpiritsQ**

How much spirits or liqueurs (such as gin, whisky, brandy, rum, vodka, advocaat or cocktails) have you usually drunk on any one day? CODE THE NUMBER OF SINGLES - COUNT DOUBLES AS TWO SINGLES.

Range: 1..97

**ENDIF**

**Sherry**

## SHOW CARD S

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

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

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

**SherryQ**

How much sherry or martini, including port, vermouth, Cinzano and Dubonnet have you usually drunk on any one day? CODE THE NUMBER OF GLASSES.

Range: 1..97

**ENDIF**

**Wine**

## SHOW CARD S

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

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

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

**WineQ**

How much wine, including Babydam and champagne, have you usually drunk on any one day. CODE THE NUMBER OF GLASSES.1 BOTTLE = 6 GLASSES, 1 LITRE = 8 GLASSES

Range: 1..97

**ENDIF**

**Pops**

SHOW CARD S

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

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

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

**PopsM**

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

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

- 1 Small cans
- 2 Bottles

**IF PopsM = Small cans THEN**

**PopsQ**

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

Range: 1..97

**ENDIF**

**IF PopsM = Bottles THEN**

**PopsQ**

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

Range: 1..97

**ENDIF**

**ENDIF**

**AlcotA**

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

- 1 Yes
- 2 No

**IF AlcotA = Yes THEN**

**OthDrnkA**

What other type of alcoholic drink have you drunk in the last 12 months? CODE FIRST MENTIONED ONLY.

Text: Maximum 30 characters

**FreqA**

SHOW CARD S

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

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

**IF FreqA = [Almost every day...Once or twice a year ] THEN****OthQMA**How much (*name of 'other' alcoholic drink*) have you usually drunk on any one day?

INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

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

**IF OthQMA=Other THEN****OthQOA**

WHAT OTHER MEASURE?

Text: Maximum 12 characters

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

Range: 0..97

**ENDIF***Note: All drinks recorded under OthDrnkA backcoded into NBeer-NWine***AlcotB**

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

- 1 Yes
- 2 No

**IF AlcotB = Yes THEN****OthDrnkB**

What other type of alcoholic drink have you drunk in the last 12 months? CODE FIRST MENTIONED ONLY.

Text: Maximum 30 characters

**FreqB**

SHOW CARD S

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

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

**IF FreqB = [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

**ENDIF**

**OthQB**

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

Range: 0..97

**ENDIF**

*Note: All drinks recorded under OthDrnkB backcoded into NBeer-NWine*

**AlcotC**

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

- 1 Yes
- 2 No

**IF AlcotC = Yes THEN**

**OthDrnkC**

What other type of alcoholic drink have you drunk in the last 12 months? CODE FIRST MENTIONED ONLY.

Text: Maximum 30 characters

**FreqC**

SHOW CARD S

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

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

**IF FreqC = [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

**ENDIF**

**OthQC**

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

Range: 0..97

**ENDIF**

**ENDIF**

**ENDIF**

**ENDIF**

*Note: All drinks recorded unter OthDrnC backcoded into NBeer – NWine*

**DrinkOft**

SHOW CARD S

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

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

**IF DrinkOft <> NotYr THEN**

**DrinkL7**

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

- 1 Yes
- 2 No

**IF DrinkL7 =Yes THEN**

**DrnkDay**

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

Range: 1..7

**IF DrnkDay = 2 to 7 days THEN**

**DrnkSame**

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

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

**ENDIF**

**WhichDay**

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

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

**DrnkType**

SHOW CARD T

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

CODE ALL THAT APPLY

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

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

**NBrL7**

Still thinking about last (*answer to WhichDay*), how much NORMAL STRENGTH BEER, LAGER, STOUT, CIDER or SHANDY (excluding cans and bottles of shandy) did you drink that day? INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

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

**IF NBrL7=Half pints THEN**

**NBerQHP7**

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

**ENDIF**

**IF NBrL7Q = Small cans 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

**ENDIF**

**IF NBrL7=Large cans 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

**ENDIF**

**IF NBrL7=Bottles THEN****NBerQbt7**

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

**ENDIF****ENDIF****IF DrnkType = Strong beer/lager/cider THEN****SBrL7**

Still thinking about last (*answer to WhichDay*), how much STRONG BEER, LAGER, STOUT or CIDER did you drink that day? INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

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

**IF SBRL7=Half pints THEN****SBerQHP7**

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

Range: 1..97

**ENDIF****IF SBrL7=Small cans THEN****SBr17Q2**

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

Range: 1..97

**ENDIF****IF SBrL7=Large cans THEN****SBr17Q2**

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

Range: 1..97

**ENDIF****IF SBrL7=Bottles THEN****SBerQbt7**

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

**ENDIF****ENDIF****IF DrnkType = Spirits THEN****SpirL7**

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

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

Range: 1..97

**ENDIF****IF DrnkType = Sherry THEN****ShryL7**

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

NUMBER OF GLASSES.

Range: 1..97

**ENDIF****IF DrnkType = Wine THEN****WineL7**

Still thinking about last (*answer to WhichDay*), how much wine, including Babycham and champagne, did you drink on that day? CODE THE NUMBER OF GLASSES 1

BOTTLE = 6 GLASSES. 1 LITRE = 8 GLASSES.

Range: 1..97

**ENDIF****IF DrnkType = Alcoholic lemonades/colas THEN****PopsL7**

Still thinking about last (*answer to WhichDay*), how much ALCOHOLIC SOFT DRINK ('alcopop') did you drink on that day? INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE

1 Small cans

2 Bottles

**IF PopsL7 = Small cans THEN****PopsQsm7**

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

Range: 1..97

**ENDIF****IF PopsL7=Bottles THEN****PopsQlg7**

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

Range: 1..97

**ENDIF****ENDIF****IF DrnkType=Other THEN****OthL7TA**

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

Text: Maximum 30 characters

**OthL7QA**

How much (*name of 'other' alcoholic drink*) did you drink on that day? WRITE IN HOW MUCH. REMEMBER TO SPECIFY HALF PINTS/ SINGLES/GLASSES/ BOTTLES.

Text: Maximum 30 characters

**OthL7B**

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

- 1 Yes
- 2 No

**IF OthL7B=Yes THEN****OthL7TB**

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

Text: Maximum 30 characters

**OthL7QB**

How much (*name of 'other' alcoholic drink*) did you drink on that day? WRITE IN HOW MUCH. REMEMBER TO SPECIFY HALF PINTS/SINGLES/GLASSES/ BOTTLES.

Text: Maximum 30 characters

**OthL7C**

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

- 1 Yes
- 2 No

**IF OthL7C=Yes THEN****OthL7TC**

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

CODE FIRST MENTIONED ONLY

Text: Maximum 30 characters

**OthL7QC**

How much (*name of 'other' alcoholic drink*) did you drink on that day? WRITE IN HOW MUCH. REMEMBER TO SPECIFY HALF PINTS/ SINGLES/GLASSES/ BOTTLES.

Text: Maximum 30 characters

**ENDIF**

**ENDIF**

**ENDIF**

**ENDIF**

**ENDIF**

**DrAmount**

Compared to five years ago, would you say that on the whole you drink more, about the same or less nowadays?

- 1 More nowadays
- 2 About the same
- 3 Less nowadays

**ENDIF****IF DrinkAny = Never THEN****AlwaysTT**

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

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

**IF AlwaysTT = Used to drink but stopped THEN****WhyTT**

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

INTERVIEWER: IF RESPONDENT SAYS PREGNANCY, CODE YES

- 1 Yes
- 2 No

**ENDIF****ENDIF**

## Classification

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

### **NActiv**

SHOW CARD U.

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

CODE FIRST TO APPLY

- 1 Going to school or college full-time (including on vacation)
- 2 In paid employment or self-employment (or away temporarily)
- 3 On a Government scheme for employment training
- 4 Doing unpaid work for a business that you own, or that a relative owns
- 5 Waiting to take up paid work already obtained
- 6 Looking for paid work or a Government training scheme
- 7 Intending to look for work but prevented by temporary sickness or injury (CHECK 28 DAYS OR LESS)
- 8 Permanently unable to work because of long-term sickness or disability (USE ONLY FOR MEN AGED 16-64 OR WOMEN AGED 16-59)
- 9 Retired from paid work
- 10 Looking after the home or family
- 11 Doing something else (SPECIFY)

**IF NActiv=Doing something else THEN**

### **NActivO**

OTHER: PLEASE SPECIFY

Text: Maximum 60 characters

**ENDIF**

**IF (NActiv=School) THEN**

### **StWork**

Did you do any paid work in the seven days ending (*date last Sunday*), either as an employee or self-employed?

- 1 Yes
- 2 No

**ENDIF**

**IF ((NActiv=Intending to look for work, Retired from paid work, Looking after the home or family or Doing something else OR StWork=No) AND ((Age = 16 to 64years AND Sex=Male) OR (Age = 16 to 59 years AND Sex=Female))) THEN**

### **4WkLook**

Thinking now of the four weeks ending (*date last Sunday*). Were you looking for any paid work or Government training scheme at any time in those four weeks?

- 1 Yes
- 2 No

**ENDIF**

**IF NActiv=Looking for paid work/training scheme OR 4WkLook=Yes THEN**

### **2WkStrt**

If a job or a place on a Government training scheme had been available in the (*7 days/four weeks*) ending (*date last Sunday*), would you have been able to start within two weeks?

- 1 Yes
- 2 No

**ENDIF**

**IF (NActiv = [Looking for paid work or a Government training scheme...Doing something else] OR StWork=No) THEN**

**EverJob**

Have you ever been in paid employment or self-employed?

- 1 Yes
- 2 No

**ENDIF**

**IF NActiv=Waiting to take up paid work already obtained THEN**

**OthPaid**

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

- 1 Yes
- 2 No

**ENDIF**

**IF (Everjob=Yes) THEN**

**PayLast**

Which year did you leave your last **paid** job?

WRITE IN.

Range: 1920..2001

**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

**ENDIF**

**PayAgeI**

**Computed: Age when last had a paid job.**

**ENDIF**

**ENDIF**

**ENDIF**

**IF (EverJob=Yes) OR (NActiv = [In paid employment or self-employment...Waiting to take up paid work already obtained]) OR (StWork = Yes) OR (Respondent is Male and EverjobI=Yes) OR (Respondent is Female and PayAgeI>=50) THEN**

**JobTitle**

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

Text: Maximum 60 characters

**FtPTime**

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

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

- 1 Full-time
- 2 Part-time

**WtWork**

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

Text: Maximum 50 characters

**MatUsed**

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

IF NONE USED, WRITE IN 'NONE'.

Text: Maximum 50 characters

**SkilNee**

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

Text: Maximum 120 characters

**Employe**

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

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

IF IN DOUBT, CHECK HOW THIS EMPLOYMENT IS TREATED FOR TAX & NI PURPOSES.

**IF Employe = Self-employed THEN**

**Dirctr**

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

- 1 Yes
- 2 No

**ENDIF**

**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+

**ELSEIF 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+

**ENDIF**

**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

**ELSEIF Employe=Self-employed THEN**

**SlfWtMad**

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

Text: Maximum 100 characters

**ENDIF**

**OEmpStat**

**Derived employment status.**

**Range: 0..8**

**SOC, SOCs, SEG, SIC coded during edit stage**

**ASK ALL**

**EthnicI**

SHOW CARD V

Can I check, to which of the groups on this card do you consider you belong?

CODE ONE ONLY

- 1 White
- 2 Mixed ethnic group
- 3 Black
- 4 Black British
- 5 Asian
- 6 Asian British
- 7 Any other group

**IF EthnicI = White THEN**

**EurCult**

What is your cultural background? Is it English, Irish, Scottish, Welsh, Other European, or any other cultural background? CODE ALL THAT APPLY.

- 1 English
- 2 Irish
- 3 Scottish
- 4 Welsh
- 5 Other European
- 6 Any other cultural background (specify)

**ELSEIF EthnicI = Mixed THEN****MixCult**

What is your cultural background? Is it White British and Black Caribbean, White British and Black African, White British and Asian, or any other cultural background?

CODE ALL THAT APPLY

- 1 White British and Black Caribbean
- 2 White British and Black African
- 3 White British and Asian
- 4 Any other cultural background (specify)

**ELSEIF EthnicI = Black or Black British THEN****BlaCult**

What is your cultural background? Is it Caribbean, African, or any other cultural background?

CODE ALL THAT APPLY

- 1 Caribbean
- 2 African
- 3 Any other cultural background (specify)

**ELSEIF EthnicI = Asian or Asian British THEN****IndCult**

What is your cultural background? Is it African-Indian, Indian, Pakistani, Bangladeshi, or any other cultural background? CODE ALL THAT APPLY.

- 1 African-Indian
- 2 Indian
- 3 Pakistani
- 4 Bangladeshi
- 5 Any other cultural background (specify)

**ELSEIF EthnicI = Other THEN****OthCult**

What is your cultural background? Is it Chinese, Japanese, Philippino, Vietnamese, or any other cultural background? CODE ALL THAT APPLY

- 1 Chinese
- 2 Japanese
- 3 Philippino
- 4 Vietnamese
- 5 Any other cultural background (specify)

**ENDIF**

**IF (EurCult=Other) OR (MixCult=Other) OR (BlaCult=Other) OR (IndCult=Other) OR (OthCult=Other) THEN****CulturO**

How would you describe your cultural background? WRITE IN.

Text: Maximum 60 characters

**ENDIF**

**IF Age of Respondent is 16+ THEN****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

**Qual**

SHOW CARD W.

Do you have any of the qualifications listed on this card? Please look down the whole list before telling me.

- 1 Yes
- 2 No

**IF Qual = Yes THEN****QualA**

Which of the qualifications on this card do you have? Just tell me the number written beside each one. RECORD ALL THAT APPLY. PROBE: Any others?

- 1 Degree/degree level qualification (including higher degree)
- 2 Teaching qualification
- 3 Nursing qualifications SRN, SCM, SEN, RGN, RM, RHV, Midwife
- 4 HNC/HND, BEC/TEC Higher, BTEC Higher/SCOTTECH Higher
- 5 ONC/OND/BEC/TEC/BTEC not higher
- 6 City and Guilds Full Technological Certificate
- 7 City and Guilds Advanced/Final Level
- 8 City and Guilds Craft/Ordinary Level
- 9 A-levels/Higher School Certificate
- 10 AS level
- 11 SLC/SCE/SUPE at Higher Grade or Certificate of Sixth Year Studies
- 12 O-level passes taken in 1975 or earlier
- 13 O-level passes taken after 1975 GRADES A-C
- 14 O-level passes taken after 1975 GRADES D-E
- 15 GCSE GRADES A-C
- 16 GCSE GRADES D-G
- 17 CSE GRADE 1/SCE BANDS A-C/Standard Grade LEVEL 1-3
- 18 CSE GRADES 2-5/SCE Ordinary BANDS D-E
- 19 CSE Ungraded
- 20 SLC Lower
- 21 SUPE Lower or Ordinary
- 22 School Certificate or Matric
- 23 NVQ Level 5
- 24 NVQ Level 4
- 25 NVQ Level 3/Advanced level GNVQ
- 26 NVQ Level 2/Intermediate level GNVQ
- 27 NVQ Level 1/Foundation level GNVQ
- 28 Recognised Trade Apprenticeship completed
- 29 Clerical or Commercial Qualification (e.g. typing/book-keeping/commerce)

**ENDIF**

**IF NOT (Degree IN QualA) THEN**

**OthQual**

Do you have any qualifications not listed on this card?

- 1 Yes
- 2 No

**IF OthQual = Yes THEN**

**QualB**

What qualifications are these?

RECORD ALL OTHER QUALIFICATIONS IN FULL. PROBE: Any others?

Text: maximum 60 characters

**ENDIF**

**ENDIF**

**ENDIF**

## Self-completion placement (Aged 8+)

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### IF Age of Respondent is 13 years or over THEN

#### SCIntro

PREPARE (*GREEN/PINK/BLUE*) SELF-COMPLETION BOOKLET (FOR ADULTS /FOR YOUNG ADULTS/FOR CHILDREN AGED 13-15) BY ENTERING SERIAL NUMBERS. CHECK YOU HAVE CORRECT PERSON NUMBER.

### ELSEIF Age of respondent is 8 to 12 years THEN

#### SCIntCh

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

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

### ENDIF

### IF Age of Respondent is 13 years or over THEN

**IF Age of Respondent is under 65 years AND Never drinks OR drinks once a year or less THEN**

#### PagEx

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

### ENDIF

#### SComp2

I would now like you to answer some questions by completing this booklet on your own. The questions cover (*smoking, (and) drinking (and some about your) general health*). EXPLAIN HOW TO COMPLETE BOOKLET. REMEMBER TO USE A **BLACK** PEN.

### ENDIF

#### SCCheck

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

### IF Age of respondent is 8 years or over THEN

#### SComp3

INTERVIEWER CHECK: WAS THE (*GREEN/PINK/BLUE/YELLOW*) BOOKLET (*ADULTS/YOUNG ADULTS/13-15/8-12*) COMPLETED?

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

### IF SComp3 =Fully completed OR Partially completed THEN

#### SC3Acc

Was it completed without assistance?

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

- 4 Assistance from interviewer
- 5 Interviewer administered

**ENDIF**

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

**SComp6**

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

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

**IF SComp6=Other THEN**

**SComp6O**

PLEASE SPECIFY OTHER REASON.

Text:Maximum 60 characters

**ENDIF**

**ENDIF**

**IF SComp3 = Fully completed OR Partially completed THEN**

**SComp5A**

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

CODE ALL THAT APPLY.

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

**ENDIF**

**ENDIF**

## Measurements

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### ASK ALL

#### Intro

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

#### RespHts

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

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

#### IF RespHts = Height measured THEN

##### Height

ENTER HEIGHT.

Range: 60.0..244.0

##### RelHite

INTERVIEWER CODE ONE ONLY

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

#### IF RelHite = Unreliable THEN

##### HiNRel

WHAT CAUSED THE HEIGHT MEASUREMENT TO BE UNRELIABLE?

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

#### IF HiNRel = Other THEN

##### OHiNRel

PLEASE SPECIFY WHAT CAUSED UNRELIABLE HEIGHT MEASUREMENT.

Text: Maximum 49 characters

#### ENDIF

### ENDIF

#### MBookHt

INTERVIEWER: CHECK HEIGHT RECORDED ON MEASUREMENT RECORD CARD.

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

**ELSEIF RespHts = Height refused THEN****ResNHt**

GIVE REASONS FOR REFUSAL.

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

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

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

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

**IF OTHER IN NoHtBC THEN****NoHitCO**

PLEASE SPECIFY OTHER REASON

Text: Maximum 60 characters

**ENDIF****ENDIF****IF RespHts = Height refused, Height attempted, not obtained OR Height not attempted THEN****EHtCh**INTERVIEWER: ASK (*respondent*) FOR AN ESTIMATED HEIGHT. WILL IT BE GIVEN IN METRES OR IN FEET AND INCHES?

IF RESPONDENT DOESN'T KNOW HEIGHT USE &lt;CTRL+K&gt;.

IF RESPONDENT ISN'T WILLING TO GIVE HEIGHT USE &lt;CTRL+R&gt;.

- 1 Metres
- 2 Feet and inches

**IF EHtCh = Metres****EHtM**

PLEASE RECORD ESTIMATED HEIGHT IN METRES.

Range: 0.01..2.44

**ELSEIF EHtCh = Feet and inches****EHtFt**

PLEASE RECORD ESTIMATED HEIGHT. ENTER FEET.

Range: 0..7

**EHtIn**

PLEASE RECORD ESTIMATED HEIGHT. ENTER INCHES.

Range: 0..11

**ENDIF**

**ENDIF****EstHt****Computed: Final measured or estimated height (cm).****Range: 0.0.....999.9****IF (Sex = Female) AND (Age of Respondent is 16 to 49) THEN****PregNowB**

May I check, are you pregnant now?

- 1 Yes
- 2 No

**ENDIF****IF PregNowB<> Yes THEN****RespWts**

MEASURE WEIGHT AND CODE. (INTERVIEWER: IF RESPONDENT WEIGHS MORE THAN 130KG (20 ½ STONES) DO NOT WEIGH. CODE AS 'WEIGHT NOT 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 2-5 years: Weight obtained (child held by adult)/ If Age over 5 years: DO NOT USE THIS CODE
- 1 Weight obtained (subject on own)
- 2 Weight refused
- 3 Weight attempted, not obtained
- 4 Weight not attempted

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

RECORD WEIGHT.

Range: 10.0..130.0

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

ENTER WEIGHT OF ADULT ON HIS/HER OWN.

Range: 15.0..130.0

**WtChAd**

ENTER WEIGHT OF ADULT HOLDING CHILD.

Range: 15.0..130.0

**ENDIF****Weight****Computed: Measured weight, either Weight or WtChAd - WtAdult****Range: 0.0..140.0****FloorC**

SCALES PLACED ON?

- 1 Uneven floor
- 2 Carpet
- 3 Neither

**RelWaitB**

INTERVIEWER CODE ONE ONLY.

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

**MBookWt**

INTERVIEWER: CHECK WEIGHT RECORDED ON MEASUREMENT RECORD CARD.  
WEIGHT: (x) kg OR (x) stones (x) pounds. IF WEIGHT LOOKS WRONG, GO BACK TO  
XWeight' AND REWEIGH.

**ENDIF**

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

**IF RespWts = Weight refused THEN**

**ResNWt**

GIVE REASONS FOR REFUSAL.

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

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

**NoWtBC**

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

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

**IF NoWtBC = Other THEN**

**NoWatCO**

PLEASE SPECIFY OTHER REASON.

Text: Maximum 60 characters

**ENDIF****ENDIF**

**EWtCh**

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

- 1 Kilograms
- 2 Stones and pounds

**ENDIF****ENDIF****IF EWtCh = kg****EWtkg**

PLEASE RECORD ESTIMATED WEIGHT IN KILOGRAMS.

Range: 1.0..210.0

**ELSEIF EWtCh = StnPnd****EWtSt**

PLEASE RECORD ESTIMATED WEIGHT. ENTER STONES.

Range: 1..32

**EWtL**

PLEASE RECORD ESTIMATED WEIGHT. ENTER POUNDS.

Range: 0..13

**ENDIF****EstWt**

**Computed: Final measured or estimated weight (kg).**

**Range: 0.0....999.9**

**IF RESPONDENT IS MOTHER OF CHILD IN HOUSEHOLD THEN****Birth[1]**

We are interested in the birthweight of children taking part in this survey. Can you tell me, what was (*name of child's*) weight at birth?

INTERVIEWER: IS WEIGHT GIVEN IN KILOGRAMS OR IN POUNDS AND OUNCES? :

- 1 Kilograms
- 2 Pounds and ounces

**IF Birth[1] = Kilograms THEN****Birthkg[1]**

PLEASE RECORD (*name of child's*) BIRTHWEIGHT IN KILOGRAMS.

Range: 1.00..6.75

**ELSEIF Birth[1] = Pounds and ounces THEN****BirthL[1]**

PLEASE RECORD (*name of child's*) BIRTHWEIGHT. ENTER POUNDS.

Range: 2..15

**BirthO[1]**

PLEASE RECORD (*name of child's*) BIRTHWEIGHT. ENTER OUNCES.

Range: 0..15

**ENDIF**

**BirthWt****Computed: Given birthweight (kg)****Range: 0.00...8.70****IF BirthWt[1] = between 0.1kg and 2.5kg THEN****Prmature[1]**W as (*name of child*) born prematurely?

1 Yes

2 No

**IF Prmature[1] = Yes THEN****PrWeeks[1]**How many weeks early was (*name of child*) born?

ENTER NUMBER OF WEEKS, ROUNDED TO NEAREST WEEK. IF LESS THAN FOUR DAYS, ENTER '0'.

Range: 0..20

**ENDIF****ENDIF****ENDIF*****Birth to PRWeeks repeated for each child of respondent.***

## Consents

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### IF Age of respondent < 16 AND No legal parent in household THEN

#### NurseA

In order for the nurse to take any of your measurements we have to have the permission of your parents or the person who has legal parental responsibility. As there is no-one in your household who I can ask, I won't be making an appointment for you.

- 1 Continue

### ELSE (All other respondents)

#### Nurse

There are two parts to this survey. You have just helped us with the first part. We hope you will also help us with the second part, which is a visit by a qualified nurse to collect more medical information and carry out some measurements. I would like to make an appointment for the nurse to come round and explain some more about what is required. May I suggest some dates and times and see when you are free? IF ASKED FOR DETAILS: for example, *to take a length measurement/to check if he/she is taking any medications and take a saliva sample/to take his/her blood pressure and measure his/her lung capacity/to make some general measurements, take your blood pressure, measure your lung capacity and take a small blood sample.*

- 1 Agreed nurse could contact
- 2 Refused nurse contact

### IF Nurse = Refused nurse contact THEN

#### NurseRef

RECORD REASON WHY RESPONDENT REFUSED NURSE CONTACT. CODE BELOW AND RECORD AT Q 15 ON A.R.F

- 1 Own doctor already has information
- 2 Given enough time already to this survey/ expecting too much
- 3 Too busy, cannot spare the time (if Code 1 does not apply)
- 4 Had enough of medical tests/medical profession at present time
- 5 Worried about what nurse may find out/'might tempt fate'
- 6 Scared/of medical profession/ particular medical procedures (eg blood sample)
- 7 Not interested/Can't be bothered/No particular reason
- 8 Other reason (specify)

### IF NurseRef=Other reason THEN

#### NrsRefO

PLEASE SPECIFY OTHER REASON FOR REFUSAL. CODE BELOW AND RECORD AT Q 15 ON A.R.F.

Text: Maximum 60 characters

### ENDIF

### ELSEIF Nurse=Agreed nurse contact THEN

#### AptRec

MAKE OUT A **WHITE** RECORD CARD

ENTER THE NURSE'S NAME, APPOINTMENT DATE AND TIME.

- 1 Continue

### ENDIF

### ENDIF

### ENDIF

**ASK ALL****NHSCR**

The National Health Service has a central register which records information on important diseases and causes of death. May we have your permission to pass your name, address, and date of birth to this register?

- 1 Permission given
- 2 Refused

**IF NHSCR = Permission given THEN****NHSCR<sub>sig</sub>**

EXPLAIN THE NEED FOR WRITTEN CONSENT: Before I can pass your details on, I have to obtain written consent from you.

ENTER DETAILS ON **NHS CENTRAL REGISTER CONSENT FORM**.

ASK RESPONDENT TO SIGN AND DATE FORM.

CODE WHETHER SIGNED CONSENT OBTAINED.

- 1 Yes, signed consent obtained
- 2 No, signed consent not obtained

**ENDIF****Thank**

That is the end of the interview. Thank you for your help. I do however need to collect a little more information for our records.

- 1 Continue

**TPhone**

Some interviews in a survey are checked to make sure that people like yourself are satisfied with the way the interview was carried out. Just in case yours is one of the interviews that is checked, it would be helpful if we could have your telephone number.

INTERVIEWER: IF GIVEN, ENTER TELEPHONE NUMBER ON FRONT OF ARF.

- 1 Number given
- 2 Number refused
- 3 No telephone
- 4 Number unknown

**ReInter**

If at some future date we wanted to talk to you further about your health, may we contact you to see if you are willing to help us again?

- 1 Yes
- 2 No

**IF (RespHts = Yes) OR (RespWts = Yes) THEN****StadNo**

INTERVIEWER- PLEASE RECORD SERIAL NUMBER OF STADIOMETER USED FOR THIS INTERVIEW

Range 0....997

**ScI<sub>No</sub>**

INTERVIEWER- PLEASE RECORD SERIAL NUMBER OF SCALES USED FOR THIS INTERVIEW.

Range 0....997

**ENDIF**

## Area observations

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### COMPLETED BY INTERVIEWER OBSERVATION:

#### AreaType

TYPE OF AREA:

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

#### BldType

PREDOMINANT RESIDENTIAL BUILDING TYPE:

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

#### TypDwell

HOUSEHOLD DWELLING TYPE :

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

**IF TypDwell=Other THEN**

#### TypDwOth

PLEASE SPECIFY OTHER DWELLING TYPE.

STRING - 40 characters

**ENDIF**

#### EthMix

ETHNIC MIX OF AREA:

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