The Health Survey for England 2008

Program Documentation

Household Questionnaire

Point
SAMPLE POINT NUMBER.
Range: 1..997

Address
ADDRESS NUMBER.
Range: 1..97

Hhold
HOUSEHOLD NUMBER.
Range: 1..9

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

QIntro

DateOK
Today’s date according to the laptop is (date). Is this the correct start date of this interview?
  1 Yes
  2 No

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) 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 Date in numbers, eg. 02/01/1972.

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
IF (AgeOf >=16) OR (AgeEst = 16 years or older) THEN

MarStat
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)

IF (more than one person aged 16+ in household) AND (MarStat = single OR married and separated OR divorced OR widowed) THEN

Couple
May I just check, are you (is he/she) living with anyone in this household as a couple?
ASK OR RECORD
1 Yes
2 No
3 SPONTANEOUS ONLY - same sex couple but not in a formal registered civil partnership

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
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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
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

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
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**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

**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)*

ENDIF

ENDIF

**HRP**

INTERVIEWER: THE HOUSEHOLD REFERENCE PERSON IS:

*(Displays name of Household Reference Person)*

PRESS <1> AND <Enter> TO CONTINUE.

**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)*
For Actigraph points

**ActElig**

THE PEOPLE IN THIS HOUSEHOLD ELIGIBLE FOR THE ACTIGRAPH COMPONENT 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

**SrcInc**

Please look at SHOW CARD D. There has been a lot of talk about health and income. We would like to get some idea of your household’s income. This card shows various possible sources of income. Can you please tell me which 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
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

EMPLOYMENT DETAILS OF HOUSEHOLD REFERENCE PERSON COLLECTED

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)
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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 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?
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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
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Program Documentation

Individual Questionnaire
General health

ASK ALL

OwnDoB
What is your date of birth?
ENTER DATE IN NUMBERS, E.G. 02/01/1972.
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
**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.
You can record half bowls of salad, such as 1.5, 0.5.

1 Yes
2 No

**IF VegSal = Yes THEN**

**VegSalQ**
How many cereal bowls full 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**
SHOW CARD G
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**
SHOW CARD G
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
SHOW CARD G
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 THE 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
ENDIF
FrtQ[idx]
    How much of this fruit did you eat yesterday?
    Range: 0.5.-50.0
ELSEIF FrtC[idx] = NotLst THEN
    FrtOth[idx]
    What was the name of this fruit?
    Text: Maximum 50 characters
    FrtNotQ[idx]
    How much of this fruit did you eat?
    Text: Maximum 50 characters
ENDIF
IF idx < 15 THEN
    FrtMor[idx]
    Did you eat any other fresh fruit yesterday?
    1 Yes
    2 No
ENDIF
ENDIF
ENDDO
ENDIF

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

FrtDry
Did you eat any dried fruit yesterday? Don't count dried fruit in cereal, cakes, etc.
  1 Yes
  2 No

IF FrtDry = Yes THEN
    FrtDryQ
    SHOW CARD G
    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
  SHOW CARD G
  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 you eat any other dishes made mainly from fruit yesterday, such as fruit salad or fruit pie? Don't count fruit in yoghurts.
  1  Yes
  2  No

IF FrtDish = Yes THEN
  FrtDishQ
  SHOW CARD G
  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 you about different types of food that 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 Wholemeal (incl highbran)
4 White bread with wholemeal (such as Hovis ‘Best of Both’ and Kingsmill ‘Wholemeal and White’)
95 Or some other kind of bread
97 Does not eat any type of bread

INTERVIEWER: If brown, check if wholemeal or some other sort of bread. If pitta/naan/soda bread etc. check if white or wholemeal.

Spontaneous: 96 Does not have a usual type

BreadQua
How many rolls or pieces of bread do (you/name of child) eat each day, on average? Is it... READ OUT...
1 less than 1 a day
2 1 or 2 a day
3 3 or 4 a day
4 or 5 or more a day?

Nspread
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 THE CODING LIST FOR BUTTER/MARGARINE IN YOUR SHOWCARDS.
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 NSpread = Other THEN

OthSprd
INTERVIEWER: SPECIFY NAME OF SPREAD.
Text: Maximum 40 characters

ENDIF

IF NSpread = Butter, low fat, not on list, no type THEN

SprdQua
SHOW CARD G
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 soya/rice/oat or other non-dairy milk substitute
95 or, some other kind of milk?
SPONTANEOUS:
96 Does not have usual type
97 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 H
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 H

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 H

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 H.

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 H.

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 H.

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
The Health Survey for England 2008 - Individual Questionnaire

Eating Habits

CFriedFd
SHOW CARD H.
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 H.
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 H.
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 H.
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 H.
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
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
Adult Physical Activity Questions

ASK ALL AGED 16+

Intro
Now I’d like to ask you some questions about things that you have done that involve physical activity. This may be things that you have done at work, college or in your leisure time.
INTERVIEWER: PRESS 1 AND <ENTER> TO CONTINUE
1..1

Work
First of all, in the last 4 weeks, that is since (date of interview – 4 weeks), did you do any paid or unpaid work either as an employee or as self employed?
Please include any voluntary work or part time work you may have done.
   1   Yes
   2   No

IF Work = Yes THEN

WrkDays
On how many days did you work in the last 4 weeks?
INTERVIEWER: PLEASE INCLUDE ANY PAID OR UNPAID OVERTIME. INCLUDE ALL JOBS IF MORE THAN ONE. INCLUDE ALL DAYS RESPONDENT WORKED EVEN IF THEY WERE NOT FULL WORKING DAYS.
Range: 0..28

WrkAct2
SHOWCARD I
Looking at showcard I, which of these did you do whilst working? Please include any work you did on weekends.
CODE ALL THAT APPLY
   1   Sitting down or standing up
   2   Walking at work (e.g. door to door sales, hospital nurse work)
   3   Climbing stairs or ladders
   4   Lifting, carrying or moving heavy loads

IF WorkAct2 = Sit THEN

WrkAct3H
On an average work day in the last four weeks, how much time did you usually spend sitting down or standing up?
INTERVIEWER: IF RESPONDENT WAS ON HOLIDAY OR UNABLE TO WORK ON ANY DAYS IN THE LAST FOUR WEEKS, ASK THEM TO REPORT THE AVERAGE NUMBER OF HOURS ON THOSE DAYS THEY WORKED.
RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.
Range: 0..12

WrkAct3M
(On an average work day, how much time did you usually spend sitting down or standing up?)
ENTER NUMBER OF MINUTES. IF AN EXACT HOUR, ENTER 0 FOR MINUTES
:0..59
END IF
IF WorkAct2 = walk

WrkAct4H
On an average work day in the last four weeks, how much time did you usually spend walking at work (e.g. door to door sales, hospital nurse work)?
INTERVIEWER: IF RESPONDENT WAS ON HOLIDAY OR UNABLE TO WORK ON ANY DAYS IN THE LAST FOUR WEEKS, ASK THEM TO REPORT THE AVERAGE NUMBER OF HOURS ON THOSE DAYS THEY WORKED.
RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.
: 0..12

WrkAct4M
(On an average work day in the last four weeks, how much time did you usually spend walking at work e.g. door to door sales, hospital nurse work)?
INTERVIEWER: IF RESPONDENT WAS ON HOLIDAY OR UNABLE TO WORK ON ANY DAYS IN THE LAST FOUR WEEKS, ASK THEM TO REPORT THE AVERAGE NUMBER OF HOURS ON THOSE DAYS THEY WORKED.
ENTER NUMBER OF MINUTES. IF AN EXACT HOUR, ENTER 0 FOR MINUTES
: 0..59
END IF

IF WorkAct2 = climb

WrkAct5H
On an average work day in the last four weeks, how much time did you usually spend climbing stairs or ladders?
INTERVIEWER: IF RESPONDENT WAS ON HOLIDAY OR UNABLE TO WORK ON ANY DAYS IN THE LAST FOUR WEEKS, ASK THEM TO REPORT THE AVERAGE NUMBER OF HOURS ON THOSE DAYS THEY WORKED.
RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.
: 0..12

WrkAct5M
On an average work day, how much time did you usually climbing stairs or ladders?
ENTER NUMBER OF MINUTES. IF AN EXACT HOUR, ENTER 0 FOR MINUTES
: 0..59
END IF

IF WorkAct2 = lift

WrkAct6H
On an average work day in the last four weeks, how much time did you usually spend lifting, carrying or moving heavy loads?
INTERVIEWER: IF RESPONDENT WAS ON HOLIDAY OR UNABLE TO WORK ON ANY DAYS IN THE LAST FOUR WEEKS, ASK THEM TO REPORT THE AVERAGE NUMBER OF HOURS ON THOSE DAYS THEY WORKED.
RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.
: 0..12
WrkAct6M
On an average work day, how much time did you lifting, carrying or moving heavy loads?
ENTER NUMBER OF MINUTES. IF AN EXACT HOUR, ENTER 0 FOR MINUTES
: 0..59
END IF

Active
Thinking about your job in general would you say that you are ...READ OUT...
1 ...very physically active,
2 ...fairly physically active,
3 ...not very physically active,
4 ...or, not at all physically active in your job?
END IF

ASK ALL AGE 16+

Housewrk
I'd like you to think about all the physical activities you have done in the last few weeks (when you were not doing your (paid) job). Have you done any housework in the past four weeks, that is from (date of interview – 4 weeks) up to yesterday?

1 Yes
2 No

IF Housewrk = Yes THEN

HWrkList
SHOW CARD J
Have you done any housework listed on this card?

1 Yes
2 No

HevyHWrk
SHOW CARD K
Some kinds of housework are heavier than others. This card gives some examples of heavy housework. It does not include everything, these are just examples. Was any of the housework you did in the last four weeks this kind of heavy housework?

1 Yes
2 No

IF HevyHWrk = Yes THEN

HeavyDay
During the past four weeks on how many days have you done this kind of heavy housework?
Range: 1..28

IF HeavyDay IN [1..28] THEN

HrsHHW
On the days you did heavy housework, how long did you usually spend?
RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION
Range: 0..12
MinHHW
RECORD MINUTES SPENT ON HEAVY HOUSEWORK.
Range: 0..59
END IF
END IF
END IF

ASK ALL AGE 16+

Garden
Have you done any gardening, DIY or building work in the past four weeks, that is since (date of interview – 4 weeks)?

1  Yes
2  No

IF Garden = Yes THEN
  GardList
  SHOW CARD L
  Have you done any gardening, DIY or building work listed on this card?
  1  Yes
  2  No

ManWork
SHOW CARD M
Have you done any gardening, DIY or building work from this other card, or any similar heavy manual work?

1  Yes
2  No

IF ManWork = Yes THEN
  ManDays
  During the past four weeks on how many days have you done this kind of heavy manual gardening or DIY?
  Range: 1..28
  HrsDIY
  On the days you did heavy manual gardening or DIY, how long did you usually spend?
  ENTER HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR.RECORD MINUTES AT NEXT QUESTION.
  Range: 0..12
  MinDIY
  RECORD MINUTES SPENT ON GARDENING OR DIY.
  Range: 0..59
END IF
END IF
ASK ALL AGE 16+

Wlk5it
I’d like you to think about all the walking you have done in the past four weeks either locally or away from here. Please include any country walks, walking to and from work or college and any other walks that you have done.

In the past four weeks, that is since (date of interview – 4 weeks), have you done a continuous walk that lasted at least 5 minutes?

1 Yes
2 No
3 Can't walk at all

IF Wlk5Int = Yes THEN

Wlk10M

In the past four weeks, have you done a continuous walk that lasted at least 10 minutes? (That is since (date of interview – 4 weeks)).

1 Yes
2 No

IF Wlk10M = Yes THEN

DayWlk
During the past four weeks, on how many days did you do a walk of at least 10 minutes? (That is since (date of interview – 4 weeks)).

Range: 1..28

Day1Wlk
On (any of those days) did you do more than one walk lasting at least 10 minutes?

1 Yes, more than one walk of 10+ mins (on at least one day)
2 No, only one walk of 10+ mins a day

IF (DayWlk in [2..28]) AND (Day1Wlk = Yes) THEN

Day2Wlk
On how many days in the last four weeks did you do more than one walk that lasted at least 10 minutes?

Range: 1..28

END IF

IF Wlk10M = Yes THEN

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

IF VERY DIFFERENT LENGTHS, PROBE FOR MOST REGULAR. ENTER HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR.RECORD MINUTES AT NEXT QUESTION.

Range: 0..12

MinWlk
RECORD MINUTES SPENT WALKING.

Range: 0..59
IF Day1Wlk = 1 and TotTim = 10-14 THEN
    WLK30 MIN
    On how many days in the last four weeks did you spend 30 minutes or more walking (this could be made up of more than one walk)?
    Range 1..28
END IF
END IF
END IF

WalkPace
Which of the following best describes your usual walking pace ...READ OUT...
1 ...a slow pace,
2 ...an average pace,
3 ...a fairly brisk pace,
4 ...or, a fast pace - at least 4 miles per hour?
5 (none of these)
END IF

ASK ALL AGE 16+

ActPhy
SHOW CARD N
Can you tell me if you have done any activities on this card during the last 4 weeks, that is since (date of interview – 4 weeks)? Please include teaching, coaching, training and practice sessions.
1 Yes
2 No

IF ActPhy = Yes THEN
    WhtAct
    SHOW CARD N
    Which have you done in the last four weeks?
    PROBE: Any others?
    CODE ALL THAT APPLY.

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

FOR i = 1 TO 6 DO
    Records up to 6 additional sports
    OActQ[i]
    Have you done any other sport or exercise not listed on the card?
    1 Yes
    2 No
IF (OActQ = Yes) THEN

C0thAct
INTERVIEWER: Record brief details of the (first/second/third/fourth/fifth/sixth) other sport
exercise activity.
Type in the first few letters of the sport to enter coding frame.
Type ‘other’ if the sport is not listed. Type ‘xxx’ (for not listed/don’t know) if unable to code.
On exiting coding frame press <Enter> to move to next question.

Note: records up to 6 activities.

END IF
END IF
END DO

Note: ActVar is a combination of WhtAct and OactQ. ActVar = 1 to 10 comes from WhtAct = 1
to 10. ActVar = 11-16 comes from OactQ = 11-16.

FOR ActVar = 1 TO 16 DO
IF ((ActVar in [1..10]) AND (ActVar IN WhtAct)) OR ((ActVar in [11..16]) AND (OActQ[ActVar]
= Yes)) THEN

DayExc
Can you tell me on how many separate days you did (name of activity) for at least 10 minutes a time
during the past four weeks, that is since (date of interview – 4 weeks)?
IF ONLY DONE FOR LESS THAN 10 MINUTES ENTER 0.
Range: 0..28

IF DayExc in [1..28] THEN

ExcHrs
How much time did you usually spend doing (name of activity) on each day? Only count
times you did it for at least 10 minutes.
RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES
AT NEXT QUESTION.
Range: 0..12

ExcMin
RECORD MINUTES HERE.
Range: :0..59

ExcSwt
During the past four weeks, was the effort of (name of activity) usually enough to make you
out of breath or sweaty?

1 Yes
2 No

END IF

Note: repeated for each activity named in WhtAct.
IF WhtAct = 1, 3 OR 4 THEN

Intro
Now, I’d like to ask you some further questions about some of the things you have done in the last four weeks. This may include some of the things you have just told me about, but we are interested to know what different types of activities people regularly take part in.
END IF

IF WhtAct=1 THEN

Swim
You said that you did some swimming. What was it that you did mainly; swimming as a family or social activity OR swimming laps or lengths?
CODE ONE ONLY. IF RESPONDENT SAYS BOTH, PROBE FOR THE ACTIVITY THAT THEY DID MOST OFTEN.
1 Swimming as a social or family activity
2 Swimming laps or lengths
END IF

IF WhtAct = 3 THEN

Workout
SHOW CARD O
You mentioned workout at a gym / exercise bike / weight training. What did you do specifically?
CODE ALL THAT APPLY
1 Strength work out at a gym using machines or free weights
2 Exercise bike
3 Spinning classes
4 Stepping machines, rowing machines or cross trainer
5 Treadmill running

FOR Workout = 1 to 5, i = 1 to 5 DO
Day2Exc(i)
Can you tell me on how many separate days you did (name of activity) for at least 10 minutes a time during the past four weeks, that is since (date of interview – 4 weeks)? IF ONLY DONE FOR LESS THAN 10 MINUTES ENTER 0.
Range: 0..28

IF Day2Exc(i) in [1..28] THEN
Exc2Hrs(i)
How much time did you usually spend doing (name of activity) on each day? Only count times you did it for at least 10 minutes.
RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.
Range: 0..12

Exc2Min(i)
RECORD MINUTES HERE.
Range: 0..59
Exc2Swt(i)
During the past four weeks, was the effort of (name of activity) usually enough to make you out of breath or sweaty?

1 Yes
2 No

END IF
END DO
END IF

IF WhtAct = 4 THEN
KeepFit
SHOW CARD P
You said that you did some Aerobics/Keep fit/Gymnastics/ Dance for fitness. What was that specifically?
CODE ALL THAT APPLY
1 Aerobics/keep fit classes
2 Fitness dancing
3 Aqua Aerobics
4 Gymnastics
5 circuit training

FOR Keepfit = 1 to 5, i = 1 to 5 DO
Day3Exc(i)
Can you tell me on how many separate days you did (name of activity) for at least 10 minutes a time during the past four weeks, that is since (date of interview – 4 weeks)?
IF ONLY DONE FOR LESS THAN 10 MINUTES ENTER 0.
Range: 0..28

IF Day3Exc(i) in [1..28] THEN
Exc3Hrs(i)
How much time did you usually spend doing (name of activity) on each day? Only count times you did it for at least 10 minutes.
RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.
Range: 0..12

Exc3Min(i)
RECORD MINUTES HERE.
Range: :0..59

Exc3Swt(i)
During the past four weeks, was the effort of (name of activity) usually enough to make you out of breath or sweaty?

1 Yes
2 No

IntroSit
Now I’d like to ask you some questions about time that you might have spent sitting down. For these questions, I’d like you to think about what you have done in the last four weeks, that is since (date of interview – 4 weeks) (when you were not doing your (paid) job).
INTERVIEWER: PRESS 1 AND ENTER TO CONTINUE
:1..1
**TVWkHr**
In the last 4 weeks, how much time did you spend sitting down watching TV (including DVDs and videos) on an average weekday (that is Monday to Friday)?
RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.
Range: 0..12

**TVWkMin**
RECORD MINUTES HERE.
Range: :0..59

**WkSit2H**
In the last four weeks, how much time did you spend sitting down doing any other activity on an average weekday (that is Monday to Friday)? Please do not include time spent doing these activities while at work.
INTERVIEWER: EXAMPLES OF THESE ACTIVITIES INCLUDE READING, EATING A MEAL/SNACK, STUDYING, DRAWING, USING A COMPUTER, PLAYING VIDEO GAMES.
RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.
Range: 0..12

**WESit1H**
In the last four weeks, how much time did you spend watching TV (including watching DVDs and videos) on an average weekend day (that is Saturday and Sunday)?
INTERVIEWER: RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.
Range: 0..12

**WESit1M**
RECORD MINUTES HERE.
Range: :0..59

**WESit2H**
In the last 4 weeks, how much time did you spend sitting down doing any other activity on an average weekend day (that is Saturday and Sunday)? Please do not include time spent doing these activities while at work.
INTERVIEWER: EXAMPLES OF THESE ACTIVITIES INCLUDE READING, STUDYING, DRAWING, USING A COMPUTER, PLAYING VIDEO GAMES.
RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.
Range: 0..12

**WESit2M**
RECORD MINUTES HERE.
Range: :0..59
Usual
Compared with the amount of activity that you usually do both at work and in your free time would you say that in the last four weeks you were…READ OUT…
1 …more active than usual,
2 less active than usual,
3 Or, about the same as usual?

END IF
END DO
END IF
**Children’s Physical Activity Questions**

**ASK ALL AGED 2-15**

**FOR CHILDREN AGED 2-12 PARENT WILL ANSWER ON BEHALF OF CHILD. CHILDREN AGED 13-15 TO ANSWER FOR THEMSELVES.**

Note: Please omit references to school and playgroup throughout the children’s questionnaire for all children for whom they are irrelevant (from answers to Sch7D).

**ChIntro**

Now I’d like to ask you some questions about things that *(you have/name of child has)* done that involve physical activity. This may be things that *(you have/he has/she has)* done at school, nursery, playgroup or things that *(you have/he has/she has)* done in the evenings and at weekends.

INTERVIEWER: PRESS 1 AND ENTER TO CONTINUE.

Range: 1..1

**Sch7D**

Can I just check, in the last seven days, that is from *(date of interview – 7)* to yesterday, did *(you/name of child)* go to school, nursery or playgroup?

1. Yes, school
2. Yes, nursery
3. Yes, playgroup
4. No

Note: If Sch7D = No, route straight to Sports and Activities section (WDIntro).

IF sch7d=1,2 or 3 THEN

**SchDays**

In the last seven days (that is from *(date of interview – 7)* to yesterday), on how many days did *(you/name of child)* go to *(school/nursery/playgroup)*?

INTERVIEWER: ENTER NUMBER OF DAYS

INTERVIEWER: DO NOT INCLUDE WORK EXPERIENCE OR EXTRA-CURRICULAR ACTIVITIES AS GOING TO SCHOOL

Range :1..6

END IF

ASK IF SchDays > 0

**JWlkCyc**

Still thinking about the last seven days, *(that is from *(date of interview – 7)* to yesterday), did *(you/name of child)* walk or cycle all or part of the way to or from *(school/nursery/playgroup)*?

INTERVIEWER: INCLUDE WALKING TO OR FROM THE BUS STOP OR THE TRAIN STATION, OR WALKING PART OF THE WAY AFTER DRIVING (“PARK AND STRIDE”) BUT ONLY WHEN THEY WERE ON THEIR WAY TO OR COMING BACK FROM SCHOOL.

IF A CHILD USES A SCOOTER ON THEIR JOURNEY TO OR FROM SCHOOL, THIS SHOULD BE RECORDED AS WALKING.

1. Yes - Walking
2. Yes – Cycling
3. Yes – Both
4. No
IF JWlkCyc= 1 OR 3 THEN
  JWlkDT
  In the last seven days on how many days did (you /name of child) walk all or part of the way to 
  (school /nursery /playgroup)?
    Range :0..6

  JWlkDF
  And on how many days did (you / name of child) walk all or part of the way home from (school /
  nursery /playgroup)?
    Range : 0..6

IF JWlkDT > 0 or JWlkDF > 0 THEN
  JWlkTim
  How long does it usually take (you /name of child) to walk to (school /nursery /playgroup)?
  INTERVIEWER: AN AVERAGE TIME PER DAY IS BEING SOUGHT. IF JOURNEYS TO 
  AND FROM SCHOOL ARE DIFFERENT LENGTHS THEN ENTER AN AVERAGE.
  ENTER NUMBER OF MINUTES. IF NONE, ENTER 0
    Range:  0..120
END IF
END IF

IF JwlkCyc = 2 OR 3 THEN
  JcycDT
  In the last seven days, on how many days did (you /name of child) cycle all or part of the way to 
  (school / nursery /playgroup)?
    Range:  0..6

  JcycDF
  And on how many days did (you / name of child) cycle all or part of the way home from (school /
  nursery /playgroup)?
    Range:  0..6

IF JcycDT > 0 or JcycDF > 0 THEN
  JCycTim
  How long does it usually take (you /name of child) to cycle to (school /nursery /playgroup)?
  INTERVIEWER: AN AVERAGE TIME PER DAY IS BEING SOUGHT. IF JOURNEYS TO 
  AND FROM SCHOOL ARE DIFFERENT LENGTHS THEN ENTER AN AVERAGE.
  ENTER NUMBER OF MINUTES. IF NONE, ENTER 0
    Range:  0..120
END IF
END IF

ASK IF SchDays > 0

SchlBr
SHOW CARD Q
I would like you to think about (your /name of child’s) school breaks in the last seven days, that is 
from (date of interview – 7) to yesterday. Apart from time spent eating, which activity on this card 
did (you / name of child) do most often in (your /his /her) morning, lunchtime and afternoon breaks?

1  Sitting down
2  Hanging around
3  Walking
4  Running around or playing games for example skipping, hide and seek, football or 
netball
IF SchlBr = 3 THEN

WalkPace
Which of the following best describes (your / name of child’s) usual walking pace ...READ OUT...
1 ...a slow pace,
2 a steady average pace,
3 ...a fairly brisk pace,
4 ...or, a fast pace?

END IF

ASK ALL AGED 2-15

WDIntro
SHOW CARDS R AND S
I would now like to ask you some questions about whether (you have / name of child has) done any of the physical activities listed on these two showcards in the last 7 days.
INTERVIEWER: SHOW RESPONDENT CARDS R AND S.
I will first ask you about the informal activities on Showcard R and then about the more formal activities on Showcard S.
INTERVIEWER: PRESS 1 AND ENTER TO CONTINUE
Range: 1..1

NSWA
SHOW CARD R
Firstly, please think about informal activities. Since last (day of week seven days ago), (have you / has name of child) done any activities listed on this card on weekdays (outside school hours)?
INTERVIEWER: By outside school hours we mean anything not done in lessons and school breaks. The respondent should include activities done in after school clubs.
1 Yes
2 No

Note: If NSWA = No, route to WendWA2.

IF NSWA = Yes THEN

NSWA2
SHOW CARD R
Which ones?
CODE ALL THAT APPLY
1 Cycling (but not to or from school)
2 Walking (but not to or from school / nursery / playgroup)
3 Hoovering, cleaning car, gardening, etc
4 Hopscotch
5 Bouncing on trampoline
6 Playing around, e.g. kicking a ball around, catch, hide and seek
7 Skating / Skateboarding / using a scooter
8 Dancing, including dance lessons
9 Skipping rope
FOR ALL NSWA2 [1..9] DO
  NSPAD
  On which weekdays since last (day 7 days ago) did (you / name of child) do (name of activity)?
  CODE ALL THAT APPLY:
    1   Monday
    2   Tuesday
    3   Wednesday
    4   Thursday
    5   Friday

FOR ALL NSPAD IN 1..5 DO
  NSPATH(i)
  How long did (you / name of child) spend in total doing (name of activity) on (day)?
  RECORD HOURS BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION
  Range:  0..12

  NSPATM(i)
  How long did (you / name of child) spend in total doing (name of activity) on (day)?
  ENTER NUMBER OF MINUTES. IF AN EXACT HOUR, ENTER 0 FOR MINUTES
  Range:  0..59
END DO
END DO
END IF

Note:  NSPATH(i) and NSPATM(i) repeated for each day coded at NSPAD.
       NSPAD to NSPATM repeated for each activity coded at NSWA2.

WendWA2
SHOW CARD R
I would now like to ask you about any activities (you / name of child] did (last weekend).
(last weekend) did (you / name of child) do any activities listed on this card?
  1   Yes
  2   No

IF WendWA2 = Yes THEN
  WEPWA2
  SHOW CARD R
  Which ones?
  INTERVIEWER: CODE ALL THAT APPLY.
  1   Cycling (but not to or from school)
  2   Walking (but not to or from school / nursery / playgroup)
  3   Hoovering, cleaning car, gardening, etc”
  4   Hopscotch
  5   Bouncing on trampoline
  6   Playing around, e.g. kicking a ball around, catch, hide and seek
  7   Skating / Skateboarding / using a scooter
  8   Dancing, including dance lessons
  9   Skipping rope
FOR ALL WEPWA2 IN [1..9] DO
  WEPAD
  On which days did (you / name of child) do (name of activity)?
  INTERVIEWER: CODE ALL THAT APPLY
    1 Saturday
    2 Sunday

FOR ALL WEPAD IN [1..2], i = 1..2 DO
  WEPAH(i)
  How long did (you / name of child) spend in total doing (name of activity) on (day)?

  RECORD HOURS BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES
  AT NEXT QUESTION
  Range: 0..20

  WEPAM(i)
  How long did (you / name of child) spend in total doing (name of activity) on (day)?
  ENTER NUMBER OF MINUTES. IF AN EXACT HOUR, ENTER 0 FOR MINUTES
  Range: 0..59

END DO
END DO
END IF

Note: WEPAH(i) and WEPAM(i) repeated for each day coded at WEPAD.
WEPAD to WEPAM repeated for each activity coded at WEPWA2.

NSWB
SHOW CARD S
Now, please think about formal activities. Since last (day of week 7 days ago), (have you / has name of child) done any activities listed on this card on weekdays (outside school hours)?
INTERVIEWER: By outside school hours we mean anything NOT done in lessons and school breaks. The respondent SHOULD include activities done in after school clubs.
  1 Yes
  2 No

IF NSWB =Yes THEN
  NSpWB
  SHOW CARD S
  Which ones?
  INTERVIEWER: CODE ALL THAT APPLY.
    1 Football / Rugby / Hockey / Lacrosse
    2 Netball / Basketball / Handball
    3 Cricket / Rounders
    4 Running, jogging, athletics
    5 Swimming laps
    6 Swimming (splashing about)
    7 Gymnastics
    8 Workout with gym machines / Weight training
    9 Aerobics
  10 Tennis / Badminton / Squash
FOR ALL NSpWB in [1..10], DO

NSWB

On which weekdays in the last week did (you / name of child) do (name of activity)?

CODE ALL THAT APPLY:
1. Monday
2. Tuesday
3. Wednesday
4. Thursday
5. Friday

FOR ALL NSWBD in [1..5] DO

NSWBH(i)

How long did (you / name of child) spend in total doing (name of activity) on (day)?

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

Range: 0..4

NSWBM(i)

How long did (you / name of child) spend in total doing (name of activity) on (day)?

ENTER NUMBER OF MINUTES. IF AN EXACT HOUR, ENTER 0 FOR MINUTES

Range: 0..59

END DO

END DO

END IF

Note: NSWBH(i) and NSWBM(i) repeated for each day coded at NSWBD.
NSWBD to NSWBM(i) repeated for each activity coded at NSpWB.

WendWB2

SHOW CARD S

I would now like to ask you about any activities (you / name of child) did (last weekend).

(Last weekend) did (you / name of child) do any activities listed on this card?

1. Yes
2. No

IF WendWB2 = 1 THEN

WendWB

SHOW CARD S

Which ones?

CODE ALL THAT APPLY.

1. Football / Rugby / Hockey / Lacrosse
2. Netball / Basketball / Handball
3. Cricket / Rounders
4. Running, jogging, athletics
5. Swimming laps
6. Swimming (splashing about)
7. Gymnastics
8. Workout with gym machines / Weight training
9. Aerobics
10. Tennis / Badminton / Squash
FOR ALL WendWB IN [1..10] DO
  WendWBD
  On which days in the last week did (you/name of child) do (name of activity)?
  CODE ALL THAT APPLY
    1 Saturday
    2 Sunday

FOR ALL WendWBD in [1..2] DO
  WendWBH(i)
  How long did (you/name of child) spend in total doing (name of activity) on (day)?
  RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD
  MINUTES AT NEXT QUESTION
  Range: 0..20

  WendWBM(i)
  How long did (you/name of child) spend in total doing/playing (name of activity) on
  (day)?
  ENTER NUMBER OF MINUTES. IF AN EXACT HOUR, ENTER 0 FOR MINUTES
  Range: 0..59

END DO
END DO
END IF

Note:  WendWBH(i) and WendWBM(i) repeated for each day coded at WendWBD.
WendWBD to WendWBM(i) repeated for each activity coded at WendWB.

ASK ALL AGED 2-15

NSoth2
SHOW CARDS R AND S
In the last seven days, that is from (date of interview – 7) to yesterday, (have you/has name of child) done any other similar activities not listed on these two cards on weekdays?

INTERVIEWER: IF ‘Yes’, RECORD BRIEF DETAILS OF ALL OTHER ACTIVITIES IN THE NEXT
QUESTION
    1 Yes
    2 No

IF NSoth2 = yes THEN
  NOSpEx2
  INTERVIEWER: Record brief details of the (first/second/third/fourth/fifth) other sport or
  exercise activity.
  Type in first few letters of the sport to enter coding frame.
  Type ‘other’ if the sport is not listed.
  Type ‘xxx’ (for not listed/don’t know) if unable to code.
  On exiting coding frame press ‘Enter’ to move to next question.

  Text: Maximum 50 characters

Note: repeat NSoth2 and OspEx2 for up to 5 activities.
NSOthD2
On which weekdays during the last seven days did (you / name of child) do (activity)?
CODE ALL THAT APPLY:
1  Monday
2  Tuesday
3  Wednesday
4  Thursday
5  Friday

FOR ALL NSOthD2 in [1..5] DO
  NSOthT2H(i)
  How long did (you / name of child) spend doing (activity) on (day)?
  RECORD HOURS BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION
  Range:  0..20

NSOthT2M
  How long did (you / name of child) spend doing (name of sport/activity) on (day)?
  ENTER NUMBER OF MINUTES. IF AN EXACT HOUR, ENTER 0 FOR MINUTES
  Range:  0..59

END DO

Inten
When (you / name of child) did (activity) was it hard enough to make (you / name of child) out of breath or sweaty?
1  Yes
2  No

END IF

Note: NOSpEx2 to Inten repeated for each activity coded at NOSpEx2.

ASK ALL AGED 2-15

WEOth2
Did (you / name of child) do any other similar activities not listed on these two cards (last weekend)?
INTERVIEWER: IF ‘Yes’, RECORD BRIEF DETAILS OF ALL OTHER SPORTS AND ACTIVITIES IN THE NEXT QUESTION.
1  Yes
2  No

IF WEOth2 = yes THEN
  WEOspEx2
  INTERVIEWER: Record brief details of the (first / second / third / fourth / fifth) other physical activity.
  Text: Maximum 50 characters

Note: WEOth2 and WEOspEx2 are repeated for up to five activities.
WEOthD
On which days did (you / name of child) do (activity)?
CODE ALL THAT APPLY
1 Saturday
2 Sunday

FOR ALL WEOthD IN [1..2] DO
WEOthTH(i)
How long did (you / name of child) spend doing/playing (activity) on (day)?
RECORD HOURS BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION
   Range: 0..20

WEOthTM(i)
How long did (you / name of child) spend doing/playing (activity) on (day)?
ENTER NUMBER OF MINUTES. IF AN EXACT HOUR, ENTER 0 FOR MINUTES
   Range: 0..59

Inten3
When (you / name of child) did/played (activity) was it hard enough to make (you / him / her) out of breath or sweaty?
   1 Yes
   2 No

END DO
END IF

Note: WEOth2 to Inten3 repeated for each activity coded at WEOspEx2..

ASK ALL AGED 2-15

IntroST
Now I’d like to ask some questions about time that (you / name of child) might have spent sitting down. For these questions, I’d like you to think about what (you have / name of child has) done in the last seven days, that is from (date of interview –7) to yesterday.

Firstly I would like to ask you about any activities (you have / name of child has) done after school on weekdays, from last (day) to yesterday.
INTERVIEWER: PRESS 1 AND ENTER TO CONTINUE
   Range: 1..1

TVWkH
On weekdays from last (day) to yesterday, how much time did (you / name of child) usually spend each day sitting watching TV including DVDs or videos?
RECORD HOURS BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION
   Range: 0..20

TVWkM
ENTER NUMBER OF MINUTES. IF AN EXACT HOUR, ENTER 0 FOR MINUTES
   :Range 0..59
SedWkH
Still thinking about weekdays, from last (day) to yesterday, how much time did (you / name of child) usually spend each day sitting down doing other any other activity?
INTERVIEWER: EXAMPLES OF ACTIVITIES INCLUDE READING, DOING HOMEWORK, DRAWING, USING A COMPUTER OR PLAYING VIDEO GAMES
RECORD HOURS BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION
Range: 0..20

SedWkM
ENTER NUMBER OF MINUTES. IF AN EXACT HOUR, ENTER 0 FOR MINUTES
Range: 0..59

TVWEH
Last weekend how much time did (you / name of child) usually spend each day sitting watching TV including DVDs or videos?
RECORD HOURS BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION
Range: 0..20

TVWEM
Last weekend how much time did (you / name of child) usually spend each day sitting watching TV including DVDs or videos?
Enter number of minutes. If an exact hour, enter 0 for minutes
Range: 0..59

SedWEH
Still thinking of last weekend, how much time did (you / name of child) usually spend each day sitting down doing other any other activity?
INTERVIEWER: EXAMPLES OF ACTIVITIES INCLUDE READING, DOING HOMEWORK, DRAWING, USING A COMPUTER OR PLAYING VIDEO GAMES
RECORD HOURS BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION
Range: 0..20

SedWEM
ENTER NUMBER OF MINUTES. IF AN EXACT HOUR, ENTER 0 FOR MINUTES
Range: 0..59

Normal
Last week, that is from (date of interview – 7) to yesterday (were you / was name of child) ...READ OUT...
1. ...more active than usual
2. less active than usual or
3. about the same as usual?

Involve
INTERVIEWER: How involved was (name of child) in answering the physical activity questions?
1. Child was not present
2. Child was present but did not participate
3. Child was present and helped proxy answer a few questions
4. Child was present and helped proxy answer some questions
5. Child was present and helped proxy answer most questions
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

Press <1> and <Enter> to continue.

Insert self-completion intro for young adults here?

IF (Age of Respondent is 25 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 U
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 (indoors or outside, eg. in 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

IF SmokWher = 1 THEN
SmokHome
SHOWCARD V
Where in your home do you usually smoke?
1 Outdoors, (for example in the garden or on doorstep)
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
SmokOut
SHOW CARD W
In which of these places, if any, did you smoke during the last 7 days ending yesterday?
1 In the street or out and about
2 Outside at work
3 Outside other people’s home
4 Outside pubs or bars
5 Outside restaurants, cafes or canteens
6 Outside shops
7 Outside other places
ENDIF

IF SmokeNow=Yes THEN
SmokPpl
SHOWCARD X
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 Y

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 smoking ban in all enclosed public places, including pubs and restaurants
5. Family/friends wanted me to stop
6. Financial reasons (can’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 T

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. Because of the 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
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 .25
   1/3 (a third) oz as .33
   1/2 (half) oz as .5
   2/3 (two thirds) oz as .66
   3/4 (three quarters) oz as .75
   : 0.01..2.40
ENDIF
RolNum
Computed: estimated tobacco consumption in ounces.
   Range: 1..97
ENDIF
ENDIF

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

    IF SmokePrg = [Yes, some of the time OR No, not at all] THEN
        StopPreg
        Did you stop smoking specifically because of your pregnancy, or for some other reason?
        1 Because of pregnancy
        2 For some other reason
    ENDF
    ENDF
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
    ENDF
    ENDF

    IF (PregSmok = Yes, some of the time OR No, not at all) THEN
        PregStop
        Did you stop smoking specifically because of your pregnancy, or for some other reason?
        1 Because of pregnancy
        2 For some other reason
    ENDF

    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
    ENDF
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)
ExpSm
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 ExpSm >=1 AND age >=18 THEN
Passive
SHOW CARD Z
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
INTERVIEWER: Write in other place
Text: 200 characters

ENDIF
ENDIF
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 BB
Thinking now about all kinds of drinks, how often have you had an alcoholic drink of any kind during the last 12 months?
   1 Almost every day
   2 Five or six days a week
   3 Three or four days a week
   4 Once or twice a week
   5 Once or twice a month
   6 Once every couple of months
   7 Once or twice a year
   8 Not at all in the last 12 months

IF DrinkOft <> Not at all in the last 12 months THEN

DrinkL7
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 CC
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
   ENDIF

   IF SBrL7Q = Bottles THEN
      SBrL7Q(5)
      ASK OR CODE: How many bottles of strong beer, lager, stout or cider did you drink on that day?
      Range: 1..97
   ENDIF
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: Code the measure the respondent used. Please note that respondent may give answer in bottles and glasses. Please code the relevant option.

  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.

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)
WL7G1
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 250mlGlz
250mlGlz
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
IF DrnkType = Alcopops/pre-mixed alcoholic drink  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  
ENDIF 

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 

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  
ENDIF  

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

**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

ENDIF

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 DD

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

**CODE FIRST TO APPLY**

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

IF NActiv=Doing something else THEN

**NActivO**

INTERVIEWER: 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
      8 August
      9 September
      10 October
      11 November
      12 December
      98 Can’t remember
   ENDIF
**PayAgeI**

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

ENDIF

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

**JobTitle**

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

Text: Maximum 60 characters

**FtPTime**

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

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

1 Full-time
2 Part-time

**WtWork**

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

Text: Maximum 50 characters

**MatUsed**

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

IF NONE USED, WRITE IN `NONE'.

Text: Maximum 50 characters

**SkilNee**

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

Text: Maximum 120 characters

**Employe**

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

1 an employee,
2 or, self-employed

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

IF Employe = Self-employed THEN

**Dirctr**

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

1 Yes
2 No

ENDIF

IF Employe=an employee OR Dirctr=Yes THEN

**EmpStat**

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

1 manager,
2 foreman or supervisor,
3 or other employee?
NEmployee
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
SNEmployee
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 EE
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/BECE,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

Origin
SHOW CARD FF
To which of the groups listed on this card do you consider you belong?
  1  White – British
  2  White – Irish
  3  Any other white background

Mixed:
  4  Mixed - White and Black Caribbean
  5  Mixed - White and Black African
  6  Mixed - White and Asian
  7  Any other mixed background

Asian or Asian British:
  8  Asian or Asian British – Indian
  9  Asian or Asian British – Pakistani
 10  Asian or Asian British – Bangladeshi
 11  Any other Asian/Asian British background

Black or Black British:
 12  Black or Black British – Caribbean
 13  Black or Black British – African
 14  Any other Black/Black British background

Chinese or other ethnic group:
  15  Chinese
  16  Any other (please describe)
IF Origin = Any other THEN

XOrigin
Please describe
IF Age of Respondent is 13 years and over and BookChk=Given THEN
SCIntro
PREPARE (Yellow/Blue/Brown) SELF-COMPLETION BOOKLET (FOR CHILDREN AGED 13-15/FOR YOUNG ADULTS/FOR 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 ORANGE BOOKLET TO PARENT(S). IF AGREES, PREPARE ORANGE BOOKLET. SEE CHILD. EXPLAIN HOW TO COMPLETE. REMEMBER TO USE A BLACK PEN
ENDIF

IF Age of Respondent is 18-24 and BookChk= Given END IF

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.

INTERVIEWER: Explain how to complete booklet and show example in booklet

Wait until respondent(s) have finished and then check each booklet completed
If not, ask if questions missed in error
If in error ask respondent to complete.

ENDIF

IF Age of respondent is 8 years or over THEN
SComp3
INTERVIEWER CHECK: WAS THE (ORANGE/YELLOW/BLUE/BROWN) BOOKLET (FOR CHILDREN AGED 8-12/FOR CHILDREN AGED 13-15/FOR YOUNG ADULTS/FOR ADULTS) 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:

- 0 Child away from home during fieldwork period
- 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)
- 97 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 (lilac) booklet for parents completed?

- 1 Fully completed
- 2 Partially completed
- 3 Not completed
IF SDQChk= Partially completed OR Not completed THEN
SDQComp
INTERVIEWER: Record why booklet not completed/partially completed. CODE ALL THAT APPLY.

0  Child away from home during fieldwork period
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 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 LIGHT TURQUOISE 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
95  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 remove shoes
    7 Child: subject would not stand still
    8 Ill or in pain
    9 Stadiometer faulty or not available
    10 Child asleep
    95 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

You can enter half inches, if given, with a .5 decimal.

ENDIF
ENDIF

Computed: Final measured or estimated height (cm).
Range: 0.0... 999.9

IF (Sex = Female) AND (Age of Respondent is 16 to 49) THEN
PregNowB
May I check, are you pregnant now?
   1 Yes
   2 No
ENDIF

IF PregNowB<> Yes THEN

RESPWTS
INTERVIEWER: MEASURE WEIGHT AND CODE. (IF RESPONDENT WEIGHS MORE THAN 130KG (20 ½ STONES) DO NOT WEIGH. CODE AS 'WEIGHT NOT ATTEMPTED') INCLUDE 'DISGUISED' REFUSALS SUCH AS 'IT WILL TAKE TOO LONG', 'I HAVE TO GO OUT' ETC.
AT CODE 2: Weight refused.

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

IF RespWtsMeas=Weight obtained (subject on own) OR Weight obtained (child held by adult) THEN
IF RespWts = Weight obtained (subject on own) THEN
XWeight
RECORD WEIGHT.
Range: 10.0..130.0

ELSEIF RespWts = Weight obtained (child held by adult) THEN
WtAdult
ENTER WEIGHT OF ADULT ON HIS/HER OWN.
Range: 15.0..130.0

WtChAd
ENTER WEIGHT OF ADULT HOLDING CHILD.
Range: 15.0..130.0
ENDIF

Weight
Computed: Measured weight, either Weight or WtChAd – WtAdult
Range: 0.0..140.0
**FloorC**
SCALES PLACED ON?
1. Uneven floor
2. Carpet
3. None of these

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

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

IF RespWts = Weight refused, Weight attempted, not obtained OR Weight not attempted
THEN
   IF RespWts = Weight refused THEN
      **ResNWt**
      GIVE REASONS FOR REFUSAL.
      1. Cannot see point/Weight already known/Doctor has measurement
      2. Too busy/Taken long enough already/No time
      3. Respondent too ill/frail/tired
      4. Considered intrusive information
      5. Respondent too anxious/nervous/shy/embarrassed
      6. Child refused to be held by parent
      7. Parent refused to hold child
      8. Refused (no other reason given)
      9. Other
   ELSEIF RespWts = Weight attempted, not obtained OR Weight not attempted THEN
      **NoWtBC**
      CODE REASON FOR NOT OBTAINING WEIGHT. CODE ALL THAT APPLY.
      1. Child: away from home during fieldwork period (specify in a Note)
      2. Respondent is unsteady on feet
      3. Respondent cannot stand upright
      4. Respondent is chairbound
      5. Confined to bed
      6. Respondent unable to remove shoes
      7. Respondent weighs more than 130 kg
      8. Ill or in pain
      9. Scales not working
      10. Parent unable to hold child
      11. Child asleep
      95. 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
   ScINo
   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
ENDIF
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
  Prmature
  Was (name of child) born prematurely?
  1  Yes
  2  No
IF Prmature = 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
Nurse Appointment

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 some 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.

INTERVIEWER: check whether the respondent agrees to the nurse visit. Always mention the nurse by name (if known).

IF ASKED FOR DETAILS, EXPLAIN: the nurse will ask some more questions, for example, whether they are taking any medications, and take some measurements, for example, blood pressure and take a saliva and blood sample.
1 Agreed nurse could contact
2 Refused nurse contact

IF Nurse = Agreed nurse could contact THEN

NApptLt
Shortly, I will arrange a convenient time for the nurse to come and talk to you.

IF Nurse = Refused nurse contact THEN
NurseRef
RECORD REASON WHY RESPONDENT REFUSED NURSE CONTACT. CODE BELOW AND RECORD AT G1 ON A.R.F
0 Own doctor already has information
1 Given enough time already to this survey/expecting too much
2 Too busy, cannot spare the time (if Code 1 does not apply)
3 Had enough of medical tests/medical profession at present time
4 Worried about what nurse may find out/’might tempt fate’
5 Scared/of medical profession/ particular medical procedures (e.g. blood sample)
6 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 G1 ON A.R.F.
Text: Maximum 60 characters
ENDIF
Actigraph Placement

THERE WILL BE DIFFERENT SAMPLE TYPES TO IDENTIFY THOSE ELIGIBLE FOR THE ACTRIGRAPH. THOSE IN THE SAMPLE TYPES THAT ARE ELIGIBLE WILL BE FILTERED THROUGH TO THIS MODULE.

ACTIntro
As part of the Health Survey for England, we are asking some respondents to wear an activity monitor called an “Actigraph”. The activity monitor is like a pedometer and records different types of movement.

Press <1> and <Enter> to continue.
Numeric: 1..1 Decimals: 0

ExclIntro
Before I go into more detail about the actigraph, I would first like to ask you a few background questions to check whether you would be able to take part.

Press <1> and <Enter> to continue.

Bed
INTERVIEWER: Is the respondent confined to bed or wheelchair?
1 Yes - cannot walk, confined to bed/wheelchair.
2 No - mobile

IF Bed=2 THEN
Latex
Do you have an allergy to latex?
   1 Yes
   2 No

Press <1> and <Enter> to continue.
Numeric: 1..1 Decimals: 0

UPreg
INTERVIEWER: Has the respondents (or her parent) told you that she is pregnant? Do not ask this question - only code whether or not it has been volunteered.
   1 Yes, told me she is pregnant
   2 No "No, not told me she is pregnant

Abdom
(have you / has name of child) recently had abdominal surgery, or (do you / does he/she) have any health problems which mean that (you / he / she) could not wear a belt round (his / her) waist?

INTERVIEWER: If necessary, explain that the activity monitor will need to be worn on an elastic belt around the waist.
1. Yes, could not wear belt
2. No

IF Abdom = 1 OR Bed = 1 THEN
NoPart
"INTERVIEWER: THANK THE RESPONDENT AND EXPLAIN THAT THEY WILL NOT BE ABLE TO PARTICIPATE IN THIS PART OF THE SURVEY.
Press <1> and <Enter> to continue."

END IF

Intro2

We would like you to wear the actigraph for 7 days. As a thank you, you will receive a £20 voucher. Please read this leaflet, it explains more about what is involved.

INTERVIEWER: Give the respondent the (adult/child) actigraph leaflet and allow them time to read it and ask you any questions. If necessary, reassure them that invitation to take part is randomly selected by the computer and not based on respondent characteristics.

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

AGCons1
Are you willing (for name of child) to take part in the study?
  1  Agreed to take part and consent given
  2  No, not willing to take part

AGCons2
Are you willing to take part in the study?
  1  Agreed to take part and consent given
  2  No, not willing to take part

Place
I will now help fit the actigraph on (you / name of child) so that (you / he / she) can see how it feels.

Press <1> and <Enter> to continue

Fit
'INTERVIEWER: Fit the actigraph and suggest to the respondent that they wear it for the remainder of the day to get used to it.

Demonstrate and explain to the respondent:

- The monitor is worn on the waist using the elastic belt provided.
- Attach the belt snugly around respondent's waist so that the monitor rests on the right side of body, above the right hip.
- (he/she) should ideally wear the monitor under (his/her) clothes. (you do not / he / she does not) need to wear it against the skin.
- Keep the monitor fastened on the belt to reduce the risk of losing it.
- Put the monitor on when (you wake up / name of child wakes up) and take it off before (you go / he / she goes) to bed on each day.
- Please remove the monitor before (you shower, bath or go swimming / he / she showers, bashes or goes swimming), as if it is wet it may be damaged. (If (you forget / he / she forgets) to take the monitor off before bathing or swimming, (you / he / she) will not be harmed.)

INTERVIEWER: Press <1> and <Enter> to continue."

Numeric: 1..1 Decimals: 0
**ActFit**
INTERVIEWER: HOW WAS THE FIT OF THE ACTIGRAPH AGAINST THE BODY?
1. Snug fit, flat against the body
2. Snug fit, not flat because of body shape
3. Not snug fit (respondent refused to wear it tight around the waist)
4. Other

**ActNo**
INTERVIEWER: Record the serial number of the actigraph, e.g. for ACT123A enter 123A.
Numeric: 1..999 Decimals: 0

**Log**
INTERVIEWER: Give the respondent the activity log Colour.
- Write the serial number on the front of the log.
- Place the coloured sticker on the actigraph and on the front cover of the activity log.
- Write in the days of the week (on page 3).
- If the respondent cannot begin wearing the actigraph the next day, then write the actual start date on the log.
- Explain to the respondent how to fill it in.

Respondent serial number is: ................

Press <1> and <Enter> to continue

**Actplcd**
INTERVIEWER: Did you place the actigraph and activity log with (name of respondent)?
1. Yes
2. No

IF Actplcd=2 THEN

**WhyActNo**
INTERVIEWER: Please record why the actigraph and activity booklet were not placed.

**Phone**
INTERVIEWER: Collect the respondent’s telephone number and record it on the ARF.

READ OUT: Either myself or my colleague will give you a call mid-way through the week to check how things are going.

**ACTnrs**
INTERVIEWER: Please start wearing the actigraph when you get up tomorrow morning and wear it every day until you go to bed on (date). The nurse will collect the actigraph and the activity booklet when he/she comes to visit (you/name of respondent). Please keep the actigraph and activity booklet in a safe place until the nurse comes to collect it.
ASK ALL WHO AGREED TO NURSE OR ACTIGRAPH:

Can I now arrange a convenient time for the nurse to visit.

INTERVIEWER: Make an appointment at a time that suits everybody
If necessary make more that one nurse appointment

Record details of the nurse appointment on the back of the Measurement Record Card

Enter the nurse’s name, appointment date and time.

Even if you have not made an appointment, always write down the name of the nurse on the back of the MRC

1 Able to make an appointment for the nurse
2 Unable to make an appointment for the nurse.

ACTColl
INTERVIEWER: Who will be returning to collect the actigraph(s)?

1 Nurse collection
2 Interviewer collection (no nurse allocated to interviewer)
3 Interviewer collection (nurse availability not suitable for respondent)

4 Interviewer collection (other reason)
5 Not yet decided who will collect

NRFChk
INTERVIEWER: Complete the Nurse Record Form (NRF) for the person(s) in this session.

INTERVIEWER: If a respondent agrees to the nurse visit, leave the stage 2 leaflet.

Press <1> and <Enter> to continue

ENDIF
ENDIF
ENDIF
**Consents**

**ASK ALL AGED 16+**

**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**

Thank you for your help. Before we end the interview I 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
Health Survey for England 2008
Booklet for Adults
In Confidence

How to fill in this questionnaire

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

Example:

Do you feel that you lead a ...

<table>
<thead>
<tr>
<th></th>
<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></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Tick one box

Light Brown C/ CA
GENERAL HEALTH TODAY

Now we would like to know how your health is today.

Please answer ALL the questions. By ticking one box for each question below, please indicate which statements best describe your own health state today.

MOBILITY
Q1 Mobility

Tick one box

1 I have no problems in walking about
2 I have some problems in walking about
3 I am confined to bed

SELF-CARE
Q2 Self-Care

Tick one box

1 I have no problems with self-care
2 I have some problems washing or dressing myself
3 I am unable to wash or dress myself

USUALACT
Q3 Usual activities

Tick one box

1 I have no problems with performing my usual activities (eg. work, study, housework, family or leisure activities)
2 I have some problems with performing my usual activities
3 I am unable to perform my usual activities

PAIN
Q4 Pain/Discomfort

Tick one box

1 I have no pain or discomfort
2 I have moderate pain or discomfort
3 I have extreme pain or discomfort

ANXIETY
Q5 Anxiety/Depression

Tick one box

1 I am not anxious or depressed
2 I am moderately anxious or depressed
3 I am extremely anxious or depressed

Spare 306-310
**GENERAL HEALTH OVER THE LAST FEW WEEKS**

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

**HAVE YOU RECENTLY:**

<table>
<thead>
<tr>
<th>GHQCONC</th>
<th>Tick one box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q6 been able to concentrate on whatever you're doing?</td>
<td><strong>Better than usual</strong></td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GHQSLEEP</th>
<th>Tick one box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q7 lost much sleep over worry?</td>
<td><strong>Not at all</strong></td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GHQUSE</th>
<th>Tick one box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q8 felt you were playing a useful part in things?</td>
<td><strong>More so than usual</strong></td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GHQDECIS</th>
<th>Tick one box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q9 felt capable of making decisions about things?</td>
<td><strong>More so than usual</strong></td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GHQSTRAI</th>
<th>Tick one box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q10 felt constantly under strain?</td>
<td><strong>Not at all</strong></td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GHQOVER</th>
<th>Tick one box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q11 felt you couldn't overcome your difficulties?</td>
<td><strong>Not at all</strong></td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>
HAVE YOU RECENTLY:

**GHQENJOY**

Q12 been able to enjoy your normal day-to-day activities?

<table>
<thead>
<tr>
<th>More so than usual</th>
<th>Same as usual</th>
<th>Less so than usual</th>
<th>Much less than usual</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**GHQFACE**

Q13 been able to face up to your problems?

<table>
<thead>
<tr>
<th>More so than usual</th>
<th>Same as usual</th>
<th>Less able than usual</th>
<th>Much less able</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**GHQUNHAP**

Q14 been feeling unhappy and depressed?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>No more than usual</th>
<th>Rather more than usual</th>
<th>Much more than usual</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**GHQCONFII**

Q15 been losing confidence in yourself?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>No more than usual</th>
<th>Rather more than usual</th>
<th>Much more than usual</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**GHQWORTH**

Q16 been thinking of yourself as a worthless person?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>No more than usual</th>
<th>Rather more than usual</th>
<th>Much more than usual</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**GHQHAPPY**

Q17 been feeling reasonably happy, all things considered?

<table>
<thead>
<tr>
<th>More so than usual</th>
<th>About same as usual</th>
<th>Less so than usual</th>
<th>Much less than usual</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

---

Thank you for answering these questions.

Please give the booklet back to the interviewer.
Health Survey for England 2008

Booklet for Young Adults

In Confidence

How to fill in this questionnaire

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

Example:

Tick one box

<table>
<thead>
<tr>
<th>Very healthy life</th>
<th>Fairly healthy life</th>
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<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Do you feel that you lead a ...

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

Example:

Write in no. 9

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

By following the instructions carefully you will miss out questions which do not apply to you.

Example:

Tick one box

Yes 1 Go to Q4

No 2 Go to Q5
Smoking

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

Tick ONE box

Yes 1
No 2 → Go to Q12

DSMOKCIG
Q2 Have you ever smoked a cigarette?

Tick ONE box

Yes 1
No 2 → Go to Q12

DCIGAGE
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

DSMOKNOW
Q4 Do you smoke cigarettes at all nowadays?

Tick ONE box

Yes 1 → Go to Q7
No 2

1
Q5  Why did you decide to give up smoking?

Tick ALL that apply

- 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)
- 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

- Regularly, that is at least one cigarette a day
- Occasionally
- I never really smoked cigarettes, just tried them once or twice
**DDLYSMOK**

**CURRENT SMOKERS**

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

*Write in number smoked a day*  

45-46

**DWKNDSMO**

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

*Write in number smoked a day*  

47-48

**DCIGTYPE**

**Q9**  Do you mainly smoke ...

**Tick ONE box**

- filter-tipped cigarettes,  
- plain or untipped cigarettes,  
- or hand-rolled cigarettes?

**DGIVEUP**

**Q10**  Would you like to give up smoking altogether?

**Tick ONE box**

- Yes  
- No  

*Go to Q12*

**DYGVUP**

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

**Tick ALL that apply**

- Because of a health problem I have at present  
- Better for my health in general  
- Less risk of getting smoking related illnesses  
- Family/friends wanted me to stop  
- Financial reasons (couldn’t afford it)  
- Worried about the effect on my children  
- Because of the forthcoming ban on smoking in all public places  
- Other
Everyone please answer

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

Tick ONE box

Yes
No
Don't know

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

Tick ONE box

Yes
No
Don't know

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

Number of hours a week

Q15 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

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
DSMKBTHR

Q15  Does this bother you?

b)  Tick ONE box

Yes  1

No   2
**DRINKING**

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

Tick one box

Yes  
No  

→ Go to Q19

**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

Very occasionally  
Never  

→ Go to Q19

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

Tick one box

Always a non-drinker  
Used to drink but stopped  

→ Go to Q24 on page 9

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

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

Tick one box

- Almost every day
- 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

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

Tick one box

- Yes
- No

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

Tick one box

- 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, <strong>DDKYP01</strong></td>
<td>Glasses (count doubles as 2 singles) Pints Large cans or bottles Small cans or bottles</td>
</tr>
<tr>
<td>Strong beer, lager, stout or cider (6% alcohol or more, such as Tennants Super, Special Brew, Diamond White) <strong>DDKYP02</strong></td>
<td></td>
</tr>
<tr>
<td>Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails <strong>DDKYP03</strong></td>
<td></td>
</tr>
<tr>
<td>Sherry or martini (including port, vermouth, cinzano, dubonnet) <strong>DDKYP04</strong></td>
<td></td>
</tr>
<tr>
<td>Wine (including babycham and champagne) <strong>DDKYP05</strong></td>
<td>Large glasses (250ml) Standard glasses (175ml) Small glasses (125ml) Bottles (750ml)</td>
</tr>
<tr>
<td>Alcoholic soft drink (‘alcopop’) or a pre-mixed alcoholic drink such as Bacardi Breezer, WKD or Smirnoff Ice <strong>DDKYP06</strong></td>
<td></td>
</tr>
<tr>
<td>Other kinds of alcoholic drink</td>
<td>WRITE IN NAME OF DRINK</td>
</tr>
<tr>
<td><strong>DDKYP07</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>DDKYP08</strong></td>
<td>2</td>
</tr>
</tbody>
</table>

Spare 155-300
GENERAL HEALTH TODAY

Now we would like to know how your health is today.

Please answer ALL the questions. By ticking one box for each question below, please indicate which statements best describe your own health state today.

**MOBILITY**

Q24 Mobility

- I have no problems in walking about
- I have some problems in walking about
- I am confined to bed

**SELFCARE**

Q25 Self-Care

- I have no problems with self-care
- I have some problems washing or dressing myself
- I am unable to wash or dress myself

**USUALACT**

Q26 Usual activities

- I have no problems with performing my usual activities (eg. work, study, housework, family or leisure activities)
- I have some problems with performing my usual activities
- I am unable to perform my usual activities

**PAIN**

Q27 Pain/Discomfort

- I have no pain or discomfort
- I have moderate pain or discomfort
- I have extreme pain or discomfort

**ANXIETY**

Q28 Anxiety/Depression

- I am not anxious or depressed
- I am moderately anxious or depressed
- I am extremely anxious or depressed

Spare 306-310
GENERAL HEALTH OVER THE LAST FEW WEEKS

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

HAVE YOU RECENTLY:

**GHQCONC**  
Q29 been able to concentrate on whatever you’re doing?

<table>
<thead>
<tr>
<th></th>
<th>Better than usual</th>
<th>Same as usual</th>
<th>Less than usual</th>
<th>Much less than usual</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**GHQSLEEP**  
Q30 lost much sleep over worry?

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>No more than usual</th>
<th>Rather more than usual</th>
<th>Much more than usual</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**GHQUSE**  
Q31 felt you were playing a useful part in things?

<table>
<thead>
<tr>
<th></th>
<th>More so than usual</th>
<th>Same as usual</th>
<th>Less useful than usual</th>
<th>Much less useful</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**GHQDECIS**  
Q32 felt capable of making decisions about things?

<table>
<thead>
<tr>
<th></th>
<th>More so than usual</th>
<th>Same as usual</th>
<th>Less so than usual</th>
<th>Much less capable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**GHQSTRAI**  
Q33 felt constantly under strain?

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>No more than usual</th>
<th>Rather more than usual</th>
<th>Much more than usual</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**GHQOVER**  
Q34 felt you couldn’t overcome your difficulties?

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>No more than usual</th>
<th>Rather more than usual</th>
<th>Much more than usual</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
HAVE YOU RECENTLY:

**GHQENJOY**

Q35 been able to enjoy your normal day-to-day activities?

Tick one box

<table>
<thead>
<tr>
<th>More so than usual</th>
<th>Same as usual</th>
<th>Less so than usual</th>
<th>Much less than usual</th>
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</tbody>
</table>

**GHQFACE**

Q36 been able to face up to your problems?

Tick one box

<table>
<thead>
<tr>
<th>More so than usual</th>
<th>Same as usual</th>
<th>Less able than usual</th>
<th>Much less able</th>
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<tr>
<td></td>
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</tbody>
</table>

**GHQUNHAP**

Q37 been feeling unhappy and depressed?

Tick one box

<table>
<thead>
<tr>
<th>Not at all</th>
<th>No more than usual</th>
<th>Rather more than usual</th>
<th>Much more than usual</th>
</tr>
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<tr>
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</tbody>
</table>

**GHQCONF1**

Q38 been losing confidence in yourself?

Tick one box

<table>
<thead>
<tr>
<th>Not at all</th>
<th>No more than usual</th>
<th>Rather more than usual</th>
<th>Much more than usual</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**GHQWORTH**

Q39 been thinking of yourself as a worthless person?

Tick one box

<table>
<thead>
<tr>
<th>Not at all</th>
<th>No more than usual</th>
<th>Rather more than usual</th>
<th>Much more than usual</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**GHQHAPPY**

Q40 been feeling reasonably happy, all things considered?

Tick one box

<table>
<thead>
<tr>
<th>More so than usual</th>
<th>About same as usual</th>
<th>Less so than usual</th>
<th>Much less than usual</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

General Health Questionnaire (GHQ – 12)
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GL Assessment is part of the Granada Learning Group

Thank you for answering these questions.

Please give the booklet back to the interviewer.
Health Survey for England 2008

Booklet for 13-15 year olds

In Confidence

• 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 10 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 → Go to question 4
  
  Yes

  I was 10 years old
  write in
Cigarette Smoking

ASMOKCIG
Q1 Have you ever tried smoking a cigarette, even if it was only a puff or two?

Tick one box

Yes

No

ASMOKREG
Q2 Now read all the following sentences very carefully and tick the box next to the one which best describes you.

Tick one box

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

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

I was years old

write in

ACIGWEEK
Q4 Did you smoke any cigarettes last week?

Tick one box

Yes

No

ACIGNUM
Q5 How many cigarettes did you smoke last week?

I smoked cigarettes

write in
EVERYONE PLEASE ANSWER

Q6  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 ANRSMO

Tick all boxes which apply

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

Go to question 7

Go to question 8 on page 4

ASMKBTHR

Q7  Does this bother you?

Tick one box

- Yes
- No

Go to next question

Spare 210-214
Drinking

ADRPROP
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

Yes → Go to question 10

No → Go to next question

ADRPOPS
Q9 Have you ever drunk alcopops (such as Bacardi Breezer, Smirnoff Ice, WKD, Hooch etc)?

Tick one box

Yes → Go to next question

No → Go to question 19 on page 8

ADRINKAG
Q10 How old were you the first time you had a proper alcoholic drink or an alcopop?

I was write in years old → Go to next question

ADRINKOF
Q11 How often do you usually have an alcoholic drink or alcopop?

Tick one box

Almost every day → Go to next question

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
**Q12**  When did you **last** have an alcoholic drink or alcopop?

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Today</td>
<td>1</td>
</tr>
<tr>
<td>Yesterday</td>
<td>2</td>
</tr>
<tr>
<td>Some other time during the last week</td>
<td>3</td>
</tr>
<tr>
<td>1 week, but less than 2 weeks ago</td>
<td>4</td>
</tr>
<tr>
<td>2 weeks, but less than 4 weeks ago</td>
<td>5</td>
</tr>
<tr>
<td>1 month, but less than 6 months ago</td>
<td>6</td>
</tr>
<tr>
<td>6 months ago or more</td>
<td>7</td>
</tr>
</tbody>
</table>

- **Go to next question**
- **Go to question 19 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>Yes ° = 1</th>
<th>No ° = 2</th>
</tr>
</thead>
</table>

- **Go to question 14**

**How much did you drink in the last 7 days?**

Write in:

- **Pints (if half a pint, write in ½)**
  
  - **ABER2QPT**

- **Large cans or bottles**
  
  - **ABER2QLG**

- **Small cans or bottles**
  
  - **ABER2QSM**
Q14  Spirits or liqueurs, such as gin, vodka, whisky, rum, brandy or cocktails

Have you drunk this in the last 7 days?

Tick one box

ASPI RW

No  \( \rightarrow \) Go to question 15

Yes

How much did you drink in the last 7 days?
Write in:

ASPI RQGS

Glasses (count doubles as two glasses)

Q15  Sherry or martini (including port, vermouth, cinzano, dubonnet)

Have you drunk this in the last 7 days?

Tick one box

ASHERW

No  \( \rightarrow \) Go to question 16

Yes

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

AWI NEW

No  \( \rightarrow \) Go to question 17

Yes

How much did you drink in the last 7 days?
Write in:

AWI NEQGS

Glasses

Spare 239-245
Q17  Alcopop (such as Bacardi Breezer, Smirnoff Ice, WKD, Hooch, etc.)

Have you drunk this in the last 7 days?

Tick one box

246

No 2 ➔ Go to question 18

Yes 1

How much did you drink in the last 7 days?
Write in:

247-248

Large cans or bottles

249-250

Small cans or bottles

AND/OR

APOPSQLG

251

Q18  Other kinds of alcoholic drink?

Have you drunk this in the last 7 days?

Tick one box

251

No 2 ➔ Go to question 19

Yes 1 ➔ Complete details below

Write in name of drink

252

263

274

How much did you drink in the last 7 days?
Write in:

253-262

263-273

274-284

Spare 285-287

APOPSQS
Your weight

Everyone please answer
SAYWGT

Q19  Given your age and height, would you say that you are...

Tick one box

About the right weight  1
too heavy  2
or too light?  3
Not sure  8

SAYDI ET

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

Trying to lose weight  1
Trying to gain weight  2
Not trying to change weight  3

Spare 290-310
General health over the last few weeks

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

HAVE YOU RECENTLY:

**GHQCONC**
Q21 been able to concentrate on whatever you’re doing?

**GHQSLEEP**
Q22 lost much sleep over worry?

**GHQUSE**
Q23 felt you were playing a useful part in things?

**GHQDECIS**
Q24 felt capable of making decisions about things?

**GHQSTRAI**
Q25 felt constantly under strain?

**GHQOVER**
Q26 felt you couldn’t overcome your difficulties?
HAVE YOU RECENTLY:

**GHQENJOY**
Q27 been able to enjoy your normal day-to-day activities?

<table>
<thead>
<tr>
<th>More so than usual</th>
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<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

**GHQFACE**
Q28 been able to face up to your problems?

<table>
<thead>
<tr>
<th>More so than usual</th>
<th>Same as usual</th>
<th>Less able than usual</th>
<th>Much less able</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**GHQUNHAP**
Q29 been feeling unhappy and depressed?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>No more than usual</th>
<th>Rather more than usual</th>
<th>Much more than usual</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**GHQCONFI**
Q30 been losing confidence in yourself?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>No more than usual</th>
<th>Rather more than usual</th>
<th>Much more than usual</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**GHQWORTH**
Q31 been thinking of yourself as a worthless person?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>No more than usual</th>
<th>Rather more than usual</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**GHQHAPPY**
Q32 been feeling reasonably happy, all things considered?

<table>
<thead>
<tr>
<th>More so than usual</th>
<th>About same as usual</th>
<th>Less so than usual</th>
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<tr>
<td></td>
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</table>

---

Thank you for answering these questions.

Please give the booklet back to the interviewer.
Health Survey for England 2008

Booklet for 8-12 year olds

In Confidence

• Here are some questions for you to answer on your own.

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  Yes  
  No

• Sometimes you have to write a number in the box, for example

  I was 10 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  
  Go to question 4
  Yes
  I was 10 years old
  write in
Cigarette Smoking

CSMOKCIG
1. Have you ever tried smoking a cigarette, even if it was only a puff or two?

Tick one box

No 2

Go to question 2

Yes

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

I was years old

Write in

CSMOKAGE

CSMOKREG
2. Now read all the following sentences very carefully and tick the box next to the one which best describes you.

Tick one box

I have never smoked

1

Go to question 3

I have only smoked once or twice

2

I used to smoke sometimes, but I never smoke a cigarette now

3

I sometimes smoke, but I don’t smoke every week

4

I smoke between one and six cigarettes a week

5

I smoke more than six cigarettes a week

6

CCI GWEEK
3. Did you smoke any cigarettes last week?

Tick one box

No 2

Go to question 4

Yes

How many cigarettes did you smoke last week?

I smoked cigarettes

Write in
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

**ANSRMO**

At home

On buses or trains

In other people’s homes

In other places

No, none of these

Go to question 5

Go to question 6 on page 4

**ASMKBTHR**

5. Does this bother you?

Tick one box

Yes

No

Go to the next question

Spare 210-214
Drinking

ADRPROP
6. 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

Yes 1 ➔ Go to question 8
No 2 ➔ Go to question 7

ADRPOPS
7. Have you ever drunk alcopops (such as Bacardi Breezer, Smirnoff Ice, WKD etc)?

Tick one box

Yes 1 ➔ Go to question 8
No 2 ➔ Go to question 11 on page 6

ADRI N KAG
8. How old were you the first time you had a proper alcoholic drink or alcopop?

I was [217-218] years old write in

ADRI N KOF
9. How often do you usually have an alcoholic drink or alcopop?

Tick one box

Almost every day 1 ➔ Go to question 10
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
When did you **last** have an alcoholic drink or alcoholic soft drink?

**ADRLAST**

10.  When did you **last** have an alcoholic drink or alcoholic soft drink?

- **Today** - Tick one box
- **Yesterday** - Tick one box
- **Some other time during the last week** - Tick one box
- **1 week, but less than 2 weeks ago** - Tick one box
- **2 weeks, but less than 4 weeks ago** - Tick one box
- **1 month, but less than 6 months ago** - Tick one box
- **6 months ago or more** - Tick one box

Go to question 11
Your weight

Everyone please answer

SAYWGT 11. Given your age and height, would you say that you are...

<table>
<thead>
<tr>
<th>Tick one box</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>About the right weight</td>
<td>1</td>
</tr>
<tr>
<td>too heavy</td>
<td>2</td>
</tr>
<tr>
<td>or too light?</td>
<td>3</td>
</tr>
<tr>
<td>Not sure</td>
<td>8</td>
</tr>
</tbody>
</table>

SAYDI ET 12. At the present time are you trying to lose weight, trying to gain weight, or are you not trying to change your weight?

<table>
<thead>
<tr>
<th>Tick one box</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Trying to lose weight</td>
<td>1</td>
</tr>
<tr>
<td>Trying to gain weight</td>
<td>2</td>
</tr>
<tr>
<td>Not trying to change weight</td>
<td>3</td>
</tr>
</tbody>
</table>
Cycling

Everyone please answer

CBI CYCLE
13. Do you have a bicycle?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>

Go to question 14

CHELMA
14. Do you wear a bicycle helmet when you ride a bike?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I always wear a helmet when I ride a bike</td>
<td></td>
</tr>
<tr>
<td>I sometimes wear a helmet when I ride a bike</td>
<td></td>
</tr>
<tr>
<td>I never wear a helmet when I ride a bike</td>
<td></td>
</tr>
<tr>
<td>I never ride a bike</td>
<td>4</td>
</tr>
</tbody>
</table>

Go to question 15

CHELMB
15. What do you think about bicycle helmets?

Please tick all the boxes that you agree with

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Wearing a helmet makes me feel safer when I ride a bike</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I sometimes forget to put my helmet on</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bicycle helmets cost too much money</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Helmets look good</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is difficult to get helmets to fit</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Helmets can protect you if you have an accident</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wearing a helmet makes me feel like a proper cyclist</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Thank you for answering these questions.

Please give the booklet back to the interviewer.
Health Survey for England 2008
Booklet for parents of 4-15 year olds
In Confidence

How to fill in this questionnaire
The questions in this booklet are answered by putting a tick in the box below the answer that applies to you.

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

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>

Lilac C/ CA/ B/ BA
**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 tick the box for Not true, Somewhat true, or Certainly true to show how true the item is of your child.

(TICK ONE BOX ON EACH LINE)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Not True</th>
<th>Somewhat true</th>
<th>Certainly true</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Considerate of other people’s feelings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Restless, overactive, cannot stay still for long</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Often complains of headaches, stomach-aches or sickness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Shares readily with other children (treats, toys, pencils etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Often has temper tantrums or hot tempers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Rather solitary, tends to play alone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Generally obedient, usually does what adults request</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Many worries, often seems worried</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Helpful if someone is hurt, upset or feeling ill</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Constantly fidgeting or squirming</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Has at least one good friend</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Often fights with other children or bullies them</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Often unhappy, down-hearted or tearful</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Generally liked by other children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Easily distracted, concentration wanders</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Nervous or clingy in new situations, easily loses confidence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Kind to younger children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Often lies or cheats</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Picked on or bullied by other children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Often volunteers to help others (parents, teachers, other children)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
(TICK ONE BOX ON EACH LINE)

<table>
<thead>
<tr>
<th></th>
<th>Not True</th>
<th>Somewhat true</th>
<th>Certainly true</th>
</tr>
</thead>
<tbody>
<tr>
<td>21.</td>
<td>Thinks things out before acting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td>Steals from home, school or elsewhere</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td>Gets on better with adults than with other children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24.</td>
<td>Many fears, easily scared</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25.</td>
<td>Sees tasks through to the end, good attention span</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

26. Have you ever consulted any of the following people or organisations about any behavioural or developmental problem your child may have had?  

CIRCLE ALL THAT APPLY

- General Practitioner (GP) 01
- Health Visitor 02
- Nurse at GP surgery or health centre 03
- Community, School or District nurse 04
- Consultant/Specialist or other doctor at hospital outpatients 05
- Social Worker 06
- Psychologist 07
- Teacher 08
- Other person or organisation (please write in who) 09
- None of these 10

Thank you for answering these questions.  
Please give the booklet back to the interviewer
Health Survey for England 2008

Booklet for adults: Eating Habits

In Confidence

How to fill in this questionnaire

Most questions on the following pages can be answered by simply 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 [ ] 1, Fairly healthy life [ ] 2, Not very healthy life [ ] 3, An unhealthy life [ ] 4

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 [ ] 6 → GO TO Q4, No [ ] 2 → GO TO Q3

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.

**MILK**

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**

   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:

**MILKQUA**

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**

   Less than a quarter of a pint
   About a quarter of a pint
   About half a pint
   One pint or more

**CHEESE**

3. How often, on average, do you eat a serving of any type of cheese, except cottage cheese?

   **Tick ONE box**

   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

**WHITMEAT**

4. How often, on average, do you eat a serving of chicken or turkey?

   **Tick ONE box**

   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?

**INCLUDE:** burgers, sausages, bacon, cold meats, ham, corned beef, luncheon meat, spam, meat pies, meat curries, casseroles.

<table>
<thead>
<tr>
<th>Tick ONE box</th>
<th>6 or more times a week</th>
<th>3 to 5 times a week</th>
<th>1 to 2 times a week</th>
<th>Less than once a week</th>
<th>Rarely or never</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

6. How often, on average, do you eat a serving of any fried food?

**INCLUDE:** Fried fish or chicken, chips (including oven chips), cooked breakfast, samosas.

<table>
<thead>
<tr>
<th>Tick ONE box</th>
<th>6 or more times a week</th>
<th>3 to 5 times a week</th>
<th>1 to 2 times a week</th>
<th>Less than once a week</th>
<th>Rarely or never</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

7. Apart from fried fish, how often, on average, do you eat a serving of fish?

**INCLUDE:** Prawns, tinned fish such as tuna.

<table>
<thead>
<tr>
<th>Tick ONE box</th>
<th>6 or more times a week</th>
<th>3 to 5 times a week</th>
<th>1 to 2 times a week</th>
<th>Less than once a week</th>
<th>Rarely or never</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

8. How often, on average, do you eat sweet or savoury snacks such as chocolates, crisps, nuts or biscuits?

**INCLUDE:** savoury biscuits such as cream crackers.

<table>
<thead>
<tr>
<th>Tick ONE box</th>
<th>6 or more times a week</th>
<th>3 to 5 times a week</th>
<th>1 to 2 times a week</th>
<th>Less than once a week</th>
<th>Rarely or never</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

9. How often, on average, do you eat a serving of cakes, pies, puddings or pastries?

<table>
<thead>
<tr>
<th>Tick ONE box</th>
<th>6 or more times a week</th>
<th>3 to 5 times a week</th>
<th>1 to 2 times a week</th>
<th>Less than once a week</th>
<th>Rarely or never</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</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 (✓) 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.
The Health Survey for England 2008 - Nurse Schedule

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).

OpenDisp
HERE ARE THE PEOPLE AT THIS HOUSEHOLD WHO HAVE BEEN SEEN BY THE INTERVIEWER (N/Y UNDER Nurse means ‘Not yet interviewed’, N/E means ‘not eligible for interview’.)
No, Name, Sex, Age, Nurse, Actigraph, Midweek call
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, Nurse Schedule Type

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:
- Actigraph to collect
- Actigraph serial number
- Actigraph start date
Can you interview this person?
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. Press <1> and <Enter> 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
Actigraph Collection Block

IF Sample type = Core Actigraph AND IActColl = Nurse collection AND (Age is 16+ OR 4-15) THEN

NIntro
INTERVIEWER: Now follows the actigraph collection.
Press <1> and <Enter> to continue.

NSTime
Time at start of the collection block.

NSDate
Date checked and collected actigraph.

NAGPerson
NURSE: Check that you have the correct person number.
AName ·················Point ···Address ····Hhold ···Check letter ···Person number
Press <1> and <enter> to continue.

NAGIntro
Thank you for taking part in this stage of the study.
During this visit, I would like to collect the actigraph and ask you about (your/his/her) experiences of wearing it.
Press <1> and <enter> to continue.

NWear
Firstly, can I check, did (you/he/she) wear it for all seven days?
   1   Actigraph worn for 7 days
   2   Actigraph worn for 5 or 6 days
   3   Actigraph worn for 3 or 4 days
   4   Actigraph worn for 2 days or less

IF NWear = 2, 3, 4

NNoWear
Why were (you/he/she) unable to wear the actigraph for all 7 days?
   1   Actigraph lost/stolen
   2   Actigraph broken
   3   Respondent ill
   4   Respondent forgot
   5   Other

IF NNoWear=Other

Noth
NURSE: Record why respondent did not wear the actigraph for all 7 days.
ENDIF

NDiffLog

ENDIF
The Health Survey for England 2008 - Nurse Schedule

**Actigraph collection**

NURSE: Collect the 'Activity Booklet'.
1. Log collected and completed in full
2. Log collected and partially completed
3. Log collected, not completed
4. Log not collected - lost

**IF NUseLog = (codes 1 - 3)**

**NAGSDate**
NURSE: Record from the activity log (front page) the **START** date of wearing the actigraph.

**NAGEDate**
NURSE: Record from the activity log (front page) the **END** date of wearing the actigraph.

**NAGNum**
INTERVIEWER: Record from the activity log how many days the actigraph was worn.

**ENDIF**

**NCollect**
NURSE: Did you collect the actigraph?
1. Yes
2. No

**IF NCollect = No THEN**

**NYnoACT**
NURSE: Why did you not collect the actigraph?
1. Actigraph lost/stolen
2. Other

**IF NYNOACT = Other**

**NNOoth**
NURSE: Record why you didn't collect the actigraph.

**ENDIF**

**ENDIF**

**IF NCollect = Yes THEN**

**NAGDesp**
NURSE: Prepare the despatch note for the respondent.
Wrap the despatch note around the actigraph and send back to Brentwood (one actigraph per jiffy bag).

Serial number:
Date of birth:
Actigraph serial number: (ActNo)

**IF Wear = 1 - 3 OR NoWear = code 2 OR (NoWear = code 1 AND Wear = codes 1-3) THEN**

**NVoucher**
As a token of our appreciation for taking part in this stage of the study, a £20 high street voucher will be sent to you shortly.
NURSE: Complete and leave behind the actigraph promissory note for the incentive voucher. Remember to write in the serial number on the promissory note. Press <1> and <enter> to continue.

    IF NWear = code 4 THEN
        NNoVouch
    Thank you for taking part in this stage of the study.
    NURSE: for your information this respondent is not eligible for a voucher.
    ENDIF
ENDIF

    NColEnd1
NURSE: The actigraph collection for (respondents name) has now been completed.

IF schedule type = actigraph only THEN
    NColEnd2
To complete the admin block press <Ctrl and Enter>.
ENDIF
Immunisations and Infant Length

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.

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

ELSE (IF 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 IN [Refuse..NoTry]) OR (LgthInt IN [Refuse,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

IF Length <> 999.9 THEN
MbLgLth
NURSE: WRITE THE RESULTS OF THE LENGTH MEASUREMENT ON RESPONDENT’S
MEASUREMENT RECORD CARD.
Continue
ENDIF
ENDIF

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.
1   Yes
2   No

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.
1   Yes
2   No

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.)
1   Yes
2   No

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.
1   Diphtheria/ Tetanus/ Whooping Cough
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

2     Polio
3     Hib (Haemophilus Influenzae type b)
4     Diptheria/ Tetanus/ Whooping Cough/ Polio/ Hib (Haemophilus Influenzae type b) as a 5-in-1 injection
5     Measles, Mumps, Rubella (MMR)
6     Meningococcal C
7     Pneumococcal infection (Pneumococcal conjugate vaccine, PCV)
8     (Measles as a separate immunisation)
9     (Mumps as a separate immunisation)
10    (Rubella as a separate immunisation)
Prescribed medicines, drug coding and folic acid

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
        MedBI[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

IF age>=16 AND MedCNJD = No OR MedBic = 2 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
ENDIF

IF Age=16-74 THEN
  Beta
  Are you currently taking Beta-Blockers or Digoxins, such as Lanoxin, to treat a heart flutter?
  NURSE: Use your look up card for a list of common beta blockers. Beta blockers can be taken for a variety of reasons including high blood pressure, migraines, anxiety and hypothyroidism.
  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

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

IF Sex=Female and Age=18-49 THEN
    Folic
    At present, are you taking any folic acid supplements such as Solgar folic acid, Pregnacare tablets, Sanatogen Pronatal, or Healthy Start, to supplement your diet or improve your health?
        1   Yes
        2   No
ENDIF

IF PreNTJ = Yes AND Folic = Yes
    FolPreg
    Did you start taking folic acid supplements before becoming pregnant?
        1   Yes
        2   No
ENDIF

IF PreNTJ = No AND Folic = Yes
    FolPregHR
    People can take folic acid for various health reasons. Are you taking folic acid supplements because you hope to become pregnant?
        1   Yes
        2   No
ENDIF
Nicotine replacement therapy
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
   2 Yes, cigars
   3 Yes, pipe
   4 No

IF (Smoke = Yes, 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

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?
The Health Survey for England 2008 - Nurse Schedule

Nicotine replacements

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
95 Other (SPECIFY AT NEXT QUESTION)
96 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

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.
    0   Problems with PC
    1   Respondent upset/anxious/nervous
    2   Error reading
    3   (IF AGED UNDER 16: Too shy)
    4   (IF AGED UNDER 16: Child would not sit still long enough)
    5   Problems with cuff fitting/painful
    6   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
ENDDIF
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

Text: Maximum 140 characters

ENDIF

ENDIF

IF (GPRegB <> Yes) OR (GPSend = No) THEN

Code022

CIRCLE CONSENT CODE 02 ON FRONT OF CONSENT BOOKLET.

1   Continue
ELSEIF GPSend = Yes THEN

ConsFrm1

ASK THE RESPONDENT TO READ AND COMPLETE THE 'BLOOD PRESSURE TO GP' SECTION OF THE CONSENT BOOKLET.
CHECK GP NAME, ADDRESS AND PHONE NO. ARE RECORDED ON CONSENT FORM.
CHECK NAME BY WHICH GP KNOWS RESPONDENT.
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.

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

IF Systolic reading 140-159 OR Diastolic reading 85-99 (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 2 months to have a further blood pressure reading to see whether this is a once-off finding or not.
IF Systolic reading <140 AND Diastolic reading <85 (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
Step test exclusion module

IF (AGE=16-74) AND (PREGNTJ=No) AND (Average systolic BP<=160mmHg AND average diastolic BP<=100mmHg) AND (Beta=No).

ExIntro
The next part of my visit is a fitness exercise called the step test. Before I administer the step test I need to ask you a few questions to make sure it is safe for you to do the test.
Press 1 and enter.

IF AGE>=65 THEN
Ex Falls
Have you fallen down in the past 12 months (excluding sports-related falls)?
NURSE: Include falls where injury has resulted in seeking medical treatment.
  1   Yes
  2   No

  IF ExFalls=No OR (Sex=Female AND Age is 16 to 64) OR (Sex=Male AND Age is 16 to 64) THEN
Ex Dizzy
Do you have any problems with your balance?
Nurse: If asked, conditions that affect balance such as vertigo or Meniere’s Disease should be included here.
  1   Yes
  2   No

  IF ExFalls=Yes or ExDizzy=Yes THEN
No Elig1
NURSE: this person is not eligible to take the step test. Explain that it would be safest if you didn’t administer this test. Circle code 06 on the front of the consent booklet.
Press 1 and enter to continue.
ENDIF
ENDIF
ENDIF

IF ExDizzy=No THEN
Ex Heart
SHOWCARD B
Can you tell me if you have EVER had any of the things listed on this card?
Please look down the whole list
NURSE: PRESS F9 for a list of ‘lay’ terms for some of the items on this card
  Heart Attack
  Heart Valve Disease
  Atrial Fibrillation (Heart Flutter)
  Abnormal Heart Rhythm
  Heart Transplant
  Congenital Heart Disease
  Transient Ischaemic attack (mini stroke)
  Stroke
  Angina
  Intermittent Claudication
F9 guide for nurses:

Abnormal Heart Rhythm
- Palpitations (heart arrhythmias)
- Tachycardia
- Bradycardia (heart block)
- Heart Fibrillation

Intermittent claudication
- is muscle pain on exercise which is relieved by rest.

**IF ExHeart=Yes THEN**

**WhExHeart**
Which ones?
PROBE: What others? CODE ALL THAT APPLY
1. Heart Attack
2. Heart Valve Disease
3. Atrial Fibrillation (Heart Flutter)
4. Abnormal Heart Rhythm
5. Heart Transplant
6. Congenital Heart Disease
7. Transient Ischaemic attack (mini stroke)
8. Stroke
9. Angina
10. Intermittent Claudication

**ENDIF**

**IF WhExHeart = 1-6, 8-10 THEN**

**NoElig2**
NURSE: this person is **not eligible** to take the step test. Explain that it would be safest if you didn’t administer this test. Circle code 06 on the front of the consent booklet.
Press 1 and enter to continue.
**ENDIF**

**IF WhExHeart=7 THEN**

**Extia**
Have you had an attack in the last year, that is since <date one year ago>
1. Yes
2. No

**IF Extia = Yes THEN**

**NoElig3**
NURSE: this person is not eligible to take the step test. Explain that it would be safest if you didn’t administer this test. Circle code 06 on the front of the consent booklet.
Press 1 and enter to continue.
**ENDIF**
**ENDIF**
**ENDIF**
IF ExTia=No THEN
ExAsprin
Do you currently take aspirin for your TIA?
   1   Yes
   2   No

IF ExAsprin = No THEN
   NoElig4
NURSE: this person is not eligible to take the step test. Explain that it would be safest if you didn’t administer this test. Circle code 06 on the front of the consent booklet.
Press 1 and enter to continue.
ENDIF
ENDIF

IF ExHeart=No OR ExAsprin=Yes THEN
ExSurg
Can I check, have you ever had heart surgery?
NURSE: PROBE to include things like cardiac catheterisation, coronary angioplasty or a pacemaker fitted?
   1   Yes
   2   No

IF ExSurg = Yes THEN
   NoElig5
NURSE: this person is not eligible to take the step test. Explain that it would be safest if you didn’t administer this test. Circle code 06 on the front of the consent booklet.
Press 1 and enter to continue.
ENDIF
ENDIF

IF ExSurg=No THEN
ExMeds
NURSE CHECK: Has this person already told you that they are currently taking Beta Blockers or Digoxins, such as Lanoxin, to treat a heart flutter?
NURSE: Beta blockers can be taken for a variety of reasons including high blood pressure, migraines, anxiety and hypothyroidism.
   1   Yes
   2   No

IF ExMeds= Yes THEN
   NoElig6
NURSE: this person is not eligible to take the step test. Explain that it would be safest if you didn’t administer this test. Circle code 06 on the front of the consent booklet.
Press 1 and enter to continue.
ENDIF
ENDIF
IF ExMed=No THEN
  ExCOPD
  Has a doctor told you that you have long term damage to your lungs?
  
  This can include conditions like Chronic Bronchitis, Emphysema or any other Chronic Obstructive Pulmonary Disease?
  
  1 Yes
  2 No

IF ExCOPD=No THEN
  ExMusc
  Do you have any problems with joints, muscles or bones that might prevent you from stepping up and down repeatedly?

  Nurse: include rheumatism, arthritis, tear or injuries to ligaments, knee problems etc
  
  1 Yes
  2 No

IF ExCOPD = Yes OR ExMusc=Yes THEN
  NoElig7
  NURSE: this person is not eligible to take the step test. Explain that it would be safest if you didn’t administer this test. Circle code 06 on the front of the consent booklet.
  Press 1 and enter to continue.
  ENDIF
  ENDIF
  ENDIF

IF ExMusc=No THEN
  ExAbs
  In the past three months, that is since <date three month ago>, have you had abdominal surgery?
  
  1 Yes
  2 No

IF ExAbs = Yes THEN
  NoElig8
  NURSE: this person is not eligible to take the step test. Explain that it would be safest if you didn’t administer this test. Circle code 06 on the front of the consent booklet.
  Press 1 and enter to continue.
  ENDIF
  ENDIF

IF ExAbs=No THEN
  ExAsthma
  Do you have asthma?
  
  1 Yes
  2 No

IF ExAsthma=Yes THEN
  ExAstMed

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Nurse: people with asthma are eligible for the step test, if they are willing to take part. During or before the test, they should use the medication they would normally take when doing or about to do physically active things. Please advise the respondent about this.

Continue
ENDIF
ENDIF

ASK IF HAVE NOT BEEN SCREENED OUT TO THIS POINT
ExChesP
I am now going to ask you some questions mainly about symptoms of the chest. Have you ever had any pain or discomfort in your chest?
  1  Yes
  2  No

IF ExChesP= Yes THEN
ExUphill
Do you get it when you walk uphill or hurry?
  1  Yes
  2  No
  3  Sometimes / occasionally
  4  Never walks uphill or hurried
  5  (Cannot walk)

IF ExUphill = Sometimes / occasionally THEN
ExOccas1
Does this happen on most occasions?
  1  Yes
  2  No

IF (ExUphill=Yes) OR (ExOccas1 =Yes) THEN
ExWalkdo
What do you do if you get while you are walking? Do you stop, slow down or carry on?
NURSE: IF RESPONDENT UNSURE, PROBE: What do you do on most occasions?
  1  Stop
  2  Slow down
  3  Carry on

IF ExWalkdo = Stop or Slow down THEN
ExStopWlk
If you stand still does the pain go away or not?
NURSE: IF RESPONDENT UNSURE, PROBE: What happens to the pain on most occasions?
  1  Pain goes away
  2  Pain doesn’t go away
IF ExStopWlk = Pain goes away THEN

Howsoon
How soon does the pain go away? Does it go in…READ OUT…
   1  10 minutes or less,
   2  or more than 10 minutes

IF Howsoon = 10 minutes or less THEN

PanSitC
Can you show me where you get this pain or discomfort?
NURSE: USE CARD C TO HELP CODE POSITION OF PAIN OR DISCOMFORT.
CODE ALL THAT APPLY. PROBE: Where else?
   1  Sternum (upper or middle)
   2  Sternum lower
   3  Left anterior chest
   4  Left arm
   5  Right anterior chest
   6  Right arm
   7  (Somewhere else)

Automatically derived Rose Angina Score. ExPossangi is calculated using the following rules:

ExPossangi (D)
   Angina
   No angina

IF ExPossangi = Angina THEN

NoElig9
NURSE: This person is not eligible to take the step test. Explain that it would be safest if you didn’t administer this test. Circle code 06 on the front of the consent booklet.
Press 1 and enter to continue.

ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF

ASK IF NOT BEEN SCREENED OUT AT THIS POINT

EverPain
Have you ever had a severe pain across the front of your chest lasting for half an hour or more?
   1  Yes
   2  No

Respondents with possible infarction are not eligible. PossMI is calculated using the following rules:
IF Everpain = Yes THEN EXCLUDED

PossMI (D)
   1 Yes
   2 No

IF PossMI = Yes THEN

NoElig10
NURSE: this person is **not eligible** to take the step test. Explain that it would be safest if you didn’t administer this test. Circle code 06 on the front of the consent booklet.
Press 1 and enter to continue.

ENDIF
ENDIF
ENDIF

ASK IF NOT BEEN SCREENED OUT AT THIS POINT

Latex
Do you have an allergy to latex?
   1 Yes
   2 No

IF Latex = Yes THEN

NoElig11
NURSE: This person is **not eligible** to take the step test. Explain that it would be safest if you didn’t administer this test. Circle code 06 on the front of the consent booklet.
Press 1 and enter to continue.

ENDIF
ENDIF
ENDIF
Introduction of the Step Test

**StepIntro**
NURSE: EXPLAIN THE PURPOSE OF THE TEST.
‘I would now like to carry out the step test, this involves you stepping up and down onto the step repeatedly. I will first demonstrate the movement to you.

If you cannot do this movement, or if you feel it would be unsafe to try to do it, please tell me. I do not want you to try to do any movement that you feel might be unsafe’.

Do you have any questions before we begin?
1 Continue

**StepDemo**
NURSE: Demonstrate the movement to the respondent using the <15cm/20cm> step.
PRESS <1> AND <ENTER> TO ACTIVATE THE SOUND FILE TO BEGIN THE DEMONSTRATION.

**DemoDisp**
NURSE: To stop the demonstration press <1> and <enter>.
Allow the respondent a minute to practice the movement.
You can go back to the sound file by pressing the ‘up’ key.

When you have finished the demonstration exercise press <1> and <enter> to continue.

**StepIntr2**
NURSE: After you have described the test and demonstrated the movement, discuss with respondent whether they could attempt the test.

ASK: Do you feel that this would be safe?
1 Yes
2 No

IF StepIntr2= No THEN
**NoElig12**
NURSE: This person is **not eligible** to take the step test. Explain that it would be safest if you didn’t administer this test. Circle code 06 on the front of the consent booklet.
Press 1 and enter to continue.

ELSEIF StepIntr2=Yes THEN
**StepCons**
NURSE: Does the respondent agree to do the step test?

Ask the respondent to read and complete the ‘Step test’ section of the consent booklet.

1 Yes, step test agreed
2 No, step test refused
IF StepCons = Yes, step test agreed THEN

StepWrit
NURSE: Circle code 05 on front of the consent booklet.
    1 Continue

StepInt3
NURSE: Explain the test fully and continue with step test.
    1 Continue

ELSEIF StepCons = No, step test refused THEN

StepCode
NURSE: This person is not eligible to take the step test. Explain that we can only administer
the test if we have written consent from them.

Circle code 06 on front of the consent booklet
    1 Continue

ENDIF
ENDIF

FitHR
NURSE: Fit the heart rate monitor on to the participant. Switch on the wrist watch and check
that it is giving a heart rate reading. If no heart rate reading is detected, adjust the strap until
a reading is given.
    1 Continue

StopHR
NURSE PROMPT: The age related stepping heart rate for this respondent is (stepping heart
rate textfill1).

You should stop the test if the respondent’s heart rate goes above the maximum shown on
the screen at any point during the test.

‘Keep stepping on the step until I tell you to stop.’

Please advise respondents to take any action they normally would prior to undertaking any
physical activity.

If necessary, provide gentle encouragement i.e. ‘you’re doing really well’ but DON’T
indicate timings.

    1 Continue

1 Formulae for stepping heart rate calculation:
Age related heart rate is based on 208-(age*0.7)
Respondents aged 16-59 should stop above 85% of 208-(age*0.7)
Respondents aged 60-74 should stop above 80% of 208-(age*0.7)
**Start**

NURSE: You will need to start your stop watch after the count down marker.

Record heart rate, on your *PINK* record card, **AT EVERY 30 SECOND INTERVALS** during the test.

Check respondent is about to use the *<15cm/20cm>* step.

‘Please start the test AFTER the count down.’

Press<1> and <Enter> to activate the sound file to begin the test.

**HRRecord**

NURSE: THE AGE RELATED STOPPING HEART RATE FOR THIS RESPONDENT IS (stepping heart rate textfill1).

You should stop the test if the respondent’s heart rate goes above the maximum shown on the screen at any point during the test.

After the test stop you stop watch, immediately record the recovery heart rate **AT EVERY 15 SECOND INTERVALS for 2 MINUTES**.

Press<1> and <Enter> to record recovery heart rate.

**Recov**

NURSE: At each ‘beep’ record the recovery heart rate on your *PINK* record card.

Once finished, press <1> and <Enter> to continue.

**HR1**

NURSE: Please enter the **first** heart rate measurement.

Enter 997 if no heart rate readings were obtained AT ALL.

Enter 999 if this reading was not obtained.

:40..220, 997, 999

**HR2**

NURSE: Please enter the **first** heart rate measurement.

Enter 999 if this reading was not obtained.

:40..220, 999

[Repeat for HR3 through to HR16]

**IF HR1=997 OR after HR16=response**

**HRRecov1**

NURSE: Please enter the **first** recovery heart rate measurement.

Enter 997 if no heart rate readings were obtained AT ALL.

Enter 999 if this reading was not obtained.

:40..220, 997, 999
HRRecov2
NURSE: Please enter the first recovery heart rate measurement.
Enter 999 if this reading was not obtained.
:40..220, 999

[Repeat for HRRecov3 through to HRRecov8]

IF HRRecov1=997 OR after HRRecov8=response SafeChk
NURSE: Remind the respondent that although they should not experience any after effects once they have cooled down after the exercise, the respondent should inform their GP if they feel any discomfort during or immediately following the test.
1 Continue

Complet
Nurse: Did the respondent complete the test (all 8 minutes?)
   1 Yes
   2 No

IF Complet=Yes Problem
Nurse: Did the respondent have any problems in doing the step test?
   1 Yes
   2 No

IF Problem=Yes WhtProb
Nurse: What problem(s) did the respondent have in doing the test?
   1 Respondent felt unsafe doing test
   2 Respondent fatigue
   3 Respondent pain/ discomfort
   4 Respondent slipped/ fell off step etc
   5 Other problem
ENDIF

Cadence
NURSE: Did the respondent keep pace with the rhythm produced by the laptop accurately?
   1 Yes
   2 No

IF Cadence=No THEN Reliable
NURSE: Do you think the results are likely to be reliable?
   1 Results likely to be reliable
   2 Results not reliable/accurate
ENDIF
ENDIF
IF Complet=No

CmplngM
How long did the respondent step for?
Enter time in MINUTES here
  : 0…7

CmplngS
How long did the respondent step for?
Enter time in SECONDS here
  :0..59

Whystop
NURSE: Why was the test stopped early?
  1  Respondents heart rate exceeded a safe level specified for that age
  2  Respondent slipped/ stumbled /fell off step / lost balance etc
  3  Respondent felt unsafe doing test
  4  Respondents performance deteriorated during the test
  5  Respondent showed signs of confusion during the test
  6  Respondent showed signs of respiratory distress such as gasping for breath
  7  Respondent fatigue
  8  Respondent pain/ discomfort
  9  Respondent wanted to stop the test
 10 Nurse felt it unsafe for the respondent to continue
 11 Other problem

IF Whystop = Other problem THEN

WhyOth
NURSE: Please describe the other problem

ENDIF

ENDIF
Saliva sample

IF Respondent aged 4 and over THEN

SalInt1
NURSE: NOW FOLLOWS THE SALIVA SAMPLE.
1 Continue

SalIntr1
NURSE: Ask respondent for a saliva sample.
READ OUT: I would like to take a sample of saliva (spit). This simply involves (keeping a cotton swab 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 SalIntr1=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 SalIntr1=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 SalIntr1=Refuse

SalCode
NURSE: Circle code 04 on front of the Consent Booklet
Press <1> and <Enter> to continue.
ENDIF

IF SalIntr1=Agree

SalInst
NURSE: Ask respondent to keep the (cotton swab in the mouth for a few minutes / dribble through straw into the tube).
Write the serial number and date of birth on the green 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  Cotton swab

**ENDIF**

**IF (SalObt1= Not attempted or Attempted, 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
- 95 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**
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
The Health Survey for England 2008 - Nurse Schedule

Waist and Hip

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
  95 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
Blood sample

ASK ALL aged 16+ (EXCEPT PREGNANT WOMEN)

BIIintro
NURSE: NOW FOLLOWES THE BLOOD SAMPLE MODULE.
PRESS <1> AND <ENTER> TO CONTINUE.
   1   Continue

ClotB
EXPLAIN PURPOSE AND PROCEDURE FOR TAKING BLOOD.
May I just check, do you have a clotting or bleeding disorder or are you currently on anti-
coagulant drugs such as Warfarin?
(NURSE: ASPIRIN THERAPY IS NOT A CONTRAINDICATION FOR BLOOD SAMPLE.)
   1   Yes
   2   No

IF ClotB = No THEN
Fit
May I just check, have you ever had a fit (including epileptic fit, convulsion, convulsion
associated with high fever)?
   1   Yes
   2   No
ENDIF

IF Fit = No THEN
BSWill
Would you be willing to have a blood sample taken?
   1   Yes
   2   No

IF BSWill = No THEN
RefBSC
RECORD WHY BLOOD SAMPLE REFUSED. CODE ALL THAT APPLY.
   1   Previous difficulties with venepuncture
   2   Dislike/fear of needles
   3   Respondent recently had blood test/health check
   4   Refused because of current illness
   5   Worried about HIV or AIDS
   95 Other

IF RefBS = Other THEN
OthRefBS
GIVE FULL DETAILS OF OTHER REASON(S) FOR REFUSING BLOOD SAMPLE.
   Text: Maximum 135 characters
ENDIF

ELSEIF BSWill = Yes THEN
BSConsC
EXPLAIN NEED FOR WRITTEN CONSENT: Before I can take any blood, I have to obtain
written consent from you.
PRESS <1> AND <ENTER> TO CONTINUE.

    1   Continue
ENDIF
ENDIF

IF BSWill = Yes THEN
    BSCons
NURSE: Ask the respondent to read and complete point number one in the 'Blood sample' section of the consent booklet.
Circle consent code 07 on the front of the Consent Booklet.
Press <1> and <Enter> to continue.

    GPSam
NURSE CHECK:
    1   Respondent registered with GP
    2   Respondent not registered with GP

    IF GPRegB = Yes OR GPSam = GP THEN
    SendSam
May we send the results of your blood sample analysis to your GP?
    1   Yes
    2   No

    IF SendSam = Yes THEN
    BSSign
NURSE: Ask the respondent to read and complete point number two in the 'Blood sample' section of the consent booklet.
Check name by which GP knows respondent.
Check GP name, address and phone no. are recorded on front of the Consent Booklet.
Circle consent code 09 on front of the Consent Booklet.
Press <1> and <Enter> to continue.

    ELSEIF SendSam = No THEN
    SenSaC
Why do you not want your blood sample results sent to your GP?
    1   Hardly/never sees GP
    2   GP recently took blood sample
    3   Does not want to bother GP
    95 Other

    IF SenSaC = Other THEN
    OthSam
GIVE FULL DETAILS OF REASON(S) FOR NOT WANTING RESULTS SENT TO GP.
Text: Maximum 140 characters
ENDIF
ENDIF

    IF (GPSam = No GP OR SendSam = No) THEN
    Code08
CIRCLE CONSENT CODE 10 ON FRONT OF CONSENT BOOKLET.
PRESS <1> AND <ENTER> TO CONTINUE.
ENDIF

ConStorB
ASK RESPONDENT: May we have your consent to store any remaining blood for future analysis?
   1   Yes, Storage consent given
   2   No, Consent refused

IF ConStorB = Yes THEN
Code09
NURSE: Ask the respondent to read and complete point number three in the 'Blood sample' section of the consent booklet.
Circle consent code 11 on front of the Consent Booklet.
Press <1> and <Enter> to continue.

ELSEIF ConStorB = No THEN
Code10
CIRCLE CONSENT CODE 12 ON FRONT OF CONSENT BOOKLET.
PRESS <1> AND <ENTER> TO CONTINUE.
ENDIF

TakeSam
CHECK YOU HAVE ALL APPLICABLE SIGNATURES. TAKE BLOOD SAMPLES:
FILL (1 Plain (red) tube / 1 Plain (red) tube, 1 EDTA (purple) tube).
WRITE THE SERIAL NUMBER AND DATE OF BIRTH ONTO THE GREEN LABEL USING A BLUE BIRO. ONE LABEL PER TUBE.
   Serial number:  (displays serial number)
   Date of birth:   (displays date of birth)
CHECK THE DATE OF BIRTH AGAIN WITH THE RESPONDENT. STICK THE GREEN LABEL OVER THE LABEL WHICH IS ALREADY ON THE TUBE.
PRESS <1> AND <ENTER> TO CONTINUE.

SampF1
CODE IF PLAIN RED TUBE FILLED (INCLUDE PARTIALLY FILLED TUBE):
   1   Yes
   2   No

SampF2
CODE IF EDTA PURPLE TUBE FILLED (INCLUDE PARTIALLY FILLED TUBE):
   1   Yes
   2   No

IF SampF1 = Yes OR SampF2 = Yes THEN
   SampTak:= Yes
ELSEIF
   SampTak:= No
ENDIF
**SampTak**

*Computed: Blood sample outcome.*

1. Blood sample obtained
2. No blood sample obtained

If SampTak = Yes THEN

**SampArm**

Record which arm blood taken from.

1. Right
2. Left
3. Both

**SamDifC**

Record any problems in taking blood sample. Code all that apply.

1. No problem
2. Incomplete sample
3. Collapsing/poor veins
4. Second attempt necessary
5. Some blood obtained, but respondent felt faint/fainted
6. Unable to use tourniquet
95 Other (Specify at next question)

If SamDif = Other THEN

**OthBDif**

Give full details of other problem(s) in taking blood sample.

Text: Maximum 140 characters

ENDIF

**SnDrSam**

Would you like to be sent the results of your blood sample analysis?

1. Yes
2. No

If SnDrSam = Yes THEN

**Code11**

Circle consent Code 13 on front of consent booklet.

Press <1> and <ENTER> to continue.

Elseif SnDrSam = No THEN

**Code122**

Circle consent Code 14 on front of consent booklet.

Press <1> and <ENTER> to continue.

ENDIF

Elseif SampTak = No THEN

**NoBSC**

Code reason(s) no blood obtained. Code all that apply.

1. No suitable or no palpable vein/collapsed veins
2. Respondent was too anxious/nervous
3. Respondent felt faint/fainted
4. Other
IF NoBSM = Other THEN

OthNoBSM

GIVE FULL DETAILS OF REASON(S) NO BLOOD OBTAINED.

Text: Maximum 140 characters

ENDIF

Code12

CROSS OUT CONSENT CODES 07, 09, 11, AND 13 IF ALREADY CIRCLED ON FRONT OF CONSENT BOOKLET. REPLACE WITH CONSENT CODES 08, 10, 12, AND 14 ON FRONT OF CONSENT BOOKLET. PRESS <1> AND <ENTER> TO CONTINUE.

ENDIF

ENDIF

ENDIF

Venepuncture checklist

VpSys

NURSE: Which system did you use to take blood?

1  Vacutainer needle
2  Butterfly needle

VpHand

NURSE: Was the respondent left handed or right handed?

1  Left handed
2  Right handed

VpArm

NURSE: Which arm did you use to take blood?

1  Right arm
2  Left arm
3  Both

VpSkin

NURSE: Code the skin condition of the arm used.

1  Skin intact
2  Skin not intact

VpAlco

NURSE: Did you use an alcohol wipe?

1  Yes
2  No

VpSam

NURSE: Code the number of attempts made to take blood.

1  Sample taken on first attempt
2  Sample taken on second attempt
3  Both attempts failed

VpPress

NURSE: Code who applied pressure to the puncture site.
CODE ALL THAT APPLY
1 Nurse
2 Respondent
3 Partner or spouse

VpSens
NURSE: Was the respondent sensitive to the tape or plaster?
1 Sensitive to tape/plaster
2 NOT sensitive to tape/plaster
3 (Did not check)

VpProb
NURSE: Was there any abnormality noted after 5 minutes?
(Please remember to recheck the site after completion of the blood sample module)
CODE ALL THAT APPLY
1 Sensory deficit
2 Haematoma
3 Swelling
95 Other
96 None

IF VpProb = Other THEN
VpOther
NURSE: RECORD THE DETAILS OF THE OTHER ABNORMALITY FULLY.
   Text: Maximum 140 characters
ENDIF

IF VpProb= Sensory deficit, Haematoma, Swelling or Other THEN
VpDetail
NURSE: You have coded that an abnormality was noted after 5 minutes.
   Please record the action you took when you noticed this abnormality in the Office
   Consents Booklet.
   There is space at the back of the Office Consents Booklet for you to write up these details
   fully.

PRESS <1> AND <ENTER> TO CONTINUE.
ENDIF

VpCheck
NURSE: Did you recheck the puncture site after completion of the blood sample module?
1 Yes, site was re-checked
2 No, site was not re-checked
**Self-Completion**

ASK ALL AGE 16 YEARS AND OVER

**NSCIntro**
PREPARE GREEN 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.

**NSCCheck**
NURSE: Wait until the respondent has finished and then check that the booklet has been completed. If not, ask if any questions were missed in error. If in error, ask the respondent to complete.

**NSComp3**
NURSE CHECK: WAS THE GREEN 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)
95 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

AllCheck
CHECK BEFORE LEAVING RESPONDENT:
THAT ALL (CHILDREN AGED 2-15/RESPONDENTS) HAVE A CONSENT BOOKLET.
THAT YOU HAVE RE-CHECKED THE PUNCTURE SITE AFTER TAKING BLOOD FOR THAT INDIVIDUAL (IF APPLICABLE)
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.
ALL NECESSARY SECTIONS OF THE CONSENT BOOKLET HAVE BEEN INITIALLED AND THAT THE RESPONDENT HAS PRINTED THEIR NAME, SIGNED AND DATED THE CONSENT BOOKLET.
THAT THERE ARE SEVEN APPROPRIATE CONSENT CODES RINGED ON FRONT OF THE CONSENT BOOKLET.
Continue

Thank
NURSE: END OF QUESTIONNAIRE REACHED. THANK RESPONDENTS FOR THEIR CO-OPERATION.
THEN ENTER '1' TO FINISH.
HSE 2008
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
18 Brother-in-law / Sister-in-law
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
<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Earnings from employment or self-employment</td>
</tr>
<tr>
<td>2</td>
<td>State retirement pension</td>
</tr>
<tr>
<td>3</td>
<td>Pension from former employer</td>
</tr>
<tr>
<td>4</td>
<td>Personal pensions</td>
</tr>
<tr>
<td>5</td>
<td>Child Benefit</td>
</tr>
<tr>
<td>6</td>
<td>Job-Seekers Allowance</td>
</tr>
<tr>
<td>7</td>
<td>Pension credit</td>
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<td>8</td>
<td>Income Support</td>
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<td>9</td>
<td>Working Tax Credit</td>
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<tr>
<td>10</td>
<td>Child Tax Credit</td>
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<tr>
<td>11</td>
<td>Housing Benefit</td>
</tr>
<tr>
<td>12</td>
<td>Other State Benefits</td>
</tr>
<tr>
<td>13</td>
<td>Interest from savings and investments (eg. stocks and shares)</td>
</tr>
<tr>
<td>14</td>
<td>Other kinds of regular allowance from outside your household (e.g. maintenance, student grants, rent)</td>
</tr>
<tr>
<td>15</td>
<td>No source of income</td>
</tr>
</tbody>
</table>
## CARD E

**GROSS INCOME FROM ALL SOURCES**

(before any deductions for tax, national insurance, etc.)

<table>
<thead>
<tr>
<th>WEEKLY</th>
<th>or</th>
<th>MONTHLY</th>
<th>or</th>
<th>ANNUAL</th>
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<td>57</td>
<td>Less than £40</td>
<td>57</td>
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<tr>
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<td>66</td>
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<tr>
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<tr>
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<td>£11,700 less than £12,500</td>
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<td>£140,000 less than £150,000</td>
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<td>£2,900 or more</td>
<td>63</td>
<td>£12,500 or more</td>
<td>63</td>
<td>£150,000 or more</td>
</tr>
</tbody>
</table>
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)
CARD G
CARD H

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
CARD I

1 Sitting down or standing up

2 Walking at work (e.g. door to door sales, hospital nurse work)

3 Climbing stairs or ladders

4 Lifting, carrying or moving heavy loads
CARD J

1  Hoovering
2  Dusting
3  Ironing
4  General tidying
5  Washing floors and paintwork
CARD K

1  Moving heavy furniture
2  Spring cleaning
3  Walking with heavy shopping (for more than 5 minutes)
4  Cleaning windows
5  Scrubbing a floor with a scrubbing brush
CARD L

1. Hoeing, weeding, pruning
2. Mowing with a power mower
3. Planting flowers/seeds
4. Decorating
5. Minor household repairs
6. Car washing/polishing
7. Car repairs/maintenance
CARD M

1. Digging, clearing rough ground
2. Building in stone / bricklaying
3. Mowing large areas with a hand mower
4. Felling trees, chopping wood
5. Mixing / laying concrete
6. Moving heavy loads
7. Refitting a kitchen or bathroom
CARD N

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

1. Strength work out at the gym using machines or free weights
2. Exercise Bike
3. Spinning Class
4. Stepping machine, rowing machine or cross trainer
5. Treadmill running
CARD P

1  Aerobics / Keep fit
2  Dance for fitness
3  Aqua aerobics
4  Gymnastics
5  Circuit training
CARD Q

1 Sitting down
2 Hanging around
3 Walking
4 Running around or playing games for example skipping, hide and seek, football or netball
CARD R

INFORMAL ACTIVITIES

1 Cycling (but not to or from school)

2 Any walking (but not to or from school)

3 Hoovering, Cleaning car, Gardening, etc

4 Hopscotch

5 Bouncing on trampoline

6 Playing around, e.g. kicking a ball around, catch, hide and seek

7 Skating / Skateboarding/using a scooter

8 Dancing, including any dance lessons

9 Skipping with a skipping rope
CARD S
SPORTS, GAMES AND OTHER ORGANISED ACTIVITIES

1. Football / Rugby / Hockey / Lacrosse
2. Netball / Basketball / Handball
3. Cricket / Rounders
4. Running / Jogging / Athletics
5. Swimming Laps
6. Swimming (splashing about)
7. Gymnastics
8. Workout with gym machines / Weight training
9. Aerobics
10. Tennis / Badminton / Squash
CARD T

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 (could not afford it)
6. Because of the 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 a cigarette packet
9. Family or friends wanted me to stop
10. Being contacted by local NHS Stop Smoking Services
11. Health problems I had at the time
12. Worried about future health problems
13. Pregnancy
14. Worried about the effect on my children
15. Worried about the effect on other family members
16. My own motivation
17. Something else
18. Cannot remember
CARD U

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 V

1 Outside, for example in the garden or on the 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 W

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
1 Babies aged under 2
2 Children aged 2-10
3 Children aged 11-15
4 Older adults aged 65 and older
5 Pregnant women
6 Adults aged 16-64 with asthma or breathing problems
7 No, none of these
CARD Y

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
1 At own home
2 At work
3 In other people’s homes
4 On public transport
5 In pubs
6 In other places
7 No, none of these
CARD BB

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 twelve months
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, Whisky, 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 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 DD

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 EE

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 levels
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 FF

To which of the groups listed on this card do you consider you belong?

1) White - British
2) White - Irish
3) Any other white background
4) Mixed - White and Black Caribbean
5) Mixed - White and Black African
6) Mixed - White and Asian
7) Any other mixed background

Asian or Asian British:
8) Asian or Asian British - Indian
9) Asian or Asian British - Pakistani
10) Asian or Asian British - Bangladeshi
11) Any other Asian/Asian British background

Black or Black British:
12) Black or Black British - Caribbean
13) Black or Black British - African
14) Any other Black/Black British background

Chinese or other ethnic group:
15) Chinese
16) Any other (please describe)
<table>
<thead>
<tr>
<th>Name of Fruit</th>
<th>Size of Fruit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apple (all types)</td>
<td>Medium</td>
</tr>
<tr>
<td>Apricot</td>
<td>Small</td>
</tr>
<tr>
<td>Avocado</td>
<td>Large</td>
</tr>
<tr>
<td>Banana</td>
<td>Medium</td>
</tr>
<tr>
<td>Banana, apple</td>
<td>Small</td>
</tr>
<tr>
<td>Banana, nino</td>
<td>Small</td>
</tr>
<tr>
<td>Berry (other)</td>
<td>Very small</td>
</tr>
<tr>
<td>Bilberry</td>
<td>Very small</td>
</tr>
<tr>
<td>Blackcurrant</td>
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</tr>
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<tr>
<td>Blueberry</td>
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</tr>
<tr>
<td>Cactus pear</td>
<td>Medium</td>
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<tr>
<td>Cape gooseberry</td>
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</tr>
<tr>
<td>Carambola / Star fruit</td>
<td>Medium</td>
</tr>
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</tr>
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<tr>
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<tr>
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<tr>
<td>Horned melon /</td>
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</tr>
<tr>
<td>Orange</td>
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<tr>
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<td>Small</td>
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Below is a list of some of the conditions people may mention at the longstanding 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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The Health Survey for England

2008

NURSE SHOWCARDS

P8827
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)
Heart Attack

Heart Valve Disease

Atrial Fibrillation (or Heart Flutter)

Abnormal Heart Rhythm

Heart Transplant

Congenital Heart Disease

Transient Ischaemic attack (mini stroke)

Stroke

Angina

Intermittent Claudication
(muscle pain in the legs on exercise which is relieved by rest)
# NURSE LOOK UP CARD

## Beta Blockers

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Nurses: the following protocol outline under what circumstances the step test should be terminated.

Stop the test if...

- ...the respondent’s heart rate exceeds a safe level specified for that age - given to you at StopHR in the computer program
- ...the respondent verbally complains about safety
- ...the respondent’s performance clearly deteriorates, such as the respondent slows down and cannot keep pace with the rhythm

Stop the test if...

- ...the respondent shows signs of confusion during the test
- ...the respondent is showing signs of respiratory distress, such as gasping for breath
- ...the respondent slips, stumbles, falls off the step or loses balance

Stop the test ...

- ...because of respondent fatigue
- ...if the respondent wants too – this could be for any reason or
- If you feel it is unsafe for the respondent to continue for any reason in addition to the ones above
**STEP TEST**

**PROTOCOLS**

**Introduce**
“Now I would like to assess your level of physical fitness through a stepping exercise. This involves you stepping up and down a step repeatedly to a timed rhythm.”

**Demonstrate & practice**
“I will demonstrate the movement to you…”

- Demonstrate the movement using the demonstration screen.
- To activate sound file press <1> enter.
- Allow respondent to practice movement for at least a minute – until they feel comfortable.
- Obtain written consents.

**Preparation**
Check…
- You are using the correct step (15cm or 20cm)
- Step is set up near a suitable wall (if available)
- If floor is not carpeted use non-slip mat
- Respondent is wearing flat comfortable walking shoes / trainers

Set up the heart rate monitor:
- Fit strap below the sternum
- Fit wrist watch – facing outwards
- Check that a heart rate reading is given
- If no heart rate reading is detected – adjust the strap/moisten electrodes until reading is given
- Have stop watch ready 00.00

**Doing the test…**
- Both feet together at base of step
- Explain you may request them to stop at any point
- Test begins after the count down marker “5, 4, 3, 2, 1…up up down down”
- Start stop watch after the count down marker
- Full foot should be on step
- First heart rate reading recorded 30 seconds into test, second reading 1 minute into test etc
- Give gentle encouragement during test but don’t give away timings.
- Record recovery heart rate 15 seconds after completion time. Recovery heart rate recorded at 15 second intervals for 2 minutes.
- Record readings on heart rate record card, transfer accurately into CAPI.
HEALTH SURVEY FOR ENGLAND: 2008

CODING PRESCRIBED MEDICINES
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<td>112</td>
<td>44</td>
<td>2.01</td>
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<tr>
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<td>45</td>
<td>2.03</td>
<td>6'8&quot;</td>
</tr>
<tr>
<td>117</td>
<td>46</td>
<td>2.06</td>
<td>6'9&quot;</td>
</tr>
<tr>
<td>119</td>
<td>47</td>
<td>2.08</td>
<td>6'10&quot;</td>
</tr>
<tr>
<td>122</td>
<td>48</td>
<td>2.11</td>
<td>6'11&quot;</td>
</tr>
<tr>
<td>127</td>
<td>50</td>
<td>2.13</td>
<td>7'0&quot;</td>
</tr>
</tbody>
</table>
The Health Survey for England 2008

CONSENT BOOKLET

Please use capital letters and write in ink.

Survey month: ____________________

POINT ADDRESS

HHLD CKL PERSON NO

DAY MONTH YEAR

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 5. Date of birth: _______ _______ _______

Female ______ 2

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

7. GP NAME AND ADDRESS (Please complete fully)
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 01 02
   b) Saliva sample to be collected 03 04
   c) Step test consented 05 06
   d) Sample of blood to be taken 07 08
   e) Blood sample results to GP 09 10
   f) Blood sample for storage 11 12
   g) Blood sample results to respondent 13 14
BLOOD PRESSURE TO GP CONSENT FORM

(CHILD AGED 5-15)

Please initial box if consent given

1. I am the parent/guardian of the child named on this booklet and I consent to the National Centre for Social Research/UCL Joint Health Surveys Unit informing his/her 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.

SALIVA SAMPLE CONSENT FORM

(CHILD AGED 4-15)

Please initial box if consent given

1. I am the parent/guardian of the child named on this booklet and I consent to a qualified nurse collecting a sample of his/her 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.

2. The purpose and procedure have been explained to me by the nurse and I have had an opportunity to discuss this with him/her.

Respondents (Child) Name: ______________________________

Parent/Guardian Name: ______________________________

Parent/Guardian Signature: ______________________________

Date: ______________________________
BLOOD PRESSURE TO GP CONSENT FORM  
(BP (A))

(ADULT AGED 16+)

Please initial box if consent given

1. I 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.

SALIVA SAMPLE CONSENT FORM  
(S (A))

(ADULT AGED 16+)

Please initial box if consent given

1. I consent to a 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.

2. The purpose and procedure have been explained to me by the nurse and I have had an opportunity to discuss this with him/her.

STEP TEST CONSENT FORM  
(ST (A))

(ADULT AGED 16 to 74)

Please initial box if consent given

1. The details of the step test have been fully explained to me by the nurse. The nurse has asked questions to make sure that it is safe for me to attempt the exercise assessment.

2. I understand that my participation is voluntary and if at any time during the test I feel uncomfortable or unhappy I can stop the test immediately.

3. I consent to take part in the exercise assessment for the National Centre for Social Research/UCL Joint Health Surveys Unit.
1. I consent to the nurse taking a sample of my blood on behalf of the National Centre for Social Research/UCL Joint Health Surveys Unit. This blood sample will not be used to test for HIV virus or used for genetic testing. The sample will be tested for total and HDL cholesterol, and glycated haemoglobin. I consent to the sample being taken.

2. I consent to the National Centre for Social Research/UCL Joint Health Surveys Unit informing my General Practitioner (GP) of the blood sample analysis results for total and HDL cholesterol, and glycated haemoglobin. I am aware that the results of my blood sample analysis may be used by my GP to help him/her monitor my health and that my GP may wish to include the results in any future report about me.

3. I consent to any remaining blood being stored for future analysis. This blood sample may be used for future studies of the causes, diagnosis, treatment and outcome of disease, provided that the studies are approved by an NHS ethics committee. I understand that the samples will be stored with no identification except a coded study number. Only authorised members of the research team for this study would be able to find out who the codes referred to. Before being used in future research, some details of my medical history (but not any details which would identify me) may be attached to the sample, but the study number code will then be removed from the blood sample and the medical details. The stored blood will not be available for commercial purposes. When the sample is tested for research, it will no longer be possible to link it to me, so I will not be told the results of the testing. I understand that it will not be possible to remove my results from reports, as the results cannot be linked to me. I understand that I can withdraw my consent to store my blood at any time, without giving any reason, by asking the investigators in writing for my blood to be removed from storage and destroyed.

Print name: __________________________________________

Signed (respondent) _____________________________________

Date ______________________________________________

Signed (nurse) _________________________________________

Date ______________________________________________
THE HEALTH SURVEY FOR ENGLAND 2008

DESPATCH NOTE FOR BLOOD and SALIVA SAMPLES
(OFFICE COPY)

1. AGE GROUP:   TICK SAMPLE TUBES OBTAINED:

16+ 1 Plain □       EDTA □       Saliva □
4+  2 Saliva □

2. BLOOD/SALIVA TAKEN:

   Day □       Month □       Year □

3. BLOOD/SALIVA DESPATCH:

   Day □       Month □       Year □

Venepuncture:

Please complete:

1. Did you experience any problems in taking the Venepuncture? If yes, please record these below and state what action you took.
Complete all sections CLEARLY and LEGIBLY and enclose with samples to lab.

1. SERIAL NUMBER: [C] [ ] [ ] [ ] [ ]

2. SEX: Male 1
   Female 2

3. DATE OF BIRTH: Day [ ] Month [ ] Year [ ] [ ] [ ]

4. AGE GROUP: TICK SAMPLE TUBES OBTAINED:
   16+ 1 Plain [ ] EDTA [ ] Saliva [ ]
   4+ 2 Saliva [ ]

5. BLOODS/SALIVA TAKEN: Day [ ] Month [ ] Year [ ] [ ] [ ]

6. STORAGE CONSENT:
   Given 1
   Not given/not applicable 2

7. NURSE NUMBER: [ ] [ ] [ ] [ ] [ ]

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

LAB USE ONLY

<table>
<thead>
<tr>
<th>TUBES ENCLOSED:</th>
<th>ACTION REQUIRED</th>
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<tbody>
<tr>
<td>Saliva</td>
<td></td>
</tr>
<tr>
<td>Plain Red</td>
<td>IF ITEM 4 ABOVE = 1</td>
</tr>
<tr>
<td>EDTA Purple</td>
<td>Store if item 6 does NOT = 2</td>
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<tr>
<td></td>
<td>Total cholesterol</td>
</tr>
<tr>
<td></td>
<td>HDL cholesterol</td>
</tr>
<tr>
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<td>Glycated haemoglobin</td>
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