The Health Survey for England 2007

Program Documentation

Household Questionnaire

Point
SAMPLE POINT NUMBER.
Range: 1..997

Address
ADDRESS NUMBER.
Range: 1..97

Hhold
HOUSEHOLD NUMBER.
Range: 1..9

AdrField
PLEASE ENTER THE FIRST TEN CHARACTERS OF THE FIRST LINE OF THE ADDRESS TAKEN FROM A.R.F. ADDRESS LABEL. MAKE SURE TO TYPE IT EXACTLY AS IT IS PRINTED.
Text: Maximum 10 characters

First
INTERVIEWER FOR INFORMATION…….You are in the Questionnaire for
Point no: (Point number)
Address no: (Address number)
Household no: (Household number)

IntDate
PLEASE ENTER THE DATE OF THIS INTERVIEW. ENTER DAY OF MONTH IN NUMBERS, NAME OF MONTH IN WORDS (FIRST THREE LETTERS), YEAR IN NUMBERS, EG. 2 Jan 98.

WhoHere
INTERVIEWER: COLLECT THE NAMES OF THE PEOPLE IN THIS HOUSEHOLD.
  1 Continue

IF First person in household OR More=Yes THEN
  Name
  What is the name of person number (1-12)?
  ENTER PERSON’S FORENAME

  More
  Is there anyone else in this household?
    1 Yes
    2 No
ENDIF
(Name and More repeated for up to 12 household members)

**HHSize**  
*Derived household size.*  
*Range: 1..12*

**SizeConf**  
So, can I check, altogether there are *(x) number from HHSize* people in your household?  
1  Yes  
2  No, more than *(x)*  
3  No, less than *(x)*

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

**Person**  
*Person number in Household Grid*  
*Range: 1..12*

**Name**  
*First name from WhoHere*

**Sex**  
INTERVIEWER: CODE *(name of respondent’s) SEX.*  
1  Male  
2  Female

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

Enter Day of month in numbers, Name of month in words (first three letters), Year in numbers,  
Eg. 2 Jan 1972.

**AgeOf**  
Can I check, what was *(name of respondent’s) age last birthday?*  
*Range: 0..120*

**IF AgeOf = NONRESPONSE THEN**  
**AgeEst**  
INTERVIEWER CODE: ASK IF NECESSARY *(are you / is he/she) AGED UNDER 2 YEARS, AT LEAST 2 UP TO 15 YEARS, OR 16 YEARS OR OLDER?*  
IF NOT KNOWN, TRY TO GET BEST ESTIMATE.  
1  Under 2 years  
2  2 to 15 years  
3  16 to 64 years  
4  65 and over  
**ENDIF**
IF (AgeOf >=16) OR (AgeEst = 16 years or older) THEN
  Marital
  Are you (is he/she)
  ASK OR RECORD. CODE FIRST THAT APPLIES.
  1 ...single, that is never married,
  2 married and living with (husband/wife),
  3 civil partner in a legally recognised Civil Partnership
  4 married and separated from (husband/wife),
  5 divorced,
  6 or, widowed?
  7 formerly in a legally recognised civil partnership and separated from civil partner
  8 formerly in a legally recognised civil partnership and civil partnership is now legally dissolved
  9 a surviving civil partner (his/her partner has since died)
ENDIF
ENDIF
IF AgeOf = 16 - 17 THEN
  LegPar
  Can I check, do either of (name of respondent’s) parents, or someone who has legal parental responsibility for him/her, live in this household?
  1 Yes
  2 No
ENDIF
IF (AgeOf = 0 - 15) AND (AgeOf = Response) OR (LegPar = Yes) OR (AgeEst = Under 2 years or 2 to 15 years) THEN
  Par1
  Which of the people in this household are (name of respondent’s) parents or have legal parental responsibility for him/her on a permanent basis?
  CODE FIRST PERSON AT THIS QUESTION. IF Not a household member/dead, CODE 97
  Range: 1…97
ENDIF
IF Par1 = 1..12 THEN
  Par2
  Which other person in this household is (name of respondent’s) parent or have legal parental responsibility for him/her on a permanent basis?
  CODE SECOND PERSON AT THIS QUESTION. IF no-one else in the household, CODE 97.
  Range: 1…97
Nat1Par
SHOW CARD B
From this card please tell me what is the relationship of (name of respondent) to (name of parent/legal guardian) [Par1] Just tell me the number beside the answer that applies to (name of respondent) and (name of parent/legal guardian).

IF (Par2 IN 1..12) THEN
Nat2Par
SHOW CARD B
From this card please tell me the relationship of (name of respondent) to (Just tell me the number beside the answer that applies to (name of respondent).

Person to Nat2Par repeated for up to 12 members of the HH

ENDIF
ENDIF
ENDIF

RELATIONSHIP BETWEEN HOUSEHOLD MEMBERS COLLECTED FOR ALL

IF Person > 1 THEN
R
SHOW CARD A
What is (name of respondent’s) relationship to (name)? Just tell me the number on this card.
ARRAY [1..12]
1 husband/wife
2 partner/cohabitee
3 natural son/daughter
4 adopted son/daughter
5 foster child
6 stepson/daughter/child of partner
7 son/daughter-in-law
8 natural parent
9 adoptive parent
10 foster parent
11 stepparent/parent's partner
12 parent-in-law
13 natural brother/sister
14 half-brother/sister
15 step-brother/sister
16 adopted brother/sister
17 foster brother/sister
18 brother/sister-in-law
19 grandchild
20 grandparent
21 other relative
22 other non-relative
ASK ALL

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

IF HHldr <> empty THEN
IF HHSize > 1 THEN
HoHNum
INTERVIEWER: CODE PERSON NUMBER OF HEAD OF HOUSEHOLD, USING
STANDARD RULES.
(SEE INSTRUCTIONS OR HELP <F9>, THEN PRESS <Esc>.)
(List of household members displayed)
ENDIF
ENDIF

HHResp
INTERVIEWER CODE: WHO WAS THE PERSON RESPONSIBLE FOR ANSWERING THE
GRIDS IN THIS QUESTIONNAIRE?
(Codeframe of adult household members)
1-12 Person numbers of household members

IF More than one person coded at HHldr THEN
HiHNum
You have told me that (name) and (name) jointly own or rent the accommodation. Which of you
/who has the highest income (from earnings, benefits, pensions and any other sources)?
ENTER PERSON’S NUMBER – IF TWO PEOPLE HAVE THE SAME INCOME, ENTER 13
(Codeframe of joint householders)
1-12 Person numbers of household members
13 Two people have the same income
97 Don’t know

IF HiHNum=13 THEN
JntEldA
ENTER PERSON NUMBER OF THE ELDEST JOINT HOUSEHOLDER FROM THOSE
WITH THE HIGHEST INCOME.
ASK OR RECORD.
(Codeframe of joint householders)
1-12 Person numbers of household members
ENDIF
ELSEIF HiHNum=Don’t know or Refused
JntEldB
ENTER PERSON NUMBER OF THE ELDEST JOINT HOUSEHOLDER.
ASK OR RECORD.
(Codeframe of joint householders)
1-12 Person numbers of household members
ENDIF
ENDIF
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HRP
INTERVIEWER: THE HOUSEHOLD REFERENCE PERSON IS:
(Displays name of Household Reference Person)
PRESS <1> AND <Enter> TO CONTINUE.

HQResp
Status of person answering grids.
1 HoH
2 Spouse / partner of HoH
3 Other adult

DVHRPNum
Person number of Household Reference Person

Eligible
INTERVIEWER: FOR YOUR INFORMATION THE PERSONS IN THIS HOUSEHOLD ELIGIBLE FOR INDIVIDUAL INTERVIEW ARE:
(List of eligible respondents)

ASK ALL
Tenure1
SHOW CARD C
Now, I'd like to get some general information about your household. In which of these ways does your household occupy this accommodation? Please give an answer from this card.
1 Own it outright
2 Buying it with the help of a mortgage or loan
3 Pay part rent and part mortgage (shared ownership)
4 Rent it
5 Live here rent free (including rent free in relative's/friend's property; excluding squatting)
6 Squatting

IF Tenure1=Pay part rent/part mortgage OR Rent it OR Live here rent free THEN
JobAccom
Does the accommodation go with the job of anyone in the household?
1 Yes
2 No

LandLord
Who is your landlord?
READ OUT AND CODE FIRST THAT APPLIES.
1 ...the local authority/council/ New Town Development,
2 a housing association or co-operative or charitable trust,
3 employer (organisation) of a household member,
4 another organisation,
5 relative/friend (before you lived here) of a household member,
6 employer (individual) of a household member,
7 another individual private landlord?

Furn1
Is the accommodation provided...READ OUT...
1 ...furnished,
2 partly furnished (e.g. curtains and carpets only),
3 or, unfurnished?

ENDIF
ASK ALL

Bedrooms
How many bedrooms does your household have, including bedsitting rooms and spare bedrooms?
EXCLUDE BEDROOMS CONVERTED TO OTHER USES (e.g. bathroom). INCLUDE BEDROOMS TEMPORARILY USED FOR OTHER THINGS (e.g. study, playroom).
Range: 0..20
ENDIF

ASK ALL

PasSm
Does anyone smoke inside this (house/flat) on most days?
INTERVIEWER: INCLUDE NON-HOUSEHOLD MEMBERS WHO SMOKE IN THE HOUSE OR FLAT. EXCLUDE HOUSEHOLD MEMBERS WHO ONLY SMOKE OUTSIDE THE HOUSE OR FLAT.
1 Yes
2 No
IF PasSm = Yes THEN

NumSm
How many people smoke inside this (house/flat) on most days?
Range: 1..20
ENDIF

ASK ALL

Car
Is there a car or van normally available for use by you or any members of your household?
INCLUDE: ANY PROVIDED BY EMPLOYERS IF NORMALLY AVAILABLE FOR PRIVATE USE BY RESPONDENT OR MEMBERS OF HOUSEHOLD.
1 Yes
2 No
IF Car = Yes THEN

NumCars
How many are available?
1 One
2 Two
3 Three or more
ENDIF
IF HQResp = Head of Household OR Spouse/ partner of Head of household  

SrcInc  
Please look at SHOW CARD D.  
There has been a lot of talk about health and income. I would like to get some idea of your household’s income. This card shows various possible sources of income. Can you please tell me which kinds of income you (and your husband/wife/partner) receive?  
PROBE: FOR ALL SOURCES. CODE ALL THAT APPLY

1  Earnings from employment or self-employment  
2  State retirement pension  
3  Pension from former employer  
4  Personal Pensions  
5  Child Benefit  
6  Job-Seekers Allowance  
7  Pension Credit  
8  Income Support  
9  Working Tax Credit  
10  Child Tax Credit  
11  Housing Benefit  
12  Other state benefits  
13  Interest from savings and investments (e.g. stocks & shares)  
14  Other kinds of regular allowance from outside your household (e.g. maintenance, student's grants, rent)  
15  No source of income  

JntInc  
SHOW CARD E  
This card shows incomes in weekly, monthly and annual amounts. Which of the groups on this card represents (your/you and your husband/wife/partner’s combined) income from all these sources, before any deductions for income tax, National Insurance, etc? Just tell me the number beside the row that applies to (you/your joint incomes).  
ENTER BAND NUMBER. DON’T KNOW = 96, REFUSED = 97.  
Range:  1..31, 96, 97  

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

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

1  Yes  
2  No  

IF OthInc = Yes THEN  

HHInc  
SHOW CARD E  
Thinking of the income of your household as a whole, which of the groups on this card represents the total income of the whole household before deductions for income tax, National Insurance, etc.  
ENTER BAND NUMBER. DON’T KNOW = 96, REFUSED = 97.  
Range:  1..31, 96, 97  

ENDIF  
ENDIF  
ENDIF
EMPLOYMENT DETAILS OF HOUSEHOLD REFERENCE PERSON COLLECTED

NHActiv
SHOW CARD F
Which of these descriptions applies to what you/name (Household Reference Person) 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-employed (or temporarily away)
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 MAX 28 DAYS)
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 home or family
11. Doing something else (SPECIFY)

IF NHActiv=Doing something else then
NHActivO
OTHER: PLEASE SPECIFY.

Text: Maximum 60 characters

ENDIF

IF NHActiv=Going to school or college full-time then
HStWork
Did you/name (Household Reference Person) 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 (NHActiv = Intending to look for work but prevented by temporary sickness or injury, Retired from paid work, Looking after the home or family or Doing something else) OR (HstWork=No) AND (Household Reference Person aged under 65 (men)/60 (women)) then
H4WkLook
Thinking now of the 4 weeks ending (date last Sunday), were you/name (Household Reference Person) looking for any paid work or Government training scheme at any time in those four weeks?

1. Yes
2. No

ENDIF

IF NHActiv=(Looking for paid work or a government training scheme) OR H4WkLook = Yes then
H2WkStrt
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/name (Household Reference Person) have been able to start within two weeks?

1. Yes
2. No

ENDIF
IF NHActiv = (Looking for work or a government training scheme . . . Doing something else) OR (HStWork = No) THEN

HEverJob
Have you/name (Household Reference Person) ever been in paid employment or self-employed?
1 Yes
2 No
ENDIF

IF NHActiv = Waiting to take up paid employment already obtained THEN

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

IF NHActiv = (Waiting to take up paid work OR Looking for work) OR (H4WkLook = Yes) THEN

HHowLong
How long have you been looking for paid work/a place in a government scheme?
1 Not yet started
2 Less than 1 month
3 1 month but less than 3 months
4 3 months but less than 6 months
5 6 months but less than 12 months
6 12 months or more.
ENDIF

IF HEverJob = Yes THEN

HPayLast
Which year did you/name (Household Reference Person) your/his/her leave last paid job?
WRITE IN.
Numeric: 1920..2999 Decimals: 0

IF HPayLast <= 8 years ago THEN

HPayMon
Which month in that year did you/he/she leave?
1 January
2 February
3 March
4 April
5 May
6 June
7 July
8 August
9 September
10 October
11 November
12 December
13 Can't remember
ENDIF
ENDIF
ENDIF
IF (HEverJob = Yes) OR (NHActiv = In paid employment or self-employment .. Waiting to take up a job already obtained) OR (HstWork = Yes) THEN

HJobTitl
I’d like to ask you some details about the job you were doing last week/your most recent job/the main job you had/the job you are waiting to take up. What is/was/will be the name or title of the job?
   Text: Maximum 60 characters

HFtPtime
Were/Are/Will you/name (Household Reference Person) be working full-time or part-time?
(FULL-TIME = MORE THAN 30 HOURS, PART-TIME = 30 HOURS OR LESS)
   1 Full-time
   2 Part-time

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

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

HSkilNee
What skills or qualifications are/were needed for the job?
   Text: Maximum 120 characters

HEmploye
Were/Are/Will you/name (Household Reference Person) be…READ OUT…
   1 an employee
   2 or, self-employed?
IF IN DOUBT, CHECK HOW THIS EMPLOYMENT IS TREATED FOR TAX & NI PURPOSES.

IF HEmploye = self employed THEN
   HDirctr
   Can I just check, in this job are/were/will you/name (Household Reference Person) be a Director of a limited company?
       1 Yes
       2 No
ENDIF

IF (HEmploye = Employee) OR (HDirctr = Yes) THEN
   HEmpStat
   Are/Were/Will you/name (Household Reference Person) be a ...READ OUT...
       1 manager
       2 foreman or supervisor
       3 or other employee?

HNEmplee
Including yourself/name (Household Reference Person), about how many people are/were/will be employed at the place where you/name usually work(s)/(usually worked/will work)?
   1 1 or 2
   2 3-24
   3 25-499
   4 500+
ELSEIF (HEmploye = SelfEmp) AND (HDirctr = No) THEN

HSNEmple

Do/Did/Will you/name (Household Reference Person) have any employees?

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

ENDIF

IF HEmploye = Employee THEN

HInd

What does/did your/his/her employer make or do at the place where you/name (Household Reference Person) (usually work/usually worked/will work)?

Text: Maximum 100 characters

ELSEIF HEmploye = Self Employed THEN

HSlfWtMa

What do/did/will you/name (Household Reference Person) make or do in your business?

Text: Maximum 100 characters

ENDIF

ENDIF

ASK ALL

HRPOcc

INTERVIEWER: DID (Household Reference Person) ANSWER THE OCCUPATION QUESTIONS HIM/HERSELF?

1 Yes
2 No

NofAd
Number of adults
Range: 0..12

NofCh
Number of children
Range: 0..12

NOfInf
Number of infants
Range: 0..12
Introduction

ALL

IlntDate
PLEASE ENTER THE DATE OF THIS INTERVIEWER. ENTER DAY OF MONTH IN NUMBERS, NAME OF MONTH IN WORDS (FIRST THREE LETTERS), YEAR IN NUMBERS E, e.g. 2 Jan 1998.

PersDisp
INTERVIEWER FOR YOUR INFORMATION…the person(s) allocated to this session are:
(list all allocated respondents)

IF AgeP=0-12 THEN
    AdResp
    WHO IS ANSWERING ON BEHALF OF (name of selected child <13)?
ENDIF
General health

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
IF LongIll = Yes THEN
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
Diabetes

ASK ALL AGED 0-15 YEARS

IntCDia
You have told me about (name of child) general health. I would now like to go and talk about (his/her) health in more detail.

INTERVIEWER: IF YOU HAVE ALREADY BEEN TOLD THAT (NAME OF CHILD) HAS DIABETES, CODE 1 TO CONTINUE, OTHERWISE CODE 2.
   1 Already been told that respondent has diabetes.
   2 Have not been told that respondent has diabetes.

IF IntCDia = Already been told that respondent has diabetes THEN

DiabLong
You told me earlier that (name of child) has diabetes. Did a doctor tell you that (he/she) has diabetes?
   1 Yes
   2 No
ENDIF
ELSEIF

CDiab
Does (name of child) now have, or has (he/she) ever had diabetes?
   1 Yes
   2 No
ENDIF
ENDIF

IF CDiab = Yes THEN

Diabetes
Were you told by a doctor that (name of child) had diabetes?
   1 Yes
   2 No
ENDIF

IF DiabLong = Yes OR Diabetes = Yes THEN

DiAge
Approximately how old was (your child) when you were first told by a doctor that they had diabetes?
   ENTER AGE IN YEARS.
ENDIF

Insulin
Does (name of child) currently inject insulin for diabetes?
   1 Yes
   2 No

DiMed
Is (name of child) currently taking any medicines, tablets or pills (other than insulin injections) for diabetes?
   1 Yes
   2 No
OthDi
Is (name of child) currently receiving any (other) treatment or advice for diabetes?
INTERVIEWER: INCLUDE REGULAR CHECKUPS.
   1  Yes
   2  No

IF OthDi = Yes THEN
OtherDi
What (other) treatment or advice is (name of child) currently receiving for diabetes?
INTERVIEWER: PROBE: what else?
CODE ALL THAT APPLY.
   1  Special diet
   2  Regular check-up with GP/hospital/clinic
   3  Other
ENDIF

IF OtherDi = Other
   WhatDSP
   PLEASE SPECIFY.
   Text: Maximum 50 characters
   ENDIF
ENDIF
ENDIF
ENDIF
Fractures

ASK ALL

FracYr
Now some questions about fractured or broken bones. In the last 12 months have you fractured or broken a bone? INTERVIEWER: INCLUDE BONES THAT WERE CHIPPED.

1 Yes
2 No

IF FracYr = Yes THEN

FYrNo
How many times in the last 12 months have you fractured or broken a bone - if you fractured more than one bone in the same incident, please count this as one time?*

Range: 1..50

FOR Idx: = 1 TO 10 DO

IF (Idx <= FYrNo) THEN should we translate this to say if fyrno=1 to 10 do

FyrWh
SHOW CARD G
Thinking about the most recent time you fractured or broke a bone/Now thinking about the time before that - which bone or bones did you fracture or break on that occasion? Please call out the names from this card.

PROBE: What others? CODE ALL THAT APPLY.

1 Shoulder (Scapula)
2 Upper arm (Humerus)
3 Elbow
4 Lower arm (Radius/Ulna)
5 Wrist
6 Hand, fingers or thumb
7 Knee
8 Ankle, foot and toes
9 Lower leg (Tibia/Fibula)
10 Upper leg (Femur)
11 Hip joint (Neck of femur)
12 Pelvis
13 Spine
14 Ribs
15 Collar (Clavicle)
16 Jaw
17 Nose
18 Face
19 Skull
20 Neck
21 Other bone

IF FyrWh = Other

FYrWhO
What was the name of the other bone that you fractured/broke?

Text: Maximum 50 characters

ENDIF
IF FYrWh = Shoulder OR Upper arm OR Lower arm OR Wrist OR Hand THEN
FArm
You said that you broke a bone or bones in your shoulder, arm, wrist or hand. SHOW CARD H
Looking at this card can you tell me which part of the bone or the name of the bone you fractured/broke? CODE ALL THAT APPLY.
1  Shoulder (Scapula)
2  Upper arm - upper end/neck
3  Upper arm - middle/shaft
4  Upper arm - lower end/above elbow
5  Elbow
6  Lower arm - upper end/below elbow
7  Lower arm - middle/shaft
8  Lower arm - at the wrist (Colles fracture)
9  Hand - at the wrist (carpals)
10 Hand (metacarpals)
11 Finger(s)/thumb (phalanges)
ENDIF

IF FYrWh = Knee OR Ankle OR Lower leg OR Upper leg OR Hip joint THEN
FLeg
You said that you broke a bone or bones in your hip, leg, knee or foot. SHOW CARD I
Looking at this card, can you tell me which part of the bone or the name of the bone you fractured/broke? CODE ALL THAT APPLY.
1  Hip joint - neck of femur
2  Upper leg - middle/shaft
3  Upper leg - lower end/above knee
4  Knee (patella)
5  Lower leg - upper end/above knee
6  Lower leg - middle/shaft
7  Lower leg - lower end/at the ankle
8  Foot - at the ankle (tarsals)
9  Foot (metatarsals)
10 Toes (phalanges)
ENDIF

FYrHs
And on that occasion, were you...
INTERVIEWER: READ OUT EACH IN TURN AND CODE ALL THAT APPLY.
1 ...admitted to hospital for one night or more because of the break or fracture?
2 ...seen in an A & E department or hospital outpatient department?
3 ...or given treatment elsewhere for the break or fracture?
4 (None of these)
ENDIF
ASK ALL

FEvr
Still thinking about fractures and broken bones, apart from the ones you have already told us about have you ever broken or fractured (a bone/any other bones)?
INTERVIEWER: INCLUDE BONES THAT WERE CHIPPED

1 Yes
2 No

IF FEvr=Yes THEN

FEvWh
SHOW CARD G.
Which bone or bones have you ever fractured or broken? Please call out the names from this card.
PROBE: What others? CODE ALL THAT APPLY.
1 Shoulder (Scapula)
2 Upper arm (Humerus)
3 Elbow
4 Lower arm (Radius/Ulna)
5 Wrist
6 Hand, fingers or thumb
7 Knee
8 Ankle, foot and toes
9 Lower leg (Tibia/Fibula)
10 Upper leg (Femur)
11 Hip joint (Neck of femur)
12 Pelvis
13 Spine
14 Ribs
15 Collar (Clavicle)
16 Jaw
17 Nose
18 Face
19 Skull
20 Neck,
21 Other bone

ENDIF

IF FEvWh = Other

FEOth
What was the name of the other bone that you fractured/broke?
Text: Maximum 50 characters

ENDIF
The Health Survey for England 2007 - Individual Questionnaire

Fractures

IF FEvWh = Shoulder OR Upper arm OR Lower arm OR Wrist OR Hand THEN

**FEArm**
You said that you broke a bone or bones in your shoulder, arm, wrist or hand.

SHOW CARD H
Looking at this card can you tell me which part of the bone or the name of the bone you fractured/broke?
CODE ALL THAT APPLY.

1  Shoulder (Scapula)
2  Upper arm - upper end/neck
3  Upper arm - middle/shaft
4  Upper arm - lower end/above elbow
5  Elbow
6  Lower arm - upper end/below elbow
7  Lower arm - middle/shaft
8  Lower arm - at the wrist (Colles fracture)
9  Hand - at the wrist (carpals)
10 Hand (metacarpals)
11 Finger(s)/thumb (phalanges)

ENDIF

IF FEvWh = Knee OR Ankle OR Lower leg OR Upper leg OR Hip joint THEN

**FELeg**
You said that you broke a bone or bones in your hip, leg, knee or foot.

SHOW CARD I
Looking at this card, can you tell me which part of the bone or the name of the bone you fractured/broke?
CODE ALL THAT APPLY.

1  Hip joint - neck of femur
2  Upper leg - middle/shaft
3  Upper leg - lower end/above knee
4  Knee (patella)
5  Lower leg - upper end/below knee
6  Lower leg - middle/shaft
7  Lower leg - lower end/at the ankle
8  Foot - at the ankle (tarsals)
9  Foot (metatarsals)
10 Toes (phalanges)

ENDIF

IF FEvWh = Pelvis, Spine, Ribs, Collar (Clavicle), Jaw, Nose, a bone in your face, Skull, Neck, (other bone) THEN

**FEGenNo**
How many times have you fractured/broken your (Pelvis, Spine, Ribs, Collar (Clavicle), Jaw, Nose, a bone in your face, Skull, Neck, (other bone))?
ARRAY [12..21]
Range: 1-20

ENDIF
IF FEArm = Response
    FEArmNo
    How many times have you fractured/broken your (Shoulder (Scapula), Upper arm - upper end/neck, Upper arm - middle/shaft, Upper arm - lower end/above elbow, Elbow, Lower arm - upper end/below elbow, Lower arm - middle/shaft, Lower arm - at the wrist (Colles fracture), Hand - at the wrist (carpals), Hand (metacarpals), Finger(s)/thumb (phalanges))?
    ARRAY [1..11]
    Range: 1..20
ENDIF
ENDIF
ENDIF

IF FELeg = Response
    FELegNo
    How many times have you fractured/broken your (Hip joint - neck of femur, Upper leg - middle/shaft, Upper leg - lower end/above knee, Knee (patella), Lower leg - upper end/below knee, Lower leg - middle/shaft, Lower leg - lower end/at the ankle, Foot - at the ankle (tarsals), Foot (metatarsals), Toes (phalanges))?
    ARRAY [1..10]
    Range: 1..20
ENDIF
ENDIF
ENDIF

IF respondent’s age <=30 THEN
    OrigHt
    We are interested in the link between height and age. Can you tell me, what was your height at age 25? Please give me a rough estimate if you don’t know exactly.
    INTERVIEWER: Is height given in feet and inches or in centimetres?
    If height at age 20 not known use <Ctrl K>, if refused use <Ctrl R>
    1 Centimetres
    2 Feet and inches
    IF OrigHt = 1 (metres) THEN
        Ht25cm
        INTERVIEWER: Please record (respondent’s name) estimated height at age 25 in centimetres. If height is given in metres, please convert to centimetres eg. 1.72m = 172 cm
        Range: 0.01..2.44
    ENDIF
    IF OrigHt = 2 (feet and inches) THEN
        Ht25Ft
        INTERVIEWER: Please record (respondent’s name) estimated height at age 25 in feet.
        Range: 0..7
    Ht25Inch
    INTERVIEWER: Please record (respondent’s name) estimated height at age 25 in inches
    Range: 0..11
    ENDIF
**OrigHt25**
Final measured or estimated height (cm), to be fed into household admin, only visible in test version
  Range: 0.00..999.9

**IF OrigHt25 = 0.0..999.9 THEN**

**Ht25Est**
Is your answer an exact figure or estimate?
INTERVIWER: PLEASE CODE ONE ONLY
  1  Exact figure after checking a written record
  2  Exact figure from memory
  3  Estimate from memory
  4  Gave current height because assume height at age 25 was the same
  5  Other

**ENDIF**

**ENDIF**
Fruit and vegetable consumption

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. First I’d like to ask you some questions about the amount of fruit and vegetables you have eaten

1 Continue

VegSal
Did you eat any salad yesterday? Don't count potato, pasta or rice salad or salad in a sandwich.

INTERVIEWER: SALADS MADE MAINLY FROM BEANS CAN EITHER BE INCLUDED HERE OR AT THE NEXT QUESTION.

1 Yes
2 No

IF VegSal = Yes THEN

VegSalQ
How many cereal 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

SHOWCARD J

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

SHOWARD J

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**

SHOWCARD J

_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 THE FRESH FRUIT SIZE LIST IN THE CODING BOOKLET 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
ENDDO
ENDDO

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
    FrtDryQ
    SHOWCARD J
    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
    FrtFrozQ
    SHOWCARD J
    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

FrtDish
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 FrtDish = Yes THEN
    FrtDishQ
    SHOWCARD J
    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

FrtUsual
Compared with the amount of fruit and fruit juice you usually eat and drink, would you say that yesterday you ate and drank...
...READ OUT...
1  less than usual,
2  more than usual,
3  or about the same as usual?
ENDIF
Eating Habits

ASK ALL AGED 2-15

EatIntr
Now I would like to ask some questions about the different types of food you eat.

BreadA
What kind of bread do you usually eat? Is it...READ OUT...CODE ONE ONLY
  1 White (incl chollah)
  2 Brown - granary, wheatmeal, (incl wheatgerm, softgrain, rye, german)
  3 Whole (incl highbran)
  4 Other
  5 Does not have a usual type
  6 Does not eat any type of bread

IF BreadA=Other THEN
  Obread
  Please specify other kind of bread
  Text: Maximum 20 characters

BreadQua
How many rolls or pieces of bread do you eat each day, on average? Is it...
  1 Less than 1 a day
  2 1 or 2 a day
  3 3 or 4 a day
  4 4 or 5 or more a day?

Nsprad
What type of margarine, butter or other spread do you usually use, for example on bread, sandwiches, toast, potatoes or vegetables?
CODE ONE ONLY. REFER TO CODING LIST FOR BUTTER/MARGARINE IN YOUR CODING BOOKLET.
  1 Butter or margarine
  2 Low fat spread or reduced fat spread, or half-fat butter
  3 Spread not on coding list
  SPONTANEOUS:
  4 Does not have usual type
  5 Does not use fat spread

IF NSprad = Other THEN
  OthSprd
  INTERVIEWER- SPECIFY NAME OF SPREAD.
  Text: Maximum 40 characters
ENDIF

IF NSprad = Butter, low fat, not on list, no type THEN
  SprdQua
  How many pats or rounded teaspoons of margarine, butter or other spread do you use each day on average, for example on bread, sandwiches, toast, potatoes or vegetables?
  Range: 0...99
ENDIF
FatQ
When you eat fried foods, what kind of fat or oil are the foods usually cooked in?
CODE ONE ONLY. Is it …READ OUT…
1 butter, ghee, lard, suet or other solid cooking fat,
2 hard or soft margarine, half fat butter,
3 vegetable oil e.g. sunflower, olive, rape, seed, mustard, peanut?
4 Does not use fat not oil in cooking

CMilk
What kind of milk do you usually use for drinks, in tea or coffee and on cereals?
Is it …READ OUT…
1 whole milk,
2 semi-skimmed (incl dried semi-skimmed),
3 skimmed (incl dried skimmed, Boots dried powder, Co-op powder),
4 or, some other kind of milk?
SPONTANEOUS:
5 Does not have usual type
6 Does not drink milk

IF CMilk = Other THEN
OMilk
Please specify other kind of milk.
Text: Maximum 20 characters
ENDIF

IF Milk = Whole, semi-skimmed, skimmed, does not have type THEN
CMilkQua
About how much milk do you use each day, on average for drinks, in tea and coffee, on cereals etc.
Is it …READ OUT…
1 less than a quarter of a pint,
2 about a quarter of a pint,
3 about half a pint,
4 Or, one pint or more?
ENDIF

HotSug
Do you usually have sugar in hot drinks like tea and coffee?
INTERVIEWER: If the respondent only uses artificial sweetener, code No.
1 Yes, always,
2 Yes, sometimes,
3 No,
4 Does not drink hot drinks.

CerQua
SHOW CARD K
About how many times a week do you have a bowl of breakfast cereal or porridge?
1 6 or more times a week,
2 3-5 times a week,
3 1-2 times a week,
4 less than once a week,
5 rarely or never.
**StarchB**
SHOW CARD K
How often, on average, do you eat a serving of pasta, including macaroni cheese, or rice?
INTERVIEWER: Do not include rice pudding at this question.
1 6 or more times a week,
2 3-5 times a week,
3 1-2 times a week,
4 less than once a week,
5 rarely or never.

**NPotatB**
SHOW CARD K
Excluding chips how often, on average, do you eat a serving of potatoes?
1 6 or more times a week,
2 3-5 times a week,
3 1-2 times a week,
4 less than once a week,
5 rarely or never.

**CheesC**
SHOW CARD K.
How often on average do you eat a serving of any type of cheese, except cottage cheese?
1 6 or more times a week
2 3-5 times a week
3 1-2 times a week
4 Less than once a week
5 Rarely or never

**CRedMeat**
SHOW CARD K
How often on average do you eat a serving of beef, pork or lamb, including beefburgers, sausages, bacon, meat pies, and processed meat?
1 6 or more times a week
2 3-5 times a week
3 1-2 times a week
4 Less than once a week
5 Rarely or never

**CWhitMat**
SHOW CARD K
How often on average do you eat a serving of chicken or turkey, including processed chicken or turkey?
1 6 or more times a week
2 3-5 times a week
3 1-2 times a week
4 Less than once a week
5 Rarely or never
Eating Habits

CFriedFd
SHOW CARD K
How often on average do you eat a serving of any fried food, including fried fish, chips, cooked breakfast, samosas?
1. 6 or more times a week
2. 3-5 times a week
3. 1-2 times a week
4. Less than once a week
5. Rarely or never

CFish
SHOW CARD K
Apart from fried fish, how often on average do you eat a serving of fish?
1. 6 or more times a week
2. 3-5 times a week
3. 1-2 times a week
4. Less than once a week
5. Rarely or never

CSnacks
SHOW CARD K
How often on average do you eat snacks such as crisps, nuts or biscuits, including savoury biscuits such as cream crackers?
1. 6 or more times a week
2. 3-5 times a week
3. 1-2 times a week
4. Less than once a week
5. Rarely or never

NCakes
SHOW CARD K
How often on average do you eat a serving of cakes, pies, puddings, including rice pudding or semolina, or pastries?
1. 6 or more times a week
2. 3-5 times a week
3. 1-2 times a week
4. Less than once a week
5. Rarely or never

Sweets
SHOW CARD K
How often on average do you eat sweets or chocolate?
1. 6 or more times a week
2. 3-5 times a week
3. 1-2 times a week
4. Less than once a week
5. Rarely or never
**SofDrnk**
SHOW CARD K
How often on average do you have fizzy drinks, or soft drinks like squash, excluding diet or sugar-free drinks?

1. 6 or more times a week
2. 3-5 times a week
3. 1-2 times a week
4. Less than once a week
5. Rarely or never

ENDIF

**ASK ALL AGED 5 +**

**SaltIntr**
Now I would like to ask a couple of questions about the amount of salt used in cooking and at the table. Please think about all different types of food when answering these questions.

**CkSalt**
Has salt generally been added to your food during cooking?

1. Yes (include sea salt),
2. No, do not use salt in cooking,
3. Use Lo-Salt or salt alternative.

**CTabSalt**
At the table do you….READ OUT…
CODE ONE ONLY. TREAT LOSALT AS SALT.

1. generally add salt to your food without tasting it first,
2. taste the food, but then generally add salt,
3. taste the food, but only occasionally add salt,
4. rarely, or never, add salt at the table?
Children’s Physical Activity
ASK ALL AGED 2-15 IN CHILD BOOST ONLY

IF Age=4 THEN
  Ch5Ch
  Can I just check, is (child’s name) at school in reception class yet?
    1   Yes
    2   No
ENDIF

Wlk5Ch
Now I'd like to ask you about some of the things (you/child’s name) (have/has) done in the last week. By last week I mean last (day seven days ago) up to yesterday. In the last week, (have/has) (he/she) done a continuous walk that lasted at least 5 minutes (not counting things done as part of school lessons)?
  1   Yes
  2   No

IF Wlk5Ch = Yes
  DaysWlk
  On how many days in the last week did (you/child’s name) do a continuous walk that lasted at least 5 minutes (not counting things done as part of school lessons)?
    1   One day
    2   Two days
    3   Three days
    4   Four days
    5   Five days
    6   Six days
    7   Every day

  DayWlkT
  SHOW CARD L
  On each day that (you/child’s name) did a walk like this for at least 5 minutes, how long did (you/he/she) spend walking?
    Please give an answer from this card.
    INTERVIEWER NOTE: What we want recorded is the average time spent walking per weekday. If the respondent walked for over 5 minutes on more than one day in the last week, take an average of the time spent per day.
      1   5 minutes, less than 15 minutes
      2   15 minutes, less than 30 minutes
      3   30 minutes, less than 1 hour
      4   1 hour, less than 1 1/2 hours
      5   1 1/2 hours, less than 2 hours
      6   2 hours, less than 2 1/2 hours
      7   1/2 hours, less than 3 hours
      8   3 hours, less than 3 1/2 hours
      9   1/2 hours, less than 4 hours
     10   4 hours or more (please specify how long)
IF DayWkT = more than 4 hours THEN

WlkHrs
How long did (you/child’s name) spend walking on each day?
INTERVIEWER: Record hours spent below.
Record minutes at the next question.
Range: 4..12

WlkMin
INTERVIEWER: Record here minutes spent walking.
Range: 0..59

ENDIF

ENDIF

IF Age >=13 AND <=15 THEN

ChPace
Which of the following describes your usual walking pace...
...READ OUT...
1   ... a slow pace
2   ... a steady average pace
3   ... a fairly brisk pace
4   ... or, a fast pace
5   None of these

ENDIF

IF Age>=8 AND Age<=15 THEN

HWkCh
In the last week (have/has) (you/child’s name) done any housework or gardening which involved pulling or pushing, like hoovering, cleaning a car, mowing grass or sweeping up leaves for at least 15 minutes a time?
1   Yes
2   No

IF HWkCh = Yes THEN

DHWkCh
On how many days in the last week (have/has) (you/child’s name) done any housework or gardening of this type for at least 15 minutes a time?
1   One day
2   Two days
3   Three days
4   Four days
5   Five days
6   Six days
7   Every day

THWk
SHOW CARD L
On each day that (have/has) (you/child’s name) did any housework or gardening of this type for at least 15 minutes a time, how long did (you/he/she) spend?
Please give an answer from this card.
INTERVIEWER: If it varied, take average.

1. 15 minutes, less than 30 minutes
2. 30 minutes, less than 1 hour
3. 1 hour, less than 1 1/2 hours
4. 1 1/2 hours, less than 2 hours
5. 2 hours, less than 2 1/2 hours
6. 2 1/2 hours, less than 3 hours
7. 3 hours, less than 3 1/2 hours
8. 1/2 hours, less than 4 hours
9. 4 hours or more (please specify how long)

IF THWk = More than 4 hours THEN

HWkHrs

How long did (you/child’s name) spend doing housework or gardening on each day?
INTERVIEWER: Record hours spent below.
Record minutes at next question.
Range: 4..12

HWkMin
INTERVIEWER: Record here minutes spent doing housework/gardening
Range : 0..59
ENDIF
ENDIF
ENDIF

IF age>=2 AND age<=15 THEN

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

SportDo
SHOW CARD M
In the last week, that is last (weekday seven days ago) up to yesterday, (have/has) (you/child’s name) done any sports or exercise activities (not counting things done as part of school lessons)?
This card shows some of the things (you/he/she) might have done; please also include any other sports or exercise activities like these.
INTERVIEWER: Do not count anything done today.

1. Yes
2. No

IF SportDo = Yes

WESpDo
Did (you/he/she) do any of these sports or exercise activities at the weekend

1. Yes
2. No
IF WESpDo = Yes

DWESp
Was that on Saturday or Sunday or on both days?
1 Saturday only
2 Sunday only
3 Both Saturday and Sunday

WeSpOr
SHOW CARD L
On (Saturday/Sunday) when (you/child’s name) did these sports or exercise activities, how long did (you/he/she) spend (on each day)?
Please give an answer from this card.
INTERVIEWER: If it varied, take average.
1 15 minutes, less than 30 minutes
2 30 minutes, less than 1 hour
3 1 hour, less than 1 1/2 hours
4 1 1/2 hours, less than 2 hours
3 2 hours, less than 2 1/2 hours
3 1/2 hours, less than 3 hours
4 3 hours, less than 3 1/2 hours
4 1/2 hours, less than 4 hours
5 4 hours or more (please specify how long)

IF WeSpOr = More than four hours THEN

WeSpH
How long did (you/child’s name) spend doing these sports or exercise activities on (that/each) day?
INTERVIEWER: Record hours spent below.
Record minutes at next question.
Range: 4..12

WeSpM
INTERVIEWER: Record here minutes spent doing sports or exercise activities.
Range: 0..59
ENDIF
ENDIF
ENDIF

IF SportDo = Yes

DaySp
Still thinking about last week. On how many of the weekdays did (you/child’s name) do any of these sports or exercise activities?
Please remember not to count things done as part of school lessons.
None in last week
1 1 day
2 2 days
3 3 days
4 4 days
5 5 days
IF DaySp = 1-5 THEN
  WkSpor
SHOW CARD L
On each weekday that (you/he/she) did these sports or exercise activities, how long did (you/he/she) spend?
Please give an answer from this card.
INTERVIEWER: If it varied, take average.
  1  15 minutes, less than 30 minutes
  2  30 minutes, less than 1 hour
  3  1 hour, less than 1 1/2 hours
  4  1 1/2 hours, less than 2 hours
  5  2 hours, less than 2 1/2 hours
  6  1/2 hours, less than 3 hours
  7  3 hours, less than 3 1/2 hours
  8  1/2 hours, less than 4 hours
  9  4 hours or more (please specify how long)

IF WkSpor = More that 4 hours THEN
  WkSpH
How long did (you/child’s name) spend doing these sports or exercise activities on each weekday?
INTERVIEWER: Record hours spent below.
Record minutes at next question.
Range: 4..12

  WkSpM
INTERVIEWER: Record here minutes spent doing sports or exercise activities.
Range: 0..59
ENDIF
ENDIF
ENDIF
ENDIF

IF age>=2 AND age<=15 THEN
  WEActDo
SHOW CARD N
Now I would like to know about when (you/child’s name) (do/does) active things, like the examples on this card or other activities like these. Did (you/he/she) do any active things like these at the weekend
INTERVIEWER NOTE: Do not include any activities already covered under sports and exercise activities.
  1  Yes
  2  No

IF WEActDo = Yes THEN
  DWEact
Was that on Saturday or Sunday or on both days?
  1  Saturday only
  2  Sunday only
  3  Both Saturday and Sunday
WEAct
SHOW CARD L
On (Saturday/Sunday) when (you/child’s name) did active things like these, how long did (you/he/she) spend (on each day)?
Please give an answer from this card.
INTERVIEWER: If it varied, take average.
1 15 minutes, less than 30 minutes
2 30 minutes, less than 1 hour
3 1 hour, less than 1 1/2 hours
4 1 1/2 hours, less than 2 hours
3 2 hours, less than 2 1/2 hours
3 1/2 hours, less than 3 hours
4 3 hours, less than 3 1/2 hours
4 1/2 hours, less than 4 hours
5 4 hours or more (please specify how long)

IF WeAct = More than four hours THEN

WeActH
How long did (you/child’s name) spend doing active things like these on (each/that) day?
INTERVIEWER: Record hours spent below.
Record minutes at next question.
Range: 4..12

WeActM
INTERVIEWER: Record here minutes spent doing active things like these.
Range: 0..59

ENDIF
ENDIF

IF WEActDo = Yes THEN

WkActDo
SHOW CARD N
Still thinking about last week. On how many of the weekdays did (you/child’s name) do active things, like the examples on this card or other activities like these (not counting things done as part of school lessons)?
INTERVIEWER NOTE: Do not include any activities already covered under sports and exercise activities.
1 None in last week
2 1 day
3 2 days
4 3 days
5 4 days
6 5 days
IF WkActDo = 1-5 THEN
  WkAct
SHOW CARD L
On each weekday that (you/he/she) did active things like these, how long did (you/he/she) spend?
Please give an answer from this card.
INTERVIEWER: If it varied, take average.
  1  15 minutes, less than 30 minutes
  2  30 minutes, less than 1 hour
  3  1 hour, less than 1 1/2 hours
  4  1 1/2 hours, less than 2 hours
  5  2 hours, less than 2 1/2 hours
  6  1/2 hours, less than 3 hours
  7  3 hours, less than 3 1/2 hours
  8  1/2 hours, less than 4 hours
  9  4 hours or more (please specify how long)

IF WkAct = more than four hours THEN
  WkActH
How long did (you/child’s name) spend doing active things like these on each weekday?
INTERVIEWER: Record hours spent below.
  Record minutes at next question.
  Range: 4..12

ENDIF

WkActM
INTERVIEWER: Record here minutes spent doing active things like these.
  Range: 0..59

ENDIF

ENDIF

IF age>=2 AND age<=15 THEN
  DaysTot
Now thinking about all the activities during the past week you have just told me about including any walking, (gardening, housework), sports or other active things. On how many days in the last week in total did (you/child’s name) do any of these activities (not counting things done as part of school lessons)?
  1  None
  2  One day
  3  Two days
  4  Three days
  5  Four days
  6  Five days
  7  Six days
  8  Every day

ENDIF
IF age>=2 AND age<=15 THEN

WESitDo
SHOW CARD O
Now I'd like to know about when (you/child's name) spend(s) time sitting down doing things like the ones on this card. Did (you/child's name) spend time sitting down doing any things like these for at least 5 minutes a time at the weekend?

1 Yes
2 No

IF WESitDo=Yes

DSitWE
Was that on Saturday or Sunday or on both days?

1 Saturday only
2 Sunday only
3 Both Saturday and Sunday

SitWE
SHOW CARD L
On (Saturday/Sunday) when (you/child's name) spent time sitting down doing things like these, how long did (you/he/she) spend (on each day).
Please give an answer from this card.
INTERVIEWER: If it varied, take average.

1 15 minutes, less than 30 minutes
2 30 minutes, less than 1 hour
3 1 hour, less than 1 1/2 hours
4 1 1/2 hours, less than 2 hours
5 2 hours, less than 2 1/2 hours
6 1/2 hours, less than 3 hours
7 3 hours, less than 3 1/2 hours
8 1/2 hours, less than 4 hours
9 4 hours or more (please specify how long)

IF SitWE = More than four hours THEN

WeSitH
How long did (you/child's name) spend sitting down doing things like these on (each/that) day?
INTERVIEWER: Record hours spent below.
Record minutes at the next question.
Range: 4.12

WeSitM
INTERVIEWER: Record here minutes spent sitting down doing things like these.
Range: 0.59

ENDIF
ENDIF
**WkSitDo**

SHOW CARD O
On how many weekdays last week did *(you/child’s name)* spend time sitting down doing things like the ones on this card for at least 5 minutes a time not counting things *(you/he/she)* did as part of school lessons?

1. None in last week
2. 1 day
3. 2 days
4. 3 days
5. 4 days
6. 5 days

**IF WkSitDo = 1-5 THEN**

**WkSitHrs**

SHOW CARD L
On each weekday that *(you/he/she)* spent time sitting down doing things like these, how long did *(you/he/she)* spend?

Please give an answer from this card.

INTERVIEWER: If it varied, take average.

1. 15 minutes, less than 30 minutes
2. 30 minutes, less than 1 hour
3. 1 hour, less than 1 1/2 hours
4. 1 1/2 hours, less than 2 hours
5. 2 hours, less than 2 1/2 hours
6. 1 1/2 hours, less than 3 hours
7. 3 hours, less than 3 1/2 hours
8. 1/2 hours, less than 4 hours
9. 4 hours or more (please specify how long)

**IF WkSitHrs=More than four hours THEN**

**WkSitH**

How long did *(you/child’s name)* spend sitting down doing things like these on each weekday?

INTERVIEWER: Record hours spent below.

Record minutes at the next question.

Range: 4..12

**WkSitM**

INTERVIEWER: Record here minutes spent sitting down doing things like these.

Range: 0..59

ENDIF

ENDIF

**Usual**

Were the activities *(you/child’s name)* did last week different from what *(you/he/she)* would usually do for any reason?

IF YES PROBE: Would *(you/he/she)* usually do more physical activity or less?

1. No - same as usual
2. Yes different - usually do more
3. Yes different - usually do less
Smoking (Aged 18+)

IF Age of Respondent = 18 to 24 THEN
BookChk
INTERVIEWER CHECK: (name of respondent) IS AGED (age of respondent). RESPONDENT TO BE...
  1 Asked Smoking/Drinking questions
  2 Given SELF-COMPLETION BOOKLET FOR YOUNG ADULTS
ENDIF

IF Age of respondent = 16 to 17 AND (is in joint session with Adult aged 25+ OR with adult aged 18-24 AND BookChk=1) THEN
YAIntro
INTERVIEWER: Prepare lilac or grey self-completion booklet for young adults by entering serial numbers. Check that you have the correct person number.
Press <1> and <Enter> to continue.

YAInt2
At this point, I would now like you to answer some questions by completing all of this booklet on your own. The questions cover smoking, drinking and attitudes to health. I will need to ask you a few more questions from the laptop in a little while, and I will ask you to close the booklet for a few minutes while I do this.

INTERVIEWER: Explain how to complete booklet and show example in booklet.
Press <1> and <Enter> to continue.

IF (Age of Respondent is 18 years or over) OR (BookChk = Asked) THEN
SmokEver
May I just check, have you ever smoked a cigarette, a cigar or a pipe?
  1 Yes
  2 No

IF SmokEver = Yes THEN
SmokeNow
Do you smoke cigarettes at all nowadays?
  1 Yes
  2 No
ENDIF

IF SmokeNow = Yes THEN
DlySmoke
About how many cigarettes a day do you usually smoke on weekdays?
INTERVIEWER: IF LESS THAN ONE A DAY, ENTER 0. IF RANGE GIVEN AND CAN'T ESTIMATE, ENTER MID POINT. IF RESPONDENT SMOKES ROLL UPS AND CANNOT GIVE NUMBER OF CIGARETTES, CODE 97.
  Range: 0..97

IF DlySmoke = 97 THEN
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

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

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

WKndSmok
And about how many cigarettes a day do you usually smoke at weekends?
INTERVIEWER: IF RANGE GIVEN AND CAN’T ESTIMATE, ENTER MID POINT. IF RESPONDENT SMOKES ROLL UPS AND CANNOT GIVE NUMBER OF CIGARETTES, CODE 97.
Range: 0..97

IF WkndSmok = 97 THEN

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

RolWknd

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.

CigType
Do you mainly smoke ...READ OUT...
1 ... filter-tipped cigarettes
2 plain or untipped cigarettes,
3 or hand-rolled cigarettes?
ENDIF
ENDIF

IF SmokeNow=Yes THEN

SmokWher

SHOW CARD Q
Which of these places, if any, did you smoke in during the last 7 days ending yesterday? CODE ALL THAT APPLY
1 At my home
2 Outside
3 At work
4 Inside other people’s homes
5 Inside pubs or bars
6 Inside restaurants, cafes, or canteens
7 Inside shops
8 Whilst travelling by car
9 In other places

IF SmokWher = 1 OR 2 THEN SmokHome

SmokHome

SHOWCARD Q2
Where in your home do you usually smoke?
1 Outdoors, for example in the garden or outside the front door
2 Own room/bedroom
3 Living room
4 Kitchen
5 Toilet
6 Bathroom
7 Study
8 Dining room
9 Everywhere
10 Somewhere else in the home
ENDIF
ENDIF

IF SmokWher = Outside, other than at home THEN
  SmokOut
  SHOWCARD R
  Where did you smoke outside during the last 7 days ending yesterday?
  1. In the street, or out and about
  2. Outside at work
  3. Outside at other people’s home
  4. Outside pubs or bars
  5. Outside restaurants, cafes or canteens
  6. Outside shops
  7. Outside other places

  IF SmokeNow=Yes THEN
    SmokPpl
    SHOWCARD S
    In the last 7 days, did you smoke near to any of the following types of people?
    1. Babies aged 2 and under
    2. Children aged 2-10
    3. Children aged 11-15
    4. Older adults over the age of 65
    5. Pregnant women
    6. Adults aged 16-64 with asthma or breathing problems
    7. None of these
  ENDIF

  IF SmokeNow = Yes
    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?
  ENDIF

  GiveUp
  Would you like to give up smoking altogether?
  1. Yes
  2. No
IF GiveUp = YES
        GvUpReas
        SHOWCARD T
        What are your main reasons for wanting to give up?
        1  Because of a health problem I have at present
        2  Better for my health in general
        3  To reduce the risk of getting smoking related illnesses
        4  Because of the *(forthcoming)* smoking ban in all enclosed public places, including
           pubs and restaurants
        5  Family/friends wanted me to stop
        6  Financial reasons (couldn’t afford it)
        7  Worried about the effect on my children
        8  Worried about the effect on other family members
        9  Something else

ENDIF
ENDIF

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

ENDIF

ELSE IF SmokeNow<>Yes *(Smoked but doesn’t smoke cigarettes nowadays)*
SmokeCig
Have you ever smoked cigarettes?
  1  Yes
  2  No

IF SmokEver = YES and SmokeNow = NO
        QuitReas
        SHOW CARD P
        Why did you decide to give up smoking?
        CODE ALL THAT APPLY
        1  Advice from a GP or health professional
        2  Advert for a nicotine replacement product
        3  Government TV, radio or press advert
        4  Hearing about a new stop smoking treatment
        5  Financial reasons (couldn’t afford it)
        6  Being faced with the *(forthcoming)* smoking ban in all enclosed public places,
           including pubs and restaurants
        7  I knew someone else who was stopping
        8  Seeing a health warning on cigarette packet
        9  Family or friends wanted me to stop
       10  Being contacted by my local NHS Stop Smoking Services
       11  Health problems I had at the time
       12  A concern about future health problems
13 Pregnancy
14 Worried about the effect on my children
15 Worried about the effect on other family member
16 My own motivation
17 Something else

ENDIF

NOTE:

One of the answer categories in showcards T and P changed after the smoking ban came into force on 1st July 2007.

Before the ban, showcard T, answer option 4 read ‘because of the forthcoming smoking ban’. After 1st July, this changed to ‘because of the smoking ban’.

Before the ban, showcard P, answer option 6 read ‘being faced with the forthcoming smoking ban’. After 1st July, this changed to ‘being faced with a smoking ban’.

IF SmokeCig = Yes THEN
    SmokeReg
    Did you smoke cigarettes regularly, that is at least one cigarette a day, or did you smoke them only occasionally?
    1 Smoked cigarettes regularly, at least 1 per day
    2 Smoked them only occasionally
    3 SPONTANEOUS: Never really smoked cigarettes, just tried them once or twice

    IF SmokeReg = Smoked cigarettes regularly THEN
        NumSmok
        About how many cigarettes did you smoke in a day?
        INTERVIEWER: IF RANGE GIVEN AND CAN'T ESTIMATE, ENTER MID POINT.
        IF RESPONDENT SMOKES ROLL UPS AND CANNOT GIVE NUMBER OF CIGARETTES,
        CODE 97
        Range: 0..97

    IF NumSmok = 97 THEN
        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 0.25
1/3 (a third) oz as 0.33
1/2 (half) oz as 0.5
2/3 (two thirds) oz as 0.66
3/4 (three quarters) oz as 0.75

RolNum
Computed: estimated tobacco consumption in ounces.
Range: 0.01..2.40

Endif

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

If (SmokeNow=Yes) OR (SmokeReg=Smoked cigarettes regularly)
StartSmk
How old were you when you started to smoke cigarettes regularly?
INTERVIEWER: IF ‘Never smoked regularly’ CODE 97.
Range: 1..97

Endif

If SmokeReg=[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

Endif

If EndSmoke = Response THEN
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
    ENDIF
    ENDIF
  ELSEIF (IsPreg = No) OR (IsPreg = NONRESPONSE) OR (SmokeNow = 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
    ENDIF
    ENDIF
ELSEIF (IsPreg = No) OR (IsPreg = NONRESPONSE) OR (SmokeNow = 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
  ENDIF
  ENDIF
ENDIF
IF (SmokeNow = Yes) OR (SmokeReg = smoked occasionally..regularly) THEN

  **SmokeTry**
  Have you ever tried to give up smoking because of a particular health condition you have had at the time?
  1  Yes
  2  No

ENDIF

**DrSmoke**
Did/Has a medical person, for example a doctor or nurse ever advised you to stop smoking altogether because of your health?
  1  Yes
  2  No

IF DrSmoke = Yes THEN

  **DrSmoke1**
  How long ago was that?
  INTERVIEWER: PROMPT AS NECESSARY.
  1  Within the last twelve months
  2  Over twelve months ago

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

**FathSm**
Did your father ever smoke regularly when you were a child?
  1  Yes
  2  No
MothSm
Did your mother ever smoke regularly when you were a child?
   1 Yes
   2 No
ENDIF

IF age = 0-12 OR (age >=18 AND Bookchk = 1)
XExpSm
Now, in most weeks, how many hours a week are (you/name of child) exposed to other people's tobacco smoke?
   Range: 0..168

ChExpSm
Is (name of child) looked after for more than two hours per week by anyone who smokes while looking after (him/her), including anyone in this household?
   1 Yes
   2 No

IF XExpSm >=1 AND age >=18 THEN
Passive
SHOW CARD U
Are you regularly exposed to other people's tobacco smoke in any of these places?
PROBE: Where else?
CODE ALL THAT APPLY.
   1 At own home
   2 At work
   3 In other people's home
   4 On public transport
   5 In pubs
   6 In other places
   7 No, none of these

IF Passive=1-6 THEN
Bother
Does this bother you at all?
   1 Yes
   2 No
ENDIF
ENDIF

IF age<=15 THEN
ChPasSm
Do you find that (you/child’s name) are/is often near people who are smoking in any of these places?
   1 At home
   2 On buses or trains
   3 In other people's home
   4 In other places
   5 No, none of these

IF ChPasSm = 4 THEN
ChPasOth
IF (Age of respondent = 16 years or over AND BookChc = 2) THEN
  SCIntro
  INTERVIEWER: Prepare Salmon or Blue/Orange or Pink self-completion booklet for adults (aged up to 64)/adults (65 years and over) by entering serial numbers. Check that you have the correct person number.
  Press <1> and <Enter> to continue.

  SCSmkAtt
  I would now like you to answer some questions by completing the first section of this booklet on your own. The questions cover attitudes to smoking. I’d like you to stop when you get to the end of the first section.
  INTERVIEWER: Explain how to complete booklet and show example in booklet.
  Press <1> and <Enter> to continue.

  IntDrink
  I would like to ask you some more questions from the laptop, so please could you close the booklet for now.
  Press <1> and <Enter> to continue.
Drinking (Aged 18+)

IF (Age of Respondent is 25 years or over) OR (BookChk = Asked)

Drink
I am now going to ask you a few questions about what you drink - that is if you drink. Do you ever drink alcohol nowadays including drinks you brew or make at home?
1 Yes
2 No

IF Drink = No THEN

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

IF DrinkAny = Never THEN

AlwaysTT
Have you always been a non-drinker or did you stop drinking for some reason?
1 Always a non-drinker
2 Used to drink but stopped

IF AlwaysTT = Used to drink but stopped THEN

WhyTT
Did you stop drinking because of a particular health condition that you had at the time?
INTERVIEWER: IF RESPONDENT SAYS PREGNANCY, CODE YES
1 Yes
2 No

ENDIF

ENDIF

ENDIF

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

DrinkOft
SHOW CARD V
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
The Health Survey for England 2007 - Individual Questionnaire

Drinking

IF DrinkOft <> Not at all in the last 12 months 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 W
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 Alcopops/pre-mixed alcoholic drinks
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
   NBrL7Q(1)
   ASK OR CODE: How many half pints of normal strength beer, lager, stout, cider or shandy (excluding cans and bottles of shandy) did you drink that day?
   Range: 1..97
ENDIF

IF NBRL7Q = Small cans THEN
   NBrL7Q(2)
   ASK OR CODE: How many small cans of normal strength beer, lager, cider or shandy did you drink that day?
   Range: 1..97
ENDIF

IF NBRL7=Large cans THEN
   NBrL7Q(3)
   ASK OR CODE: How many large cans of normal strength beer, lager, cider or shandy did you drink that day?
   Range: 1..97
ENDIF

IF NBRL7=Bottles THEN
   NBrL7Q(4)
   ASK OR CODE: How many bottles of normal strength beer, lager, cider or shandy did you drink that day?
   Range: 1..97
   NBotL7
   ASK OR CODE: What make of normal strength beer, lager, stout, cider or shandy 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
   SBrl7Q(1)
   ASK OR CODE: How many half pints of strong beer, lager, stout or cider (excluding cans and bottles of shandy) did you drink on that day?
   Range: 1..97
ENDIF
IF SBrL7=Small cans THEN
   SBrL7Q(2)
   ASK OR CODE: How many small cans of strong beer, lager, stout or cider did you drink on that day?
   Range: 1..97
ENDIF

IF SBrL7=Large cans THEN
   SBrL7Q(3)
   ASK OR CODE: How many large cans of strong beer, lager, stout or cider did you drink on that day?
   Range: 1..97
ENDIF

IF SBrL7=Bottles THEN
   SBrL7Q(4)
   ASK OR CODE: How many bottles of strong beer, lager, stout or cider did you drink on that day?
   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?
   INTERVIEWER: please note that respondent may give answer in bottles and glasses. Please code the relevant option.
INTERVIEWER: CODE THE MEASURE THE RESPONDENT USED
1  Bottle or parts of bottle
2  Glasses
3  Both bottles or parts of bottle, and glasses

IF WineL7= 1 (Bottles or part of bottle)
WL7Bt
INTERVIEWER: code the number of 125ml glasses drunk from the bottle by the respondent. E.g. If they drank half a bottle, code 3 glasses. Press <F9> for information

CODE THE NUMBER OF GLASSES.
1 BOTTLE =6 GLASSES
½ BOTTLE=3 GLASSES
1/3 BOTTLE=2 GLASSES
¼ BOTTLE=1.5 GLASSES

1 LITRE=8 GLASSES
½ LITRE=4 GLASSES
1/3 LITRE=2.5 GLASSES
¼ LITRE=2 GLASSES

Range: 1..97 (ALLOW FRACTIONS)
ENDIF
F9 for WL7Bt
If respondent has answered in bottles or litres convert to glasses using the information provided on the screen. For example if a respondents said they shared a bottle with one other person and they shared it equally code 3 glasses.

IF WineL7= 2 (Glasses)
WL7Gl
CODE THE NUMBER OF GLASSES drunk as glasses.
Range: 1..97 (ALLOW FRACTIONS)

WL7Glz
Were you drinking from a large, standard or small glass?
INTERVIEWER: If respondent drank from two or three different size glasses, please code all that apply.

INTERVIEWER: please note that if respondent was drinking in a pub or wine bar and had a small glass, this would usually be 175ml.
1  Large glass (250mL)
2  Standard glass (175 mL)
3  Small glass (125 mL)

IF WL7Glz=1 THEN 250mGlz
250mGlz
How many large (250ml) glasses did you drink?
Range 1..97
IF WL7Glz=2 THEN 175mlGlz
175mlGlz
How many standard (175ml) glasses did you drink?
Range 1..97

IF WL7Glz=3 THEN 125mlGlz
125mlGlz
How many small (125ml) glasses did you drink?
Range 1..97
ENDIF
ENDIF
ENDIF
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
PopsL7Q(1)
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
PopsL7Q(2)
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

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
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
ENDIF

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

SCDnkAtt
I would now like you to answer some questions by completing the second section of this booklet on your own. The questions cover attitudes to drinking. I’d like you to stop when you get to the end of the second section.

Press <1> and <Enter> to continue.

IntDemog
I would like to ask a few more questions from the laptop, so please could you close the booklet again.

Press <1> and <Enter> to continue.
ENDIF

IF Age of respondent = 16 to 17 AND (is in joint session with Adult aged 25+ OR with adult aged 18-24 AND BookChc=1) THEN

YAPause
I would like to ask a few more questions from the laptop, so please could stop at the question you are on, and close the booklet for now. You will get a chance to complete the booklet in a few minutes.

Press <1> and <Enter> to continue.
ENDIF
Classification

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 X
Which of these descriptions applies to what you were doing last week, that is in the seven days ending (date seven days ago)?
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 64 years AND Sex=Male) OR (Age = 16 to 59 years AND Sex=Female))) THEN
H4WkLook
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 NActiv=(Waiting to take up paid work OR Looking for work) OR (H4WkLook =Yes) THEN

HowLong
How long have you been looking for paid work/a place in a government scheme?
1 Not yet started
2 Less than 1 month
3 1 month but less than 3 months
4 3 months but less than 6 months
5 6 months but less than 12 months
6 12 months or more.
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
PayAgeI
Computed: Age when last had a paid job.

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 HOURSPART-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?

NEmpllee
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
SNEmpllee
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
SlfWtMa
What (did/will) you make or do in your business?
Text: Maximum 100 characters
ENDIF
ENDIF
IF NActiv = Response THEN
HRPOcc
INTERVIEWER: DID (name of respondent) ANSWER THE OCCUPATION QUESTIONS HIM/HERSELF?
ELSEIF (NActiv) non response THEN
ENDIF
OEmpStat
Derived employment status.
Range: 0..8
SOC, SOCls, SEG, SIC coded during edit stage
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 Y

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/SCOTECH 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
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

ASK ALL

EthnicI
SHOW CARD Z
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 Asian or Asian British
    4 Black or Black British
    5 Chinese or other ethnic group

IF EthnicI = White THEN
    EurCult
    What is your cultural background? CODE ALL THAT APPLY
    1 English
    2 Irish
    3 Scottish
    4 Welsh
    5 Other European
    95 Any other White background (specify).
ELSEIF EthnicI = Mixed THEN
    MixCult
    What is your cultural background?
    CODE ALL THAT APPLY
    1 White and Black Caribbean
    2 White and Black African
    3 White and Asian
    95 Any other mixed 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
    95 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
95. Any other Asian background (specify)

ELSEIF EthnicI = Other THEN
    OthCultI
    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
    95 Any other cultural background (specify)
ENDIF
ENDIF

ENDIF
Self-completion placement (Aged 8+)

IF (Age of Respondent is 8-15 years) OR (Age of respondent is 16 to 17 years and is not in a joint session) THEN

SCIntro
PREPARE (Yellow/Green/Brown/Lilac or Grey) SELF-COMPLETION BOOKLET (FOR CHILDREN AGED 8-10/FOR CHILDREN AGED 11-12/FOR CHILDREN AGED 13-15/FOR YOUNG ADULTS) 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 PINK BOOKLET TO PARENT(S). IF AGREES, PREPARE PINK BOOKLET. SEE CHILD. EXPLAIN HOW TO COMPLETE. REMEMBER TO USE A BLACK PEN

ENDIF

IF Age of Respondent is 13 years or over THEN

SComp2
I would now like you to answer some more questions in this booklet on your own. The questions cover general health and attitudes towards healthy eating and physical activity. Press <1> and <Enter> to continue.

ENDIF

IF Age of respondent is 8 years or over THEN

SComp3
INTERVIEWER CHECK: WAS THE (LILAC/YELLOW/BLUE/PINK) BOOKLET (FOR ADULTS 16+/FOR YOUNG ADULTS/FOR CHILDREN AGED 13-15/FOR CHILDREN AGED 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  Completed alone in room

ENDIF
ENDIF

IF Age of respondent is 4 TO 15 years THEN

SDQChk
INTERVIEWER PLEASE CHECK: Was the WHITE booklet for parents completed?
1  Fully completed
2  Partially completed
3  Not completed
IF SDQChk= Partially completed OR Not completed THEN
SDQComp
INTERVIEWER: Record why booklet not completed/partially completed. CODE ALL THAT APPLY.

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 SDQComp =Other THEN
SDQComp0
PLEASE SPECIFY OTHER REASON.
Text: Maximum 60 characters

ENDIF
ENDIF
ENDIF
Measurements

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 MRC FOR EACH PERSON.

IF Age >=2 THEN

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

ENDIF

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 60 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 Confined to bed
  6 Respondent unable to move shoes
  7 Child: subject would not stand still
  8 Ill or in pain
  9 Stadiometer faulty or not available
  10 Child asleep
  11 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 <CTRL+K>,
  IF RESPONDENT ISN'T WILLING TO GIVE HEIGHT USE <CTRL+R>.
    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
PLEASE RECORD ESTIMATED HEIGHT. ENTER INCHES.

Range: 0..11

Computed: Final measured or estimated height (cm).

Range: 0..0...999.9

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

May I check, are you pregnant now?

1 Yes
2 No

IF PregNowB<> Yes THEN

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

Computed: Measured weight, either Weight or WtChAd – WtAdult

Range: 0.0..140.0
**FloorC**

SCALES PLACED ON?
1. Uneven floor
2. Carpet
3. None of these

**RelWaitB**

INTERVIEWER CODE ONE ONLY.
1. No problems experienced, reliable weight measurement obtained
2. Problems experienced - measurement likely to be:
   1. Reliable
   2. 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
ENDIF

IF (RespHts = Yes) OR (RespWts = Yes) THEN
StadNo
INTERVIEWER- PLEASE RECORD SERIAL NUMBER OF STADIOMETER USED FOR THIS INTERVIEW
 Range: 0….997
SclNo
INTERVIEWER- PLEASE RECORD SERIAL NUMBER OF SCALES USED FOR THIS INTERVIEW.
 Range: 0….997
ENDIF
IF RESPONDENT IS <16

Birth
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 = Kilograms THEN
  Birthkg
  PLEASE RECORD (name of child’s) BIRTHWEIGHT IN KILOGRAMS.
  Range: 1.00..6.75

ELSEIF Birth = Pounds and ounces THEN
  BirthL
  PLEASE RECORD (name of child’s) BIRTHWEIGHT. ENTER POUNDS.
  Range: 2..15

  BirthO
  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 = [between 0.1kg and 2.5kg] THEN
  Premature
  Was (name of child) born prematurely?
    1  Yes
    2  No

IF Premature = Yes THEN
  PrWeeks
  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
Consents

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 (e.g. blood sample)
7 Not interested/Can't be bothered/No particular reason
95 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
INTERVIEWER: RECORD DETAILS OF THE NURSE APPOINTMENT ON THE BACK OF THE MEASUREMENT RECORD CARD I.
ENTER THE NURSE’S NAME, APPOINTMENT DATE AND TIME.

1 Continue

ENDIF

ENDIF
ASK ALL

NHSCan
We would like your consent for us to send your name, address and date of birth to three National Health Service registers. These are the NHS Central Register, the NHS Cancer Registry and the Hospital Episodes Statistics Register. Please read these forms, it explains more about what is involved.
INTERVIEWER: GIVE THE RESPONDENT THE COLOUR (GREEN/YELLOW) CONSENT FORM (NHS AND CANCER REGISTRY) AND ALLOW THEM TIME TO READ THE INFORMATION.
  1  Consent given
  2  Consent not given

IF NHSCAN = Consent given THEN
NHSSig
EXPLAIN THE NEED FOR WRITTEN CONSENT: Before I can pass your details on, I have to obtain written consent from you.
ENTER THE RESPONDENT’S SERIAL NUMBER ON THE TOP OF THE CONSENT FORMS.
ASK RESPONDENT TO SIGN AND DATE BOTH FORMS.
GIVE THE SECOND COPY OF THE FORM TO THE RESPONDENT.
CODE WHETHER SIGNED CONSENTS OBTAINED.
CODE ALL THAT APPLY.
  1  Hospital Episodes Statistics Register consent obtained
  2  NHS Central Register and Cancer Registry consent obtained
  3  All consents signed
  4  No signed consents
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
Area observations

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 premises (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 Room or rooms
9 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/minority ethnic
3 Mixed ethnicity
4 Don’t know
**Example Questions: How to fill in this questionnaire**

Most questions on the following pages can be answered simply by ticking the box below or alongside the answer that applies to you.

**Tick ONE box**

<table>
<thead>
<tr>
<th>Very healthy life</th>
<th>Fairly healthy life</th>
<th>Not very healthy life</th>
<th>An unhealthy life</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Example 1: Do you feel that you lead a...

Some questions might ask you to circle an answer instead of ticking a box.

Example 2: The questions in this booklet can be answered by simply circling the number below the answer that applies.

<table>
<thead>
<tr>
<th>Very healthy life</th>
<th>Fairly healthy life</th>
<th>Not very healthy life</th>
<th>An unhealthy life</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

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

Example 3: Would you like to lead a healthier life than you do now?

Tick ONE box

Yes → GO TO Q5  
No → GO TO Q4

By following the arrows carefully, you will miss out the questions that do not apply to you.
Attitudes towards Smoking

Q1 In general, do you mind if other people smoke near you? ATSMOKNR

<table>
<thead>
<tr>
<th>Choice</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>It depends</td>
<td>3</td>
</tr>
</tbody>
</table>

Q2 How much, if at all, do you think breathing in other people’s smoke affects the health of adults who are exposed to it? KNSMHLAD

<table>
<thead>
<tr>
<th>Choice</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>A great deal</td>
<td>1</td>
</tr>
<tr>
<td>A fair amount</td>
<td>2</td>
</tr>
<tr>
<td>Just a little</td>
<td>3</td>
</tr>
<tr>
<td>Not at all</td>
<td>4</td>
</tr>
<tr>
<td>I don’t know</td>
<td>8</td>
</tr>
</tbody>
</table>

Go to Q4

Q3 In what ways would you say breathing in other people’s smoke affects the health of adults? KSMHLA

Tick ALL that apply

<table>
<thead>
<tr>
<th>Cause</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Causes breathlessness</td>
<td>01</td>
</tr>
<tr>
<td>Causes coughing</td>
<td>02</td>
</tr>
<tr>
<td>Causes wheezing</td>
<td>03</td>
</tr>
<tr>
<td>Causes people to get asthma or makes asthma worse</td>
<td>04</td>
</tr>
<tr>
<td>Makes people more prone to chest infections or bronchitis</td>
<td>05</td>
</tr>
<tr>
<td>Makes people less fit than they used to be</td>
<td>06</td>
</tr>
<tr>
<td>Makes people more likely to suffer from cancer</td>
<td>07</td>
</tr>
<tr>
<td>Makes people more likely to suffer from another serious illness (such as heart disease or stroke)</td>
<td>08</td>
</tr>
<tr>
<td>Something else</td>
<td>09</td>
</tr>
<tr>
<td>I don’t know</td>
<td>88</td>
</tr>
</tbody>
</table>
Q4 How much, if at all, do you think breathing in other people’s smoke affects the health of children under the age of 16? KNSMHLCH

- A great deal [ ]
- A fair amount [ ]
- Just a little [ ]
- Not at all [ ]
- I don’t know [ ]

Go to Q6

Q5 In what ways would you say breathing in other people’s smoke affects the health of children under the age of 16? KSMHLC

Tick ALL that apply

- Causes breathlessness [ ]
- Causes coughing [ ]
- Causes wheezing [ ]
- Causes children to get asthma or makes asthma worse [ ]
- Makes children more prone to chest infections or bronchitis [ ]
- Makes children more likely to suffer from cancer [ ]
- Makes children more likely to suffer from another serious illness (such as heart disease or stroke) [ ]
- Makes children less likely to grow well [ ]
- Causes ear infections and glue ear [ ]
- Something else [ ]
- I don’t know [ ]

Q6 Are there any rules about whether people should smoke in your home or where they should smoke? ATSMRULE

- Yes [ ]
- No [ ]
- I don’t know [ ]
Q7  If you did not want visitors to smoke in your home how confident would you feel about asking them not to? ATSMHOME

Very confident 196
Fairly confident 1
Not very confident 2
Not at all confident 4
I don't know 8

goto Q9

Q8  Why would you not feel confident about asking visitors not to smoke in your home? ATSMHOM

Tick ALL that apply 197-203

It's not up to me to decide who smokes here 1
I feel too embarrassed to ask 2
I don’t want to be bossy 3
I don’t want to make a fuss 4
I don’t want to offend people 5
I don’t want to be unfriendly 6
Something else 7

Q9  How far do you agree or disagree with the total ban on smoking inside pubs? ATBANPUB

Agree strongly 204
Agree 1
Neither agree nor disagree 2
Disagree 3
Disagree strongly 4
Q10  How far do you agree or disagree with the total ban on smoking inside **restaurants**?  
**ATBANRES**

| Agree strongly | 1 |
| Agree          | 2 |
| Neither agree nor disagree | 3 |
| Disagree       | 4 |
| Disagree strongly | 5 |

ATBANRES

Q11  How far do you agree or disagree that there should be restrictions on smoking in public places where there are, or are likely to be, children under the age of 16?  
**ATBANCH**

| Agree strongly | 1 |
| Agree          | 2 |
| Neither agree nor disagree | 3 |
| Disagree       | 4 |
| Disagree strongly | 5 |

ATBANCH

Q12  When pubs and restaurants are smoke free, would you visit them...  
**ATBANVIS1**

| ...more often than you do nowadays | 1 |
| ...less often than you do nowadays | 2 |
| ...or about the same as you do nowadays | 3 |
| I don't go to pubs or restaurants | 4 |

ATBANVIS1

**IF YOU ARE A CURRENT CIGARETTE SMOKER ANSWER QUESTIONS Q13 TO Q16 BELOW, OTHERWISE PLEASE CLOSE THE BOOKLET & THE INTERVIEWER WILL ASK YOU SOME MORE QUESTIONS:**

Q13  Will the smoking ban in **pubs** make you **cut down** on the number of cigarettes you smoke?  
**APUSMCT1**

| Yes | 1 |
| No  | 2 |
Q14  Will the smoking ban in pubs make you more likely to stay at home where you can smoke? APUSMHM1

Yes 1
No 2

Q15  Will the smoking ban in restaurants make you cut down on the number of cigarettes you smoke? ARESMCT1

Yes 1
No 2

Q16  Will the smoking ban in restaurants make you more likely to stay at home where you can smoke? ARESMHM1

Yes 1
No 2

**STOP HERE**
THANK YOU FOR COMPLETING THE SMOKING SECTION
PLEASE CLOSE THE BOOKLET & THE INTERVIEWER WILL ASK YOU SOME MORE QUESTIONS
**Attitudes towards Drinking**

**Q17** Have you heard of units of alcohol? **KNUNIT**

Yes 1

No 2 Go to Q23

**Q18** What **do you think** is the current official recommended maximum number of **units per day** for **men**? **KNUNMEN**

Write in NUMBER 218-219 OR tick

<table>
<thead>
<tr>
<th>Units per day</th>
<th>I don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>98</td>
</tr>
</tbody>
</table>

**Q19** What **do you think** is the current official recommended maximum number of **units per day** for **women**? **KNUNWOM**

Write in NUMBER 220-221 OR tick

<table>
<thead>
<tr>
<th>Units per day</th>
<th>I don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>98</td>
</tr>
</tbody>
</table>

We are interested to know what people understand by a unit of alcohol.

**Q20** How many units **do you think** there are in a glass of wine? (A small 125ml glass) **KNUNW125**

Write in NUMBER 222 OR tick

<table>
<thead>
<tr>
<th>Units</th>
<th>I don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8</td>
</tr>
</tbody>
</table>

**Q21** How many units **do you think** there are in a pint of normal strength beer? **KNUNNSBR**

Write in NUMBER 223 OR tick

<table>
<thead>
<tr>
<th>Units</th>
<th>I don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8</td>
</tr>
</tbody>
</table>
Q22 How many units **do you think** there are in a single pub measure of spirits? For example whisky or gin. 

KNUNSPIR

Write in NUMBER OR tick

224

Units

I don’t know

Q23 How much do you agree or disagree with the following statement: Some people I know would think it odd if I didn’t drink alcohol at all. 

ATODDTT

Tick ONE box

225

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

I don’t drink alcohol

Q24 Some people say that pubs and bars now being open for longer means that people will drink more alcohol. Others say that longer opening hours mean that people will drink the same amount of alcohol over a longer period of time. Which of the following statements comes closest to your views about this? 

ATDNKHRS

Tick ONE box

226

People will drink more alcohol

People will drink the same amount of alcohol over a longer period of time

There will be no change in the amount of alcohol people drink and the time they spend in pubs and bars

I don’t know what the effect will be

I don’t know
**Q25** Here are some statements about drinking.
Please indicate how strongly you agree or disagree with the statements.

**Please tick ONE box for each row**

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Can’t choose</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Getting drunk is a perfectly acceptable thing for people to do</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>b) Drinking is a major part of the British way of life</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>c) It’s easier to enjoy a social event if you’ve had a drink</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>d) There is nothing wrong with people getting drunk regularly</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>e) Most people with serious drinking problems can never fully recover</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>f) People in some other parts of Europe tend to drink alcohol more sensibly than people in Britain</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>g) The government should tax alcohol more heavily to encourage people to drink less</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>h) Most people with serious drinking problems have only themselves to blame</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
</tr>
</tbody>
</table>

**Q26** Would you like to drink less than, more than or about the same amount of alcohol as you do at the moment? **ATOWNDNK**

<table>
<thead>
<tr>
<th></th>
<th>Less</th>
<th>More</th>
<th>About the same</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**STOP HERE**
THANK YOU FOR COMPLETING THE DRINKING SECTION
PLEASE CLOSE THE BOOKLET & THE INTERVIEWER WILL ASK YOU SOME MORE QUESTIONS
Attitudes towards Healthy Eating

Q27 Official guidelines measure the fruit and vegetables that people eat in terms of ‘portions’.

a) Which of the following do you think make up ONE ‘portion of fruit or vegetables’?

Please tick ALL that apply

KPORTN

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2 cherry tomatoes</td>
</tr>
<tr>
<td>2</td>
<td>1 apple</td>
</tr>
<tr>
<td>3</td>
<td>1 melon</td>
</tr>
<tr>
<td>4</td>
<td>4 grapes</td>
</tr>
<tr>
<td>5</td>
<td>1 jacket potato</td>
</tr>
<tr>
<td>6</td>
<td>2 tablespoons of carrots</td>
</tr>
</tbody>
</table>

b) How many portions of fruit and vegetables do you think people should eat everyday?

AFVSHUD

Please write in NUMBER per day

OR tick I don’t know

Q28 Have you heard of the guidelines for salt intake?

KSALGUID

Yes

No ➔ Go to Q30

Q29 What do you think is the official guideline for maximum daily salt intake?

KSALTMAX

Please write in NUMBER of grams per day

OR tick I don’t know
Q30 Thinking about adults, please circle the number that indicates how important you think these are for their healthy eating.

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Limiting the amount of fat</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>b) Limiting the amount of saturated fat (found in meat and dairy products)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>c) Eating lots of red meat</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>d) Limiting sugar (sweets, chocolates, biscuits)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>e) Eating lots of whole grain foods (such as brown or wholemeal bread and cereals like weetabix)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>f) Limiting the amount of cholesterol (such as in eggs)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>g) Drinking lots of milk</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>h) Eating lots of fruit and vegetables</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>i) Limiting salt</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>j) Taking vitamin supplements</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>k) Drinking lots of water</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>l) Eating a balanced diet</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>m) Eating lots of pulses (such as soya beans, lentils or chickpeas)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
</tbody>
</table>
Q31 Thinking about children, please circle the number that indicates how important you think these are for their healthy eating.

<table>
<thead>
<tr>
<th></th>
<th>Very important</th>
<th>Quite important</th>
<th>Not very important</th>
<th>Not at all important</th>
<th>Can't choose</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Limiting the amount of fat</td>
<td>1</td>
<td>2</td>
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<td>c) Eating lots of red meat</td>
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<td>d) Limiting sugar (sweets, chocolates, biscuits)</td>
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<td>e) Eating lots of whole grain foods (such as brown or wholemeal bread and cereals like weetabix)</td>
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</tr>
<tr>
<td>h) Eating lots of fruit and vegetables</td>
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<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>i) Limiting salt</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>j) Taking vitamin supplements</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>k) Drinking lots of water</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>l) Eating a balanced diet</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>m) Eating lots of pulses (such as soya beans, lentils or chickpeas)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
</tbody>
</table>
Q32 Here are some statements about eating.

Please indicate how strongly you agree or disagree with the statements.

Please tick ONE box per row

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Can't choose</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) The tastiest foods are the ones that are bad for you</td>
<td>1</td>
<td>2</td>
<td></td>
<td>3</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>b) Healthy foods are enjoyable</td>
<td>1</td>
<td>2</td>
<td></td>
<td>3</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>c) I get confused over what’s supposed to be healthy and what isn’t</td>
<td>1</td>
<td>2</td>
<td></td>
<td>3</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>d) I really care about what I eat</td>
<td>1</td>
<td>2</td>
<td></td>
<td>3</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>e) Healthy eating is just another fad</td>
<td>1</td>
<td>2</td>
<td></td>
<td>3</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>f) If you do enough exercise you can eat whatever you like</td>
<td>1</td>
<td>2</td>
<td></td>
<td>3</td>
<td></td>
<td>4</td>
</tr>
</tbody>
</table>

Q33 Overall, would you say that what you usually eat is...

AGENEAT

Very healthy [1] → Go to Q36
Quite healthy [2]
Not very healthy [3]
Very unhealthy [4]

Q34 Would you like to eat more healthily than you do at the moment?

AEMORHEL

Yes [1]
No [2] → Go to Q36
Don’t know [8]
Q35  Which of these statements applies to you:

AEHELFUT
I’m unlikely ever to eat more healthily 1
I expect to eat more healthily within the next year 2
I expect to eat more healthily but not in the next year 3
I don’t know 4

Q36  In what ways could you improve what you eat?

a) I could improve what I eat by eating less:  

TESATLES

Tick ALL that apply

generally 1
convenience foods, fast foods, takeaways 2
red meat (fatty meat) 3
sugar, sweets, chocolates, biscuits, cakes 4
salty snacks, crisps 5
fried foods 6
none, no changes necessary 7

b) I could improve what I eat by switching to: 

AESWTC

Tick ALL that apply

lower fat food 1
lean meats 2
low fat spreads & unsaturated fats (Flora, sunflower oil, olive oil etc) 3
food made with fresh fruit & vegetables 4
skimmed or semi-skimmed milk 5
none, no changes necessary 6
Q36 I could improve what I eat by eating more:

c) Tick ALL that apply

AEATMOR

- generally
- high fibre food (such as granary or wholemeal bread, pulses, bran cereals)
- starchy food (rice, pasta, potatoes, bread, cereals)
- fruit, vegetables, salad
- unbattered fish
- lean meat
- none, no changes necessary

Q37 Overall, how easy or difficult would you find it to make these improvements to the way you eat?

AETIMPRV

- Very easy
- Quite easy
- Quite difficult
- Very difficult
- No changes necessary ➔ Go to the end
Q38 What would stop you making these improvements to the way you eat?

**ASTPHE**

**Tick ALL that apply**

- It costs too much
- I don’t have enough time
- I don’t have the cooking ability
- I eat what I’m given
- It doesn’t satisfy hunger
- I don’t like healthy foods
- My family won’t eat healthy foods
- It is hard to change my eating habits
- I am not motivated to
- Something else
- None of these

Q39 What would encourage you to make these improvements to the way you eat?

**AENCHE**

**Tick ALL that apply**

- Advice from doctor or nurse
- Advice from family member
- My own ill health
- Family member’s ill health
- Increased income
- Lower cost of food
- Better access to shops and supermarkets
- Clearer advice from the government
- Clearer labelling of foods
- Being motivated to
Thank you for answering these questions.

Please give the booklet back to the interviewer.
Example Questions: How to fill in this questionnaire

Most questions on the following pages can be answered simply by ticking the box below or alongside the answer that applies to you.

Tick ONE box

<table>
<thead>
<tr>
<th>Very healthy life</th>
<th>Fairly healthy life</th>
<th>Not very healthy life</th>
<th>An unhealthy life</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Example 1: Do you feel that you lead a ...

Some questions might ask you to circle an answer instead of ticking a box.

Example 2: The questions in this booklet can be answered by simply circling the number below the answer that applies.

Circle one answer

<table>
<thead>
<tr>
<th>Very healthy life</th>
<th>Fairly healthy life</th>
<th>Not very healthy life</th>
<th>An unhealthy life</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you feel that you lead a ...

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

Tick ONE box

Example 3: Would you like to lead a healthier life than you do now?

Yes ➔ GO TO Q5

No ➔ GO TO Q4

By following the arrows carefully, you will miss out the questions that do not apply to you.
Attitudes towards Smoking

Q1 In general, do you mind if other people smoke near you?  

<table>
<thead>
<tr>
<th>Answer</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>It depends</td>
<td>3</td>
</tr>
</tbody>
</table>

Q2 How much, if at all, do you think breathing in other people’s smoke affects the health of adults who are exposed to it?  

<table>
<thead>
<tr>
<th>Answer</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>A great deal</td>
<td>1</td>
</tr>
<tr>
<td>A fair amount</td>
<td>2</td>
</tr>
<tr>
<td>Just a little</td>
<td>3</td>
</tr>
<tr>
<td>Not at all</td>
<td>4</td>
</tr>
<tr>
<td>I don’t know</td>
<td>8</td>
</tr>
</tbody>
</table>

Go to Q4

Q3 In what ways would you say breathing in other people’s smoke affects the health of adults?  

Tick ALL that apply

<table>
<thead>
<tr>
<th>Health Effect</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Causes breathlessness</td>
<td>01</td>
</tr>
<tr>
<td>Causes coughing</td>
<td>02</td>
</tr>
<tr>
<td>Causes wheezing</td>
<td>03</td>
</tr>
<tr>
<td>Causes people to get asthma or makes asthma worse</td>
<td>04</td>
</tr>
<tr>
<td>Makes people more prone to chest infections or bronchitis</td>
<td>05</td>
</tr>
<tr>
<td>Makes people less fit than they used to be</td>
<td>06</td>
</tr>
<tr>
<td>Makes people more likely to suffer from cancer</td>
<td>07</td>
</tr>
<tr>
<td>Makes people more likely to suffer from another serious illness (such as heart disease or stroke)</td>
<td>08</td>
</tr>
<tr>
<td>Something else</td>
<td>09</td>
</tr>
<tr>
<td>I don’t know</td>
<td>08</td>
</tr>
</tbody>
</table>
Q4. How much, if at all, do you think breathing in other people’s smoke affects the health of children under the age of 16?

- A great deal
- A fair amount
- Just a little
- Not at all
- I don’t know

Select the appropriate option.

Go to Q6

Q5. In what ways would you say breathing in other people’s smoke affects the health of children under the age of 16?

Tick ALL that apply.

- Causes breathlessness
- Causes coughing
- Causes wheezing
- Causes children to get asthma or makes asthma worse
- Makes children more prone to chest infections or bronchitis
- Makes children more likely to suffer from cancer
- Makes children more likely to suffer from another serious illness (such as heart disease or stroke)
- Makes children less likely to grow well
- Causes ear infections and glue ear
- Something else
- I don’t know

Q6. Are there any rules about whether people should smoke in your home or where they should smoke?

- Yes
- No
- I don’t know
Q7 If you did not want visitors to smoke in your home how confident would you feel about asking them not to? ATSMHOME

Very confident 1
Fairly confident 2
Not very confident 3
Not at all confident 4
I don't know 6  Go to Q9

Q8 Why would you not feel confident about asking visitors not to smoke in your home? ATSMHOM

Tick ALL that apply

It's not up to me to decide who smokes here 1
I feel too embarrassed to ask 2
I don't want to be bossy 3
I don't want to make a fuss 4
I don't want to offend people 5
I don't want to be unfriendly 6
Something else 7

Q9 How far do you agree or disagree with the total ban on smoking inside pubs? ATBANPUB

Agree strongly 1
Agree 2
Neither agree nor disagree 3
Disagree 4
Disagree strongly 5
Q10  How far do you agree or disagree with the total ban on smoking inside **restaurants**?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree strongly</td>
<td>1</td>
</tr>
<tr>
<td>Agree</td>
<td>2</td>
</tr>
<tr>
<td>Neither agree</td>
<td>3</td>
</tr>
<tr>
<td>Disagree</td>
<td>4</td>
</tr>
<tr>
<td>Disagree strongly</td>
<td>5</td>
</tr>
</tbody>
</table>

Q11  How far do you agree or disagree that there should be restrictions on smoking in public places where there are, or are likely to be, children under the age of 16?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree strongly</td>
<td>1</td>
</tr>
<tr>
<td>Agree</td>
<td>2</td>
</tr>
<tr>
<td>Neither agree</td>
<td>3</td>
</tr>
<tr>
<td>Disagree</td>
<td>4</td>
</tr>
<tr>
<td>Disagree strongly</td>
<td>5</td>
</tr>
</tbody>
</table>

Q12  Now that pubs and restaurants are smoke free, would you visit them...

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>...more often than you used to</td>
<td>1</td>
</tr>
<tr>
<td>...less often than you used to</td>
<td>2</td>
</tr>
<tr>
<td>...or about the same as you used to</td>
<td>3</td>
</tr>
<tr>
<td>I don't go to pubs or restaurants</td>
<td>4</td>
</tr>
</tbody>
</table>

**IF YOU ARE A CURRENT CI GARETTE SMOKER ANSWER QUESTIONS Q13 TO Q16 BELOW, OTHERWISE PLEASE CLOSE THE BOOKLET & THE INTERVIEWER WILL ASK YOU SOME MORE QUESTIONS:**

Q13  Has the smoking ban in **pubs** made you **cut down** on the number of cigarettes you smoke?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>

Q14  Has the smoking ban in **pubs** made you more likely to **stay at home** where you can smoke?
Q15  Has the smoking ban in restaurants made you cut down on the number of cigarettes you smoke?

ARESMCT2

Q16  Has the smoking ban in restaurants made you more likely to stay at home where you can smoke?

ARESMHM2

**STOP HERE**

THANK YOU FOR COMPLETING THE SMOKING SECTION
PLEASE CLOSE THE BOOKLET & THE INTERVIEWER WILL ASK YOU SOME MORE QUESTIONS
Attitudes towards Drinking

Q17 Have you heard of units of alcohol?

KNUNIT

Yes [ ]

No [ ] → Go to Q23

Q18 What do you think is the current official recommended maximum number of units per day for men?

KNUNMEN

Write in NUMBER 218-219 OR tick

Units per day [ ] I don’t know

Q19 What do you think is the current official recommended maximum number of units per day for women?

KNUNWOM

Write in NUMBER 220-221 OR tick

Units per day [ ] I don’t know

We are interested to know what people understand by a unit of alcohol.

Q20 How many units do you think there are in a glass of wine? (A small 125ml glass)

KNUNW125

Write in NUMBER 222 OR tick

Units [ ] I don’t know

Q21 How many units do you think there are in a pint of normal strength beer?

KNUNNSBR

Write in NUMBER 223 OR tick

Units [ ] I don’t know
Q22 How many units do you think there are in a single pub measure of spirits? For example whisky or gin.

KNUNSPIR

Write in NUMBER 224 Units OR tick

[ ] 224 Units [ ] 8 I don’t know

Q23 How much do you agree or disagree with the following statement:
Some people I know would think it odd if I didn’t drink alcohol at all.

ATODDTT

Tick ONE box

225

[ ] Strongly agree 1
[ ] Agree 2
[ ] Neither agree nor disagree 3
[ ] Disagree 4
[ ] Strongly disagree 5
[ ] I don’t drink alcohol 6

Q24 Some people say that pubs and bars now being open for longer means that people will drink more alcohol. Others say that longer opening hours mean that people will drink the same amount of alcohol over a longer period of time. Which of the following statements comes closest to your views about this?

ATDNKHRS

Tick ONE box

226

[ ] People will drink more alcohol 1
[ ] People will drink the same amount of alcohol over a longer period of time 2
[ ] There will be no change in the amount of alcohol people drink and the time they spend in pubs and bars 3
[ ] I don’t know what the effect will be 4
Q25  Here are some statements about drinking.

Please indicate how strongly you agree or disagree with the statements.

**Please tick ONE box for each row**

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Can’t choose</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Getting drunk is a perfectly acceptable thing for people to do</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>b) Drinking is a major part of the British way of life</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>c) It’s easier to enjoy a social event if you’ve had a drink</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>d) There is nothing wrong with people getting drunk regularly</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>e) Most people with serious drinking problems can never fully recover</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>f) People in some other parts of Europe tend to drink alcohol more sensibly than people in Britain</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>g) The government should tax alcohol more heavily to encourage people to drink less</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>h) Most people with serious drinking problems have only themselves to blame</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
</tr>
</tbody>
</table>

Q26  Would you like to drink less than, more than or about the same amount of alcohol as you do at the moment? ATOWNDNK

**Tick ONE box**

<table>
<thead>
<tr>
<th></th>
<th>Less</th>
<th>More</th>
<th>About the same</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**STOP HERE**

THANK YOU FOR COMPLETING THE DRINKING SECTION

PLEASE CLOSE THE BOOKLET & THE INTERVIEWER WILL ASK YOU SOME MORE QUESTIONS
Attitudes towards Healthy Eating

Q27 Official guidelines measure the fruit and vegetables that people eat in terms of ‘portions’.

a) Which of the following do you think make up ONE ‘portion of fruit or vegetables’?

Please tick ALL that apply KPORTN

<table>
<thead>
<tr>
<th>Item</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 cherry tomatoes</td>
<td>1</td>
</tr>
<tr>
<td>1 apple</td>
<td>2</td>
</tr>
<tr>
<td>1 melon</td>
<td>3</td>
</tr>
<tr>
<td>4 grapes</td>
<td>4</td>
</tr>
<tr>
<td>1 jacket potato</td>
<td>5</td>
</tr>
<tr>
<td>2 tablespoons of carrots</td>
<td>6</td>
</tr>
</tbody>
</table>

b) How many portions of fruit and vegetables do you think people should eat everyday?

Please write in NUMBER per day

OR tick I don’t know

Q28 Have you heard of the guidelines for salt intake?

Yes

No ➔ Go to Q30

Q29 What do you think is the official guideline for maximum daily salt intake?

Please write in NUMBER of grams per day

OR tick I don’t know
Q30 Thinking about adults, please circle the number that indicates how important you think these are for their healthy eating.

<table>
<thead>
<tr>
<th></th>
<th>Very important</th>
<th>Quite important</th>
<th>Not very important</th>
<th>Not at all important</th>
<th>Can't choose</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Limiting the amount of fat</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>b) Limiting the amount of saturated fat (found in meat and dairy products)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>c) Eating lots of red meat</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>d) Limiting sugar (sweets, chocolates, biscuits)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>e) Eating lots of whole grain foods (such as brown or wholemeal bread and cereals like weetabix)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>f) Limiting the amount of cholesterol (such as in eggs)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>g) Drinking lots of milk</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>h) Eating lots of fruit and vegetables</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>i) Limiting salt</td>
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<td>8</td>
</tr>
<tr>
<td>j) Taking vitamin supplements</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>k) Drinking lots of water</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>l) Eating a balanced diet</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>m) Eating lots of pulses (such as soya beans, lentils or chickpeas)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
</tbody>
</table>
Q31 Thinking about children, please circle the number that indicates how important you think these are for their healthy eating.

<table>
<thead>
<tr>
<th></th>
<th>Very important</th>
<th>Quite important</th>
<th>Not very important</th>
<th>Not at all important</th>
<th>Can't choose</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Limiting the amount of fat</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>KETFATC</td>
<td>261</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Limiting the amount of saturated fat (found in meat and dairy products)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>KETSFATC</td>
<td>262</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Eating lots of red meat</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>KETRMTC</td>
<td>263</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Limiting sugar (sweets, chocolates, biscuits)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>KETSGUC</td>
<td>264</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>e) Eating lots of whole grain foods (such as brown or wholemeal bread and cereals like weetabix)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>KETWGRNC</td>
<td>265</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) Limiting the amount of cholesterol (such as in eggs)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>KETEGGC</td>
<td>266</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>g) Drinking lots of milk</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>KETMILKC</td>
<td>267</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h) Eating lots of fruit and vegetables</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>KETFVC</td>
<td>268</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i) Limiting salt</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>KETSALTC</td>
<td>269</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j) Taking vitamin supplements</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>KETVITC</td>
<td>270</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k) Drinking lots of water</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>KETWATC</td>
<td>271</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>l) Eating a balanced diet</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>KETBALDC</td>
<td>272</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>m) Eating lots of pulses (such as soya beans, lentils or chickpeas)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>KETPULC</td>
<td>273</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Q32  Here are some statements about eating.

Please indicate how strongly you agree or disagree with the statements.

Please tick ONE box per row

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Can't choose</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) The tastiest foods are the ones that are bad for you</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>b) Healthy foods are enjoyable</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>c) I get confused over what’s supposed to be healthy and what isn’t</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>d) I really care about what I eat</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>e) Healthy eating is just another fad</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>f) If you do enough exercise you can eat whatever you like</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
</tr>
</tbody>
</table>

Q33  Overall, would you say that what you usually eat is...

AGENEAT

- Very healthy [1]  \(\rightarrow\) Go to Q36
- Quite healthy [2]
- Not very healthy [3]
- Very unhealthy [4]

Q34  Would you like to eat more healthily than you do at the moment?

AEMORHEL

- Yes [1]
- No [2] \(\rightarrow\) Go to Q36
- Don’t know [8]
Q35 Which of these statements applies to you:

AEHELFUT

I’m unlikely ever to eat more healthily 1
I expect to eat more healthily within the next year 2
I expect to eat more healthily but not in the next year 3
I don’t know 4

Q36 In what ways could you improve what you eat?

a) I could improve what I eat by **eating less**:

AEATLES

generally 1
convenience foods, fast foods, takeaways 2
red meat (fatty meat) 3
sugar, sweets, chocolates, biscuits, cakes 4
salty snacks, crisps 5
fried foods 6
none, no changes necessary 7

b) I could improve what I eat by **switching to**:

AESWTCH

lower fat food 1
lean meats 2
low fat spreads & unsaturated fats (Flora, sunflower oil, olive oil etc) 3
food made with fresh fruit & vegetables 4
skimmed or semi-skimmed milk 5
none, no changes necessary 6
Q36 I could improve what I eat by **eating more:**
c) AEATMOR

Tick ALL that apply

294-299

- generally
- high fibre food (such as granary or wholemeal bread, pulses, bran cereals)
- starchy food (rice, pasta, potatoes, bread, cereals)
- fruit, vegetables, salad
- unbattered fish
- lean meat
- none, no changes necessary

Q37 Overall, how easy or difficult would you find it to make these improvements to the way **you** eat? AE1IMPRV

300

- Very easy
- Quite easy
- Quite difficult
- Very difficult
- No changes necessary

⇒ Go to the end
Q38 What would **stop** you making these improvements to the way you **eat**?

**ASTPHE**  
Tick ALL that apply

- It costs too much
- I don’t have enough time
- I don’t have the cooking ability
- I eat what I’m given
- It doesn’t satisfy hunger
- I don’t like healthy foods
- My family won’t eat healthy foods
- It is hard to change my eating habits
- I am not motivated to
- Something else
- None of these

Q39 What would encourage you to make these improvements to the way you **eat**?  

**AENCHE**  
Tick ALL that apply

- Advice from doctor or nurse
- Advice from family member
- My own ill health
- Family member’s ill health
- Increased income
- Lower cost of food
- Better access to shops and supermarkets
- Clearer advice from the government
- Clearer labelling of foods
- Being motivated to
- Something else
- None of these
Thank you for answering these questions.

Please give the booklet back to the interviewer.
Example Questions: How to fill in this questionnaire

Most questions on the following pages can be answered simply by ticking the box below or alongside the answer that applies to you.

Tick ONE box

Very healthy life
Fairly healthy life
Not very healthy life
An unhealthy life

Example 1: Do you feel that you lead a...

Some questions might ask you to circle an answer instead of ticking a box.

Example 2: The questions in this booklet can be answered by simply circling the number below the answer that applies.

Circle one answer

Very healthy life
Fairly healthy life
Not very healthy life
An unhealthy life

Do you feel that you lead a ...

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

Tick ONE box

Example 3: Would you like to lead a healthier life than you do now?

By following the arrows carefully, you will miss out the questions that do not apply to you.
Attitudes towards Smoking

Q1  In general, do you mind if other people smoke near you?

<table>
<thead>
<tr>
<th>ATSMOKNR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>It depends</td>
</tr>
</tbody>
</table>

Q2  How much, if at all, do you think breathing in other people’s smoke affects the health of adults who are exposed to it?

<table>
<thead>
<tr>
<th>KNSMHLAD</th>
</tr>
</thead>
<tbody>
<tr>
<td>A great deal</td>
</tr>
<tr>
<td>A fair amount</td>
</tr>
<tr>
<td>Just a little</td>
</tr>
<tr>
<td>Not at all</td>
</tr>
<tr>
<td>I don’t know</td>
</tr>
</tbody>
</table>

Go to Q4

Q3  In what ways would you say breathing in other people’s smoke affects the health of adults?

KSMHLA

Tick ALL that apply

| Causes breathlessness | 01 |
| Causes coughing | 02 |
| Causes wheezing | 03 |
| Causes people to get asthma or makes asthma worse | 04 |
| Makes people more prone to chest infections or bronchitis | 05 |
| Makes people less fit than they used to be | 06 |
| Makes people more likely to suffer from cancer | 07 |
| Makes people more likely to suffer from another serious illness (such as heart disease or stroke) | 08 |
| Something else | 09 |
| I don’t know | 98 |
Q4 How much, if at all, do you think breathing in other people’s smoke affects the health of children under the age of 16?

KNSMHLCH

A great deal 1
A fair amount 2
Just a little 3
Not at all 4
I don’t know 8

Go to Q6

Q5 In what ways would you say breathing in other people’s smoke affects the health of children under the age of 16?

KSMHLC

Tick ALL that apply

Causes breathlessness 01
Causes coughing 02
Causes wheezing 03
Causes children to get asthma or makes asthma worse 04
Makes children more prone to chest infections or bronchitis 05
Makes children more likely to suffer from cancer 06
Makes children more likely to suffer from another serious illness (such as heart disease or stroke) 07
Makes children less likely to grow well 08
Causes ear infections and glue ear 09
Something else 10
I don’t know 98

Q6 Are there any rules about whether people should smoke in your home or where they should smoke? ATSMRULE

Yes 1
No 2
I don’t know 8
Q7  If you did not want visitors to smoke in your home how confident would you feel about asking them not to? *ATSMHOME*

- Very confident
- Fairly confident
- Not very confident
- Not at all confident
- I don’t know

Go to Q9

Q8  Why would you not feel confident about asking visitors not to smoke in your home? *ATSMHOM*

Tick ALL that apply

- It’s not up to me to decide who smokes here
- I feel too embarrassed to ask
- I don’t want to be bossy
- I don’t want to make a fuss
- I don’t want to offend people
- I don’t want to be unfriendly
- Something else

Q9  How far do you agree or disagree with the total ban on smoking inside *pubs*? *ATBANPUB*

- Agree strongly
- Agree
- Neither agree nor disagree
- Disagree
- Disagree strongly
Q10  How far do you agree or disagree with the total ban on smoking inside restaurants?

ATBANRES

Agree strongly □ 1
Agree □ 2
Neither agree nor disagree □ 3
Disagree □ 4
Disagree strongly □ 5

Q11  How far do you agree or disagree that there should be restrictions on smoking in public places where there are, or are likely to be, children under the age of 16?

ATBANCH

Agree strongly □ 1
Agree □ 2
Neither agree nor disagree □ 3
Disagree □ 4
Disagree strongly □ 5

Q12  When pubs and restaurants are smoke free, would you visit them...

ATBANVIS1

...more often than you do nowadays □ 1
...less often than you do nowadays □ 2
...or about the same as you do nowadays □ 3
I don’t go to pubs or restaurants □ 4

IF YOU ARE A CURRENT CIGARETTE SMOKER ANSWER QUESTIONS Q13 TO Q16 BELOW, OTHERWISE PLEASE CLOSE THE BOOKLET & THE INTERVIEWER WILL ASK YOU SOME MORE QUESTIONS:

Q13  Will the smoking ban in pubs make you cut down on the number of cigarettes you smoke?

APUSMCT1

Yes □ 1
No □ 2
Q14  Will the smoking ban in pubs make you more likely to stay at home where you can smoke?

APUSMHM1

Yes  1
No   2

Q15  Will the smoking ban in restaurants make you cut down on the number of cigarettes you smoke?

ARESMCT1

Yes  1
No   2

Q16  Will the smoking ban in restaurants make you more likely to stay at home where you can smoke?

ARESMHM1

Yes  1
No   2

Spare 212-216

**STOP HERE**

THANK YOU FOR COMPLETING THE SMOKING SECTION
PLEASE CLOSE THE BOOKLET & THE INTERVIEWER WILL ASK YOU SOME MORE QUESTIONS
**Attitudes towards Drinking**

**Q17** Have you heard of units of alcohol?

- **KNUNIT**
  - Yes
  - No \( \rightarrow \) Go to Q23

**Q18** What *do you think* is the current official recommended maximum number of **units per day** for **men**?

- **KNUNMEN**
  - Write in NUMBER 218-219
  - OR tick
  - Units per day
  - 98 I don't know

**Q19** What *do you think* is the current official recommended maximum number of **units per day** for **women**?

- **KNUNWOM**
  - Write in NUMBER 220-221
  - OR tick
  - Units per day
  - 98 I don't know

We are interested to know what people understand by a unit of alcohol.

**Q20** How many units *do you think* there are in a glass of wine? (A small 125ml glass)

- **KNUNW125**
  - Write in NUMBER 222
  - OR tick
  - Units
  - 8 I don't know

**Q21** How many units *do you think* there are in a pint of normal strength beer?

- **KNUNNSBR**
  - Write in NUMBER 223
  - OR tick
  - Units
  - 8 I don't know
Q22 How many units **do you think** there are in a single pub measure of spirits? For example whisky or gin.

**Write in**

<table>
<thead>
<tr>
<th>Units</th>
<th>OR tick</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8</td>
</tr>
</tbody>
</table>

**KNUNSPIR**

Q23 How much do you agree or disagree with the following statement:

Some people I know would think it odd if I didn’t drink alcohol at all.

**ATODDTT**

**Tick ONE box**

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>I don’t drink alcohol</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

Q24 Some people say that pubs and bars now being open for longer means that people will drink more alcohol. Others say that longer opening hours mean that people will drink the same amount of alcohol over a longer period of time. Which of the following statements comes closest to your views about this?

**ATDNKHRS**

**Tick ONE box**

<table>
<thead>
<tr>
<th>People will drink more alcohol</th>
<th>People will drink the same amount of alcohol over a longer period of time</th>
<th>There will be no change in the amount of alcohol people drink and the time they spend in pubs and bars</th>
<th>I don’t know what the effect will be</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
Q25 Here are some statements about drinking.  
Please indicate how strongly you agree or disagree with the statements.  

**Please tick ONE box for each row**

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Can't choose</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Getting drunk is a perfectly acceptable thing for people to do</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>b) Drinking is a major part of the British way of life</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>c) It's easier to enjoy a social event if you've had a drink</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>d) There is nothing wrong with people getting drunk regularly</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>e) Most people with serious drinking problems can never fully recover</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>f) People in some other parts of Europe tend to drink alcohol more sensibly than people in Britain</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>g) The government should tax alcohol more heavily to encourage people to drink less</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>h) Most people with serious drinking problems have only themselves to blame</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
</tr>
</tbody>
</table>

Q26 Would you like to drink less than, more than or about the same amount of alcohol as you do at the moment? **ATOWNDNK**

<table>
<thead>
<tr>
<th></th>
<th>Tick ONE box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less</td>
<td>1</td>
</tr>
<tr>
<td>More</td>
<td>2</td>
</tr>
<tr>
<td>About the same</td>
<td>3</td>
</tr>
</tbody>
</table>

**STOP HERE**

THANK YOU FOR COMPLETING THE DRINKING SECTION  
PLEASE CLOSE THE BOOKLET & THE INTERVIEWER WILL ASK YOU SOME MORE QUESTIONS
Attitudes towards Healthy Eating

Q27 Official guidelines measure the fruit and vegetables that people eat in terms of ‘portions’.

a) Which of the following do you think make up ONE ‘portion of fruit or vegetables’?

Please tick ALL that apply

- 2 cherry tomatoes
- 1 apple
- 1 melon
- 4 grapes
- 1 jacket potato
- 2 tablespoons of carrots

b) How many portions of fruit and vegetables do you think people should eat everyday?

Please write in NUMBER per day

OR tick I don’t know

Q28 Have you heard of the guidelines for salt intake?

Yes

No ➔ Go to Q30

Q29 What do you think is the official guideline for maximum daily salt intake?

Please write in NUMBER of grams per day

OR tick I don’t know
Thinking about adults, please circle the number that indicates how important you think these are for their healthy eating.

<table>
<thead>
<tr>
<th>Description</th>
<th>Very important</th>
<th>Quite important</th>
<th>Not very important</th>
<th>Not at all important</th>
<th>Can't choose</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Limiting the amount of fat</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>b) Limiting the amount of saturated fat (found in meat and dairy products)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>c) Eating lots of red meat</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>d) Limiting sugar (sweets, chocolates, biscuits)</td>
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<td>2</td>
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<tr>
<td>e) Eating lots of whole grain foods (such as brown or wholemeal bread and cereals like weetabix)</td>
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<td>4</td>
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</tr>
<tr>
<td>f) Limiting the amount of cholesterol (such as in eggs)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>g) Drinking lots of milk</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>h) Eating lots of fruit and vegetables</td>
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<td>i) Limiting salt</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>j) Taking vitamin supplements</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>k) Drinking lots of water</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>l) Eating a balanced diet</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>m) Eating lots of pulses (such as soya beans, lentils or chickpeas)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
</tbody>
</table>
Q31  **Thinking about children**, please circle the number that indicates how important you think these are for their healthy eating.

<table>
<thead>
<tr>
<th></th>
<th>Very important</th>
<th>Quite important</th>
<th>Not very important</th>
<th>Not at all important</th>
<th>Can't choose</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a)</strong> Limiting the amount of fat</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8 261</td>
</tr>
<tr>
<td><strong>b)</strong> Limiting the amount of saturated fat (found in meat and dairy products)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8 262</td>
</tr>
<tr>
<td><strong>c)</strong> Eating lots of red meat</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8 263</td>
</tr>
<tr>
<td><strong>d)</strong> Limiting sugar (sweets, chocolates, biscuits)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8 264</td>
</tr>
<tr>
<td><strong>e)</strong> Eating lots of whole grain foods (such as brown or wholemeal bread and cereals like weetabix)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8 265</td>
</tr>
<tr>
<td><strong>f)</strong> Limiting the amount of cholesterol (such as in eggs)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8 266</td>
</tr>
<tr>
<td><strong>g)</strong> Drinking lots of milk</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8 267</td>
</tr>
<tr>
<td><strong>h)</strong> Eating lots of fruit and vegetables</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8 268</td>
</tr>
<tr>
<td><strong>i)</strong> Limiting salt</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8 269</td>
</tr>
<tr>
<td><strong>j)</strong> Taking vitamin supplements</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8 270</td>
</tr>
<tr>
<td><strong>k)</strong> Drinking lots of water</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8 271</td>
</tr>
<tr>
<td><strong>l)</strong> Eating a balanced diet</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8 272</td>
</tr>
<tr>
<td><strong>m)</strong> Eating lots of pulses (such as soya beans, lentils or chickpeas)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8 273</td>
</tr>
</tbody>
</table>
Q32 Here are some statements about eating.

Please indicate how strongly you agree or disagree with the statements.

Please tick ONE box per row

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Can't choose</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td>The tastiest foods are the ones that are bad for you</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b)</td>
<td>Healthy foods are enjoyable</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>c)</td>
<td>I get confused over what’s supposed to be healthy and what isn’t</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>d)</td>
<td>I really care about what I eat</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>e)</td>
<td>Healthy eating is just another fad</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>f)</td>
<td>If you do enough exercise you can eat whatever you like</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Q33 Overall, would you say that what you usually eat is...

<table>
<thead>
<tr>
<th></th>
<th>Very healthy</th>
<th>Quite healthy</th>
<th>Not very healthy</th>
<th>Very unhealthy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Go to Q36</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Q34 Would you like to eat more healthily than you do at the moment?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
<th>Go to Q36</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Q35 Which of these statements applies to you:

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>I’m unlikely ever to eat more healthily</td>
<td>1</td>
</tr>
<tr>
<td>I expect to eat more healthily within the next year</td>
<td>2</td>
</tr>
<tr>
<td>I expect to eat more healthily but not in the next year</td>
<td>3</td>
</tr>
<tr>
<td>I don’t know</td>
<td>8</td>
</tr>
</tbody>
</table>

Q36 In what ways could you improve what you eat?

**a)** I could improve what I eat by **eating less**:

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>generally</td>
<td>1</td>
</tr>
<tr>
<td>convenience foods, fast foods, takeaways</td>
<td>2</td>
</tr>
<tr>
<td>red meat (fatty meat)</td>
<td>3</td>
</tr>
<tr>
<td>sugar, sweets, chocolates, biscuits, cakes</td>
<td>4</td>
</tr>
<tr>
<td>salty snacks, crisps</td>
<td>5</td>
</tr>
<tr>
<td>fried foods</td>
<td>6</td>
</tr>
<tr>
<td>none, no changes necessary</td>
<td>7</td>
</tr>
</tbody>
</table>

**b)** I could improve what I eat by **switching to**:

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>lower fat food</td>
<td>1</td>
</tr>
<tr>
<td>lean meats</td>
<td>2</td>
</tr>
<tr>
<td>low fat spreads &amp; unsaturated fats (Flora, sunflower oil, olive oil etc)</td>
<td>3</td>
</tr>
<tr>
<td>food made with fresh fruit &amp; vegetables</td>
<td>4</td>
</tr>
<tr>
<td>skimmed or semi-skimmed milk</td>
<td>5</td>
</tr>
<tr>
<td>none, no changes necessary</td>
<td>6</td>
</tr>
</tbody>
</table>
Q36 I could improve what I eat by **eating more:**

  c) **AEATMOR**

**Tick ALL that apply**

294-299

- generally 1
- high fibre food (such as granary or wholemeal bread, pulses, bran cereals) 2
- starchy food (rice, pasta, potatoes, bread, cereals) 3
- fruit, vegetables, salad 4
- unbattered fish 5
- lean meat 6
- none, no changes necessary 7

Q37 Overall, how easy or difficult would you find it to make these improvements to the way **you** eat?

**AETIMPRV**

300

- Very easy 1
- Quite easy 2
- Quite difficult 3
- Very difficult 4
- No changes necessary 5

*Go to Q40*
Q38  What would stop you making these improvements to the way you eat?

**Tick ALL that apply**

- It costs too much [ ] 01
- I don’t have enough time [ ] 02
- I don’t have the cooking ability [ ] 03
- I eat what I’m given [ ] 04
- It doesn’t satisfy hunger [ ] 05
- I don’t like healthy foods [ ] 06
- My family won’t eat healthy foods [ ] 07
- It is hard to change my eating habits [ ] 08
- I am not motivated to [ ] 09
- Something else [ ] 10
- None of these [ ] 11

Q39  What would encourage you to make these improvements to the way you eat?

**Tick ALL that apply**

- Advice from doctor or nurse [ ] 01
- Advice from family member [ ] 02
- My own ill health [ ] 03
- Family member’s ill health [ ] 04
- Increased income [ ] 05
- Lower cost of food [ ] 06
- Better access to shops and supermarkets [ ] 07
- Clearer advice from the government [ ] 08
- Clearer labelling of foods [ ] 09
- Being motivated to [ ] 10
- Something else [ ] 11
Attitudes towards Physical Activity

In this section we use the terms **physical activity, exercise and sport**.

**Our definitions are given below:**

**Physical activity** means a wide range of activities involving movement including housework such as vacuuming and digging the garden, active hobbies, walking and cycling, dancing, exercise such as swimming or going to the gym, and sport. It includes movement done as part of a job such as walking, lifting and carrying.

**Exercise** means a type of physical activity which is more structured and planned for the purpose of improving health and fitness.

**Sport** means a type of physical activity which is structured. It is often used to describe exercise which has rules such as football, martial arts, or competitive swimming.

Q40 You may have heard about official recommended levels of physical activity. Which of the following statements applies to you?

Tick ONE box

1. I know what the recommended level of physical activity is

2. I have heard of the recommended level of physical activity but don’t know what it is

3. I have not heard about the recommended level of physical activity

Q41 How many days a week do you think **people of your age should** do physical activity?

Include all moderate physical activity, including physical activity as part of a job. By week we mean the whole week including weekends.

Please write in **NUMBER** Days

OR TICK I don’t know

Q42 On each of the days **someone of your age** does moderate physical activity, how many **minutes a day** should they do it for it to be good for their health?

Please write in **NUMBER** Minutes per day

OR TICK I don’t know
Q43  Here are some statements about physical activity and exercise.

Please indicate how strongly you agree or disagree with the statements.

**ATPHYSA**

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Can't choose</th>
</tr>
</thead>
</table>

a) You can get enough physical activity in your daily life without doing sport or exercise such as jogging or going to the gym

b) Physical activity is good for your health even if it is only for 10 minutes at a time

c) Physical activity is good for your health even if it is moderate, such as walking briskly, gardening (for example digging) and housework (for example vacuuming)

d) Physical activity is better for your health if you keep it up for at least 30 minutes at a time

e) Physical activity is better for your health if it gets you out of breath
There are many reasons for taking part in physical activity, exercise or sport. Which, if any, on the following list apply to you?

<table>
<thead>
<tr>
<th>Reason</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>I don’t participate in any physical activity</td>
<td>01</td>
</tr>
<tr>
<td>To release tension or relax</td>
<td>02</td>
</tr>
<tr>
<td>To be out of doors</td>
<td>03</td>
</tr>
<tr>
<td>To maintain good health</td>
<td>04</td>
</tr>
<tr>
<td>To socialise with other people</td>
<td>05</td>
</tr>
<tr>
<td>To lose or control weight</td>
<td>06</td>
</tr>
<tr>
<td>I have a physically demanding job</td>
<td>07</td>
</tr>
<tr>
<td>To have fun or adventure or excitement</td>
<td>08</td>
</tr>
<tr>
<td>To get or feel fit</td>
<td>09</td>
</tr>
<tr>
<td>To gain a sense of achievement</td>
<td>10</td>
</tr>
<tr>
<td>To enjoy the competition</td>
<td>11</td>
</tr>
<tr>
<td>To work harder or concentrate better</td>
<td>12</td>
</tr>
<tr>
<td>I have to walk or cycle to get around</td>
<td>13</td>
</tr>
<tr>
<td>Something else</td>
<td>14</td>
</tr>
</tbody>
</table>
Q45  Compared to other people of your own age would you describe yourself as...

AOWNPHYA

Tick ONE box

Very physically active 1
Fairly physically active 2
Not very physically active 3
Not at all physically active 4

Go to Q48

Q46  Which of the following activities do you think contribute most to keeping you fit?

AFIT

Tick ALL that apply

Walking or cycling to get around 01
Climbing stairs instead of taking a lift or escalator 02
Keeping active at home with housework, gardening or childcare 03
Having a physically active job 04
Going for walks or going hiking 05
Going out for cycle rides or going mountain biking 06
Going to the gym 07
Going jogging, running or swimming 08
Playing golf 09
Taking part in sport 10
Doing keep fit, exercise or dance 11
Something else 12

Q47  Do you think you do enough physical activity, exercise, or sport to keep you as fit as you would like?

AOWNFIT

Yes 1
No 2
Q48 Would you like to do more exercise or physical activity than you do at the moment?

ADOMORPA

Yes [ ]

No [ ]  Go to Q51

At the moment I am unable to [ ]

Q49 Which of the following statements best describes you?

APAFUTR

Tick ONE box

I’m unlikely ever to do more physical activity, exercise or sport [ ]  Go to Q51

I expect to do more physical activity, exercise or sport in the next year [ ]

I expect to do more physical activity, exercise or sport but not in the next year [ ]

I don’t know [ ]

Q50 Which types of physical activity, exercise or sport do you expect to take more of in the future?

APAFUT

Tick ALL that apply

Walking or cycling to get around [ ]

Climbing stairs instead of taking a lift or escalator [ ]

Keeping active at home with housework, gardening or childcare [ ]

Having a physically active job [ ]

Going for walks or going hiking [ ]

Going out for cycle rides or going mountain biking [ ]

Going to the gym [ ]

Going jogging, running or swimming [ ]

Playing golf [ ]

Taking part in sport [ ]

Doing keep fit, exercise or dance [ ]

Something else [ ]
Q51 What stops you from doing more physical activity, exercise or sport than you do now?

**ASTPPA**

Tick ALL that apply

- I don't need to do more
- My work commitments
- I don't have enough leisure time
- Caring for children or older people
- I have no one to exercise with
- I don't have enough money
- There are no suitable places to do it in my area
- I haven't got the right clothes or equipment
- Poor health or physical limitations
- I have injuries which prevent me
- None of these

Go to the end
Many other factors can prevent people from doing more physical activity, exercise or sport. From the following list which, if any, apply to you?

<table>
<thead>
<tr>
<th>APRVPA</th>
<th>Tick ALL that apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>I’m not the sporty type</td>
<td>01</td>
</tr>
<tr>
<td>I’m too shy or embarrassed</td>
<td>02</td>
</tr>
<tr>
<td>I’m worried about injury</td>
<td>03</td>
</tr>
<tr>
<td>I’m too old</td>
<td>04</td>
</tr>
<tr>
<td>I prefer to do other things</td>
<td>05</td>
</tr>
<tr>
<td>I think exercise is a waste of time</td>
<td>06</td>
</tr>
<tr>
<td>I’m too overweight</td>
<td>07</td>
</tr>
<tr>
<td>I am not motivated to do more</td>
<td>08</td>
</tr>
<tr>
<td>I don’t enjoy physical activity</td>
<td>09</td>
</tr>
<tr>
<td>Something else</td>
<td>10</td>
</tr>
<tr>
<td>None of these</td>
<td>11</td>
</tr>
<tr>
<td>Don’t know</td>
<td>98</td>
</tr>
</tbody>
</table>
Q53  What would encourage you to do more physical activity, exercise or sport?

AENCPA

<table>
<thead>
<tr>
<th>Options</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>I don't need to do more</td>
<td>01</td>
</tr>
<tr>
<td>Advice from a doctor or a nurse</td>
<td>02</td>
</tr>
<tr>
<td>Advice from a family member</td>
<td>03</td>
</tr>
<tr>
<td>My own ill health</td>
<td>04</td>
</tr>
<tr>
<td>Family member’s ill health</td>
<td>05</td>
</tr>
<tr>
<td>Increased income</td>
<td>06</td>
</tr>
<tr>
<td>More leisure time</td>
<td>07</td>
</tr>
<tr>
<td>Self-motivation</td>
<td>08</td>
</tr>
<tr>
<td>Having someone to do it with</td>
<td>09</td>
</tr>
<tr>
<td>Having a physical activity I am capable of</td>
<td>10</td>
</tr>
<tr>
<td>Clearer advice from the government</td>
<td>11</td>
</tr>
<tr>
<td>Something else</td>
<td>12</td>
</tr>
<tr>
<td>None of these</td>
<td>13</td>
</tr>
</tbody>
</table>

Thank you for answering these questions.

Please give the booklet back to the interviewer.
Example Questions : How to fill in this questionnaire

Most questions on the following pages can be answered simply by ticking the box below or alongside the answer that applies to you.

Tick ONE box

<table>
<thead>
<tr>
<th>Very healthy life</th>
<th>Fairly healthy life</th>
<th>Not very healthy life</th>
<th>An unhealthy life</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Example 1  Do you feel that you lead a...

Some questions might ask you to circle an answer instead of ticking a box.

Example 2  The questions in this booklet can be answered by simply circling the number below the answer that applies.

Circle one answer

<table>
<thead>
<tr>
<th>Very healthy life</th>
<th>Fairly healthy life</th>
<th>Not very healthy life</th>
<th>An unhealthy life</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you feel that you lead a ...

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

Tick ONE box

Example 3: Would you like to lead a healthier life than you do now?

Yes $\rightarrow$ GO TO Q5
No $\rightarrow$ GO TO Q4

By following the arrows carefully, you will miss out the questions that do not apply to you.
Attitudes towards Smoking

Q1 In general, do you mind if other people smoke near you?

<table>
<thead>
<tr>
<th>ATSMOKNR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>It depends</td>
</tr>
</tbody>
</table>

Q2 How much, if at all, do you think breathing in other people’s smoke affects the health of adults who are exposed to it?

<table>
<thead>
<tr>
<th>KNSMHLAD</th>
</tr>
</thead>
<tbody>
<tr>
<td>A great deal</td>
</tr>
<tr>
<td>A fair amount</td>
</tr>
<tr>
<td>Just a little</td>
</tr>
<tr>
<td>Not at all</td>
</tr>
<tr>
<td>I don’t know</td>
</tr>
</tbody>
</table>

Go to Q4

Q3 In what ways would you say breathing in other people’s smoke affects the health of adults?

Tick ALL that apply

<table>
<thead>
<tr>
<th>KSMHLA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Causes breathlessness</td>
</tr>
<tr>
<td>Causes coughing</td>
</tr>
<tr>
<td>Causes wheezing</td>
</tr>
<tr>
<td>Causes people to get asthma or makes asthma worse</td>
</tr>
<tr>
<td>Makes people more prone to chest infections or bronchitis</td>
</tr>
<tr>
<td>Makes people less fit than they used to be</td>
</tr>
<tr>
<td>Makes people more likely to suffer from cancer</td>
</tr>
<tr>
<td>Makes people more likely to suffer from another serious illness (such as heart disease or stroke)</td>
</tr>
<tr>
<td>Something else</td>
</tr>
<tr>
<td>I don’t know</td>
</tr>
</tbody>
</table>
Q4  How much, if at all, do you think breathing in other people’s smoke affects the health of children under the age of 16?

KNSMHLCH

- A great deal [ ]
- A fair amount [ ]
- Just a little [ ]
- Not at all [ ]
- I don’t know [ ]

Go to Q6

Q5  In what ways would you say breathing in other people’s smoke affects the health of children under the age of 16?

KSMHLC

Tick ALL that apply

- Causes breathlessness [ ]
- Causes coughing [ ]
- Causes wheezing [ ]
- Causes children to get asthma or makes asthma worse [ ]
- Makes children more prone to chest infections or bronchitis [ ]
- Makes children more likely to suffer from cancer [ ]
- Makes children more likely to suffer from another serious illness (such as heart disease or stroke) [ ]
- Makes children less likely to grow well [ ]
- Causes ear infections and glue ear [ ]
- Something else [ ]
- I don’t know [ ]

Q6  Are there any rules about whether people should smoke in your home or where they should smoke?

ATSMRULE

- Yes [ ]
- No [ ]
- I don’t know [ ]
Q7  If you did not want visitors to smoke in your home how confident would you feel about asking them not to?  

ATSMHOME

- [ ] Very confident
- [ ] Fairly confident
- [ ] Not very confident
- [ ] Not at all confident
- [ ] I don’t know

Go to Q9

Q8  Why would you not feel confident about asking visitors not to smoke in your home?  

ATSMHOM

Tick ALL that apply

- [ ] It’s not up to me to decide who smokes here
- [ ] I feel too embarrassed to ask
- [ ] I don’t want to be bossy
- [ ] I don’t want to make a fuss
- [ ] I don’t want to offend people
- [ ] I don’t want to be unfriendly
- [ ] Something else

Q9  How far do you agree or disagree with the total ban on smoking inside pubs?

ATBANPUB

- [ ] Agree strongly
- [ ] Agree
- [ ] Neither agree nor disagree
- [ ] Disagree
- [ ] Disagree strongly
Q10  How far do you agree or disagree with the total ban on smoking inside restaurants?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree strongly</td>
<td>1</td>
</tr>
<tr>
<td>Agree</td>
<td>2</td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td>3</td>
</tr>
<tr>
<td>Disagree</td>
<td>4</td>
</tr>
<tr>
<td>Disagree strongly</td>
<td>5</td>
</tr>
</tbody>
</table>

Q11  How far do you agree or disagree that there should be restrictions on smoking in public places where there are, or are likely to be, children under the age of 16?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree strongly</td>
<td>1</td>
</tr>
<tr>
<td>Agree</td>
<td>2</td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td>3</td>
</tr>
<tr>
<td>Disagree</td>
<td>4</td>
</tr>
<tr>
<td>Disagree strongly</td>
<td>5</td>
</tr>
</tbody>
</table>

Q12  Now that pubs and restaurants are smoke free, would you visit them...

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>...more often than you used to</td>
<td>1</td>
</tr>
<tr>
<td>...less often than you used to</td>
<td>2</td>
</tr>
<tr>
<td>...or about the same as you used to</td>
<td>3</td>
</tr>
<tr>
<td>I don't go to pubs or restaurants</td>
<td>4</td>
</tr>
</tbody>
</table>

IF YOU ARE A CURRENT CI GARETTE SMOKER ANSWER QUESTIONS Q13 TO Q16 BELOW, OTHERWISE PLEASE CLOSE THE BOOKLET & THE INTERVIEWER WILL ASK YOU SOME MORE QUESTIONS:

Q13  Has the smoking ban in pubs made you cut down on the number of cigarettes you smoke?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>
Q14 Has the smoking ban in pubs made you more likely to stay at home where you can smoke?

APUSMHM2

Yes : 1
No : 2

Q15 Has the smoking ban in restaurants made you cut down on the number of cigarettes you smoke?

ARESMCT2

Yes : 1
No : 2

Q16 Has the smoking ban in restaurants made you more likely to stay at home where you can smoke?

ARESMHM2

Yes : 1
No : 2

**STOP HERE**

THANK YOU FOR COMPLETING THE SMOKING SECTION
PLEASE CLOSE THE BOOKLET & THE INTERVIEWER WILL ASK YOU SOME MORE QUESTIONS
Attitudes towards Drinking

Q17  Have you heard of units of alcohol?

KNUNIT

Yes  1
No  2 ➔ Go to Q23

Q18  What do you think is the current official recommended maximum number of units per day for men?

KNUNMEN

Write in NUMBER 218-219 OR tick

Units per day  98 I don’t know

Q19  What do you think is the current official recommended maximum number of units per day for women?

KNUNWOM

Write in NUMBER 220-221 OR tick

Units per day  98 I don’t know

We are interested to know what people understand by a unit of alcohol.

Q20  How many units do you think there are in a glass of wine? (A small 125ml glass)

KNUNW125

Write in NUMBER 222 OR tick

Units  8 I don’t know

Q21  How many units do you think there are in a pint of normal strength beer?

KNUNNSBR

Write in NUMBER 223 OR tick

Units  8 I don’t know
Q22  How many units do you think there are in a single pub measure of spirits? For example whisky or gin.

Write in NUMBER  OR tick

<table>
<thead>
<tr>
<th>Units</th>
<th>I don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8</td>
</tr>
</tbody>
</table>

Q23  How much do you agree or disagree with the following statement: Some people I know would think it odd if I didn't drink alcohol at all.

Tick ONE box

| Strongly agree | 1 |
| Agree         | 2 |
| Neither agree nor disagree | 3 |
| Disagree      | 4 |
| Strongly disagree | 5 |
| I don't drink alcohol | 6 |

Q24  Some people say that pubs and bars now being open for longer means that people will drink more alcohol. Others say that longer opening hours mean that people will drink the same amount of alcohol over a longer period of time. Which of the following statements comes closest to your views about this?

Tick ONE box

| People will drink more alcohol | 1 |
| People will drink the same amount of alcohol over a longer period of time | 2 |
| There will be no change in the amount of alcohol people drink and the time they spend in pubs and bars | 3 |
| I don't know what the effect will be | 4 |
Q25  Here are some statements about drinking.

Please indicate how strongly you agree or disagree with the statements.

**Please tick ONE box for each row**

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Can't choose</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Getting drunk is a perfectly acceptable thing for people to do</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Drinking is a major part of the British way of life</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) It's easier to enjoy a social event if you've had a drink</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) There is nothing wrong with people getting drunk regularly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Most people with serious drinking problems can never fully recover</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) People in some other parts of Europe tend to drink alcohol more sensibly than people in Britain</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g) The government should tax alcohol more heavily to encourage people to drink less</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h) Most people with serious drinking problems have only themselves to blame</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q26  Would you like to drink less than, more than or about the same amount of alcohol as you do at the moment?  

**Tick ONE box**

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Less</td>
<td>More</td>
<td>About the same</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**STOP HERE**

THANK YOU FOR COMPLETING THE DRINKING SECTION

PLEASE CLOSE THE BOOKLET & THE INTERVIEWER WILL ASK YOU SOME MORE QUESTIONS
Attitudes towards Healthy Eating

Q27 Official guidelines measure the fruit and vegetables that people eat in terms of ‘portions’.

a) Which of the following do you think make up ONE ‘portion of fruit or vegetables’?

Please tick ALL that apply

<table>
<thead>
<tr>
<th>KPORTN</th>
<th>2 cherry tomatoes</th>
<th>1 apple</th>
<th>1 melon</th>
<th>4 grapes</th>
<th>1 jacket potato</th>
<th>2 tablespoons of carrots</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b) How many portions of fruit and vegetables do you think people should eat everyday?

Please write in NUMBER per day

OR tick I don’t know

Q28 Have you heard of the guidelines for salt intake?

KSALGUID

Yes

No ➔ Go to Q30

Q29 What do you think is the official guideline for maximum daily salt intake?

KSALTMAX

Please write in NUMBER of grams per day

OR tick I don’t know
Q30 Thinking about adults, please circle the number that indicates how important you think these are for their healthy eating.

<table>
<thead>
<tr>
<th></th>
<th>Very important</th>
<th>Quite important</th>
<th>Not very important</th>
<th>Not at all important</th>
<th>Can’t choose</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td>Limiting the amount of fat</td>
<td>1 2 3 4</td>
<td>8</td>
<td>248</td>
<td></td>
</tr>
<tr>
<td>b)</td>
<td>Limiting the amount of saturated fat (found in meat and dairy products)</td>
<td>1 2 3 4</td>
<td>8</td>
<td>249</td>
<td></td>
</tr>
<tr>
<td>c)</td>
<td>Eating lots of red meat</td>
<td>1 2 3 4</td>
<td>8</td>
<td>250</td>
<td></td>
</tr>
<tr>
<td>d)</td>
<td>Limiting sugar (sweets, chocolates, biscuits)</td>
<td>1 2 3 4</td>
<td>8</td>
<td>251</td>
<td></td>
</tr>
<tr>
<td>e)</td>
<td>Eating lots of whole grain foods (such as brown or wholemeal bread and cereals like weetabix)</td>
<td>1 2 3 4</td>
<td>8</td>
<td>252</td>
<td></td>
</tr>
<tr>
<td>f)</td>
<td>Limiting the amount of cholesterol (such as in eggs)</td>
<td>1 2 3 4</td>
<td>8</td>
<td>253</td>
<td></td>
</tr>
<tr>
<td>g)</td>
<td>Drinking lots of milk</td>
<td>1 2 3 4</td>
<td>8</td>
<td>254</td>
<td></td>
</tr>
<tr>
<td>h)</td>
<td>Eating lots of fruit and vegetables</td>
<td>1 2 3 4</td>
<td>8</td>
<td>255</td>
<td></td>
</tr>
<tr>
<td>i)</td>
<td>Limiting salt</td>
<td>1 2 3 4</td>
<td>8</td>
<td>256</td>
<td></td>
</tr>
<tr>
<td>j)</td>
<td>Taking vitamin supplements</td>
<td>1 2 3 4</td>
<td>8</td>
<td>257</td>
<td></td>
</tr>
<tr>
<td>k)</td>
<td>Drinking lots of water</td>
<td>1 2 3 4</td>
<td>8</td>
<td>258</td>
<td></td>
</tr>
<tr>
<td>l)</td>
<td>Eating a balanced diet</td>
<td>1 2 3 4</td>
<td>8</td>
<td>259</td>
<td></td>
</tr>
<tr>
<td>m)</td>
<td>Eating lots of pulses (such as soya beans, lentils or chickpeas)</td>
<td>1 2 3 4</td>
<td>8</td>
<td>260</td>
<td></td>
</tr>
</tbody>
</table>
Q31  **Thinking about children**, please circle the number that indicates how important you think these are for their healthy eating.

<table>
<thead>
<tr>
<th></th>
<th>Very important</th>
<th>Quite important</th>
<th>Not very important</th>
<th>Not at all important</th>
<th>Can’t choose</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Limiting the amount of fat</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>b) Limiting the amount of saturated fat (found in meat and dairy products)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>c) Eating lots of red meat</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>d) Limiting sugar (sweets, chocolates, biscuits)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>e) Eating lots of whole grain foods (such as brown or wholemeal bread and cereals like weetabix)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>f) Limiting the amount of cholesterol (such as in eggs)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>g) Drinking lots of milk</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>h) Eating lots of fruit and vegetables</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>i) Limiting salt</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>j) Taking vitamin supplements</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>k) Drinking lots of water</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>l) Eating a balanced diet</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>m) Eating lots of pulses (such as soya beans, lentils or chickpeas)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
</tbody>
</table>
Q32 Here are some statements about eating.

Please indicate how strongly you agree or disagree with the statements.

**Please tick ONE box per row**

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Can't choose</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) The tastiest foods are the ones that are bad for you</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Healthy foods are enjoyable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) I get confused over what's supposed to be healthy and what isn't</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) I really care about what I eat</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Healthy eating is just another fad</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) If you do enough exercise you can eat whatever you like</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q33 Overall, would you say that what you usually eat is...

<table>
<thead>
<tr>
<th></th>
<th>Very healthy</th>
<th>Quite healthy</th>
<th>Not very healthy</th>
<th>Very unhealthy</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) AGENEAT</td>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Q34 Would you like to eat more healthily than you do at the moment?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) AEMORHEL</td>
<td>1</td>
<td>2</td>
<td>8</td>
</tr>
</tbody>
</table>
Q35 Which of these statements applies to you:

AEHLEFUT

1. I’m unlikely ever to eat more healthily
2. I expect to eat more healthily within the next year
3. I expect to eat more healthily but not in the next year
4. I don’t know

Q36 In what ways could you improve what you eat?

a) I could improve what I eat by eating less:

Tick ALL that apply

AEATLES

generally

convenience foods, fast foods, takeaways

red meat (fatty meat)

sugar, sweets, chocolates, biscuits, cakes

salty snacks, crisps

fried foods

none, no changes necessary

b) I could improve what I eat by switching to:

Tick ALL that apply

AESWTCH

lower fat food

lean meats

low fat spreads & unsaturated fats (Flora, sunflower oil, olive oil etc)

food made with fresh fruit & vegetables

skimmed or semi-skimmed milk

none, no changes necessary
Q36 I could improve what I eat by eating more:

c) AEATMOR

Tick ALL that apply

294-299

1. Zgenerally

2. high fibre food (such as granary or wholemeal bread, pulses, bran cereals)

3. starchy food (rice, pasta, potatoes, bread, cereals)

4. fruit, vegetables, salad

5. unbattered fish

6. lean meat

7. none, no changes necessary

Q37 Overall, how easy or difficult would you find it to make these improvements to the way you eat?

AETLMPRV

Very easy

Quite easy

Quite difficult

Very difficult

No changes necessary Go to Q40
**Q38** What would **stop** you making these improvements to the way **you** eat?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASTPHE</strong></td>
<td></td>
</tr>
<tr>
<td>It costs too much</td>
<td>01</td>
</tr>
<tr>
<td>I don’t have enough time</td>
<td>02</td>
</tr>
<tr>
<td>I don’t have the cooking ability</td>
<td>03</td>
</tr>
<tr>
<td>I eat what I’m given</td>
<td>04</td>
</tr>
<tr>
<td>It doesn’t satisfy hunger</td>
<td>05</td>
</tr>
<tr>
<td>I don’t like healthy foods</td>
<td>06</td>
</tr>
<tr>
<td>My family won’t eat healthy foods</td>
<td>07</td>
</tr>
<tr>
<td>It is hard to change my eating habits</td>
<td>08</td>
</tr>
<tr>
<td>I am not motivated to</td>
<td>09</td>
</tr>
<tr>
<td>Something else</td>
<td>10</td>
</tr>
<tr>
<td>None of these</td>
<td>11</td>
</tr>
</tbody>
</table>

**Q39** What would encourage you to make these improvements to the way you eat? **AENCHE**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AENCHE</strong></td>
<td></td>
</tr>
<tr>
<td>Advice from doctor or nurse</td>
<td>01</td>
</tr>
<tr>
<td>Advice from family member</td>
<td>02</td>
</tr>
<tr>
<td>My own ill health</td>
<td>03</td>
</tr>
<tr>
<td>Family member’s ill health</td>
<td>04</td>
</tr>
<tr>
<td>Increased income</td>
<td>05</td>
</tr>
<tr>
<td>Lower cost of food</td>
<td>06</td>
</tr>
<tr>
<td>Better access to shops and supermarkets</td>
<td>07</td>
</tr>
<tr>
<td>Clearer advice from the government</td>
<td>08</td>
</tr>
<tr>
<td>Clearer labelling of foods</td>
<td>09</td>
</tr>
<tr>
<td>Being motivated to</td>
<td>10</td>
</tr>
<tr>
<td>Something else</td>
<td>11</td>
</tr>
</tbody>
</table>
Attitudes towards Physical Activity

In this section we use the terms physical activity, exercise and sport.

Our definitions are given below:

Physical activity means a wide range of activities involving movement including housework such as vacuuming and digging the garden, active hobbies, walking and cycling, dancing, exercise such as swimming or going to the gym, and sport. It includes movement done as part of a job such as walking, lifting and carrying.

Exercise means a type of physical activity which is more structured and planned for the purpose of improving health and fitness.

Sport means a type of physical activity which is structured. It is often used to describe exercise which has rules such as football, martial arts, or competitive swimming.

Q40 You may have heard about official recommended levels of physical activity. Which of the following statements applies to you?

Tick ONE box

1. I know what the recommended level of physical activity is
2. I have heard of the recommended level of physical activity but don’t know what it is
3. I have not heard about the recommended level of physical activity

Q41 How many days a week do you think people of your age should do physical activity?

Include all moderate physical activity, including physical activity as part of a job. By week we mean the whole week including weekends.

Please write in NUMBER Days

OR TICK I don’t know

Q42 On each of the days someone of your age does moderate physical activity, how many minutes a day should they do it for it to be good for their health?

Please write in NUMBER Minutes per day

OR TICK I don’t know
Q43  Here are some statements about physical activity and exercise.

Please indicate how strongly you agree or disagree with the statements.

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Can't choose</th>
</tr>
</thead>
</table>

a) You can get enough physical activity in your daily life without doing sport or exercise such as jogging or going to the gym

b) Physical activity is good for your health even if it is only for 10 minutes at a time

c) Physical activity is good for your health even if it is moderate, such as walking briskly, gardening (for example digging) and housework (for example vacuuming)

d) Physical activity is better for your health if you keep it up for at least 30 minutes at a time

e) Physical activity is better for your health if it gets you out of breath
There are many reasons for taking part in physical activity, exercise or sport. Which, if any, on the following list apply to you?

Tick ALL that apply

- I don’t participate in any physical activity
- To release tension or relax
- To be out of doors
- To maintain good health
- To socialise with other people
- To lose or control weight
- I have a physically demanding job
- To have fun or adventure or excitement
- To get or feel fit
- To gain a sense of achievement
- To enjoy the competition
- To work harder or concentrate better
- I have to walk or cycle to get around
- Something else

Go to Q45
Q45  Compared to other people of your own age would you describe yourself as...

   Tick ONE box

   1. Very physically active
   2. Fairly physically active
   3. Not very physically active
   4. Not at all physically active

   Go to Q48

Q46  Which of the following activities do you think contribute most to keeping you fit?

   Tick ALL that apply

   1. Walking or cycling to get around
   2. Climbing stairs instead of taking a lift or escalator
   3. Keeping active at home with housework, gardening or childcare
   4. Having a physically active job
   5. Going for walks or going hiking
   6. Going out for cycle rides or going mountain biking
   7. Going to the gym
   8. Going jogging, running or swimming
   9. Playing golf
   10. Taking part in sport
   11. Doing keep fit, exercise or dance
   12. Something else

Q47  Do you think you do enough physical activity, exercise, or sport to keep you as fit as you would like?

   Tick ONE box

   1. Yes
   2. No
Q48 Would you like to do more exercise or physical activity than you do at the moment?

ADOMORPA

Yes
No

At the moment I am unable to

Q49 Which of the following statements best describes you?

APAFUTR

Tick ONE box

I’m unlikely ever to do more physical activity, exercise or sport

I expect to do more physical activity, exercise or sport in the next year

I expect to do more physical activity, exercise or sport but not in the next year

I don’t know

Q50 Which types of physical activity, exercise or sport do you expect to take more of in the future?

APAFUT

Tick ALL that apply

Walking or cycling to get around

Climbing stairs instead of taking a lift or escalator

Keeping active at home with housework, gardening or childcare

Having a physically active job

Going for walks or going hiking

Going out for cycle rides or going mountain biking

Going to the gym

Going jogging, running or swimming

Playing golf

Taking part in sport

Doing keep fit, exercise or dance

Something else
Q51 What stops you from doing more physical activity, exercise or sport than you do now?

Tick ALL that apply

- I don’t need to do more
- My work commitments
- I don’t have enough leisure time
- Caring for children or older people
- I have no one to exercise with
- I don’t have enough money
- There are no suitable places to do it in my area
- I haven’t got the right clothes or equipment
- Poor health or physical limitations
- I have injuries which prevent me
- None of these

Go to the end
Q52 Many other factors can prevent people from doing more physical activity, exercise or sport. From the following list which, if any, apply to you?

<table>
<thead>
<tr>
<th>APRVPA</th>
<th>Tick ALL that apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>I’m not the sporty type</td>
<td>01</td>
</tr>
<tr>
<td>I’m too shy or embarrassed</td>
<td>03</td>
</tr>
<tr>
<td>I’m worried about injury</td>
<td>03</td>
</tr>
<tr>
<td>I’m too old</td>
<td>04</td>
</tr>
<tr>
<td>I prefer to do other things</td>
<td>05</td>
</tr>
<tr>
<td>I think exercise is a waste of time</td>
<td>06</td>
</tr>
<tr>
<td>I’m too overweight</td>
<td>07</td>
</tr>
<tr>
<td>I am not motivated to do more</td>
<td>08</td>
</tr>
<tr>
<td>I don’t enjoy physical activity</td>
<td>09</td>
</tr>
<tr>
<td>Something else</td>
<td>10</td>
</tr>
<tr>
<td>None of these</td>
<td>11</td>
</tr>
<tr>
<td>Don’t know</td>
<td>98</td>
</tr>
</tbody>
</table>
Q53 What would encourage you to do more physical activity, exercise or sport?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>I don’t need to do more</td>
<td>01</td>
</tr>
<tr>
<td>Advice from a doctor or a nurse</td>
<td>02</td>
</tr>
<tr>
<td>Advice from a family member</td>
<td>03</td>
</tr>
<tr>
<td>My own ill health</td>
<td>04</td>
</tr>
<tr>
<td>Family member’s ill health</td>
<td>05</td>
</tr>
<tr>
<td>Increased income</td>
<td>06</td>
</tr>
<tr>
<td>More leisure time</td>
<td>07</td>
</tr>
<tr>
<td>Self-motivation</td>
<td>08</td>
</tr>
<tr>
<td>Having someone to do it with</td>
<td>09</td>
</tr>
<tr>
<td>Having a physical activity I am capable of</td>
<td>10</td>
</tr>
<tr>
<td>Clearer advice from the government</td>
<td>11</td>
</tr>
<tr>
<td>Something else</td>
<td>12</td>
</tr>
<tr>
<td>None of these</td>
<td>13</td>
</tr>
</tbody>
</table>

Thank you for answering these questions.

Please give the booklet back to the interviewer.
Health Survey for England 2007
Booklet for Young Adults

In Confidence

Example Questions: How to fill in this questionnaire

Most questions on the following pages can be answered simply by ticking the box below or alongside the answer that applies to you.

Tick ONE box

Very healthy life
Fairly healthy life
Not very healthy life
An unhealthy life

Example 1: Do you feel that you lead a... 

Some questions might ask you to circle an answer instead of ticking a box.

Example 2: The questions in this booklet can be answered by simply circling the number below the answer that applies.

Circle one answer

Very healthy life
Fairly healthy life
Not very healthy life
An unhealthy life

Example 3: Do you feel that you lead a... 

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

Tick ONE box

Example 3: Would you like to lead a healthier life than you do now? Yes GO TO Q5

By following the arrows carefully, you will miss out the questions that do not apply to you.
Smoking

Q1 Have you ever smoked a cigarette, a cigar or a pipe?

Tick ONE box

DSMOKEVR

Yes

No  Go to Q12 on page 4

Q2 Have you ever smoked a cigarette?

Tick ONE box

DSMOKCIG

Yes

No  Go to Q12 on page 4

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

Write in how old you were then

Q4 Do you smoke cigarettes at all nowadays?

Tick ONE box

DSMOKNOW

Yes  Go to Q7

No
Q5  Why did you decide to give up smoking?

**Q5** Why did you decide to give up smoking?

 Tick ALL that apply

26-43

DQTRES

Advice from a GP/health professional

Advert for a nicotine replacement product

Government TV, radio or press advert

Hearing about a new stop smoking treatment

Financial reasons (couldn’t afford it)

Because of the forthcoming ban on smoking in all public places, including pubs and restaurants

I knew someone else who was stopping

Seeing a health warning on a cigarette packet

Family or friends wanted me to stop

Being contacted by my local NHS Stop Smoking Services

Health problems I had at the time

Worried about future health problems

Pregnancy

Worried about the effect on my children

Worried about the effect on other family members

My own motivation

Something else

Cannot remember

Q6  Did you smoke cigarettes regularly or occasionally?

**Q6** Did you smoke cigarettes regularly or occasionally?

Tick ONE box

DSMOKREG

Regularly, that is at least one cigarette a day

Occasionally

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

Go to Q12 on page 4
CURRENT SMOKERS

Q7  About how many cigarettes a day do you usually smoke on weekdays?

```
DDLYSMOK  Write in number smoked a day
45-46
```

Q8  And about how many cigarettes a day do you usually smoke at weekends?

```
DWKNDSMO  Write in number smoked a day
47-48
```

Q9  Do you mainly smoke ...

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

Q10  Would you like to give up smoking altogether?

```
DGIVEUP
  Yes  1
  No  2  ➔ Go to Q12
```

Q11  What are your main reasons for wanting to give up?

```
DYGVUP
  Because of a health problem I have at present  01
  Better for my health in general  02
  Less risk of getting smoking related illnesses  03
  Family/friends wanted me to stop  04
  Financial reasons (couldn’t afford it)  05
  Worried about the effect on my children  06
  Because of the forthcoming ban on smoking in all public places  07
  Other  08
```
EVERYONE PLEASE ANSWER

Q12  Did your father ever smoke regularly when you were a child?

   Tick ONE box

   DPAREG

   Yes ☐
   No ☐
   Don’t know ☐

Q13  Did your mother ever smoke regularly when you were a child?

   Tick ONE box

   DMAREG

   Yes ☐
   No ☐
   Don’t know ☐

Q14  In most weeks, how many hours a week are you exposed to other people’s tobacco smoke?

   DEXPSM

   Number of hours a week ☐

   Write in

Q15  a) Do you find that you are often near people who are smoking in any of these places?

   Please tick all the places where you are often near people who are smoking

   Tick ALL boxes which apply

   DNRSMO

   At home ☐
   At work ☐
   On buses or trains ☐
   In other people’s homes ☐
   In pubs ☐
   In other places ☐
   No, none of these ☐

Go to Q16 on page 5
Q15  Does this bother you?

b)  DSMKBTHR

Tick ONE box

Yes 1

No 2

Spare 49-51

Drinking

Q16  Do you ever drink alcohol nowadays, including drinks you brew or make at home?

Tick ONE box

Yes 1  Go to Q19

No 2

Q17  Just to check, does that mean you never have an alcoholic drink nowadays, or do you have an alcoholic drink very occasionally, perhaps for medicinal purposes or on special occasions like Christmas and New Year?

Tick ONE box

DDRINKAN

Very occasionally 1

Never 2  Go to Q18

Q18  Have you always been a non-drinker or did you stop drinking for some reason?

Tick ONE box

DALWAYTT

Always a non-drinker 1  Go to Q24 on page 8

Used to drink but stopped 2

Q19  How old were you the first time you ever had a proper alcoholic drink?

Tick ONE box

DDRINKAG

Write in how old you were then
Q20  Thinking now about all kinds of drinks, how often have you had an alcoholic drink of any kind during the last 12 months?

Tick ONE box

- DDRINKOF
  - Almost every day
  - Five or six days a week
  - Three or four days a week
  - Once or twice a week
  - Once or twice a month
  - Once every couple of months
  - Once or twice a year
  - Not all in the last 12 months

Q21  Did you have an alcoholic drink in the seven days ending yesterday?

Tick ONE box

- DDRINKL7
  - Yes
  - No  Go to Q24 on page 8

Q22  On how many days out of the last seven did you have an alcoholic drink?

Tick ONE box

- DDRNKDAY
  - One
  - Two
  - Three
  - Four
  - Five
  - Six
  - Seven
Q23  Please think about the day in the last week on which you drank the most. (If you drank the same amount on more than one day, please answer about the most recent of those days.)

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

<table>
<thead>
<tr>
<th>TICK ALL DRINKS DRUNK ON THAT DAY</th>
<th>WRITE IN HOW MUCH DRUNK ON THAT DAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol)-exclude bottles/cans of shandy, DDKTYP01</td>
<td>Glasses (count doubles as 2 singles)</td>
</tr>
<tr>
<td>Strong beer, lager, stout or cider (6% alcohol or more, such as Tennants Super, Special Brew, Diamond White) DDKTYP02</td>
<td></td>
</tr>
<tr>
<td>Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails DDKTYP03</td>
<td></td>
</tr>
<tr>
<td>Sherry or martini (including port, vermouth, cinzano, dubonnet) DDKTYP04</td>
<td></td>
</tr>
<tr>
<td>Alcoholic soft drink ('alcopop') such as Hooch, or a pre-mixed alcoholic drink such as Bacardi Breezer, WKD or Smirnoff Ice DDKTYP05</td>
<td></td>
</tr>
<tr>
<td>Wine (including babycham and champagne) You can write in parts of a bottle, e.g. half a bottle DDKTYP06</td>
<td></td>
</tr>
<tr>
<td>Other kinds of alcoholic drink WRITE IN NAME OF DRINK</td>
<td></td>
</tr>
</tbody>
</table>

1. DDKTYP07
2. DDKTYP08
Attitudes towards Smoking

Q24  In general, do you mind if other people smoke near you?

ATSMOKNR

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>It depends</td>
<td>3</td>
</tr>
</tbody>
</table>

Q25  How much, if at all, do you think breathing in other people’s smoke affects the health of adults who are exposed to it?

KNSMHLAD

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>A great deal</td>
<td>1</td>
</tr>
<tr>
<td>A fair amount</td>
<td>2</td>
</tr>
<tr>
<td>Just a little</td>
<td>3</td>
</tr>
<tr>
<td>Not at all</td>
<td>4</td>
</tr>
<tr>
<td>I don’t know</td>
<td>8</td>
</tr>
</tbody>
</table>

Go to Q27

Q26  In what ways would you say breathing in other people’s smoke affects the health of adults?

Tick ALL that apply

KSMHLA

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Causes breathlessness</td>
<td>01</td>
</tr>
<tr>
<td>Causes coughing</td>
<td>02</td>
</tr>
<tr>
<td>Causes wheezing</td>
<td>03</td>
</tr>
<tr>
<td>Causes people to get asthma or makes asthma worse</td>
<td>04</td>
</tr>
<tr>
<td>Makes people more prone to chest infections or bronchitis</td>
<td>05</td>
</tr>
<tr>
<td>Makes people less fit than they used to be</td>
<td>06</td>
</tr>
<tr>
<td>Makes people more likely to suffer from cancer</td>
<td>07</td>
</tr>
<tr>
<td>Makes people more likely to suffer from another serious illness (such as heart disease or stroke)</td>
<td>08</td>
</tr>
<tr>
<td>Something else</td>
<td>09</td>
</tr>
<tr>
<td>I don’t know</td>
<td>98</td>
</tr>
</tbody>
</table>
Q27 How much, if at all, do you think breathing in other people’s smoke affects the health of children under the age of 16?

KNSMHLC

A great deal [ ]
A fair amount [ ]
Just a little [ ]
Not at all [ ]
I don’t know [ ]

Go to Q29

Q28 In what ways would you say breathing in other people’s smoke affects the health of children under the age of 16?

Tick ALL that apply

KSMHLC

Causes breathlessness [ ]
Causes coughing [ ]
Causes wheezing [ ]
Causes children to get asthma or makes asthma worse [ ]
Makes children more prone to chest infections or bronchitis [ ]
Makes children more likely to suffer from cancer [ ]
Makes children more likely to suffer from another serious illness (such as heart disease or stroke) [ ]
Makes children less likely to grow well [ ]
Causes ear infections and glue ear [ ]
Something else [ ]
I don’t know [ ]

Q29 Are there any rules about whether people should smoke in your home or where they should smoke?

ATSMRULE

Yes [ ]
No [ ]
I don’t know [ ]
Q30  If you did not want visitors to smoke in your home how confident would you feel about asking them not to?

ATSMHOME

[1] Very confident
[2] Fairly confident
[3] Not very confident
[4] Not at all confident
[5] I don't know

Go to Q32

Q31  Why would you not feel confident about asking visitors not to smoke in your home?

Tick ALL that apply

ATSMHOM

[1] It's not up to me to decide who smokes here
[2] I feel too embarrassed to ask
[3] I don't want to be bossy
[4] I don't want to make a fuss
[5] I don't want to offend people
[6] I don't want to be unfriendly
[7] Something else

Q32  How far do you agree or disagree with the total ban on smoking inside pubs?

a)

ATBANPUB

[1] Agree strongly
[2] Agree
[3] Neither agree nor disagree
[4] Disagree
[5] Disagree strongly

Go to Q32
Q32  How far do you agree or disagree with the total ban on smoking inside restaurants?

b)  

<table>
<thead>
<tr>
<th>Option</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree strongly</td>
<td>1</td>
</tr>
<tr>
<td>Agree</td>
<td>2</td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td>3</td>
</tr>
<tr>
<td>Disagree</td>
<td>4</td>
</tr>
<tr>
<td>Disagree strongly</td>
<td>5</td>
</tr>
</tbody>
</table>

Q33  How far do you agree or disagree that there should be restrictions on smoking in public places where there are, or are likely to be, children under the age of 16?

<table>
<thead>
<tr>
<th>Option</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree strongly</td>
<td>1</td>
</tr>
<tr>
<td>Agree</td>
<td>2</td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td>3</td>
</tr>
<tr>
<td>Disagree</td>
<td>4</td>
</tr>
<tr>
<td>Disagree strongly</td>
<td>5</td>
</tr>
</tbody>
</table>

Q34  When pubs and restaurants are smoke free, would you visit them...

<table>
<thead>
<tr>
<th>Option</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>...more often than you do nowadays</td>
<td>1</td>
</tr>
<tr>
<td>...less often than you do nowadays</td>
<td>2</td>
</tr>
<tr>
<td>...or about the same as you do nowadays</td>
<td>3</td>
</tr>
<tr>
<td>I don't go to pubs or restaurants</td>
<td>4</td>
</tr>
</tbody>
</table>


Q35  Will the smoking ban in pubs make you cut down on the number of cigarettes you smoke?

<table>
<thead>
<tr>
<th>Option</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>
Q36  Will the smoking ban in pubs make you more likely to stay at home where you can smoke?

APUSMHM1

Yes 1
No 2

Q37  Will the smoking ban in restaurants make you cut down on the number of cigarettes you smoke?

ARESMCT1

Yes 1
No 2

Q38  Will the smoking ban in restaurants make you more likely to stay at home where you can smoke?

ARESMHM1

Yes 1
No 2

Spare 212-216
Attitudes towards Drinking

Q39 Have you heard of units of alcohol?

 KNUNIT

Yes

No

217

1

2

Go to Q45

Q40 What do you think is the current official recommended maximum number of units per day for men?

KNUNMEN

Write in NUMBER 218-219

Units per day

98

I don’t know

Q41 What do you think is the current official recommended maximum number of units per day for women?

KNUNWOM

Write in NUMBER 220-221

Units per day

98

I don’t know

We are interested to know what people understand by a unit of alcohol.

Q42 How many units do you think there are in a glass of wine? (A small 125ml glass)

KNUNW125

Write in NUMBER 222

Units

8

I don’t know

Q43 How many units do you think there are in a pint of normal strength beer?

KNUNNSBR

Write in NUMBER 223

Units

8

I don’t know
Q44  How many units **do you think** there are in a single pub measure of spirits? For example whisky or gin.

Write in NUMBER

<table>
<thead>
<tr>
<th>Units</th>
<th>OR tick</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>224</td>
</tr>
<tr>
<td></td>
<td>I don’t know</td>
</tr>
</tbody>
</table>

Q45  How much do you agree or disagree with the following statement:
Some people I know would think it odd if I didn’t drink alcohol at all.

Tick ONE box

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>I don’t drink alcohol</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

Q46  Some people say that pubs and bars now being open for longer means that people will drink more alcohol. Others say that longer opening hours means that people will drink the same amount of alcohol over a longer period of time. Which of the following statements comes closest to your views about this?

Tick ONE box

<table>
<thead>
<tr>
<th>People will drink more alcohol</th>
<th>People will drink the same amount of alcohol over a longer period of time</th>
<th>There will be no change in the amount of alcohol people drink and the time they spend in pubs and bars</th>
<th>I don’t know what the effect will be</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
Q47  Here are some statements about drinking.
Please indicate how strongly you agree or disagree with the statements.

*Please tick ONE box for each row*

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Can't choose</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Getting drunk is a perfectly acceptable thing for people to do</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Drinking is a major part of the British way of life</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) It's easier to enjoy a social event if you've had a drink</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) There is nothing wrong with people getting drunk regularly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Most people with serious drinking problems can never fully recover</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) People in some other parts of Europe tend to drink alcohol more sensibly than people in Britain</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g) The government should tax alcohol more heavily to encourage people to drink less</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h) Most people with serious drinking problems have only themselves to blame</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q48  Would you like to drink less than, more than or about the same amount of alcohol as you do at the moment?  *

*Tick ONE box*

<table>
<thead>
<tr>
<th></th>
<th>Less</th>
<th>More</th>
<th>About the same</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
Attitudes towards Healthy Eating

Q49  Official guidelines measure the fruit and vegetables that people eat in terms of ‘portions’.

a) Which of the following do you think make up ONE ‘portion of fruit or vegetables’?

Please tick ALL that apply  KPORTN

2 cherry tomatoes  1
1 apple  2
1 melon  3
4 grapes  4
1 jacket potato  5
2 tablespoons of carrots  6

b) How many portions of fruit and vegetables do you think people should eat everyday?

AFVSHUD

Please write in NUMBER  242-243  per day

OR tick  I don’t know

Q50 Have you heard of the guidelines for salt intake?

KSALGUID

Yes  1
No  2  Go to Q52

Q51 What do you think is the official guideline for maximum daily salt intake?

KSALTMAX

Please write in NUMBER  of grams per day

OR tick  I don’t know
Q52 Thinking about adults, please circle the number that indicates how important you think these are for their healthy eating.

<table>
<thead>
<tr>
<th></th>
<th>Very important</th>
<th>Quite important</th>
<th>Not very important</th>
<th>Not at all important</th>
<th>Can't choose</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Limiting the amount of fat</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>b) Limiting the amount of saturated fat (found in meat and dairy products)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>c) Eating lots of red meat</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>d) Limiting sugar (sweets, chocolates, biscuits)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>e) Eating lots of whole grain foods (such as brown or wholemeal bread and cereals like weetabix)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>f) Limiting the amount of cholesterol (such as in eggs)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>g) Drinking lots of milk</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>h) Eating lots of fruit and vegetables</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>i) Limiting salt</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>j) Taking vitamin supplements</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>k) Drinking lots of water</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>l) Eating a balanced diet</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>m) Eating lots of pulses (such as soya beans, lentils or chickpeas)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
</tbody>
</table>
**Q53 Thinking about children**, please circle the number that indicates how important you think these are for their healthy eating.

<table>
<thead>
<tr>
<th></th>
<th>Very important</th>
<th>Quite important</th>
<th>Not very important</th>
<th>Not at all important</th>
<th>Can’t choose</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td>Limiting the amount of fat</td>
<td>1 2 3 4 8 261</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b)</td>
<td>Limiting the amount of saturated fat (found in meat and dairy products)</td>
<td>1 2 3 4 8 262</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c)</td>
<td>Eating lots of red meat</td>
<td>1 2 3 4 8 263</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d)</td>
<td>Limiting sugar (sweets, chocolates, biscuits)</td>
<td>1 2 3 4 8 264</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e)</td>
<td>Eating lots of whole grain foods (such as brown or wholemeal bread and cereals like weetabix)</td>
<td>1 2 3 4 8 265</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f)</td>
<td>Limiting the amount of cholesterol (such as in eggs)</td>
<td>1 2 3 4 8 266</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g)</td>
<td>Drinking lots of milk</td>
<td>1 2 3 4 8 267</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h)</td>
<td>Eating lots of fruit and vegetables</td>
<td>1 2 3 4 8 268</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i)</td>
<td>Limiting salt</td>
<td>1 2 3 4 8 269</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j)</td>
<td>Taking vitamin supplements</td>
<td>1 2 3 4 8 270</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k)</td>
<td>Drinking lots of water</td>
<td>1 2 3 4 8 271</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>l)</td>
<td>Eating a balanced diet</td>
<td>1 2 3 4 8 272</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>m)</td>
<td>Eating lots of pulses (such as soya beans, lentils or chickpeas)</td>
<td>1 2 3 4 8 273</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Q54  Here are some statements about eating.

Please indicate how strongly you agree or disagree with the statements.

Please tick ONE box per row

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Can't choose</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) The tastiest foods are the ones that are bad for you</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>b) Healthy foods are enjoyable</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>c) I get confused over what's supposed to be healthy and what isn't</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>d) I really care about what I eat</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>e) Healthy eating is just another fad</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>f) If you do enough exercise you can eat whatever you like</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
</tr>
</tbody>
</table>

Q55  Overall, would you say that what you usually eat is...

<table>
<thead>
<tr>
<th></th>
<th>Very healthy</th>
<th>1</th>
<th>Go to Q58</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Quite healthy</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not very healthy</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Very unhealthy</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

Q56  Would you like to eat more healthily than you do at the moment?

|       | Yes | 1 |
|-------|-----|---|Go to Q58|
|       | No  | 2|
|       | Don't know | 8|
Q57 Which of these statements applies to you:

AEHELFUT

1. I’m unlikely ever to eat more healthily
2. I expect to eat more healthily within the next year
3. I expect to eat more healthily but not in the next year
4. I don’t know

Q58 In what ways could you improve what you eat?

a) I could improve what I eat by **eating less**:  
   Tick ALL that apply

AEATLES

1. generally
2. convenience foods, fast foods, takeaways
3. red meat (fatty meat)
4. sugar, sweets, chocolates, biscuits, cakes
5. salty snacks, crisps
6. fried foods
7. none, no changes necessary

b) I could improve what I eat by **switching to**:  
   Tick ALL that apply

AESWTCH

1. lower fat food
2. lean meats
3. low fat spreads & unsaturated fats (Flora, sunflower oil, olive oil etc)
4. food made with fresh fruit & vegetables
5. skimmed or semi-skimmed milk
6. none, no changes necessary
Q58 I could improve what I eat by eating more: 

c) AEATMOR

Tick ALL that apply

1. generally
2. high fibre food (such as granary or wholemeal bread, pulses, bran cereals)
3. starchy food (rice, pasta, potatoes, bread, cereals)
4. fruit, vegetables, salad
5. unbattered fish
6. lean meat
7. none, no changes necessary

Q59 Overall, how easy or difficult would you find it to make these improvements to the way you eat?

AETIMPRV

1. Very easy
2. Quite easy
3. Quite difficult
4. Very difficult
5. No changes necessary ➔ Go to Q62
Q60  What would stop you making these improvements to the way you eat?  

Tick ALL that apply

- It costs too much
- I don’t have enough time
- I don’t have the cooking ability
- I eat what I’m given
- It doesn’t satisfy hunger
- I don’t like healthy foods
- My family won’t eat healthy foods
- It is hard to change my eating habits
- I am not motivated to
- Something else
- None of these

Q61  What would encourage you to make these improvements to the way you eat?  

Tick ALL that apply

- Advice from doctor or nurse
- Advice from family member
- My own ill health
- Family member’s ill health
- Increased income
- Lower cost of food
- Better access to shops and supermarkets
- Clearer advice from the government
- Clearer labelling of foods
- Being motivated to
- Something else
- None of these
In this section we use the terms physical activity, exercise and sport.

Our definitions are given below:

Physical activity means a wide range of activities involving movement including housework such as vacuuming and digging the garden, active hobbies, walking and cycling, dancing, exercise such as swimming or going to the gym, and sport. It includes movement done as part of a job such as walking, lifting and carrying.

Exercise means a type of physical activity which is more structured and planned for the purpose of improving health and fitness.

Sport means a type of physical activity which is structured. It is often used to describe exercise which has rules such as football, martial arts, or competitive swimming.

Q62 You may have heard about official recommended levels of physical activity. Which of the following statements applies to you? Tick ONE box

I know what the recommended level of physical activity is

I have heard of the recommended level of physical activity but don’t know what it is

I have not heard about the recommended level of physical activity

Q63 How many days a week do you think people of your age should do physical activity?

Include all moderate physical activity, including physical activity as part of a job. By week we mean the whole week including weekends.

Please write in NUMBER Days

OR TICK I don’t know

Q64 On each of the days someone of your age does moderate physical activity, how many minutes a day should they do it for it to be good for their health?

Please write in NUMBER Minutes per day

OR TICK I don’t know
Q65 Here are some statements about physical activity and exercise. Please indicate how strongly you agree or disagree with the statements.

<table>
<thead>
<tr>
<th>ATPHYSA</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Can’t choose</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) You can get enough physical activity in your daily life without doing sport or exercise such as jogging or going to the gym</td>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
<td>[ ] 4</td>
<td>[ ] 5</td>
<td>[ ] 8</td>
</tr>
<tr>
<td>b) Physical activity is good for your health even if it is only for 10 minutes at a time</td>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
<td>[ ] 4</td>
<td>[ ] 5</td>
<td>[ ] 8</td>
</tr>
<tr>
<td>c) Physical activity is good for your health even if it is moderate, such as walking briskly, gardening (for example digging) and housework (for example vacuuming)</td>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
<td>[ ] 4</td>
<td>[ ] 5</td>
<td>[ ] 8</td>
</tr>
<tr>
<td>d) Physical activity is better for your health if you keep it up for at least 30 minutes at a time</td>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
<td>[ ] 4</td>
<td>[ ] 5</td>
<td>[ ] 8</td>
</tr>
<tr>
<td>e) Physical activity is better for your health if it gets you out of breath</td>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
<td>[ ] 4</td>
<td>[ ] 5</td>
<td>[ ] 8</td>
</tr>
</tbody>
</table>
Q66 There are many reasons for taking part in physical activity, exercise or sport. Which, if any, on the following list apply to you?

ARESPA

Tick ALL that apply

I don’t participate in any physical activity

To release tension or relax
To be out of doors
To maintain good health
To socialise with other people
To lose or control weight
I have a physically demanding job
To have fun or adventure or excitement
To get or feel fit
To gain a sense of achievement
To enjoy the competition
To work harder or concentrate better
I have to walk or cycle to get around
Something else
Q67  Compared to other people of your own age would you describe yourself as...

AOWNPHYA

Tick ONE box

Very physically active [1]
Fairly physically active [2]
Not very physically active [3]
Not at all physically active [4]  Go to Q70

Q68  Which of the following activities do you think contribute most to keeping you fit?

AFIT

Tick ALL that apply

Walking or cycling to get around [01]
Climbing stairs instead of taking a lift or escalator [02]
Keeping active at home with housework, gardening or childcare [03]
Having a physically active job [04]
Going for walks or going hiking [05]
Going out for cycle rides or going mountain biking [06]
Going to the gym [07]
Going jogging, running or swimming [08]
Playing golf [09]
Taking part in sport [10]
Doing keep fit, exercise or dance [11]
Something else [12]

Q69  Do you think you do enough physical activity, exercise, or sport to keep you as fit as you would like?

AOWNFIT

Tick

Yes [1]
No [2]
Q70 Would you like to do more physical activity, exercise or sport than you do at the moment?

ADOMORPA

Yes 1

No 2  Go to Q73

At the moment I am unable to 3

Q71 Which of the following statements best describes you?

APAFUTR

Tick ONE box

1. I’m unlikely ever to do more physical activity, exercise or sport 406

Go to Q73

2. I expect to do more physical activity, exercise or sport in the next year

3. I expect to do more physical activity, exercise or sport but not in the next year

4. I don’t know

Q72 Which types of physical activity, exercise or sport do you expect to take more of in the future?

APAFUT

Tick ALL that apply

1. Walking or cycling to get around 407

2. Climbing stairs instead of taking a lift or escalator

3. Keeping active at home with housework, gardening or childcare

4. Having a physically active job

5. Going for walks or going hiking

6. Going out for cycle rides or going mountain biking

7. Going to the gym

8. Going jogging, running or swimming

9. Playing golf

10. Taking part in sport

11. Doing keep fit, exercise or dance

12. Something else
**Q73** What **stops** you from doing more physical activity, exercise or sport than you do now?

<table>
<thead>
<tr>
<th>ASTPPA</th>
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</thead>
<tbody>
<tr>
<td><strong>Tick ALL that apply</strong></td>
</tr>
</tbody>
</table>

- I don’t need to do more [ ]
- My work commitments [ ]
- I don’t have enough leisure time [ ]
- Caring for children or older people [ ]
- I have no one to exercise with [ ]
- I don’t have enough money [ ]
- There are no suitable places to do it in my area [ ]
- I haven’t got the right clothes or equipment [ ]
- Poor health or physical limitations [ ]
- I have injuries which prevent me [ ]
- None of these [ ]

**Go to the end**
Many other factors can prevent people from doing more physical activity, exercise or sport. From the following list which, if any, apply to you?

<table>
<thead>
<tr>
<th>APRVPA</th>
<th>Tick ALL that apply</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>01</td>
<td>I’m not the sporty type</td>
</tr>
<tr>
<td>02</td>
<td>I’m too shy or embarrassed</td>
</tr>
<tr>
<td>03</td>
<td>I’m worried about injury</td>
</tr>
<tr>
<td>04</td>
<td>I’m too old</td>
</tr>
<tr>
<td>05</td>
<td>I prefer to do other things</td>
</tr>
<tr>
<td>06</td>
<td>I think exercise is a waste of time</td>
</tr>
<tr>
<td>07</td>
<td>I’m too overweight</td>
</tr>
<tr>
<td>08</td>
<td>I’m not motivated to do more</td>
</tr>
<tr>
<td>09</td>
<td>I don’t enjoy physical activity</td>
</tr>
<tr>
<td>10</td>
<td>Something else</td>
</tr>
<tr>
<td>11</td>
<td>None of these</td>
</tr>
<tr>
<td>98</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>
Q75  What would encourage you to do more physical activity, exercise or sport?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>AENCPA</td>
<td>Tick ALL that apply</td>
</tr>
<tr>
<td>I don’t need to do more</td>
<td>01</td>
</tr>
<tr>
<td>Advice from a doctor or a nurse</td>
<td>02</td>
</tr>
<tr>
<td>Advice from a family member</td>
<td>03</td>
</tr>
<tr>
<td>My own ill health</td>
<td>04</td>
</tr>
<tr>
<td>Family member’s ill health</td>
<td>05</td>
</tr>
<tr>
<td>Increased income</td>
<td>06</td>
</tr>
<tr>
<td>More leisure time</td>
<td>07</td>
</tr>
<tr>
<td>Self-motivation</td>
<td>08</td>
</tr>
<tr>
<td>Having someone to do it with</td>
<td>09</td>
</tr>
<tr>
<td>Having a physical activity I am capable of</td>
<td>10</td>
</tr>
<tr>
<td>Clearer advice from the government</td>
<td>11</td>
</tr>
<tr>
<td>Something else</td>
<td>12</td>
</tr>
<tr>
<td>None of these</td>
<td>13</td>
</tr>
</tbody>
</table>

Thank you for answering these questions.

Please give the booklet back to the interviewer.
Example Questions: How to fill in this questionnaire

Most questions on the following pages can be answered simply by ticking the box below or alongside the answer that applies to you.

Tick ONE box

Very healthy life | Fairly healthy life | Not very healthy life | An unhealthy life

Example 1: Do you feel that you lead a...

Some questions might ask you to circle an answer instead of ticking a box.

Example 2: The questions in this booklet can be answered by simply circling the number below the answer that applies.

Circle one answer

Very healthy life | Fairly healthy life | Not very healthy life | An unhealthy life

Do you feel that you lead a ...

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

Tick ONE box

Example 3: Would you like to lead a healthier life than you do now? Yes → GO TO Q5

No → GO TO Q4

By following the arrows carefully, you will miss out the questions that do not apply to you.
Q1. Have you ever smoked a cigarette, a cigar or a pipe?

DSMOKEVR

Tick ONE box

Yes

No

Go to Q12 on page 4

Q2. Have you ever smoked a cigarette?

DSMOKCIG

Tick ONE box

Yes

No

Go to Q12 on page 4

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

DCIGAGE

Write in how old you were then

Q4. Do you smoke cigarettes at all nowadays?

DSMOKNOW

Tick ONE box

Yes

Go to Q7

No
Q5 Why did you decide to give up smoking?

Tick ALL that apply

26-43

DQTRES Advice from a GP/health professional

Advert for a nicotine replacement product

Government TV, radio or press advert

Hearing about a new stop smoking treatment

Financial reasons (couldn’t afford it)

Because of the forthcoming ban on smoking in all public places, including pubs and restaurants

I knew someone else who was stopping

Seeing a health warning on a cigarette packet

Family or friends wanted me to stop

Being contacted by my local NHS Stop Smoking Services

Health problems I had at the time

Worried about future health problems

Pregnancy

Worried about the effect on my children

Worried about the effect on other family members

My own motivation

Something else

Cannot remember

Q6 Did you smoke cigarettes regularly or occasionally?

Tick ONE box

DSMOKREG Regularly, that is at least one cigarette a day

Occasionally

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

Go to Q12 on page 4
CURRENT SMOKERS

Q7  About how many cigarettes a day do you usually smoke on weekdays?

DDLYSMOK  Write in number smoked a day

Q8  And about how many cigarettes a day do you usually smoke at weekends?

DWKNDSMO  Write in number smoked a day

Q9  Do you mainly smoke ...

DCIGTYPE

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

Q10 Would you like to give up smoking altogether?

DGIVEUP

1. Yes
2. No  →  Go to Q12

Q11 What are your main reasons for wanting to give up?

DYGVUP

1. Because of a health problem I have at present
2. Better for my health in general
3. Less risk of getting smoking related illnesses
4. Family/friends wanted me to stop
5. Financial reasons (couldn’t afford it)
6. Worried about the effect on my children
7. Because of the forthcoming ban on smoking in all public places
8. Other
EVERYONE PLEASE ANSWER

Q12 Did your father ever smoke regularly when you were a child?

<table>
<thead>
<tr>
<th></th>
<th>Tick ONE box</th>
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<tbody>
<tr>
<td></td>
<td>DPAREG</td>
</tr>
<tr>
<td></td>
<td>67</td>
</tr>
<tr>
<td></td>
<td>Yes 1</td>
</tr>
<tr>
<td></td>
<td>No 2</td>
</tr>
<tr>
<td></td>
<td>Don’t know 8</td>
</tr>
</tbody>
</table>

Q13 Did your mother ever smoke regularly when you were a child?

<table>
<thead>
<tr>
<th></th>
<th>Tick ONE box</th>
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<tbody>
<tr>
<td></td>
<td>DMAREG</td>
</tr>
<tr>
<td></td>
<td>68</td>
</tr>
<tr>
<td></td>
<td>Yes 1</td>
</tr>
<tr>
<td></td>
<td>No 2</td>
</tr>
<tr>
<td></td>
<td>Don’t know 8</td>
</tr>
</tbody>
</table>

Q14 In most weeks, how many hours a week are you exposed to other people’s tobacco smoke?

<table>
<thead>
<tr>
<th></th>
<th>DEXPSM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>69-71</td>
</tr>
<tr>
<td></td>
<td>Number of hours a week</td>
</tr>
</tbody>
</table>

Q15 a) Do you find that you are often near people who are smoking in any of these places?

Please tick all the places where you are often near people who are smoking

<table>
<thead>
<tr>
<th></th>
<th>Tick ALL boxes which apply</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DNRSMO</td>
</tr>
<tr>
<td></td>
<td>72-77</td>
</tr>
<tr>
<td></td>
<td>At home 1</td>
</tr>
<tr>
<td></td>
<td>At work 2</td>
</tr>
<tr>
<td></td>
<td>On buses or trains 3</td>
</tr>
<tr>
<td></td>
<td>In other people’s homes 4</td>
</tr>
<tr>
<td></td>
<td>In pubs 5</td>
</tr>
<tr>
<td></td>
<td>In other places 6</td>
</tr>
<tr>
<td></td>
<td>No, none of these 7</td>
</tr>
</tbody>
</table>

Go to Q16 on page 5
Q15  Does this bother you?

b)  

Tick ONE box

|   | 
|---|---|
| DSMKBTHR | Yes | 1 |
|       | No  | 2 |

Spare 49-51

Drinking

Q16  Do you ever drink alcohol nowadays, including drinks you brew or make at home?

Tick ONE box

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>DDRINK</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

Q17  Just to check, does that mean you never have an alcoholic drink nowadays, or do you have an alcoholic drink very occasionally, perhaps for medicinal purposes or on special occasions like Christmas and New Year?

Tick ONE box

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>DDRINKAN</td>
<td>Very occasionally</td>
</tr>
<tr>
<td></td>
<td>Never</td>
</tr>
</tbody>
</table>

Q18  Have you always been a non-drinker or did you stop drinking for some reason?

Tick ONE box

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>DALWAYTT</td>
<td>Always a non-drinker</td>
</tr>
<tr>
<td></td>
<td>Used to drink but stopped</td>
</tr>
</tbody>
</table>

Q19  How old were you the first time you ever had a proper alcoholic drink?

Tick ONE box

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>DDRINKAG</td>
<td>Write in how old you were then</td>
</tr>
</tbody>
</table>
Q20  Thinking now about all kinds of drinks, how often have you had an alcoholic drink of any kind during the last 12 months?

Tick ONE box

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Almost every day</td>
</tr>
<tr>
<td>02</td>
<td>Five or six days a week</td>
</tr>
<tr>
<td>03</td>
<td>Three or four days a week</td>
</tr>
<tr>
<td>04</td>
<td>Once or twice a week</td>
</tr>
<tr>
<td>05</td>
<td>Once or twice a month</td>
</tr>
<tr>
<td>06</td>
<td>Once every couple of months</td>
</tr>
<tr>
<td>07</td>
<td>Once or twice a year</td>
</tr>
<tr>
<td>08</td>
<td>Not all in the last 12 months</td>
</tr>
</tbody>
</table>

Q21  Did you have an alcoholic drink in the seven days ending yesterday?

Tick ONE box

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
</tbody>
</table>

If No, go to Q24 on page 8.

Q22  On how many days out of the last seven did you have an alcoholic drink?

Tick ONE box

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>One</td>
</tr>
<tr>
<td>2</td>
<td>Two</td>
</tr>
<tr>
<td>3</td>
<td>Three</td>
</tr>
<tr>
<td>4</td>
<td>Four</td>
</tr>
<tr>
<td>5</td>
<td>Five</td>
</tr>
<tr>
<td>6</td>
<td>Six</td>
</tr>
<tr>
<td>7</td>
<td>Seven</td>
</tr>
</tbody>
</table>
Q23 Please think about the day in the last week on which you drank the most. (If you drank the same amount on more than one day, please answer about the most recent of those days.)

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

<table>
<thead>
<tr>
<th>TICK ALL DRINKS DRUNK ON THAT DAY</th>
<th>WRITE IN HOW MUCH DRUNK ON THAT DAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal: strength beer, lager, stout, cider or shandy (less than 6% alcohol)-exclude bottles/cans of shandy, <strong>DDKTYP01</strong></td>
<td>Glasses (count doubles as 2 singles)</td>
</tr>
<tr>
<td>Strong beer, lager, stout or cider (6% alcohol or more, such as Tennants Super, Special Brew, Diamond White) <strong>DDKTYP02</strong></td>
<td></td>
</tr>
<tr>
<td>Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails <strong>DDKTYP03</strong></td>
<td></td>
</tr>
<tr>
<td>Sherry or martini (including port, vermouth, cinzano, dubonnet) <strong>DDKTYP04</strong></td>
<td></td>
</tr>
<tr>
<td>Alcoholic soft drink ('alcopop') such as Hooch, or a pre-mixed alcoholic drink such as Bacardi Breezer, WKD or Smirnoff Ice <strong>DDKTYP05</strong></td>
<td></td>
</tr>
<tr>
<td>Wine (including babycham and champagne) You can write in parts of a bottle, e.g. half a bottle <strong>DDKTYP06</strong></td>
<td>Large glasses (250ml)</td>
</tr>
<tr>
<td>Other kinds of alcoholic drink <strong>DDKTYP07</strong></td>
<td></td>
</tr>
<tr>
<td><strong>WRITE IN NAME OF DRINK</strong></td>
<td></td>
</tr>
<tr>
<td>1. <strong>DDKTYP07</strong></td>
<td></td>
</tr>
<tr>
<td>2. <strong>DDKTYP08</strong></td>
<td></td>
</tr>
</tbody>
</table>
**Attitudes towards Smoking**

**Q24** In general, do you mind if other people smoke near you?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>It depends</td>
<td>3</td>
</tr>
</tbody>
</table>

**Q25** How much, if at all, do you think breathing in other people’s smoke affects the health of adults who are exposed to it?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>A great deal</td>
<td>1</td>
</tr>
<tr>
<td>A fair amount</td>
<td>2</td>
</tr>
<tr>
<td>Just a little</td>
<td>3</td>
</tr>
<tr>
<td>Not at all</td>
<td>4</td>
</tr>
<tr>
<td>I don’t know</td>
<td>8</td>
</tr>
</tbody>
</table>

**Q26** In what ways would you say breathing in other people’s smoke affects the health of adults?

**Tick ALL that apply**

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Causes breathlessness</td>
<td>01</td>
</tr>
<tr>
<td>Causes coughing</td>
<td>02</td>
</tr>
<tr>
<td>Causes wheezing</td>
<td>03</td>
</tr>
<tr>
<td>Causes people to get asthma or makes asthma worse</td>
<td>04</td>
</tr>
<tr>
<td>Makes people more prone to chest infections or bronchitis</td>
<td>05</td>
</tr>
<tr>
<td>Makes people less fit than they used to be</td>
<td>06</td>
</tr>
<tr>
<td>Makes people more likely to suffer from cancer</td>
<td>07</td>
</tr>
<tr>
<td>Makes people more likely to suffer from another serious illness (such as heart disease or stroke)</td>
<td>08</td>
</tr>
<tr>
<td>Something else</td>
<td>09</td>
</tr>
<tr>
<td>I don’t know</td>
<td>98</td>
</tr>
</tbody>
</table>
Q27 How much, if at all, do you think breathing in other people’s smoke affects the health of children under the age of 16?

KNSMHLCH

- A great deal
- A fair amount
- Just a little
- Not at all
- I don’t know

Go to Q29

Q28 In what ways would you say breathing in other people’s smoke affects the health of children under the age of 16?

Tick ALL that apply

KSMHLC

- Causes breathlessness
- Causes coughing
- Causes wheezing
- Causes children to get asthma or makes asthma worse
- Makes children more prone to chest infections or bronchitis
- Makes children more likely to suffer from cancer
- Makes children more likely to suffer from another serious illness (such as heart disease or stroke)
- Makes children less likely to grow well
- Causes ear infections and glue ear
- Something else
- I don’t know

Q29 Are there any rules about whether people should smoke in your home or where they should smoke?

ATSMRULE

- Yes
- No
- I don’t know
Q30  If you did not want visitors to smoke in your home how confident would you feel about asking them not to?

**ATSMHOME**

- Very confident
- Fairly confident
- Not very confident
- Not at all confident
- I don't know

![Go to Q32]

Q31  Why would you not feel confident about asking visitors not to smoke in your home?

**Tick ALL that apply**

**ATSMHOM**

- It's not up to me to decide who smokes here
- I feel too embarrassed to ask
- I don't want to be bossy
- I don't want to make a fuss
- I don't want to offend people
- I don't want to be unfriendly
- Something else

Q32  How far do you agree or disagree with the total ban on smoking inside pubs?

a) 

**ATBANPUB**

- Agree strongly
- Agree
- Neither agree nor disagree
- Disagree
- Disagree strongly

![Go to Q32]
Q32 How far do you agree or disagree with the total ban on smoking inside restaurants?

b) ATBANRES

- Agree strongly
- Agree
- Neither agree nor disagree
- Disagree
- Disagree strongly

Q33 How far do you agree or disagree that there should be restrictions on smoking in public places where there are, or are likely to be, children under the age of 16?

ATBANCH

- Agree strongly
- Agree
- Neither agree nor disagree
- Disagree
- Disagree strongly

Q34 Now that pubs and restaurants are smoke free, would you visit them...

ATBANVIS2

- ...more often than you used to
- ...less often than you used to
- ...or about the same as you used to
- I don't go to pubs or restaurants

IF YOU ARE A CURRENT CIGARETTE SMOKER ANSWER QUESTIONS Q35 TO Q38 BELOW, OTHERWISE PLEASE CLOSE THE BOOKLET & THE INTERVIEWER WILL ASK YOU SOME MORE QUESTIONS:

Q35 Has the smoking ban in pubs made you cut down on the number of cigarettes you smoke?

APUSMCT2

- Yes
- No
Q36 Has the smoking ban in **pubs** made you more likely to **stay at home** where you can smoke?

APUSMHM2

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Q37 Has the smoking ban in **restaurants** made you **cut down** on the number of cigarettes you smoke?

ARESMCT2

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Q38 Has the smoking ban in **restaurants** made you more likely to **stay at home** where you can smoke?

ARESMHM2

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
Attitudes towards Drinking

Q39 Have you heard of units of alcohol?

Yes 1
No 2 → Go to Q45

Q40 What do you think is the current official recommended maximum number of units per day for men?

Write in NUMBER OR tick

Units per day I don’t know

Q41 What do you think is the current official recommended maximum number of units per day for women?

Write in NUMBER OR tick

Units per day I don’t know

We are interested to know what people understand by a unit of alcohol.

Q42 How many units do you think there are in a glass of wine? (A small 125ml glass)

Write in NUMBER OR tick

Units I don’t know

Q43 How many units do you think there are in a pint of normal strength beer?

Write in NUMBER OR tick

Units I don’t know
Q44  How many units **do you think** there are in a single pub measure of spirits? For example whisky or gin.

**KNUNSPIR**

Write in **NUMBER**

<table>
<thead>
<tr>
<th>Units</th>
<th>OR tick</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8</td>
</tr>
</tbody>
</table>

I don't know

Q45  How much do you agree or disagree with the following statement: Some people I know would think it odd if I didn’t drink alcohol at all.

**ATODDTT**

Tick **ONE** box

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>I don’t drink alcohol</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q46  Some people say that pubs and bars now being open for longer means that people will drink more alcohol. Others say that longer opening hours means that people will drink the same amount of alcohol over a longer period of time. Which of the following statements comes closest to your views about this?

**ATDNKHRS**

Tick **ONE** box

<table>
<thead>
<tr>
<th>People will drink more alcohol</th>
<th>People will drink the same amount of alcohol over a longer period of time</th>
<th>There will be no change in the amount of alcohol people drink and the time they spend in pubs and bars</th>
<th>I don’t know what the effect will be</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

14
Q47  Here are some statements about drinking. Please indicate how strongly you agree or disagree with the statements.

Please tick ONE box for each row

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Can't choose</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Getting drunk is a perfectly acceptable thing for people to do</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>b) Drinking is a major part of the British way of life</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>c) It's easier to enjoy a social event if you've had a drink</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>d) There is nothing wrong with people getting drunk regularly</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>e) Most people with serious drinking problems can never fully recover</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>f) People in some other parts of Europe tend to drink alcohol more sensibly than people in Britain</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>g) The government should tax alcohol more heavily to encourage people to drink less</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>h) Most people with serious drinking problems have only themselves to blame</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
</tr>
</tbody>
</table>

Q48  Would you like to drink less than, more than or about the same amount of alcohol as you do at the moment? ATOWNDNK

Tick ONE box

<table>
<thead>
<tr>
<th>Amount of Alcohol</th>
<th>235</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less</td>
<td>1</td>
</tr>
<tr>
<td>More</td>
<td>2</td>
</tr>
<tr>
<td>About the same</td>
<td>3</td>
</tr>
</tbody>
</table>
**Attitudes towards Healthy Eating**

**Q49** Official guidelines measure the fruit and vegetables that people eat in terms of ‘portions’.

**a)** Which of the following do you think make up ONE ‘portion of fruit or vegetables’?

Please tick ALL that apply **KPORTN**

- 2 cherry tomatoes
- 1 apple
- 1 melon
- 4 grapes
- 1 jacket potato
- 2 tablespoons of carrots

**Q50** Have you heard of the guidelines for salt intake?

**KSALGUID**

- Yes
- No

Go to Q52

**Q51** What do you think is the official guideline for maximum daily salt intake?

**KSALTMAX**

Please write in NUMBER of grams per day

OR tick I don’t know
Q52 Thinking about adults, please circle the number that indicates how important you think these are for their healthy eating.

<table>
<thead>
<tr>
<th></th>
<th>Very important</th>
<th>Quite important</th>
<th>Not very important</th>
<th>Not at all important</th>
<th>Can't choose</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td>Limiting the amount of fat</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b)</td>
<td>Limiting the amount of saturated fat (found in meat and dairy products)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c)</td>
<td>Eating lots of red meat</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d)</td>
<td>Limiting sugar (sweets, chocolates, biscuits)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>e)</td>
<td>Eating lots of whole grain foods (such as brown or wholemeal bread and cereals like weetabix)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>f)</td>
<td>Limiting the amount of cholesterol (such as in eggs)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>g)</td>
<td>Drinking lots of milk</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>h)</td>
<td>Eating lots of fruit and vegetables</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>i)</td>
<td>Limiting salt</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>j)</td>
<td>Taking vitamin supplements</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>k)</td>
<td>Drinking lots of water</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>l)</td>
<td>Eating a balanced diet</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>m)</td>
<td>Eating lots of pulses (such as soya beans, lentils or chickpeas)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
**Q53 Thinking about children**, please circle the number that indicates how important you think these are for their healthy eating.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Very important</th>
<th>Quite important</th>
<th>Not very important</th>
<th>Not at all important</th>
<th>Can't choose</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td>Limiting the amount of fat</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>KETFATC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b)</td>
<td>Limiting the amount of saturated fat (found in meat and dairy products)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>KETSFATC</td>
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<tr>
<td>c)</td>
<td>Eating lots of red meat</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>KETRMTC</td>
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<tr>
<td>d)</td>
<td>Limiting sugar (sweets, chocolates, biscuits)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
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<td></td>
<td>KETSUGC</td>
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<tr>
<td>e)</td>
<td>Eating lots of whole grain foods (such as brown or wholemeal bread and cereals like weetabix)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
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<tr>
<td></td>
<td>KETWGRNC</td>
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<tr>
<td>f)</td>
<td>Limiting the amount of cholesterol (such as in eggs)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>KETEGGC</td>
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</tr>
<tr>
<td>g)</td>
<td>Drinking lots of milk</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>KETMILKC</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>h)</td>
<td>Eating lots of fruit and vegetables</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>KETFVC</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>i)</td>
<td>Limiting salt</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>KETSALTC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>j)</td>
<td>Taking vitamin supplements</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>KETVITC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k)</td>
<td>Drinking lots of water</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>KETWATC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>l)</td>
<td>Eating a balanced diet</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>KETBALDC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>m)</td>
<td>Eating lots of pulses (such as soya beans, lentils or chickpeas)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>KETPULC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Q54 Here are some statements about eating.  

Please indicate how strongly you agree or disagree with the statements.  

Please tick ONE box per row

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Can't choose</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) The tastiest foods are the ones that are bad for you</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Healthy foods are enjoyable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) I get confused over what’s supposed to be healthy and what isn’t</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) I really care about what I eat</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Healthy eating is just another fad</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) If you do enough exercise you can eat whatever you like</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q55 Overall, would you say that what you usually eat is...  

<table>
<thead>
<tr>
<th>AGENEAT</th>
<th>Very healthy</th>
<th></th>
<th></th>
<th>Quite healthy</th>
<th></th>
<th></th>
<th>Not very healthy</th>
<th></th>
<th></th>
<th>Very unhealthy</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td></td>
<td>2</td>
<td></td>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td>4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q56 Would you like to eat more healthily than you do at the moment?  

<table>
<thead>
<tr>
<th>AEMORHEL</th>
<th>Yes</th>
<th></th>
<th></th>
<th>No</th>
<th></th>
<th></th>
<th>Don't know</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td>2</td>
<td></td>
<td></td>
<td>8</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Q57 Which of these statements applies to you:

AEHELFUT
1. I’m unlikely ever to eat more healthily
2. I expect to eat more healthily within the next year
3. I expect to eat more healthily but not in the next year
4. I don’t know

Q58 In what ways could you improve what you eat?

a) I could improve what I eat by **eating less:**

**Tick ALL that apply**

AEATLES
- generally
- convenience foods, fast foods, takeaways
- red meat (fatty meat)
- sugar, sweets, chocolates, biscuits, cakes
- salty snacks, crisps
- fried foods
- none, no changes necessary

b) I could improve what I eat by **switching to:**

**Tick ALL that apply**

AESWTCH
- lower fat food
- lean meats
- low fat spreads & unsaturated fats (Flora, sunflower oil, olive oil etc)
- food made with fresh fruit & vegetables
- skimmed or semi-skimmed milk
- none, no changes necessary
Q58 I could improve what I eat by eating more:

 AEATMOR

tick all that apply

generally

high fibre food (such as granary or wholemeal bread, pulses, bran cereals)

starchy food (rice, pasta, potatoes, bread, cereals)

fruit, vegetables, salad

unbattered fish

lean meat

none, no changes necessary

Q59 Overall, how easy or difficult would you find it to make these improvements to the way you eat?

 AETIMPRV

very easy

quite easy

quite difficult

very difficult

no changes necessary ➔ go to Q62
Q60 What would **stop** you making these improvements to the way **you** eat?

**Tick ALL that apply**

<table>
<thead>
<tr>
<th>ASTPHE</th>
<th>301-320</th>
</tr>
</thead>
<tbody>
<tr>
<td>It costs too much</td>
<td>01</td>
</tr>
<tr>
<td>I don't have enough time</td>
<td>02</td>
</tr>
<tr>
<td>I don't have the cooking ability</td>
<td>03</td>
</tr>
<tr>
<td>I eat what I’m given</td>
<td>04</td>
</tr>
<tr>
<td>It doesn't satisfy hunger</td>
<td>05</td>
</tr>
<tr>
<td>I don't like healthy foods</td>
<td>06</td>
</tr>
<tr>
<td>My family won't eat healthy foods</td>
<td>07</td>
</tr>
<tr>
<td>It is hard to change my eating habits</td>
<td>08</td>
</tr>
<tr>
<td>I am not motivated to</td>
<td>09</td>
</tr>
<tr>
<td>Something else</td>
<td>10</td>
</tr>
<tr>
<td>None of these</td>
<td>11</td>
</tr>
</tbody>
</table>

Q61 What would encourage you to make these improvements to the way you eat? **AENCHE**

**Tick ALL that apply**

<table>
<thead>
<tr>
<th>321-342</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advice from doctor or nurse</td>
</tr>
<tr>
<td>Advice from family member</td>
</tr>
<tr>
<td>My own ill health</td>
</tr>
<tr>
<td>Family member’s ill health</td>
</tr>
<tr>
<td>Increased income</td>
</tr>
<tr>
<td>Lower cost of food</td>
</tr>
<tr>
<td>Better access to shops and supermarkets</td>
</tr>
<tr>
<td>Clearer advice from the government</td>
</tr>
<tr>
<td>Clearer labelling of foods</td>
</tr>
<tr>
<td>Being motivated to</td>
</tr>
<tr>
<td>Something else</td>
</tr>
<tr>
<td>None of these</td>
</tr>
</tbody>
</table>
Attitudes towards Physical Activity

In this section we use the terms **physical activity**, **exercise** and **sport**.

**Our definitions are given below:**

**Physical activity** means a wide range of activities involving movement including housework such as vacuuming and digging the garden, active hobbies, walking and cycling, dancing, exercise such as swimming or going to the gym, and sport. It includes movement done as part of a job such as walking, lifting and carrying.

**Exercise** means a type of physical activity which is more structured and planned for the purpose of improving health and fitness.

**Sport** means a type of physical activity which is structured. It is often used to describe exercise which has rules such as football, martial arts, or competitive swimming.

Q62  You may have heard about official recommended levels of physical activity. Which of the following statements applies to you?

Tick ONE box

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I know what the recommended level of physical activity is</td>
</tr>
<tr>
<td>2</td>
<td>I have heard of the recommended level of physical activity but don’t know what it is</td>
</tr>
<tr>
<td>3</td>
<td>I have not heard about the recommended level of physical activity</td>
</tr>
</tbody>
</table>

Q63  How many days a week do you think **people of your age should** do physical activity?

Include all moderate physical activity, including physical activity as part of a job. By week we mean the whole week including weekends.

Please write in NUMBER Days

<p>| | |</p>
<table>
<thead>
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</thead>
<tbody>
<tr>
<td>8</td>
<td>OR TICK I don’t know</td>
</tr>
</tbody>
</table>

Q64  On each of the days **someone of your age** does moderate physical activity, how many **minutes a day** should they do it for it to be good for their health?

Please write in NUMBER Minutes per day

<p>| | |</p>
<table>
<thead>
<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>998</td>
<td>OR TICK I don’t know</td>
</tr>
</tbody>
</table>
Here are some statements about physical activity and exercise. Please indicate how strongly you agree or disagree with the statements.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Can’t choose</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) You can get enough physical activity in your daily life without doing</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>sport or exercise such as jogging or going to the gym</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>b) Physical activity is good for your health even if it is only for 10</td>
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<td></td>
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<td></td>
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<tr>
<td>minutes at a time</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>c) Physical activity is good for your health even if it is moderate,</td>
<td></td>
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<tr>
<td>such as walking briskly, gardening (for example digging) and house-</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>work (for example vacuuming)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>d) Physical activity is better for your health if you keep it up for at</td>
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<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>least 30 minutes at a time</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>e) Physical activity is better for your health if it gets you out of</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>breath</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>
Q66 There are many reasons for taking part in physical activity, exercise or sport. Which, if any, on the following list apply to you?

ARESPA

Tick ALL that apply

1. I don’t participate in any physical activity

2. To release tension or relax

3. To be out of doors

4. To maintain good health

5. To socialise with other people

6. To lose or control weight

7. I have a physically demanding job

8. To have fun or adventure or excitement

9. To get or feel fit

10. To gain a sense of achievement

11. To enjoy the competition

12. To work harder or concentrate better

13. I have to walk or cycle to get around

14. Something else

Go to Q67
Q67  Compared to other people of your own age would you describe yourself as...

AOWNPHYA

Tick ONE box

Very physically active  1
Fairly physically active  2
Not very physically active  3
Not at all physically active  4  Go to Q70

Q68  Which of the following activities do you think contribute most to keeping you fit?

AFIT

Tick ALL that apply

Walking or cycling to get around  01
Climbing stairs instead of taking a lift or escalator  02
Keeping active at home with housework, gardening or childcare  03
Having a physically active job  04
Going for walks or going hiking  05
Going out for cycle rides or going mountain biking  06
Going to the gym  07
Going jogging, running or swimming  08
Playing golf  09
Taking part in sport  10
Doing keep fit, exercise or dance  11
Something else  12

Q69  Do you think you do enough physical activity, exercise, or sport to keep you as fit as you would like?

AOWNFIT

Yes  1
No  2
Q70  Would you like to do more physical activity, exercise or sport than you do at the moment?

Yes  1
No  2  → Go to Q73

At the moment I am unable to  3

Q71  Which of the following statements best describes you?

I’m unlikely ever to do more physical activity, exercise or sport  1  → Go to Q73

I expect to do more physical activity, exercise or sport in the next year  2

I expect to do more physical activity, exercise or sport but not in the next year  3

I don’t know  4

Q72  Which types of physical activity, exercise or sport do you expect to take more of in the future?

Walking or cycling to get around  01
Climbing stairs instead of taking a lift or escalator  02
Keeping active at home with housework, gardening or childcare  03
Having a physically active job  04
Going for walks or going hiking  05
Going out for cycle rides or going mountain biking  06
Going to the gym  07
Going jogging, running or swimming  08
Playing golf  09
Taking part in sport  10
Doing keep fit, exercise or dance  11
Something else  12

27
Q73  What **stops** you from doing more physical activity, exercise or sport than you do now?

ASTPPA

Tick **ALL** that apply

1. I don’t need to do more
2. My work commitments
3. I don’t have enough leisure time
4. Caring for children or older people
5. I have no one to exercise with
6. I don’t have enough money
7. There are no suitable places to do it in my area
8. I haven’t got the right clothes or equipment
9. Poor health or physical limitations
10. I have injuries which prevent me
11. None of these

[Go to the end]
**Q74** Many other factors can prevent people from doing more physical activity, exercise or sport. From the following list which, if any, apply to you?

<table>
<thead>
<tr>
<th>APRVPA</th>
<th>Tick ALL that apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>I’m not the sporty type</td>
<td>01</td>
</tr>
<tr>
<td>I’m too shy or embarrassed</td>
<td>02</td>
</tr>
<tr>
<td>I’m worried about injury</td>
<td>03</td>
</tr>
<tr>
<td>I’m too old</td>
<td>04</td>
</tr>
<tr>
<td>I prefer to do other things</td>
<td>05</td>
</tr>
<tr>
<td>I think exercise is a waste of time</td>
<td>06</td>
</tr>
<tr>
<td>I’m too overweight</td>
<td>07</td>
</tr>
<tr>
<td>I’m not motivated to do more</td>
<td>08</td>
</tr>
<tr>
<td>I don’t enjoy physical activity</td>
<td>09</td>
</tr>
<tr>
<td>Something else</td>
<td>10</td>
</tr>
<tr>
<td>None of these</td>
<td>11</td>
</tr>
<tr>
<td>Don’t know</td>
<td>98</td>
</tr>
</tbody>
</table>
What would encourage you to do more physical activity, exercise or sport?

Tick ALL that apply

1. I don’t need to do more
2. Advice from a doctor or a nurse
3. Advice from a family member
4. My own ill health
5. Family member’s ill health
6. Increased income
7. More leisure time
8. Self-motivation
9. Having someone to do it with
10. Having a physical activity I am capable of
11. Clearer advice from the government
12. Something else
13. None of these

Thank you for answering these questions.

Please give the booklet back to the interviewer.
Here are some questions for you to answer on your own.

We are interested in your honest answers.

**We will not tell anyone what your answers are.**

Look at the instructions on the next page and read what to do.

Ask the interviewer for help if you do not understand a question or are not sure what to do.

Thank you for taking part in this survey.
How to answer these questions

- Please read each question carefully.

- Most of the questions can be answered by putting a tick in the box next to the answer that applies to you like this:

  - Yes
  - No

- Sometimes you have to write a number in the box, for example:

  - I was 13 years old

- Next to some of the boxes are arrows and instructions. They show or tell you which question to answer next. If there are no special instructions, just answer the next question.

  - No: Go to Q4
  - Yes: Write in 13 years old
Cigarette Smoking

Q1 Have you ever tried smoking a cigarette, even if it was only a puff or two?

Yes
No

ASMOKCIG

Q2 Now read all the following sentences very carefully and tick the box next to the one which best describes you.

I have never smoked
I have only smoked once or twice
I used to smoke sometimes, but I never smoke a cigarette now
I sometimes smoke, but I don’t smoke every week
I smoke between one and six cigarettes a week
I smoke more than six cigarettes a week

ASMOKREG

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

write in

ACIGAGE

Q4 Did you smoke any cigarettes last week?

Yes
No

ACIGWEEK

Q5 How many cigarettes did you smoke last week?

write in

ACIGNUM

Q6 In most weeks, how many hours a week are you exposed to other people’s tobacco smoke?

write in

AEXPSM
EVERYONE PLEASE ANSWER

Q7a  Do you find that you are often near people who are smoking in any of these places?

Please tick all the places where you are often near people who are smoking

Tick all boxes which apply

ANRSMO

At home

On buses or trains

In other people’s homes

In other places

No, none of these

Go to Q7b

Go to Q8

Q7b  Does this bother you?

ASMKBTHR

Yes

No

Go to Q8

Drinking

Q8  Have you ever had a proper alcoholic drink - a whole drink, not just a sip? Please don’t count drinks labelled low alcohol.

Tick one box

ADRPROP

Yes

No

Go to Q10 on page 4

Go to Q9

Q9  Have you ever drunk alcopops (such as Bacardi Breezer, Smirnoff Ice, WKD, Hooch etc)?

Tick one box

ADRPOPS

Yes

No

Go to Q10

Go to Q19 on page 8
Q10  How old were you the first time you had a proper alcoholic drink or an alcopop?

ADRINKAG  I was ______ years old  Go to Q11

Q11  How often do you usually have an alcoholic drink or alcopop?

ADRINKOF

Tick one box

Almost every day  
About twice a week  
About once a week  
About once a fortnight  
About once a month  
Only a few times a year  
I never drink alcohol now  

Go to Q12

Q12  When did you last have an alcoholic drink or alcopop?

ADRLAST

Tick one box

Today  
Yesterday  
Some other time during the last week  
1 week, but less than 2 weeks ago  
2 weeks, but less than 4 weeks ago  
1 month, but less than 6 months ago  
6 months ago or more  

Go to Q13

Go to Q19 on page 8
Q13 Which, if any, of the drinks shown below, have you drunk in the last 7 days?
Please (✔) either yes or no for each kind of drink.
For each kind of drink, write in the box how much you drank in the last 7 days.

**Beer, lager cider or shandy (exclude bottles or cans of shandy)**

Have you drunk this in the last 7 days?

<table>
<thead>
<tr>
<th>Options</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Yes</td>
<td>3</td>
</tr>
</tbody>
</table>

Tick one box

Go to Q14

How much did you drink in the last 7 days?
Write in:

<table>
<thead>
<tr>
<th>Options</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pints</td>
<td>522-525</td>
</tr>
<tr>
<td>Large cans or bottles</td>
<td>526-527</td>
</tr>
<tr>
<td>Small cans or bottles</td>
<td>528-529</td>
</tr>
</tbody>
</table>

Q14 Spirits or liqueurs, such as gin, vodka, whisky, rum, brandy or cocktails

Have you drunk this in the last 7 days?

<table>
<thead>
<tr>
<th>Options</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Yes</td>
<td>3</td>
</tr>
</tbody>
</table>

Tick one box

Go to Q15

How much did you drink in the last 7 days?
Write in:

<table>
<thead>
<tr>
<th>Options</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glasses (count doubles as two glasses)</td>
<td>531-532</td>
</tr>
</tbody>
</table>
Q15  Sherry or martini (including port, vermouth, cinzano, dubonnet)

Have you drunk this in the last 7 days?

Tick one box

ASHERW

How much did you drink in the last 7 days?

Write in:

ASHERQGS

Glasses (count doubles as two glasses)

Q16  Wine (including babycham and champagne)

Have you drunk this in the last 7 days?

Tick one box

AWINEW

How much did you drink in the last 7 days?

Write in:

AW250ML  Large glasses (250 ml)

AND / OR  537-538

AW175ML  Standard glasses (175ml)

AND / OR  539-540

AW125ML  Small glasses (125 ml)

AND / OR  541-542

A WBTL  Bottles (if half a bottle write in $\frac{1}{2}$)

AND / OR  543-544
Q17  Alcopop (such as Bacardi Breezer, Smirnoff Ice, WKD, Hooch, etc.)

Have you drunk this in the last 7 days?

Tick one box

No  \[2\] \(\rightarrow\) Go to Q18

Yes  \[3\]

How much did you drink in the last 7 days?

Write in:

Large cans or bottles

Small cans or bottles

Q18  Other kinds of alcoholic drink?

Have you drunk this in the last 7 days?

Tick one box

No  \[2\] \(\rightarrow\) Go to Q19

Yes  \[3\] \(\rightarrow\) Complete details below

Write in name of drink

How much did you drink in the last 7 days?

Write in:

Large cans or bottles

Small cans or bottles

Spare 584-600
Your weight

Everyone please answer

Q19 Given your age and height, would you say that you are...  

Tick one box

| SAYWGT |  
|--------|---
| About the right weight | 1  
| too heavy | 2  
| or too light? | 3  
| Not sure | 8  

Q20 At the present time are you trying to lose weight, trying to gain weight, or are you not trying to change your weight?

Tick one box

| SAYDIET |  
|---------|---
| Trying to lose weight | 1  
| Trying to gain weight | 2  
| Not trying to change weight | 3  

Spare 603-630
Attitudes towards healthy eating

Q21 Official guidelines measure the fruit and vegetables that people eat in terms of ‘portions’.

Which of the following do you think make up ONE ‘portion of fruit or vegetables’?

<table>
<thead>
<tr>
<th>Item</th>
<th>Tick all that apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 cherry tomatoes</td>
<td>1</td>
</tr>
<tr>
<td>1 apple</td>
<td>2</td>
</tr>
<tr>
<td>1 melon</td>
<td>3</td>
</tr>
<tr>
<td>4 grapes</td>
<td>4</td>
</tr>
<tr>
<td>1 jacket potato</td>
<td>5</td>
</tr>
<tr>
<td>2 tablespoons of carrots</td>
<td>6</td>
</tr>
</tbody>
</table>

Q22 How many portions of fruit and vegetables do you think **people should** eat everyday?

<table>
<thead>
<tr>
<th>Please write in NUMBER per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>637-638</td>
</tr>
</tbody>
</table>

OR tick I don’t know

Q23 Here are some statements about eating.

Please could you say whether you agree or disagree with them.

**Please tick ONE box per row**

<table>
<thead>
<tr>
<th>XTSTEBA</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Can’t choose</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td>The tastiest foods are the ones that are bad for you</td>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
<td>[ ] 4</td>
<td>[ ] 5</td>
</tr>
<tr>
<td>b)</td>
<td>Healthy foods are enjoyable</td>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
<td>[ ] 4</td>
<td>[ ] 5</td>
</tr>
<tr>
<td>c)</td>
<td>I get confused over what’s supposed to be healthy and what isn’t</td>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
<td>[ ] 4</td>
<td>[ ] 5</td>
</tr>
<tr>
<td>d)</td>
<td>I don’t really care what I eat</td>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
<td>[ ] 4</td>
<td>[ ] 5</td>
</tr>
<tr>
<td>e)</td>
<td>If you do enough exercise you can eat whatever you like</td>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
<td>[ ] 4</td>
<td>[ ] 5</td>
</tr>
</tbody>
</table>
Q24 Overall, would you say that what you usually eat is...

XAGENEA

Very healthy  
Quite healthy  
Not very healthy  
Very unhealthy  

Go to Q27
Go to Q25

Q25 Would you like to eat more healthily than you do at the moment?

XEMORHEL

Yes  
No  
I don’t know  

Go to Q26
Go to Q27

Q26 Which of these statements applies to you:

XEHELFUT

I’m unlikely ever to eat more healthily  
I expect to eat more healthily within the next year  
I expect to eat more healthily but not in the next year  
I don’t know  

646
Q27 What types of snacks do you eat between meals?

 Tick all that apply

I don’t eat snacks between meals

Crisps

Biscuits and cakes

Chocolate and sweets

Cereal bars (such as Nutrigrain, Tracker)

Savoury crackers (such as Cheddars)

Fresh fruit

Dried fruit including raisins

Rice cakes and bread sticks

Vegetable sticks and tomatoes

Cheese

Something else

Go to Q29

Q28 Would you eat healthier snacks (such as fresh fruit or raisins) if they were available?

Yes

No

HELSNAK
Q29 Which of the following do you think might be important for healthy eating for people of your age?

<table>
<thead>
<tr>
<th>Tick all that apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eating less fatty or fried foods</td>
</tr>
<tr>
<td>Eating less sugar (eg. sweets, cakes, chocolate, biscuits)</td>
</tr>
<tr>
<td>Eating lots of whole grain products (such as brown or wholemeal bread or cereals such as Weetabix)</td>
</tr>
<tr>
<td>Eating lots of fruit</td>
</tr>
<tr>
<td>Eating lots of vegetables</td>
</tr>
<tr>
<td>Eating lots of meat, fish, or cheese</td>
</tr>
<tr>
<td>Eating lots of pulses (such as soya beans, lentils or chickpeas)</td>
</tr>
<tr>
<td>Drinking fewer fizzy drinks</td>
</tr>
</tbody>
</table>

Q30 In what ways could you improve what you eat?

<table>
<thead>
<tr>
<th>Tick all that apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) I could improve what I eat by eating less:</td>
</tr>
<tr>
<td>convenience foods (such as chicken nuggets and chips)</td>
</tr>
<tr>
<td>fast foods or takeaways (such as burgers or pizza)</td>
</tr>
<tr>
<td>crisps or savoury biscuits</td>
</tr>
<tr>
<td>sugar, sweets, chocolates, biscuits, cakes</td>
</tr>
<tr>
<td>none, no changes needed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tick all that apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>b) I could improve what I eat by eating more:</td>
</tr>
<tr>
<td>fruit</td>
</tr>
<tr>
<td>vegetables</td>
</tr>
<tr>
<td>salad</td>
</tr>
<tr>
<td>none, no changes needed</td>
</tr>
</tbody>
</table>
Q31 What would **stop** you from making these improvements to the way you eat?

**Tick all that apply**

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don’t like healthy foods</td>
<td>01</td>
</tr>
<tr>
<td>Doesn’t satisfy hunger</td>
<td>02</td>
</tr>
<tr>
<td>Don’t want to change eating habits</td>
<td>03</td>
</tr>
<tr>
<td>Lack of motivation</td>
<td>04</td>
</tr>
<tr>
<td>I eat what I’m given</td>
<td>05</td>
</tr>
<tr>
<td>No healthy options at home</td>
<td>06</td>
</tr>
<tr>
<td>No healthy options at school</td>
<td>07</td>
</tr>
<tr>
<td>None of these</td>
<td>08</td>
</tr>
<tr>
<td>No changes needed</td>
<td>09</td>
</tr>
<tr>
<td>Something else</td>
<td>10</td>
</tr>
</tbody>
</table>

→ Go to Q33

Q32 What would **encourage** you to make these improvements to the way you eat?

**Tick all that apply**

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advice from parent</td>
<td>01</td>
</tr>
<tr>
<td>Advice from teacher</td>
<td>02</td>
</tr>
<tr>
<td>Advice from school nurse</td>
<td>03</td>
</tr>
<tr>
<td>Advice from friend or brother or sister</td>
<td>04</td>
</tr>
<tr>
<td>TV adverts</td>
<td>05</td>
</tr>
<tr>
<td>Information leaflets</td>
<td>06</td>
</tr>
<tr>
<td>Being motivated to</td>
<td>07</td>
</tr>
<tr>
<td>Being given healthier food</td>
<td>08</td>
</tr>
<tr>
<td>None of these</td>
<td>09</td>
</tr>
<tr>
<td>Something else</td>
<td>10</td>
</tr>
</tbody>
</table>
Attitudes towards Physical Activity

We would like to ask you some questions about physical activity. By physical activity we mean all types of exercise such as walking, running around, kicking a ball, dancing, riding a bike or swimming. This includes physical activity you do at school. It also includes any sports that you do.

Q33 How many days a week do you think young people should do physical activity of any type?

By week we mean the whole week including weekends

Please write in NUMBER Days

I don’t know

Q34 On each of the days a young person does physical activity, how long should they do it for it to be good for them?

Write in NUMBER Minutes per day

I don’t know

Q35 Compared to other people of your own age would you describe yourself as...

Very physically active

Fairly physically active

Not very physically active

Not at all physically active

Q36 Would you like to do more exercise or physical activity than you do at the moment?

Yes ➔ Go to Q37

No ➔ Go to Q38
Q37 Which types of exercise/ physical activity would you like to do more of in the future?

- Walking (01)
- Riding a bike (02)
- Going swimming (03)
- Running or jogging (04)
- Ball sports such as football, netball, tennis or golf (05)
- Other sports such as gymnastics, athletics, martial arts or trampolining (06)
- Dancing (07)
- Horse riding (08)
- Playing outside in garden or playgrounds (09)
- Skate boarding, roller skating or ice skating (10)
- Something else (11)

Attitudes towards drinking

Q38 Do you ever drink alcohol?

- Yes (1) → Go to Q39
- No (2) → Go to Q43

Q39 Do your parent(s) know that you have ever drunk alcohol?

- Yes (1) → Go to Q40
- No (2) → Go to Q41
- I don’t know (8) → Go to Q40
Q40 What do your parent(s) think of you drinking alcohol?

Please tick ONE box

- They don't like me drinking alcohol
- They don't mind me drinking alcohol
- They like me drinking alcohol
- It varies
- I don't know

Q41 Have you been drunk in the last 12 months?

<table>
<thead>
<tr>
<th>ADRNK12M</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>go to Q42</td>
<td>2</td>
</tr>
</tbody>
</table>

Q42 Do your parent(s) know that you have been drunk in the last 12 months?

<table>
<thead>
<tr>
<th>APDNK12M</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Q43 Here are some reasons why other people of your age may drink alcohol.

Please could you say whether you agree or disagree with them.

Please tick ONE box per row

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Can't choose</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

a) People of my age drink because it helps them relax

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
</table>

b) People of my age drink because it makes them feel more confident

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
</table>

c) People of my age drink to be sociable with their friends

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
</table>

d) People of my age drink because of pressure from their friends

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
</table>

e) People of my age drink because they are bored and have nothing else to do

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
</table>
**Attitudes towards smoking**

Q44 In general, do you mind if other people smoke near you, or not?

[XSMOKNR]

- Yes [771]
- No [2]
- It depends [3]

Q45 How much, if at all, would you say breathing in other people's smoke affects young people who are exposed to it?

[KNSMHLYP]

- A great deal [1]  \(\Rightarrow\) Go to Q46
- A fair amount [2]  \(\Rightarrow\) Go to the END
- Just a little [3]
- Not at all [4]  \(\Rightarrow\) Go to the END
- I don’t know [8]

Q46 In what ways would you say breathing in other people’s smoke affects the health of young people?

**Tick ALL that apply**

[KSMHLY]

- Causes breathlessness [01]
- Causes coughing [02]
- Causes wheezing [03]
- Causes people to get asthma or makes asthma worse [04]
- Makes people prone to chest infections or bronchitis [05]
- Makes people less fit than they used to be [06]
- Makes people more likely to suffer from cancer [07]
- Makes people more likely to suffer from other serious illnesses (such as heart disease or stroke) [08]
- Something else [09]
- I don’t know [98]

Thank you for answering these questions.
Please give the booklet back to the interviewer.
Here are some questions for you to answer on your own.

We are interested in your honest answers.

**We will not tell anyone what your answers are.**

Look at the instructions on the next page and read what to do.

Ask the interviewer for help if you do not understand a question or are not sure what to do.

Thank you for taking part in this survey
How to answer these questions

- Please read each question carefully

- Most of the questions can be answered by putting a tick in the box next to the answer that applies to you like this

  Yes \[\checkmark\]

  No

- Sometimes you have to write a number in the box, for example

  I was 11 years old

write in

- Next to some of the boxes are arrows and instructions. They show or tell you which question to answer next. If there are no special instructions, just answer the next question.

  No \[\checkmark\] \(\rightarrow\) GO TO Q4

  Yes \[\checkmark\]

  I was 11 years old

write in
Cigarette Smoking

Q1  Have you ever tried smoking a cigarette, even if it was only a puff or two?

CSMOKCIG

Tick one box

498

No  \( \rightarrow \) Go to Q2

Yes

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

499-500

I was \( \text{Write in} \) years old

Q2  Now read all the following sentences very carefully and tick the box next to the one which best describes you.

CSMOKREG

Tick one box

501

1  I have never smoked

2  I have only smoked once or twice

3  I used to smoke sometimes, but I never smoke a cigarette now

4  I sometimes smoke, but I don’t smoke every week

5  I smoke between one and six cigarettes a week

6  I smoke more than six cigarettes a week

\( \rightarrow \) Go to Q3

Q3  Did you smoke any cigarettes last week?

CCIGWEEK

Tick one box

502

No  \( \rightarrow \) Go to Q4

Yes

How many cigarettes did you smoke last week?

503-504

I smoked \( \text{Write in} \) cigarettes

Spare 505-507
EVERYONE PLEASE ANSWER

Q4  Do you find that you are often near people who are smoking in any of these places?

Please tick all the places where you are often near people who are smoking

Tick all boxes that apply

<table>
<thead>
<tr>
<th>Place</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>At home</td>
<td>1</td>
</tr>
<tr>
<td>On buses or trains</td>
<td>3</td>
</tr>
<tr>
<td>In other people's homes</td>
<td>4</td>
</tr>
<tr>
<td>In other places</td>
<td>6</td>
</tr>
<tr>
<td>No, none of these</td>
<td>7</td>
</tr>
</tbody>
</table>

Go to Q5

Q5  Does this bother you?

Tick one box

<table>
<thead>
<tr>
<th>Option</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>

Go to Q6

Spare 513-514
Drinking

Q6 Have you ever had a proper alcoholic drink – a whole drink, not just a sip? **Please don't count drinks labelled low alcohol.**

Tick one box

ADRPROP

Yes 1 ➔ Go to Q8

No 2 ➔ Go to Q7

Q7 Have you ever drunk alcopops (such as Bacardi Breezer, Smirnoff Ice, WKD, Hooch etc)?

Tick one box

ADRPOPS

Yes 1 ➔ Go to Q8

No 2 ➔ Go to Q11 on page 5

Q8 How old were you the first time you had a proper alcoholic drink or alcopop?

ADRINKAG

I was years old

write in

Q9 How often do you usually have an alcoholic drink or alcopop?

Tick one box

ADRINKOF

Almost every day 1 ➔ Go to Q10

About twice a week 2

About once a week 3

About once a fortnight 4

About once a month 5

Only a few times a year 6

I never drink alcohol now 7
Q10  When did you **last** have an alcoholic drink or alcoholic soft drink?

---

**Tick one box**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Today</td>
<td></td>
</tr>
<tr>
<td>Yesterday</td>
<td></td>
</tr>
<tr>
<td>Some other time during the last week</td>
<td></td>
</tr>
<tr>
<td>1 week, but less than 2 weeks ago</td>
<td></td>
</tr>
<tr>
<td>2 weeks, but less than 4 weeks ago</td>
<td></td>
</tr>
<tr>
<td>1 month, but less than 6 months ago</td>
<td></td>
</tr>
<tr>
<td>6 months ago or more</td>
<td></td>
</tr>
</tbody>
</table>

*Go to Q11*

---

### Your weight

Everyone please answer

Q11  Given your age and height, would you say that you are...

---

**Tick one box**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>About the right weight</td>
<td></td>
</tr>
<tr>
<td>too heavy</td>
<td></td>
</tr>
<tr>
<td>or too light?</td>
<td></td>
</tr>
<tr>
<td>Not sure</td>
<td></td>
</tr>
</tbody>
</table>

---

Q12  At the present time are you trying to **lose** weight, trying to **gain** weight, or are you **not trying** to change your weight?

---

**Tick one box**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Trying to lose weight</td>
<td></td>
</tr>
<tr>
<td>Trying to gain weight</td>
<td></td>
</tr>
<tr>
<td>Not trying to change weight</td>
<td></td>
</tr>
</tbody>
</table>
Attitudes towards healthy eating

Q13 Official guidelines measure the fruit and vegetables that people eat in terms of ‘portions’.

Which of the following do you think make up ONE ‘portion of fruit or vegetables’?

Tick all that apply

2 cherry tomatoes
1 apple
1 melon
4 grapes
1 jacket potato
2 tablespoons of carrots

Q14 How many portions of fruit and vegetables do you think people should eat everyday?

Please write in NUMBER per day

OR tick I don’t know

Q15 Here are some statements about eating.

Please could you say whether you agree or disagree with them.

Please tick ONE box per row

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Can’t choose</th>
</tr>
</thead>
<tbody>
<tr>
<td>The tastiest foods are the ones that are bad for you</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthy foods are enjoyable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I get confused over what’s supposed to be healthy and what isn’t</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I don’t really care what I eat</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If you do enough exercise you can eat whatever you like</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Q16 Overall, would you say that what you usually eat is...

XAGENEAT

644

Very healthy 1
Quite healthy 2
Not very healthy 3
Very unhealthy 4

Spare (645-646)

Q17 What types of snacks do you eat between meals?

TSNACK

Tick all that apply

647-668

I don’t eat snacks between meals 01 ➔ Go to Q19

Crisps 02
Biscuits and cakes 03
Chocolate and sweets 04
Cereal bars (such as Nutrigrain, Tracker) 05
Savoury crackers (such as Cheddars) 06
Fresh fruit 07
Dried fruit including raisins 08
Rice cakes and bread sticks 09
Vegetable sticks and tomatoes 10
Cheese 11
Something else 12

Q18 Would you eat healthier snacks (such as fresh fruit or raisins) if they were available?

HELSNAK

669

Yes 1
No 2
Q19 Which of the following do you think might be important for healthy eating for people of your age?

**Tick all that apply**

1. Eating less fatty or fried foods
2. Eating less sugar (e.g. sweets, cakes, chocolate, biscuits)
3. Eating lots of whole grain products (such as brown or wholemeal bread or cereals such as Weetabix)
4. Eating lots of fruit
5. Eating lots of vegetables
6. Eating lots of meat, fish, or cheese
7. Eating lots of pulses (such as soya beans, lentils or chickpeas)
8. Drinking fewer fizzy drinks

Q20 In what ways could what you eat be improved?

**a)** I could improve what I eat by **eating less:**

1. Convenience foods (such as chicken nuggets and chips)
2. Fast foods or takeaways (such as burgers or pizza)
3. Crisps or savoury biscuits
4. Sugar, sweets, chocolates, biscuits, cakes
5. None, no changes needed

**b)** I could improve what I eat by **eating more:**

1. Fruit
2. Vegetables
3. Salad
4. None, no changes needed
Q21 What would stop you making these improvements to the way you eat? ASTOPOC

Tick all that apply

693-710

Don't like healthy foods 01

Doesn't satisfy hunger 02

Don't want to change eating habits 03

Lack of motivation 04

I eat what I'm given 05

No healthy options at home 06

No healthy options at school 07

None of these 08

No changes needed 09

Something else 10

Go to Q23

Q22 What would encourage you to make these improvements to the way you eat? AENCC

Tick all that apply

711-730

Advice from parent 01

Advice from teacher 02

Advice from school nurse 03

Advice from friend or brother or sister 04

TV adverts 05

Information leaflets 06

Being motivated to 07

Being given healthier food 08

None of these 09

Something else 10
Attitudes towards physical activity

We would like to ask you some questions about physical activity. By physical activity we mean all types of exercise such as walking, running around, kicking a ball, dancing, riding a bike or swimming. This includes physical activity you do at school. It also includes any sports that you do.

**Q23** How many days a week do you think children of your age **should do** physical activity of any type?  
By week we mean the whole week including weekends

<table>
<thead>
<tr>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>731</td>
</tr>
<tr>
<td>I don't know</td>
</tr>
</tbody>
</table>

**Q24** On each of the days children do physical activity, how long should they do it for it to be good for their health?

<table>
<thead>
<tr>
<th>Minutes per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>732-734 minutes per day</td>
</tr>
<tr>
<td>I don't know</td>
</tr>
</tbody>
</table>

**Q25** Compared to other people of your own age would you describe **yourself** as...

|  
| Very physically active | 1  
| Fairly physically active | 2  
| Not very physically active | 3  
| Not at all physically active | 4  

**Q26** Would you like to do more exercise or physical activity than you do at the moment?

|  
| Yes | 1  
| No | 2  
| Go to Q27 |  
| Go to the END |  

Q27  Which types of exercise/ physical activity would you like to do more of in the future?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Walking</td>
</tr>
<tr>
<td>02</td>
<td>Riding a bike</td>
</tr>
<tr>
<td>03</td>
<td>Going swimming</td>
</tr>
<tr>
<td>04</td>
<td>Running or jogging</td>
</tr>
<tr>
<td>05</td>
<td>Ball sports such as football, netball, tennis or golf</td>
</tr>
<tr>
<td>06</td>
<td>Other sports such as gymnastics, athletics, martial arts or trampolining</td>
</tr>
<tr>
<td>07</td>
<td>Dancing</td>
</tr>
<tr>
<td>08</td>
<td>Horse riding</td>
</tr>
<tr>
<td>09</td>
<td>Playing outside in garden or playgrounds</td>
</tr>
<tr>
<td>10</td>
<td>Skate boarding, roller skating or ice skating</td>
</tr>
<tr>
<td>11</td>
<td>Something else</td>
</tr>
</tbody>
</table>

Thank you for your help with this questionnaire.

Please give the booklet back to the interviewer.
Here are some questions for you to answer on your own.

We are interested in your honest answers.

**We will not tell anyone what your answers are.**

Look at the instructions on the next page and read what to do.

Ask the interviewer for help if you do not understand a question or are not sure what to do.

Thank you for taking part in this survey.
How to answer these questions

- Please read each question carefully

- Most of the questions can be answered by putting a tick in the box next to the answer that applies to you, like this

  Yes
  
  No

- Sometimes you have to write a number in the box, for example

  I was 9 years old

  write in

- Next to some of the boxes are arrows and instructions. They show or tell you which question to answer next. If there are no special instructions, just answer the next question.

  No
  
  Yes

  I was 10 years old

  write in

  Go to question 4
Cigarette Smoking

1. Have you ever tried smoking a cigarette, even if it was only a puff or two?
   - CSMOKCIG
     - No
       - Go to question 2
     - Yes
       - How old were you when you tried smoking a cigarette, even if it was only a puff or two?
       - CSMOKAGE
         - Write in years old

2. Now read all the following sentences very carefully and tick the box next to the one which best describes you.
   - CSMOKREG
     - I have never smoked
     - I have only smoked once or twice
     - I used to smoke sometimes, but I never smoke a cigarette now
     - I sometimes smoke, but I don’t smoke every week
     - I smoke between one and six cigarettes a week
     - I smoke more than six cigarettes a week
     - Go to question 3

3. Did you smoke any cigarettes last week?
   - CCIGWEEK
     - No
       - Go to question 4
     - Yes
       - How many cigarettes did you smoke last week?
       - CCIGNUM
         - Write in cigarettes

Spare 505-507
EVERYONE PLEASE ANSWER

4. Do you find that you are often near people who are smoking in any of these places?

   Please tick all the places where you are often near people who are smoking

   Tick all boxes which apply

   ANRSMO

<table>
<thead>
<tr>
<th>Place</th>
<th>Tick Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>At home</td>
<td>1</td>
</tr>
<tr>
<td>On buses or trains</td>
<td>3</td>
</tr>
<tr>
<td>In other people’s homes</td>
<td>4</td>
</tr>
<tr>
<td>In other places</td>
<td>6</td>
</tr>
<tr>
<td>No, none of these</td>
<td>7</td>
</tr>
</tbody>
</table>

   Go to question 5

   Go to question 6 on page 4

5. Does this bother you?

   ASMKBTHR

   Tick one box

   Yes  | 1

   No   | 2

   Go to next question

   Spare 513-514
Drinking

6. Have you ever had a proper alcoholic drink - a whole drink, not just a sip? Please don't count drinks labelled low alcohol.

ADRPROP

Tick one box

Yes 1 ➔ Go to question 8
No 2 ➔ Go to question 7

7. Have you ever drunk alcopops (such as Bacardi Breezer, Smirnoff Ice, WKD, Hooch etc)?

ADRPOPS

Tick one box

Yes 3 ➔ Go to question 8
No 2 ➔ Go to question 11 on page 6

8. How old were you the first time you had a proper alcoholic drink or alcopop?

ADRINKAG

I was years old

write in

9. How often do you usually have an alcoholic drink or alcopop?

ADRINKOF

Tick one box

Almost every day 1
About twice a week 2
About once a week 3
About once a fortnight 4
About once a month 5
Only a few times a year 6
I never drink alcohol now 7 ➔ Go to question 10
10. When did you last have an alcoholic drink or alcoholic soft drink?

Tick one box

**ADRLAST**

- Today

- Yesterday

- Some other time during the last week

- 1 week, but less than 2 weeks ago

- 2 weeks, but less than 4 weeks ago

- 1 month, but less than 6 months ago

- 6 months ago or more

→ Go to question 11

Spare 521-600
Your weight

Everyone please answer

11. Given your age and height, would you say that you are...

   Tick one box

   SAYWGT
   About the right weight [ ]
   too heavy [ ]
   or too light? [ ]
   Not sure [ ]

12. At the present time are you trying to lose weight, trying to gain weight, or are you not trying to change your weight?

   Tick one box

   SAYDIET
   Trying to lose weight [ ]
   Trying to gain weight [ ]
   Not trying to change weight [ ]

Spare 603-614
Cycling

Everyone please answer

13. Do you have a bicycle?

CBICYCLE
Yes

No

Go to question 14

14. Do you wear a bicycle helmet when you ride a bike?

CHELMA
I always wear a helmet when I ride a bike

I sometimes wear a helmet when I ride a bike

I never wear a helmet when I ride a bike

I never ride a bike

Go to question 15

15. What do you think about bicycle helmets?

Please tick all the boxes that you agree with

CHELMB
Wearing a helmet makes me feel safer when I ride a bike

I sometimes forget to put my helmet on

Bicycle helmets cost too much money

Helmets look good

It is difficult to get helmets to fit

Helmets can protect you if you have an accident

Wearing a helmet makes me feel like a proper cyclist

Thank you for your help with this questionnaire.
Health Survey for England 2007
Booklet for parents of 4-15 year olds

In Confidence

How to fill in this questionnaire

The questions in this booklet can be answered by simply circling the number below the answer that applies.

Example:

Do you feel that you lead a ...  

<table>
<thead>
<tr>
<th>Very healthy life</th>
<th>Fairly healthy life</th>
<th>Not very healthy life</th>
<th>An unhealthy life</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

The Health Survey for England
On behalf of the Information Centre for health and social care
Strengths and Difficulties Questionnaire

We'd like you to tell us something about your child's behaviour over the last 6 months.
For each item, please circle the number for Not true, Somewhat true, or Certainly true to show how true the item is of your child.

(CIRCLE ONE NUMBER ON EACH LINE)

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Considerate of other people's feelings</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Restless, overactive, cannot stay still for long</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Often complains of headaches, stomach-aches or sickness</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Shares readily with other children (treats, toys, pencils etc.)</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Often has temper tantrums or hot tempers</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Rather solitary, tends to play alone</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Generally obedient, usually does what adults request</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. Many worries, often seems worried</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Helpful if someone is hurt, upset or feeling ill</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>10. Constantly fidgeting or squirming</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>11. Has at least one good friend</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>12. Often fights with other children or bullies them</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>13. Often unhappy, down-hearted or tearful</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>14. Generally liked by other children</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>15. Easily distracted, concentration wanders</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>16. Nervous or clingy in new situations, easily loses confidence</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>17. Kind to younger children</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>18. Often lies or cheats</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>19. Picked on or bullied by other children</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
### Questionnaire

<table>
<thead>
<tr>
<th>Question</th>
<th>Not true</th>
<th>Somewhat true</th>
<th>Certainly true</th>
<th>Spare 21-50</th>
</tr>
</thead>
<tbody>
<tr>
<td>20. Often volunteers to help others (parents, teachers, other children) <strong>SDQVOL</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>21. Thinks things out before acting <strong>SDQTHINK</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>22. Steals from home, school or elsewhere <strong>SDQSTEAL</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>23. Gets on better with adults than with other children <strong>SDQADULT</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>24. Many fears, easily scared <strong>SDQFEARS</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>25. Sees tasks through to the end, good attention span <strong>SDQTEND</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

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---

26. Have you ever consulted any of the following people or organisations about any behavioural or developmental problem your child may have had?

<table>
<thead>
<tr>
<th>PRBCO</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CIRCLE ALL THAT APPLY</td>
<td></td>
</tr>
<tr>
<td>General Practitioner (GP)</td>
<td>01</td>
</tr>
<tr>
<td>Health Visitor</td>
<td>02</td>
</tr>
<tr>
<td>Nurse at GP surgery or health centre</td>
<td>03</td>
</tr>
<tr>
<td>Community, School or District nurse</td>
<td>04</td>
</tr>
<tr>
<td>Consultant/Specialist or other doctor at hospital outpatients</td>
<td>05</td>
</tr>
<tr>
<td>Social Worker</td>
<td>06</td>
</tr>
<tr>
<td>Psychologist</td>
<td>07</td>
</tr>
<tr>
<td>Teacher</td>
<td>08</td>
</tr>
<tr>
<td>Other person or organisation (please write in who)</td>
<td>09</td>
</tr>
<tr>
<td>None of these</td>
<td>10</td>
</tr>
</tbody>
</table>

Thank you for answering these questions.  
Please give the booklet back to the interviewer.
Health Survey for England: 2007
Booklet for adults: Eating Habits

In Confidence

How to fill in this questionnaire

Most questions on the following pages can be answered simply by ticking the box below or alongside the answer that applies to you.

EXAMPLE QUESTION:

Do you feel that you lead a...

Tick ONE box

Very healthy life

Fairly healthy life

Not very healthy life

An unhealthy life

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

EXAMPLE QUESTION:

Do you feel there are things you can do to improve your health?

Tick ONE box

Yes

No

By following the arrows carefully, you will miss out the questions that do not apply to you.
Eating Habits

Please read this carefully

We would now like to ask you about some foods which you may eat. Please answer ALL the questions by ticking the box which you think most applies to you.

1. What kind of milk do you usually use for drinks, in tea or coffee and on cereals? Is it ...
   If you usually use soya, rice or other non-dairy milk substitutes please tick “do not drink milk” and record details in space below:

   **Tick ONE box**

   MILK
   - Whole milk
   - Semi-skimmed milk, including dried semi-skimmed
   - Skimmed milk, including dried skimmed
   - Do not have a usual type
   - Do not drink milk

   Details of non-dairy milk substitutes: ____________________________

2. About how much milk do you yourself use each day, on average (for drinks, in tea and coffee, on cereals etc.). Is it ...

   **Tick ONE box**

   MILKQUA
   - Less than a quarter of a pint
   - About a quarter of a pint
   - About half a pint
   - One pint or more

3. How often, on average, do you eat a serving of any type of cheese, except cottage cheese?

   **Tick ONE box**

   CHEESE
   - 6 or more times a week
   - 3 to 5 times a week
   - 1 to 2 times a week
   - Less than once a week
   - Rarely or never

4. How often, on average, do you eat a serving of chicken or turkey?

   **Tick ONE box**

   WHITMEAT
   - 6 or more times a week
   - 3 to 5 times a week
   - 1 to 2 times a week
   - Less than once a week
   - Rarely or never

   INCLUDE: processed chicken or turkey, chicken roll, chicken nuggets, turkey burgers
5. How often, on average, do you eat a serving of beef, pork or lamb?
**REDMEATB**

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Ticks</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 or more times a week</td>
<td>1</td>
</tr>
<tr>
<td>3 to 5 times a week</td>
<td>2</td>
</tr>
<tr>
<td>1 to 2 times a week</td>
<td>3</td>
</tr>
<tr>
<td>Less than once a week</td>
<td>4</td>
</tr>
<tr>
<td>Rarely or never</td>
<td>5</td>
</tr>
</tbody>
</table>

**INCLUDE:** burgers, sausages, bacon, cold meats, ham, corned beef, luncheon meat, spam, meat pies, meat curries, casseroles.

6. How often, on average, do you eat a serving of any fried food?
**FRIEDFDB**

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Ticks</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 or more times a week</td>
<td>1</td>
</tr>
<tr>
<td>3 to 5 times a week</td>
<td>2</td>
</tr>
<tr>
<td>1 to 2 times a week</td>
<td>3</td>
</tr>
<tr>
<td>Less than once a week</td>
<td>4</td>
</tr>
<tr>
<td>Rarely or never</td>
<td>5</td>
</tr>
</tbody>
</table>

**INCLUDE:** Fried fish or chicken, chips (including oven chips), cooked breakfast, samosas.

7. Apart from fried fish, how often, on average do you eat a serving of fish?
**FISH**

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Ticks</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 or more times a week</td>
<td>1</td>
</tr>
<tr>
<td>3 to 5 times a week</td>
<td>2</td>
</tr>
<tr>
<td>1 to 2 times a week</td>
<td>3</td>
</tr>
<tr>
<td>Less than once a week</td>
<td>4</td>
</tr>
<tr>
<td>Rarely or never</td>
<td>5</td>
</tr>
</tbody>
</table>

**INCLUDE:** Prawns, tinned fish such as tuna.

8. How often, on average, do you eat sweet or savoury snacks such as chocolates, crisps, nuts or biscuits?
**SNACK**

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Ticks</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 or more times a week</td>
<td>1</td>
</tr>
<tr>
<td>3 to 5 times a week</td>
<td>2</td>
</tr>
<tr>
<td>1 to 2 times a week</td>
<td>3</td>
</tr>
<tr>
<td>Less than once a week</td>
<td>4</td>
</tr>
<tr>
<td>Rarely or never</td>
<td>5</td>
</tr>
</tbody>
</table>

**INCLUDE:** savoury biscuits such as cream crackers.

9. How often, on average, do you eat a serving of cakes, pies, puddings or pastries?
**CAKESC**

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Ticks</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 or more times a week</td>
<td>1</td>
</tr>
<tr>
<td>3 to 5 times a week</td>
<td>2</td>
</tr>
<tr>
<td>1 to 2 times a week</td>
<td>3</td>
</tr>
<tr>
<td>Less than once a week</td>
<td>4</td>
</tr>
<tr>
<td>Rarely or never</td>
<td>5</td>
</tr>
</tbody>
</table>
10. About how many rounded teaspoons of butter, margarine or other spread do you usually use in a day, for example on bread, sandwiches, toast, potatoes or vegetables?

WRITE IN
No. of teaspoons per day

a. Butter or margarine (eg. Anchor, Lurpak, Stork, I can’t believe it’s not butter, Clover)

b. Low fat or reduced spreads, half fat butter (eg. Flora, Gold, Bertolli, Pure dairy free spread with Soya, Sunflower spreads, etc.)

c. If you do not use any of these on a normal day, please tick (3) here

11. What sort of fat or oil do you usually use for cooking or frying food?

Tick ONE box

Butter, ghee, lard, suet, solid cooking fat

Hard or soft margarine, half fat butter

Vegetable oil, e.g. Sunflower, olive, rape seed, mustard, peanut, corn

Do not use oil or fat in cooking

Thank you for answering these questions.

Please give the booklet back to the nurse.
 Household grid
PERSON to OC are usually transmitted directly from the interview data to the nurse CAPI program. There is also a facility for nurses to key this information directly from the Nurse Record Form, for example if the nurse visit follows too quickly from the interview to allow the automatic transmission to take place.

Person
Person number of person who was interviewed
   Range 01..12

Name
Name of person who was interviewed

Sex
Sex of person who was interviewed
   1 Male
   2 Female

Age
Age of person who was interviewed
   Range 0..120

OC
Interview outcome of person who was interviewed
   1 Agreed Nurse Visit
   2 Refused Nurse Visit
   3 No outcome yet

IF AGE <= 15 THEN
   P1
   Person number of child’s Parent 1.
      Range: 1..12

   NatPs1
   Parent type of Parent 1.
      1 Parent
      2 Legal parental responsibility

   P2
   Person number of child’s Parent 2
      (code 97=no Parent 2 in household)
      Range: 01..97

   IF P2 IN [1..12] THEN
      NatPs2
      Parent type of Parent 2.
         1 Parent
         2 Legal parental responsibility
   ENDIF
ENDIF

**AdrField**
PLEASE ENTER THE FIRST TEN CHARACTERS OF THE FIRST LINE OF THE ADDRESS TAKEN FROM N.R.F. ADDRESS LABEL.
MAKE SURE TO TYPE IT EXACTLY AS IT IS PRINTED.:  
Text: Maximum 10 characters

**HHDate**
NURSE: ENTER THE DATE OF THE ORIGINAL HOUSEHOLD INTERVIEW FROM Q2 ON THE NRF (OR INTERIM APPOINTMENT RECORD).
ENTER DAY OF MONTH IN NUMBER, NAME OF MONTH IN WORDS (FIRST THREE LETTERS) AND YEAR IN NUMBERS, EG 2 JAN 97.

**OpenDisp**
HERE ARE THE PEOPLE AT THIS HOUSEHOLD WHO HAVE BEEN SEEN BY THE INTERVIEWER (NB. N/Y UNDER Nurse MEANS 'Not yet' or 'Not ever'.)
No Name Sex Age Nurse Par1 NatPs1 Par2 NatPs2
PRESS 1 AND <Enter> TO SEE WHICH NURSE SCHEDULE TO SELECT FOR EACH PERSON.

**SchDisp**
TO INTERVIEW EACH PERSON, PRESS <Ctrl+Enter> AND SELECT THE CORRESPONDING NURSE SCHEDULE AS LISTED BELOW.
No Name Sex Age Nurse Schedule
PRESS <Ctrl+Enter> TO SELECT A NURSE SCHEDULE FOR THE PERSON YOU WANT TO INTERVIEW, OR TO EXIT.
Introduction

IF OC = 1 THEN

Info
You are in the Nurse Schedule for:

Person Number: Name:
Age: Sex:

Can you interview this person? TO LEAVE THIS SCHEDULE FOR NOW, PRESS <Ctrl
Enter>

1 Yes, I will do the interview now
2 No, I will not be able to do this interview

ELSEIF OC=2 OR 3 THEN

RefInfo
NURSE: (Name of respondent) IS RECORDED AS HAVING REFUSED A NURSE VISIT. HAS (he/she) CHANGED (his/her) MIND?
NURSE: THERE IS NO INFORMATION YET FROM THE INTERVIEWER WHETHER (Name of respondent) HAS AGREED TO A NURSE VISIT. IF YOU ARE SURE THAT (he/she) HAS COMPLETED AN INTERVIEW AND HAS AGREED TO SEE YOU, CODE 1 FOR “Yes” HERE. ELSE CODE 2 FOR “No”

1 Yes, (now/this person) agrees nurse visit
2 No, (still refuses/this person will not have a) nurse visit

ENDIF

ALL WITH A NURSE VISIT (Info = Yes OR RefInfo = Yes, agrees nurse visit)

NurDate
NURSE: ENTER THE DATE OF THIS INTERVIEW.

NDoB
Can I just check your date of birth?
ENTER RESPONDENT’S DATE OF BIRTH. ENTER DAY OF MONTH IN NUMBERS, NAME OF MONTH IN WORDS (FIRST THREE LETTERS), YEAR IN NUMBERS, EG 2Jan72

ConfAge
Derived: Age of respondent based on Nurse entered date of birth and date at time of household interview.
Range: 0..120

DispAge
CHECK WITH RESPONDENT: So your age is (computed age)?

1 Yes
2 No

IF Age of Respondent is 0 to 15 years THEN

CParInt
NURSE: A child can be interviewed only with the permission of, and in the presence of, their parent or person who has (permanent) legal parental responsibility, (‘parent’). No measurements should be carried out without the agreement of both parent and the child. ENTER ‘1’ TO CONTINUE

**CParNo**
NURSE CHECK: WHICH PARENT (OR "PARENT") IS GIVING PERMISSION FOR MEASUREMENTS TO BE TAKEN AND ANSWERING QUESTIONS FOR THIS CHILD?
- A *(Name of Parent 1)*
- B *(Name of Parent 2)*

**ENDIF**

**IF (Age of respondent is 16 to 49 years) AND (Sex = Female) THEN**

**PregNTJ**
Can I check, are you pregnant at the moment?
- 1 Yes
- 2 No

**ENDIF**
**Immunisations and Infant Length**

**ASK ALL UNDER 2 YEARS OLD**

**ImAny**
There is interest in what immunisations children are getting. Has (child’s name) had any immunisations yet?
NURSE: EXCLUDE ANY JUST FOR TRAVEL OR HOLIDAYS.

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<thead>
<tr>
<th></th>
<th></th>
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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
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</table>

**IF ImAny = Yes THEN**

**ImIntro**
SHOW EXAMPLE RED BOOK.
When children are given immunisations, these are usually marked in a red Child Health Record Book (or Red Book) which is kept by the parent or guardian at home. Do you have (child’s name)’s red book to hand?
NURSE: IF YES, ASK PARENT TO GET BOOKLET AND ENCOURAGE THEM TO CONSULT IT TO FIND OR CHECK RESPONSES.

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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
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</table>

**ImBook**
SHOW CARD A
Has (child’s name) had any of the immunisations on this card?
(If you need to, please refer to the red (Child Health Record) book to check.)

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<table>
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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
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</table>

**IF ImBook = Yes THEN**

**ImWhic**
SHOW CARD A, AGAIN.
Which ones has (child’s name) had?
NURSE: IF HAD SEPARATE JABS FOR MEASLES, MUMPS AND/OR RUBELLA (INSTEAD OF ALL THREE COMBINED (MMR) DO NOT USE CODE 4, BUT CODE THESE AS SEPARATE.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Diphtheria/ Tetanus/ Whooping Cough</td>
</tr>
<tr>
<td>2</td>
<td>Polio</td>
</tr>
<tr>
<td>3</td>
<td>Hib (Haemophilus Influenzae type b)</td>
</tr>
<tr>
<td>4</td>
<td>Diphtheria/ Tetanus/ Whooping Cough/ Polio/ Hib (Haemophilus Influenzae type b) as a 5-in-1 injection</td>
</tr>
<tr>
<td>5</td>
<td>Measles, Mumps, Rubella (MMR)</td>
</tr>
<tr>
<td>6</td>
<td>Meningococcal C</td>
</tr>
<tr>
<td>7</td>
<td>Pneumococcal infection (Pneumococcal conjugate vaccine, PCV)</td>
</tr>
<tr>
<td>8</td>
<td>(Measles as a separate immunisation)</td>
</tr>
<tr>
<td>9</td>
<td>(Mumps as a separate immunisation)</td>
</tr>
<tr>
<td>10</td>
<td>(Rubella as a separate immunisation)</td>
</tr>
</tbody>
</table>
ImOth
SHOW CARD A, AGAIN.
Has (child’s name) had any immunisations not listed on this card? (These may also be written in the Red Book).
INCLUDE IMMUNISATIONS RECEIVED ABROAD, BUT EXCLUDE IMMUNISATIONS JUST FOR TRAVEL OR HOLIDAYS.
  1  Yes
  2  No

IF ImOth = Yes THEN
ImOthWh
Which ones?
NURSE: TYPE IN NAME OF ANY OTHER IMMUNISATIONS. WHERE POSSIBLE COPY DIRECTLY FROM RED BOOK.
  Text (maximum 100 characters)
ENDIF

IF (ImAny = Yes) OR (ImOth = Yes) THEN
ImRedB
NURSE CODE: Did parent consult health record (red book) for information or immunisations?
IF YES: Was the information in the health record?
  1  Consulted and information available
  2  Consulted but information not available
  3  Did not consult health record
ENDIF
ENDIF
ENDIF

IF CHILD AGED UNDER 2 YEARS BUT OVER 6 WEEKS:

LgthMod
NURSE: NOW FOLLOWS THE INFANT LENGTH MODULE.
PLEASE PRESS <1> AND <Enter> TO CONTINUE.
  1  Continue

LgthInt
(As I mentioned earlier,) I would like to measure (child’s name)’s length.
IF ASKED: This gives us information about your child’s growth.
  1  Length measurement agreed
  2  Length measurement refused
  3  Unable to measure length for other reason

IF LgthInt=Agree THEN
Length
NURSE: MEASURE INFANT’S LENGTH AND RECORD IN CENTIMETRES.
IF MEASUREMENT NOT OBTAINED, ENTER ‘999.9’.
  Range: 40.0..999.9
IF Length <> 999.9 THEN
LgthRel
NURSE: Is this measurement reliable?
   1   Yes
   2   No

MbkLgth
NURSE: WRITE THE RESULTS OF THE LENGTH MEASUREMENT ON RESPONDENT’S
MEASUREMENT RECORD CARD.
   1   Continue

ELSEIF Length = 999.9
YNoLgth
NURSE: GIVE REASON FOR NOT OBTAINING A LENGTH MEASUREMENT.
   1   Measurement refused
   2   Attempted, not obtained
   3   Measurement not attempted
ENDIF
ENDIF

IF (YNoLgth=Refuse OR NoTry) OR (LgthInt=Refuse OR Unable) THEN
NoAttL
NURSE: GIVE REASON FOR (refusal/not obtaining the measurement/not attempting the
measurement)
   1   Child asleep
   2   Child too frightened or upset
   3   Child too shy
   4   Child would not lie still
   95  Other reason(s)

IF NoAttL=Other THEN
OthNLth
NURSE: ENTER DETAILS OF OTHER REASON(S) FOR NOT OBTAINING/ATTEMPTING
THE LENGTH MEASUREMENT.
   Text: maximum 100 characters
ENDIF
ENDIF
Prescribed medicines, drug coding and vitamin supplements
ALL WITH A NURSE VISIT

MedCNJD
Are you taking or using any medicines, pills, syrups, ointments, puffers or injections prescribed for you by a doctor? NURSE: If statins have been prescribed by a doctor, please code them here. If they are bought without a prescription, code at the statins question.
   1   Yes
   2   No

IF MedCNJD = Yes THEN

MedIntro
Could I take down the names of the medicines, including pills, syrups, ointments, puffers or injections, prescribed for you by a doctor?
NURSE: Including the contraceptive pill.
   1   Continue

Collect details of up to 22 prescribed medicines

FOR i:= 1 TO 22 DO
   IF (i = 1) OR (MedBIC[i-1] = Yes) THEN
      MedBII[i]
      NURSE: ENTER NAME OF DRUG NO. (1,2,3..etc.). ASK IF YOU CAN SEE THE CONTAINERS FOR ALL PRESCRIBED MEDICINES CURRENTLY BEING TAKEN. IF ASPIRIN, RECORD DOSAGE AS WELL AS NAME.
      Text: Maximum 30 characters

      MedBIA[i]
      Have you taken/used (name of medicine) in the last 7 days?
         1   Yes
         2   No

      MedBIC[i]
      NURSE CHECK: Any more drugs to enter?
         1   Yes
         2   No
ENDIF
ENDDO
ENDIF
IF age>=16 AND MedCNJD = No OR MedBic = No THEN

Statins
Are you taking statins (drugs to lower cholesterol) bought over the counter from a pharmacist, without the prescription of a doctor?
NURSE: Here are some examples of common statins, which may be bought over the counter: Atorvastatin (Lipitor), Fluvastatin (Lescol, Lescol XL), Pravastatin (Lipostat), Rosuvastatin (Crestor) and Simvastatin (Zocor).

1  Yes
2  No

IF Statins = Yes THEN
StatinA
Have you taken/used any statins in the last 7 days?

1  Yes
2  No
ENDIF

IF MedCNJD=Yes THEN
DrCod1
NURSE: To do the drug coding now, press <Ctrl + Enter>, select DrugCode[schedule no] with the highlight bar and press <Enter>.
Else, enter '1' to continue.

1  Continue

ENDIF

IF MedCNJD = Yes THEN
Drug coding block

Dintro
NURSE: PLEASE COMPLETE DRUG CODING FOR
Person (person no.) (person name).
PRESS 1 AND <Enter> TO CONTINUE.

1  Continue

Repeat for up to 22 drugs coded
FOR j:= 1 TO (Number of drugs recorded) DO
  DrC1
  NURSE: ENTER CODE FOR (name of drug) ENTER 999999 IF UNABLE TO CODE
  Text: Maximum 6 characters

  IF (Age of Respondent is over 15 years) AND (Drug code begins 02) THEN
    YTake1
    Do you take (name of drug) because of a heart problem, high blood pressure or for some other reason?
    1   Heart problem
    2   High blood pressure
    3   Other reason
    IF YTake1 = Other THEN
      TakeOth1
      NURSE: GIVE FULL DETAILS OF REASON(S) FOR TAKING (name of drug):
      Text: Maximum 255 characters
    ENDIF
  ENDIF
ENDDO
ENDIF
ALL WITH A NURSE VISIT

Vitamin
At present, are you taking any vitamin or mineral supplements or anything else to supplement your diet or improve your health, other than those prescribed by your doctor?
  1   Yes
  2   No
Nicotine replacements and current cigarette brand

ASK IF RESPONDENT AGED 16 AND OVER

Smoke

Can I ask, do you smoke cigarettes, cigars or a pipe at all these days?
CODE ALL THAT APPLY.

IF RESPONDENT USED TO SMOKE BUT DOES NOT ANY MORE, CODE 'NO'.

1 Yes, cigarettes (include filter tipped, plain or untipped cigarettes)
2 Yes, hand-rolled cigarettes
3 Yes, cigars
4 Yes, pipe
5 No

IF (Smoke = Yes, cigarettes) OR (SMOKE = Yes, hand rolled cigarettes) OR (Smoke = Yes, cigars) OR (Smoke = Yes, pipe) THEN

LastSmok

How long is it since you last smoked a (cigarette, (and/or a) cigar, (and/or a) pipe)?

1 Within the last 30 minutes
2 Within the last 31-60 minutes
3 Over an hour ago, but within the last 2 hours
4 Over two hours ago, but within the last 24 hours
5 More than 24 hours ago

ENDIF

IF (Smoke = Yes, cigarettes (include filter tipped, plain or untipped cigarettes)) THEN

CigBrand

Which brand of cigarette do you usually smoke?
ASSIGN 4-DIGIT CODE FROM CIGARETTE BRANDS CODING LIST.
RANGE: 1000..9997

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.
TEXT: maximum 100 characters

Nicotine

NURSE: Code nicotine level in mg of usual brand of cigarettes.
This is usually printed on the side of the packet.
If no packet available, ask respondent to estimate.
Enter value with up to three decimals.
RANGE: 0.000..1.100

NicEst

NURSE CODE:
1 Nicotine level obtained by looking at packet
2 Estimate "Respondent estimated nicotine level
Tar
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

TarEst
NURSE CODE:
1 Packet (Tar level obtained by looking at packet)
2 Estimate (Respondent estimated tar level)

ENDIF

UseNic
We are also interested in whether people use any of the nicotine replacement products that are now available, such as nicotine chewing gum, patches or inhalers. Have you used any of these types of products in the last seven days?
NURSE: PLEASE NOTE THIS DOES NOT INCLUDE THE NEW MEDICATION PRESCRIBED TO AID SMOKING CESSATION.
1 Yes
2 No

IF UseNic=Yes THEN
UseGum
First, in the last seven days have you used any nicotine chewing gum?
1 Yes
2 No

IF UseGum=Yes THEN
GumMG
What strength is the nicotine chewing gum you are using - is it 2mg or 4mg?
CODE ONE ONLY. IF BOTH - WHICH MOST RECENTLY? IF CAN'T SAY - ASK TO SEE PACKET
1 2mg
2 4mg
3 Can't say (and no packet available)

ENDIF

UsePat
In the last seven days have you used nicotine patches that you stick on your skin?
1 Yes
2 No

IF UsePat=Yes THEN
NicPats
Can you tell me which brand and strength of nicotine patches you use?
CODE ONE ONLY. DO NOT PROMPT.
IF MORE THAN ONE TYPE - WHICH MOST RECENTLY? IF NOT SURE - ASK TO SEE PACKET
1  Nicorette: 5mg
2  Nicorette: 10mg
3  Nicorette: 15mg
4  Nicotinell TTS: 10 (7mg)
5  Nicotinell TTS: 20 (14mg)
6  Nicotinell TTS: 30 (21mg)
7  Niquitin: 7mg
8  Niquitin: 14mg
9  Niquitin: 21mg
10 Other (SPECIFY AT NEXT QUESTION)
11 Can't say (and no packet available)

IF NicPats=Other THEN
  OthNic
  STATE NAME AND STRENGTH OF NICOTINE PATCHES
  Text: Maximum 140 characters
ENDIF
ENDIF
ENDIF

UseNas
In the last seven days, have you used nicotine nasal spray or a nicotine inhaler?
  1  Yes
  2  No
ENDIF
Blood Pressure

IF Age of Respondent 0 to 4 years THEN
    NoBP
    NO BLOOD PRESSURE READING TO BE DONE. ENTER '1' TO CONTINUE.
    1 Continue
ENDIF

IF (PregNTJ = Yes) OR (UPreg = Pregnant) THEN
    PregMes
    RESPONDENT IS PREGNANT. NO MEASUREMENTS TO BE DONE.
    1 Continue
ENDIF

ALL AGED 5+ (EXCEPT PREGNANT WOMEN)

BPMod
NURSE: NOW FOLLOWS THE BLOOD PRESSURE MODULE. ENTER '1' TO CONTINUE:
    1 Continue

IF Age of Respondent is over 15 years THEN
    BPIntro
    (As I mentioned earlier) We would like to measure your blood pressure. The analysis of blood pressure readings will tell us a lot about the health of the population.
    1 Continue
ELSE (Respondent aged 5-15)
    BPBlurb
    READ OUT TO PARENT/PARENTS:(As I mentioned earlier) we would like to measure (name of child’s) blood pressure. If you wish, I will write the results on (his/her) Measurement Record Card. I will not, however, be able to tell you what the results mean. This has to be calculated using (his/her) age, sex and height. Also blood pressure can vary from day to day and throughout the day, so one high reading would not necessarily mean that your child has a high blood pressure. However if you would like us to, we will send your results to your GP who is better placed to interpret them. In the unlikely event that your child should be found to have a high blood pressure for (his/her) age and height, we shall advise (his/her) GP (with your permission) that (name of child’s) blood pressure should be measured again.
    1 Continue
ENDIF

BPConst
NURSE: Does respondent agree to blood pressure measurement?
    1 Yes, agrees
    2 No, refuses
    3 Unable to measure BP for reason other than refusal
IF BPConst = Yes, agrees THEN
   IF Age of Respondent is 13 years or over THEN
      ConSubX
      May I just check, have you eaten, smoked, drunk alcohol or done any vigorous exercise in the past 30 minutes?
      CODE ALL THAT APPLY.
      1  Eaten
      2  Smoked
      3  Drunk alcohol
      4  Done vigorous exercise
      5  (None of these)
   ELSEIF (Age of Respondent is 5 to 12 years AND BPConst = Yes, agrees) THEN
      ConSubX2
      May I just check, has (name of child) eaten, or done any vigorous exercise, in the past 30 minutes?
      CODE ALL THAT APPLY.
      1  Eaten
      2  Done vigorous exercise
      3  Neither
   ENDIF

OMRONNo
RECORD BLOOD PRESSURE EQUIPMENT SERIAL NUMBER:
   Range:  001..999

CufSize
SELECT CUFF AND ATTACH TO THE RESPONDENT’S RIGHT ARM.
ASK RESPONDENT TO SIT STILL FOR FIVE MINUTES.
RECORD CUFF SIZE CHosen.
   1  Child (15-22 cm)
   2  Adult (22-32 cm)
   3  Large adult (32-42 cm)

AirTemp
RECORD THE AMBIENT AIR TEMPERATURE IN CENTIGRADES TO ONE DECIMAL PLACE.
   Range:  00.0..40.0

BPReady
NURSE: ONCE RESPONDENT HAS SAT STILL FOR 5 MINUTES YOU ARE READY TO TAKE THE MEASUREMENTS.
ENSURE THE READY TO MEASURE SYMBOL IS LIT BEFORE PRESSING THE START BUTTON TO THE START MEASUREMENTS.
   1  Continue

Map to Dias repeated for up to 3 blood pressure measurements.
FOR I:= 1 TO 3 DO

Map[i]  
TAKE THREE MEASUREMENTS FROM RIGHT ARM. ENTER (FIRST/SECOND/THIRD) 
MAP READING (mmHg).  
IF READING NOT OBTAINED, ENTER 999.  
IF YOU ARE NOT GOING TO GET ANY BP READINGS AT ALL ENTER “996”.  
  Range: 001..999

Pulse[i]  
ENTER (FIRST/SECOND/THIRD) PULSE READING (bpm).  
IF READING NOT OBTAINED, ENTER 999.  
  Range: 001..999

Sys[i]  
ENTER (FIRST/SECOND/THIRD) SYSTOLIC READING (mmHg).  
IF READING NOT OBTAINED, ENTER 999.  
  Range: 001..999

Dias[i]  
ENTER (FIRST/SECOND/THIRD) DIASTOLIC READING (mmHg).  
IF READING NOT OBTAINED, ENTER 999.  
  Range: 001..999

ENDDO

IF NO FULL MEASUREMENT OBTAINED THEN:

YNoBP  
ENTER REASON FOR NOT RECORDING ANY FULL BP READINGS  
1  Blood pressure measurement attempted but not obtained  
2  Blood pressure measurement not attempted  
3  Blood pressure measurement refused  
ENDIF

IF BLOOD PRESSURE MEASUREMENT REFUSED OR NOT ATTEMPTED, OR FEWER 
THAN THREE FULL READINGS OBTAINED THEN:

NAttBP  
RECORD WHY (ONLY TWO READINGS OBTAINED/ONLY ONE READING 
OBTAINED/READING NOT OBTAINED/READING NOT ATTEMPTED/READING 
REFUSED/UNABLE TO TAKE READING). CODE ALL THAT APPLY.  
1  Problems with PC  
2  Respondent upset/anxious/nervous  
3  Error reading  
4  (IF AGED UNDER 16: Too shy)  
5  (IF AGED UNDER 16: Child would not sit still long enough)  
6  Problems with cuff fitting/painful  
7  Problems with equipment (not error reading)  
95  Other reason(s) (SPECIFY AT NEXT QUESTION)

IF NattBP = Other THEN  
OthNBP
ENTER FULL DETAILS OF OTHER REASON(S) FOR NOT OBTAINING/ATTEMPTING THREE BP READINGS:
   Text: Maximum 140 characters
ENDIF
ENDIF

IF ONE, TWO OR THREE FULL BLOOD PRESSURE READINGS OBTAINED THEN
  DifBPC
RECORD ANY PROBLEMS TAKING READINGS. CODE ALL THAT APPLY.
  1  No problems taking blood pressure
  2  Reading taken on left arm because right arm not suitable
  3  Respondent was upset/anxious/nervous
  4  Problems with cuff fitting/painful
  5  Problems with equipment (not error reading)
  6  Error reading
  95 Other problems (SPECIFY AT NEXT QUESTION)

IF DifBPC=Other THEN
  OthDifBP
NURSE: RECORD FULL DETAILS OF OTHER PROBLEM(S) TAKING READINGS.
   Text: Maximum 140 characters
ENDIF
ENDIF

IF ONE, TWO OR THREE FULL BLOOD PRESSURE READINGS OBTAINED THEN
  GPRegB
Are you registered with a GP?
  1  Yes
  2  No

IF GPRegB = Yes THEN
  GPSend
May we send your blood pressure readings to your GP?
  1  Yes
  2  No

IF GPSend = No THEN
  GPRefC
SPECIFY REASON(S) FOR REFUSAL TO ALLOW BP READINGS TO BE SENT TO GP. CODE ALL THAT APPLY.
  1  Hardly/Never sees GP
  2  GP knows respondent's BP level
  3  Does not want to bother GP
  95 Other (SPECIFY AT NEXT QUESTION)

IF GPRefM = Other THEN
  OthRefC
NURSE: GIVE FULL DETAILS OF REASON(S) FOR REFUSAL
Nurse Schedule

Blood pressure

IF (GPRegB <> Yes) OR (GPSend = No) THEN
Code022
CIRCLE CONSENT CODE 02 ON FRONT OF CONSENT BOOKLET.
1 Continue

ELSEIF GPSend = Yes THEN
ConsFrm1
a) COMPLETE 'BLOOD PRESSURE TO GP IN BOTH THE CONSENT BOOKLET AND
RESPONDENT COPY.
b) ASK RESPONDENT TO READ, SIGN AND DATE IT.
c) CHECK GP NAME, ADDRESS AND PHONE NO. ARE RECORDED ON CONSENT
FORM.
d) CHECK NAME BY WHICH GP KNOWS RESPONDENT.
e) CIRCLE CONSENT CODE 01 ON FRONT OF CONSENT BOOKLET.
1 Continue

ENDIF

BPOffer
OFFER BLOOD PRESSURE RESULTS TO RESPONDENT.

Pulse    Systolic    Diastolic
i) (First Pulse reading) (First Systolic reading) (First Diastolic reading)
ii) (Second Pulse reading) (Second Systolic reading) (Second Diastolic reading)
iii) (Third Pulse reading) (Third Systolic reading) (Third Diastolic reading)

ENTER ON THEIR MEASUREMENT RECORD CARD (COMPLETE NEW RECORD CARD IF
REQUIRED).

ADVICE TO RESPONDENTS ON BLOOD PRESSURE READING

IF Systolic reading >179 OR Diastolic reading >114 THEN
TICK THE CONSIDERABLY RAISED BOX AND READ OUT TO RESPONDENT: Your blood
pressure is high today. Blood pressure can vary from day to day and throughout the day so that
one high reading does not necessarily mean that you suffer from high blood pressure. You are
strongly advised to visit your GP within 5 days to have a further blood pressure reading to see
whether this is a once-off finding or not.
NURSE: IF RESPONDENT IS ELDERLY, ADVISE HIM/HER TO CONTACT GP WITHIN
NEXT 7-10 DAYS.

ELSEIF Systolic reading 160-179 OR Diastolic reading 100-114 (Men aged 16-49 OR Women
aged 16+) OR IF Systolic reading 170-179 OR Diastolic reading 105-114 (Men aged 50+)
THEN
TICK THE MODERATELY RAISED BOX AND READ OUT TO RESPONDENT: Your blood
pressure is a bit high today. Blood pressure can vary from day to day and throughout the day so
that one high reading does not necessarily mean that you suffer from high blood pressure. You
are advised to visit your GP within 2-3 weeks to have a further blood pressure reading to see whether this is a once-off finding or not.

ELSEIF Systolic reading 140-159 OR Diastolic reading 85-99 (Men aged 16-49 OR Women aged 16+) OR IF Systolic reading 160-169 OR Diastolic reading 96-104 (Men aged 50+)
THEN
TICK THE MILDLY RAISED BOX AND READ OUT TO RESPONDENT: Your blood pressure is a bit high today. Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure. You are advised to visit your GP within 3 months to have a further blood pressure reading to see whether this is a once-off finding or not.

ELSEIF Systolic reading <140 AND Diastolic reading <85 (Men aged 16-49 OR Women aged 16+) OR IF Systolic reading <160 AND Diastolic reading <95 (Men aged 50+)
THEN
TICK THE NORMAL BOX AND READ OUT TO RESPONDENT: Your blood pressure is normal.

ENDIF
ENDIF
ENDIF
ENDIF
Demi-span

IF Respondent aged (25-44 with a valid height measurement from interviewer CAPI) THEN

DHeight
NURSE: (Respondent name) height at interview recorded as (height in cm) or (height in inches).
1 Continue
ENDIF

IF DHeight = Response OR respondent aged 65+ THEN

SpanIntro
NURSE: NOW FOLLOWS THE MEASUREMENT OF DEMI-SPAN. ENTER '1' TO CONTINUE.
1 Continue

SpanInt
I would now like to measure the length of your arm. Like height, it is an indicator of size.
1 Respondent agrees to have demi-span measured
2 Respondent refuses to have demi-span measured
3 Unable to measure demi-span for reason other than refusal

Repeat for up to three demi-span measurements.
Third measurement taken only if first two differ by more than 3cm.

IF SpanInt=Agrees THEN
FOR Loop:= 1 TO 3 DO
  IF (Loop IN [1..2]) OR ((Loop = 3) AND (Span1 <> 999.9) AND (Span2 <> 999.9) AND
  (ABS(Span1 - Span2) > 3)) THEN
    Span[i]
    ENTER (FIRST/SECOND/THIRD) MEASUREMENT IN CENTIMETRES.
    IF MEASUREMENT NOT OBTAINED, ENTER '999.9'.
    Range:    45.0..1000.0
  ENDIF
ENDDO

IF Span <> 999.9 THEN
  SpanRel[i]
  Is the (First/Second/Third) measurement reliable?
    1 Yes
    2 No
ENDIF
ENDIF
IF (Span1 = 999.9) AND (Span2 = 999.9) THEN
  YNoSpan
  NURSE: GIVE REASON FOR NOT OBTAINING AT LEAST ONE DEMI-SPAN MEASUREMENT.
    1  Both measurements refused
    2  Attempted but not obtained
    3  Measurement not attempted
ENDIF
ENDIF

IF NO MEASUREMENT OBTAINED (SpanInt=Refuse OR SpanInt=Unable OR (Span1=999.9 AND Span2=999.9) THEN
  NotAttM
  NURSE: GIVE REASON FOR (REFUSAL/NOT OBTAINING MEASUREMENT/MEASUREMENT NOT BEING ATTEMPTED).
    1  Cannot straighten arms
    2  Respondent confined to bed
    3  Respondent too stooped
    4  Respondent did not understand the procedure
    5  Other

  IF NotAttM = Other THEN
    OthAttM
    NURSE: GIVE FULL DETAILS OF OTHER REASON FOR (REFUSAL/NOT OBTAINING MEASUREMENT/MEASUREMENT NOT BEING ATTEMPTED)
      Text: Maximum 140 characters
  ENDIF
ELSEIF (at least one measurement obtained)
  SpnM
  NURSE CHECK: Demi-span was measured with the respondent:
  CODE ALL THAT APPLY.
    1  Standing against the wall
    2  Standing not against the wall
    3  Sitting
    4  Demi-span measured on left arm due to unsuitable right arm

  DSCard
  WRITE RESULTS OF DEMI-SPAN MEASUREMENT ON RESPONDENT'S MEASUREMENT RECORD CARD. Demi-span : (Measurement 1 and 2 displayed)
  ENTER '1' TO CONTINUE.
    1  Continue
ENDIF
ENDIF
Saliva sample

IF Respondent aged 4 and over THEN

SalInt1
NURSE: NOW FOLLOWS THE SALIVA SAMPLE.

1 Continue

SalInstr1
NURSE: Ask respondent for a saliva sample.
READ OUT: I would like to take a sample of saliva (spit). This simply involves (keeping a dental roll in your mouth for a few minutes {aged 16+} / using a straw to dribble saliva into a tube {aged 4-15}). The sample will be analysed for cotinine, which is related to the intake of tobacco smoke and is of particular interest to see if non-smokers may have raised levels as a result of 'passive' smoking.

1 Respondent agrees to give saliva sample
2 Respondent refuses to give saliva sample
3 Unable to obtain saliva sample for reason other than refusal

IF SalInstr1=Agree AND Age=16+ THEN

SalWrit
NURSE: Ask the respondent to read and complete the 'Saliva sample' section of the consent booklet.
Circle code 03 on front of the Consent Booklet.
Press <1> and <Enter> to continue
ENDIF

IF SalInstr1=Agree AND Age=4-15 THEN

SalWritC
NURSE: Ask the parent to read and complete the 'Saliva sample' section of the consent booklet.
Show respondent the saliva sample information on the child information and consent sheet.
Circle code 03 on front of the Consent Booklet.
Press <1> and <Enter> to continue.
ENDIF

IF SalInstr1=Refuse

SalCode
NURSE: Circle code 04 on front of the Consent Booklet
Press <1> and <Enter> to continue.
ENDIF

IF SalInstr1=Agree

SalInst
NURSE: Ask respondent to keep the (dental roll in the mouth for a few minutes / dribble through straw into the tube).
Write the serial number and date of birth on the red label using a blue biro.
Serial number:
Date of birth:  
Press <1> and <Enter> to continue.  
ENDIF  

**SalObt1**  
NURSE CHECK:  
1. Saliva sample obtained  
2. Saliva sample refused  
3. Saliva sample not attempted  
4. Attempted but not obtained  

**IF SalObt1=obtained**  

**SalHow**  
NURSE: Code the method used to obtain the saliva sample.  
1. Dribbled into tube  
2. Dental roll  
ENDIF  

**IF (SalObt1= Not attempted or Attemp ted, not obtained) OR (SalIntr1=Unable)**  

**SalNObt**  
NURSE: Record why saliva sample not obtained.  
CODE ALL THAT APPLY.  
1. Respondent not able to produce any saliva  
2. Other (specify at next question)  

**IF SalNObt = Other THEN**  

**OthNObt**  
NURSE: Give full details of reason(s) why saliva sample not obtained.  
Text: Maximum 140 characters  
ENDIF  
ENDIF  
ENDIF
Urine Sample

ASK IF Age of Respondent 16+

**UriDisp**
NURSE: Now follows the Urine Sample.
1. Continue

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

IF UriIntro = Agree THEN

**UriWrit**
NURSE: Obtain signature in both the consent booklet and the respondent copy.
Circle code 13 on front of the consent booklet.
Press <1> and <Enter> to continue.

ELSEIF UriIntro = Refuse THEN

**UriCode**
NURSE: Circle code 14 on front of the consent booklet.
Press <1> and <Enter> to continue.

ENDIF

IF UriIntro = Agree THEN

**UriSamp**
NURSE: ASK RESPONDENT TO TAKE CONTAINER AND PROVIDE A URINE SAMPLE WRITE THE SERIAL NUMBER AND DATE OF BIRTH ON A RED LABEL AND ATTACH TO URINE SAMPLE TUBE OVER THE GREEN LABEL.
1. Continue

**UriObt1**
NURSE CHECK:
   1. Urine sample obtained
   2. Urine sample refused
   3. Urine sample not attempted
   4. Attempted not obtained

ENDIF

IF (UriObt1 = Refused, Not Attempted, Attempted not Obtained) OR (UriIntro=Unable) THEN
 UriNObt
NURSE: RECORD WHY URINE SAMPLE NOT OBTAINED
CODE ALL THAT APPLY.
   1  Respondent not able to produce any urine
   2  Other (specify at next question)

IF (UriNObt = Other) THEN
   OthNObt
NURSE: GIVE FULL DETAILS OF REASON(S) WHY URINE SAMPLE NOT OBTAINED.
   Text: Maximum of 140 characters.
ENDIF
ENDIF
Waist and Hip circumference
ASK ALL Respondents aged 11+ AND PregNTJ=No THEN

WHMod
NURSE: NOW FOLLOWS THE WAIST AND HIP CIRCUMFERENCE MEASUREMENT.
   1  Continue

WHIntro
I would now like to measure your waist and hips. The waist relative to hip measurement is very useful for assessing the distribution of weight over the body.
   1  Respondent agrees to have waist/hip ratio measured
   2  Respondent refuses to have waist/hip ratio measured
   3  Unable to measure waist/hip ratio for reason other than refusal

IF WHIntro=Agree THEN
Repeat for up to three waist-hip measurements. Third measurement taken only if difference between first two measurements is greater than 3cm.
   FOR Loop:= 1 TO 3 DO
      IF (Loop IN [1..2]) OR ((Loop = 3) AND (Measure[1].Waist <> 999.9) AND (Measure[2].Waist <> 999.9) AND (ABS(Measure[1].Waist - Measure[2].Waist) > 3)) THEN
         Waist
         NURSE: MEASURE THE WAIST AND HIP CIRCUMFERENCES TO THE NEAREST MM.
         ENTER (FIRST/SECOND/THIRD) WAIST MEASUREMENT IN CENTIMETRES (Remember to include the decimal point).
         IF MEASUREMENT NOT OBTAINED, ENTER '999.9'.
         Range: 45.0..1000.0
         ENDIF
      IF (Loop IN [1..2]) OR ((Loop = 3) AND (Measure[1]. Hip <> 999.9) AND (Measure[2].Hip <> 999.9) AND (ABS(Measure[1].Hip - Measure[2].Hip) > 3)) THEN
         Hip
         NURSE: MEASURE THE WAIST AND HIP CIRCUMFERENCES TO THE NEAREST MM.
         ENTER (FIRST/SECOND/THIRD) MEASUREMENT OF HIP CIRCUMFERENCE IN CENTIMETRES (Remember to include the decimal point).
         IF MEASUREMENT NOT OBTAINED, ENTER '999.9'.
         Range: 75.0..1000.0
         ENDIF
   ENDDO
   IF (Waist1 = 999.9) OR (Waist2 = 999.9) OR (Hip1 = 999.9) OR (Hip2 = 999.9) THEN
   YNoWH
   ENTER REASON FOR NOT GETTING BOTH MEASUREMENTS
      1  Both measurements refused
      2  Attempted but not obtained
      3  Measurement not attempted
   ENDIF
ENDIF
IF NO OR ONE MEASUREMENT OBTAINED ((WHIntro=Refuse OR Unable) OR only one waist/hip measurement obtained) THEN
WHPNABM
GIVE REASON(S) (FOR REFUSAL/WHY UNABLE/FOR NOT OBTAINING MEASUREMENT/FOR NOT ATTEMPTING/WHY ONLY ONE MEASUREMENT OBTAINED).
CODE ALL THAT APPLY.
1  Respondent is chairbound
2  Respondent is confined to bed
3  Respondent is too stooped
4  Respondent did not understand the procedure
5  Respondent is embarrassed / sensitive about their size
6  No time/ busy/ already spent enough time on this survey
7  Other (SPECIFY AT NEXT QUESTION)

IF WHPNABM = Other THEN
OthWH
GIVE FULL DETAILS OF 'OTHER' REASON(S) FOR NOT GETTING FULL WAIST/HIP MEASUREMENT:
   Text: Maximum 140 characters
ENDIF
ENDIF

IF AT LEAST ONE WAIST MEASUREMENT OBTAINED (IF (Waist1 <> 999.9 AND Waist1 <> EMPTY) OR (Waist2 <> 999.9 AND Waist2 <> EMPTY)) THEN
WJRel
RECORD ANY PROBLEMS WITH WAIST MEASUREMENT:
1  No problems experienced, RELIABLE waist measurement
2  Problems experienced - waist measurement likely to be RELIABLE
3  Problems experienced - waist measurement likely to be SLIGHTLY UNRELIABLE
4  Problems experienced - waist measurement likely to be UNRELIABLE

IF WJRel = Problems experienced THEN
ProbWJ
RECORD WHETHER PROBLEMS EXPERIENCED ARE LIKELY TO INCREASE OR DECREASE THE WAIST MEASUREMENT.
1  Increases measurement
2  Decreases measurement
ENDIF
ENDIF
IF AT LEAST ONE HIP MEASUREMENT OBTAINED (IF (Hip1 <> 999.9 AND Hip1 <> EMPTY) OR (Hip2 <> 999.9 AND Hip2 <> EMPTY)) THEN

HJRel

RECORD ANY PROBLEMS WITH HIP MEASUREMENT:
   1 No problems experienced, RELIABLE hip measurement
   2 Problems experienced - hip measurement likely to be RELIABLE
   3 Problems experienced - hip measurement likely to be SLIGHTLY UNRELIABLE
   4 Problems experienced - hip measurement likely to be UNRELIABLE

IF HJRel = Problems experienced THEN

ProbHJ

RECORD WHETHER PROBLEMS EXPERIENCED ARE LIKELY TO INCREASE OR DECREASE THE HIP MEASUREMENT.
   1 Increases measurement
   2 Decreases measurement

ENDIF

ENDIF

IF ONE OR TWO WAIST/HIP MEASUREMENTS OBTAINED THEN

WHRes

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

Waist:  (Waist measurements 1 and 2)
Hip:   (Hip measurements 1 and 2)

Press <1> and <Enter> to continue.

ENDIF

ENDIF
The Health Survey for England 2007 - Nurse Schedule

**Self-Completion**

IF Age of Respondent is 16+ Years THEN

**NSCIntro**
PREPARE LILAC SELF-COMPLETION BOOKLET BY ENTERING SERIAL NUMBERS.
CHECK YOU HAVE CORRECT PERSON NUMBER.

**NSComp2**
I would now like you to answer some questions by completing this booklet on your own. The questions cover eating habits.
EXPLAIN HOW TO COMPLETE BOOKLET. REMEMBER TO USE A BLACK PEN.

**NSComp3**
NURSE CHECK: WAS THE LILAC BOOKLET COMPLETED?

1. Fully completed
2. Partially completed
3. Not completed

IF NSComp3 = Fully completed OR Partially completed THEN

**NSC3Acc**
Was it completed without assistance?

1. Completed independently
2. Assistance from other household member
3. Assistance from nurse
4. Nurse administered

ENDIF

IF NSComp3 = Partially completed OR Not completed THEN

**NSComp6**
NURSE: RECORD WHY BOOKLET NOT COMPLETED/PARTIALLY COMPLETED.
CODE ALL THAT APPLY:

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

IF (NSComp6 = OTHER) THEN

**NSComp6O**
PLEASE SPECIFY OTHER REASON
Text: Maximum 60 characters

ENDIF

ENDIF
IF NSComp3 = Fully completed OR Partially completed THEN

NSComp5A

NURSE: CODE WHO WAS PRESENT IN ROOM WHILE SELF-COMPLETION WAS COMPLETED. INCLUDE YOURSELF AND 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 Nurse
9 No-one else present

ENDIF
ENDIF
ENDIF

AllCheck
CHECK BEFORE LEAVING RESPONDENT:
• THAT ALL (CHILDREN AGED 2-15/RESPONDENTS) HAVE A CONSENT BOOKLET.
• THAT FULL GP DETAILS ARE ENTERED ON FRONT OF CONSENT BOOKLET.
• THE NAME BY WHICH GP KNOWS RESPONDENT.
• THAT ALL DETAILS ARE COMPLETED ON FRONT OF CONSENT BOOKLET.
• THAT ALL NECESSARY SIGNATURES HAVE BEEN COLLECTED.
• THAT THERE ARE THREE APPROPRIATE CONSENT CODES RINGED ON FRONT OF CONSENT BOOKLET.
1 Continue

Thank
NURSE: END OF QUESTIONNAIRE REACHED. THANK RESPONDENTS FOR THEIR CO-OPERATION.
THEN ENTER '1' TO FINISH.
HSE 2007
INTERVIEWER
SHOWCARDS
&
Coding Frames
# CARD A

**RELATIONSHIP**

1. Husband / Wife
2. Partner / Cohabitee
3. Natural son / daughter
4. Adopted son / daughter
5. Foster son / daughter
6. Stepson / Stepdaughter / Child of partner
7. Son-in-law / Daughter-in-law
8. Natural parent
9. Adoptive parent
10. Foster parent
11. Step-parent
12. Parent-in-law

13. Natural brother / Natural sister (ie. both natural parents the same)
14. Half-brother / Half-sister (ie. one natural parent the same)
15. Step-brother / Step-sister (ie. no natural parents the same)
16. Adopted brother / Adopted sister
17. Foster brother / Foster sister
19. Grandchild
20. Grandparent
21. Other relative
22. Other non-relative
CARD B

1 Own natural child

2 Other (e.g. adopted, foster, child of partner, etc)
CARD C

1 Own it outright
2 Buying it with the help of a mortgage or loan
3 Pay part rent and part mortgage (shared ownership)
4 Rent it
5 Live here rent-free (include rent-free in relative’s/friend’s property; excluding squatting)
6 Squatting
CARD D

1. Earnings from employment or self-employment
2. State retirement pension
3. Pension from former employer
4. Personal pensions
5. Child Benefit
6. Job-Seekers Allowance
7. Pension credit
8. Income Support
9. Working Tax Credit
10. Child Tax Credit
11. Housing Benefit
12. Other State Benefits
13. Interest from savings and investments (e.g. stocks and shares)
14. Other kinds of regular allowance from outside your household (e.g. maintenance, student grants, rent)
15. No source of income
# CARD E

**GROSS INCOME FROM ALL SOURCES**

*(before any deductions for tax, national insurance, etc.)*

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CARD F

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

8. Permanently unable to work because of long-term sickness or disability

9. Retired from paid work

10. Looking after the home or family

95. Doing something else (PLEASE SAY WHAT)
1. Shoulder (Scapula)
2. Upper arm (Humerus)
3. Elbow
4. Lower arm (Radius / Ulna)
5. Wrist
6. Hand, fingers or thumb
7. Knee
8. Ankle, foot and toes
9. Lower leg (Tibia / Fibula)
10. Upper leg (Femur)
11. Hip joint (Neck of femur)
12. Pelvis
13. Spine
14. Ribs
15. Collar (Clavicle)
16. Jaw
17. Nose
18. Face
19. Skull
20. Neck
ARM FRACTURES

CARD H

1. Shoulder (Scapula)
2. Upper arm – upper end / neck
3. Upper arm – middle / shaft
4. Upper arm – lower end / above elbow
5. Elbow
6. Lower arm – upper end / below elbow
7. Lower arm middle / shaft
8. Lower arm – at the wrist (Colles fracture)
9. Hand - at the wrist
10. Hand - (Metacarpals)
11. Fingers/thumb (Phalanges)
LEG FRACTURES

1. Hip joint – neck of femur
2. Upper leg – middle / shaft
3. Upper leg – lower end / above knee
4. Knee (Patella)
5. Lower leg – upper end / below knee
6. Lower leg – middle / shaft
7. Lower leg – lower end / at the ankle
8. Foot at the ankle (Tarsals)
9. Foot (Metatarsals)
10. Toes (Phalanges)
**CARD J**

Please photocopy hard copy of spoons show card, filed in HSE 2007 documents box.
CARD K

6 or more times a week
3 - 5 times a week
1 - 2 times a week
Less than once a week
Rarely or never
**CARD L**

Less than 5 minutes

5 minutes, less than 15 minutes

15 minutes, less than 30 minutes

30 minutes, less than 1 hour

1 hour, less than 1 ½ hours

1 ½ hours, less than 2 hours

2 hours, less than 2 ½ hours

2 ½ hours, less than 3 hours

3 hours, less than 3 ½ hours

3 ½ hours, less than 4 hours

4 hours or more (please say how long)
SPORTS AND EXERCISE ACTIVITIES

INCLUDE any sports and exercise activities like:

- Playing football, rugby or netball in a team, or any other organised team games
- Playing tennis, squash or badminton
- Going swimming or swimming lessons
- Gymnastics (include Toddler Gym, Tumble Tots etc)
- Dance lessons, ballet lessons, ice skating
- Horse riding
- Disco dancing

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

Any other organised sports, team sports or exercise activities
CARD N

Other active things like:

Ride a bike
Kick a ball around
Run about (outdoors or indoors)
Play active games
Jump around

Any other things like these
CARD 0

Sitting down doing things like:

Watching television
Reading (or being read to)
Doing homework
Listening to music
Talking to friends
Playing computer games
Playing boardgames
Drawing
Playing quietly
Sitting in a car
Sitting in a pushchair

Any other things like these
<table>
<thead>
<tr>
<th></th>
<th>CARD P</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Advice from a GP or health professional</td>
</tr>
<tr>
<td>2</td>
<td>Advert for a nicotine replacement product</td>
</tr>
<tr>
<td>3</td>
<td>Government TV, radio or press advert</td>
</tr>
<tr>
<td>4</td>
<td>Hearing about a new stop smoking treatment</td>
</tr>
<tr>
<td>5</td>
<td>Financial reasons (could not afford it)</td>
</tr>
<tr>
<td>6</td>
<td>Being faced with a smoking ban in all enclosed public places, including pubs and restaurants</td>
</tr>
<tr>
<td>7</td>
<td>I knew someone else who was stopping</td>
</tr>
<tr>
<td>8</td>
<td>Seeing a health warning on a cigarette packet</td>
</tr>
<tr>
<td>9</td>
<td>Family or friends wanted me to stop</td>
</tr>
<tr>
<td>10</td>
<td>Being contacted my local NHS Stop Smoking Services</td>
</tr>
<tr>
<td>11</td>
<td>Health problems I had at the time</td>
</tr>
<tr>
<td>12</td>
<td>Worried about future health problems</td>
</tr>
<tr>
<td>13</td>
<td>Pregnancy</td>
</tr>
<tr>
<td>14</td>
<td>Worried about the effect on my children</td>
</tr>
<tr>
<td>15</td>
<td>Worried about the effect on other family members</td>
</tr>
<tr>
<td>16</td>
<td>My own motivation</td>
</tr>
<tr>
<td>17</td>
<td>Something else</td>
</tr>
<tr>
<td>18</td>
<td>Cannot remember</td>
</tr>
</tbody>
</table>
CARD Q

1. At my home (indoors or outside e.g. garden or on doorstep)
2. Outside (other than at home)
3. Inside at work
4. Inside other people’s homes
5. Inside pubs or bars
6. Inside restaurants, cafes, or canteens
7. Inside shops
8. Whilst travelling by car
9. Inside other places
CARD Q2

1. Outside, for example in the garden or on doorstep
2. Own room or bedroom
3. Living room
4. Kitchen
5. Toilet
6. Bathroom
7. Study
8. Dining room
9. Everywhere
10. Somewhere else in the home
CARD R

1. In the street, or out and about
2. Outside at work
3. Outside other people’s homes
4. Outside pubs or bars
5. Outside restaurants, cafes, or canteens
6. Outside shops
7. Outside other places
CARD S

1. Babies aged under 2
2. Children aged 2-10
3. Children aged 11-15
4. Older adults over the age of 65
5. Pregnant women
6. Adults aged 16-64 with asthma or breathing problems
7. No, none of these
CARD T

1. Because of a health problem I have at present
2. Better for my health in general
3. To reduce the risk of getting smoking related illnesses
4. Because of the smoking ban in all enclosed public places, including pubs and restaurants
5. Family or friends want me to stop
6. Financial reasons (cannot afford it)
7. Worried about the effect on my children
8. Worried about the effect on other family members
9. Something else
CARD U

1. At own home
2. At work
3. In other people’s home
4. On public transport
5. In pubs
6. In other places
7. No, none of these
CARD V

1. Almost everyday
2. Five or six days a week
3. Three or four days a week
4. Once or twice a week
5. Once or twice a month
6. Once every couple of months
7. Once or twice a year
8. Not at all in the last twelve months
CARD W

1. Normal strength (less than 6% alcohol) beer, lager, stout, cider, or shandy (excluding cans or bottles of shandy)

2. Strong beer, lager, stout or cider (6% alcohol or more) (eg. Tennants Super, Special Brew, Diamond White)

3. Spirits or Liqueurs (e.g. Gin, Whiskey, Brandy, Rum, Vodka, Advocaat, Cocktails)

4. Sherry or Martini (including Port, Vermouth, Cinzano and Dubonnet)

5. Wine (including Babycham and Champagne)

6. Alcoholic soft drinks or ‘alcopops’ such as Hooch or Two Dogs, or a pre-mixed alcoholic drink such as Bacardi Breezer, Metz or Smirnoff Ice

7. Other alcoholic drinks

8. Low alcohol drinks only
CARD X

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

8. Permanently unable to work because of long-term sickness or disability

9. Retired from paid work

10. Looking after the home or family

11. Doing something else (PLEASE SAY WHAT)
CARD Y

1. Degree or 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/SCOTECH 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
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 (eg typing/ bookkeeping/ commerce)
CARD Z

1. White
2. Mixed
3. Asian or Asian British
4. Black or Black British
5. Chinese or other ethnic group
CARD A

IMMUNISATIONS

1. Diphtheria/ Tetanus/ Pertussis (Whooping Cough)
2. Polio
3. Hib (Haemophilus Influenzae type b)
4. Five-in-one injection (Diphtheria/ Tetanus/ Pertussis / Polio/ Hib)
5. Measles, Mumps, Rubella (MMR)
6. MenC (meningococcal group C)
7. Pneumococcal infection (Pneumococcal conjugate vaccine, PCV)
INFANT FRANKFORT PLANE CARD

Correct Position:

Incorrect Position:

X
<table>
<thead>
<tr>
<th>Name of Fruit</th>
<th>Size of Fruit</th>
<th>Name of Fruit</th>
<th>Size of Fruit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apple (all types)</td>
<td>Medium</td>
<td>Loquat</td>
<td>Very small</td>
</tr>
<tr>
<td>Apricot</td>
<td>Small</td>
<td>Lychee</td>
<td>Very small</td>
</tr>
<tr>
<td>Avocado</td>
<td>Large</td>
<td>Mandarin orange</td>
<td>Medium</td>
</tr>
<tr>
<td>Banana</td>
<td>Medium</td>
<td>Mango</td>
<td>Large</td>
</tr>
<tr>
<td>Banana, apple</td>
<td>Small</td>
<td>Medlar</td>
<td>Medium</td>
</tr>
<tr>
<td>Banana, nino</td>
<td>Small</td>
<td>Melon (all types)</td>
<td>Very large</td>
</tr>
<tr>
<td>Berry (other)</td>
<td>Very small</td>
<td>Mineola</td>
<td>Large</td>
</tr>
<tr>
<td>Bilberry</td>
<td>Very small</td>
<td>Nectarine</td>
<td>Medium</td>
</tr>
<tr>
<td>Blackcurrant</td>
<td>Very small</td>
<td>Olive</td>
<td>Very small</td>
</tr>
<tr>
<td>Blackberry</td>
<td>Very small</td>
<td>Orange</td>
<td>Medium</td>
</tr>
<tr>
<td>Blueberry</td>
<td>Very small</td>
<td>Passion fruit</td>
<td>Small</td>
</tr>
<tr>
<td>Cactus pear</td>
<td>Medium</td>
<td>Papaya / Paw Paw</td>
<td>Large</td>
</tr>
<tr>
<td>Cape gooseberry</td>
<td>Very small</td>
<td>Peach</td>
<td>Medium</td>
</tr>
<tr>
<td>Carambola / Star fruit</td>
<td>Medium</td>
<td>Pear</td>
<td>Medium</td>
</tr>
<tr>
<td>Cherry</td>
<td>Very small</td>
<td>Persimmon</td>
<td>Medium</td>
</tr>
<tr>
<td>Cherry tomatoes</td>
<td>Very small</td>
<td>Pitaya</td>
<td>Medium</td>
</tr>
<tr>
<td>Chinese gooseberry</td>
<td>Small</td>
<td>Pineapple</td>
<td>Very large</td>
</tr>
<tr>
<td>Chinese lantern</td>
<td>Very small</td>
<td>Physalis</td>
<td>Very small</td>
</tr>
<tr>
<td>Chirimoya / Cherimoya</td>
<td>Medium</td>
<td>Plantain</td>
<td>Medium</td>
</tr>
<tr>
<td>Clementine</td>
<td>Medium</td>
<td>Plum</td>
<td>Small</td>
</tr>
<tr>
<td>Custard Apple</td>
<td>Medium</td>
<td>Pomegranate</td>
<td>Medium</td>
</tr>
<tr>
<td>Damson</td>
<td>Very small</td>
<td>Pomelo/Pummelo</td>
<td>Large</td>
</tr>
<tr>
<td>Date (fresh)</td>
<td>Small</td>
<td>Prickly pear</td>
<td>Medium</td>
</tr>
<tr>
<td>Dragon fruit</td>
<td>Large</td>
<td>Rambutans</td>
<td>Very small</td>
</tr>
<tr>
<td>Elderberry</td>
<td>Very small</td>
<td>Raspberry</td>
<td>Very small</td>
</tr>
<tr>
<td>Figs (fresh)</td>
<td>Small</td>
<td>Redcurrants</td>
<td>Very small</td>
</tr>
<tr>
<td>Gooseberry</td>
<td>Very small</td>
<td>Satsuma</td>
<td>Medium</td>
</tr>
<tr>
<td>Granadilla / Passion</td>
<td>Small</td>
<td>Shaddock</td>
<td>Large</td>
</tr>
<tr>
<td>Grapes (all types)</td>
<td>Very small</td>
<td>Sharon fruit</td>
<td>Medium</td>
</tr>
<tr>
<td>Grapefruit</td>
<td>Large</td>
<td>Starfruit</td>
<td>Medium</td>
</tr>
<tr>
<td>Greengage</td>
<td>Small</td>
<td>Strawberry</td>
<td>Very small</td>
</tr>
<tr>
<td>Grenadillo</td>
<td>Very small</td>
<td>Stonefruit</td>
<td>Very small</td>
</tr>
<tr>
<td>Guava</td>
<td>Medium</td>
<td>Tamarillo / Tree</td>
<td>Small</td>
</tr>
<tr>
<td>Horned melon /</td>
<td>Large</td>
<td>Tangerine</td>
<td>Medium</td>
</tr>
<tr>
<td>Kiwano</td>
<td></td>
<td>Tomato</td>
<td>Small</td>
</tr>
<tr>
<td>Kiwi</td>
<td>Small</td>
<td>Tomato, cherry</td>
<td>Very small</td>
</tr>
<tr>
<td>Kubo</td>
<td>Very small</td>
<td>Tomato, beef</td>
<td>Large</td>
</tr>
<tr>
<td>Kumquat</td>
<td>Very small</td>
<td>Tree tomato/Tamarillo</td>
<td>Small</td>
</tr>
<tr>
<td>Lemon</td>
<td>Medium</td>
<td>Ugli fruit</td>
<td>Large</td>
</tr>
<tr>
<td>Lime</td>
<td>Medium</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brand</td>
<td>Code</td>
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</tr>
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</tr>
<tr>
<td>Anchor butter</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anchor Half-Fat Spread</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Anchor Lighter</td>
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</tr>
<tr>
<td>Anchor Lighter Speadable</td>
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<tr>
<td>Anchor New Zealand Butter</td>
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<td>Anchor Spreadable</td>
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</tr>
<tr>
<td>Argento Spread</td>
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</tr>
<tr>
<td>Asda Cholesterol Reducing Spread</td>
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<tr>
<td>Asda Good For You Sunflower Spread</td>
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<tr>
<td>Asda Natural Sunflower Spread</td>
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</tr>
<tr>
<td>Asda Olive Gold Spread</td>
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<tr>
<td>Asda Smart Price Butter</td>
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<td>Asda Smartprice Reduced Fat Spread</td>
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<tr>
<td>Asda Soft Margarine</td>
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<tr>
<td>Asda Sunflower low fat spread</td>
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<td>Asda Sunflower Spread</td>
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</tr>
<tr>
<td>Asda You’d Butter Believe It</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asda You’d Better Believe It</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asda You’d Better Believe It Light</td>
<td>2</td>
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<td></td>
</tr>
<tr>
<td>Benecol Buttery Taste</td>
<td>1</td>
<td></td>
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<td>Benecol Buttery Taste Spread</td>
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<tr>
<td>Benecol Light Spread</td>
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<tr>
<td>Benecol Olive Spread</td>
<td>2</td>
<td></td>
<td></td>
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<tr>
<td>Beppino Occelli Butter from fresh cream</td>
<td>1</td>
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</tr>
<tr>
<td>Bertolli Luca Olive Oil Spread</td>
<td>2</td>
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<tr>
<td>Bertolli Olive Spread</td>
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</tr>
<tr>
<td>Blue Band soft margarine</td>
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<tr>
<td>Bridel Brittany Butter with sea salt</td>
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<tr>
<td>Bridel Beurre Moule Organic Butter</td>
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<tr>
<td>Burro de Paoli Italian Butter</td>
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</tr>
<tr>
<td>Butter (any variety)</td>
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<tr>
<td>Butterlicious (Sainsbury’s)</td>
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<tr>
<td>Clover</td>
<td>1</td>
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</tr>
<tr>
<td>Clover Extra Lite / Diet</td>
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<tr>
<td>Co-op Red Seal Soft Spread</td>
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<tr>
<td>Country Life Cornish Butter</td>
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<tr>
<td>Country Life English Butter Spreadable</td>
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<tr>
<td>Country Life English Butter Spreadable</td>
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<td>Country Life Garlic Butter</td>
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<td>Country Life Shirgar Butter</td>
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<td>Country Life Somerset Butter</td>
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<td>Country Life Sweetcream Salted Butter</td>
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<tr>
<td>Country Life Unsalted Butter</td>
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</tr>
<tr>
<td>Dairy Crest Clover Spread</td>
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<tr>
<td>Dairy Crest Willow</td>
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</tr>
<tr>
<td>Delight</td>
<td>2</td>
<td></td>
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</tr>
<tr>
<td>Delight Extra Low / Diet</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flora / Flora Buttery / Flora Reduced Salt</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flora Diet</td>
<td>2</td>
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</tr>
<tr>
<td>Flora Light</td>
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<td></td>
</tr>
<tr>
<td>Flora No Salt Spread</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flora Omega 3 Plus Spread</td>
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<td>Flora Original Spread</td>
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<tr>
<td>Flora Pro Activ</td>
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<tr>
<td>Flora Pro Activ Extra Light</td>
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<td></td>
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<tr>
<td>Flora Pro Activ Light Spread</td>
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<td></td>
</tr>
<tr>
<td>Flora Pro Activ Olive Spread</td>
<td>2</td>
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Note: All brands of butter and hard/block margarine code 1.
### CODING LIST FOR BUTTER & MARGARINE

*Note: All brands of butter and hard/block margarine code 1.*

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## HSE 2007

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Below is a list of some of the conditions people may mention at the long standing illness question /Ilsm. This is to help you with the spelling. It should not be used as a prompt for respondents.

Agoraphobia
Alzheimer's
Anaemia
Angina
Arteriosclerosis
Arthritis
Asthma
Bronchitis
Cataract
Cerebral palsy
Colitis
Crohn's disease
Dementia
Diabetes
Diverticulitis
eczema
Emphysema
Endometriosis
Epilepsy
Glaucoma
Haemophilia

Hodgkin's disease
Huntington's chorea
Hyperthyroidism (overactive thyroid)
Hypothyroidism (underactive thyroid)
Leukaemia
Lymphadenoma
Meniere's disease
Meningitis
Migraine
Multiple sclerosis
Osteoarthritis
Osteoporosis
Osteosclerosis
Paget's disease
Pernicious anaemia
Psoriasis
Raynaud's disease
Rheumatoid arthritis
Rhinitis
Sciatica
Scoliosis
MEASURING CHILDREN’S HEIGHT

Cup the child’s head in your hands, placing the heels of your palms either side of the chin, with your thumbs just in front of the ears, and your fingers going round towards the back of the neck.

PROTOCOL
- SHOES OFF
- CHILDREN – SOCKS OFF
- FEET TO THE BACK
- BACK STRAIGHT
- HANDS BY THE SIDE
- FRANKFORT PLANE
- LOOK AT A FIXED POINT
- CHILDREN – STRETCH & BREATHE IN
- ADULTS - BREATHE IN
- LOWER HEADPLATE
- BREATHE OUT
- STEP OFF
- READ MEASUREMENT
### LOOK-UP CHARTS FOR IF OVER 12 DWELLING UNITS OR OVER 12 HOUSEHOLDS IDENTIFIED AT AN ADDRESS

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HEALTH SURVEY FOR ENGLAND: 2007

CODING PRESCRIBED MEDICINES
CODING OF PRESCRIBED MEDICINES: ALPHABETICAL INDEX

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Unable to code .......................... 99.99.99

Codes taken from the British National Formulary No. 50 Sept '05
### WAIST/HIP AND HEIGHT CONVERSION CHART

1 inch = 2.54cm  
1 foot = 0.305m

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Health Survey for England: 2007

CONSENT BOOKLET

Please use capital letters and write in ink

Survey month: _____________________

1. Nurse number _____________________ 2. Date schedule completed _____________________

3. Full name (of person tested) ____________________________________________________________

Name by which GP knows person (if different) ______________________________________________

4. Sex Male 1 Female 2

5. Date of birth: _____________________

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

7. GP NAME AND ADDRESS
Dr: …………………………………………………………………………………………………………………
Practice Name: …………………………………………………………………………………………………
Address: ……………………………………………………………………………………………………………
………………………………………………………………………………………………………………
Town: ……………………………………………………………………………………………………………
County: ……………………………………………………………………………………………………………
Postcode: ……………………………………………………………………………………………………………
Telephone no: ………………………………………………………………………………………………….

8. NURSE USE ONLY
GP address complete 1
GP address incomplete 2
No GP 3

9. SUMMARY OF CONSENTS - RING CODE FOR EACH ITEM
a) Blood pressure to GP YES | NO 01 | 02
b) Saliva sample to be collected 11 | 12
c) Urine sample to be collected 13 | 14
BLOOD PRESSURE TO GP CONSENT FORM   BP (C)

(CHILD AGED 5 years - 15 years)

I, (name) ___________________________________________________

am the parent/guardian of

(child’s name) _______________________________________________

and I consent to the National Centre for Social Research/UCL Joint Health Surveys Unit informing my child’s General Practitioner (GP) of his/her blood pressure results. I am aware that the results of his/her blood pressure measurement may be used by his/her GP to help monitor his/her health and that his/her GP may wish to include the results in any future report about him/her.

Signed ____________________________________

Date ____________________________________

SALIVA SAMPLE CONSENT FORM   S(c)

(CHILD AGED 4 years – 15 years)

I, (name) ___________________________________________________

am the parent/guardian of

(child’s name) _______________________________________________

and I consent to __________________________ (qualified nurse) collecting a sample of my saliva on behalf of the National Centre for Social Research/UCL Joint Health Surveys Unit.

This saliva sample will only be tested for cotinine, a derivative of nicotine. It will not be tested for substance abuse.

The purpose and procedure have been explained to me by the nurse and I have had an opportunity to discuss this with him/her.

Signed ____________________________________

Date ____________________________________
BLOOD PRESSURE TO GP CONSENT FORM  BP (A)

(ADULT 16 years and over)

I, (name) ___________________________________________________

consent to the National Centre for Social Research/UCL Joint Health Surveys Unit informing my General Practitioner (GP) of my blood pressure results. I am aware that the results of my blood pressure measurement may be used by my GP to help monitor my health and that my GP may wish to include the results in any future report about me.

Signed ________________________________

Date ________________________________
URINE SAMPLE CONSENT FORM  U (A)

(ADULT AGED 16 years and over)

I, (name) ___________________________________________________

consent to __________________________ (qualified nurse) agree to the collecting a sample of my urine on behalf of the National Centre for Social Research/UCL Joint Health Surveys Unit. This urine sample will be tested to assess salt levels.

This urine sample will only be tested for sodium, potassium and creatinine. It will not be tested for substance abuse.

The purpose and procedure have been explained to me by the nurse and I have had an opportunity to discuss this with him/her.

Signed ____________________________________

Date ____________________________________

SALIVA SAMPLE CONSENT FORM  S (a)

(ADULT AGED 16 years and over)

I, (name) ___________________________________________________

consent to __________________________ (qualified nurse) collecting a sample of my saliva on behalf of the National Centre for Social Research/UCL Joint Health Surveys Unit.

This saliva sample will only be tested for cotinine, a derivative of nicotine. It will not be tested for substance abuse.

The purpose and procedure have been explained to me by the nurse and I have had an opportunity to discuss this with him/her.

Signed ____________________________________

Date ____________________________________
### DISPATCH NOTE FOR URINE and SALIVA SAMPLES

(Office Copy)

1. **AGE GROUP:**

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<th>Saliva</th>
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<tr>
<td>4+</td>
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2. **SALIVA/URINE TAKEN:**

<table>
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3. **SALIVA/URINE DESPATCH:**

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Complete all sections CLEARLY and LEGIBLY and enclose with samples to lab.

1. SERIAL NUMBER:  
   POINT  ADDRESS  HHL  CKL  PERSON
   A

2. SEX: Male  1  
   Female  2

3. DATE OF BIRTH:  
   Day  Month  Year

4. AGE GROUP:  
   TICK SAMPLE TUBES OBTAINED:
   16+  1  Urine  Saliva
   4+  2  Saliva

5. SALIVA/URINE TAKEN:  
   Day  Month  Year

6. NURSE NUMBER:  

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

LAB USE ONLY

TUBES ENCLOSED:  
✓ if rec'd
Saliva
Urine