Health & Social Care Information Centre

Health Survey for England 2014

Volume 2

Methods and documentation

A survey carried out on behalf of the Health and Social Care Information Centre

Joint Health Surveys Unit

NatCen
Social Research that works for society

UCL
Department of Epidemiology and Public Health, UCL

Health Survey for England 2014

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Published by the Health and Social Care Information Centre.
www.hscic.gov.uk

The summary booklet and full text of this publication are available at
www.hscic.gov.uk/pubs/hse2014

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First published 16 December 2015.

Designed by Davenport Associates

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Foreword

This report presents the findings of the twenty-fourth annual Health Survey for England. I am pleased to present this important research which has been undertaken on behalf of the Health and Social Care Information Centre (HSCIC).

The Health Survey for England is an authoritative source of statistics about the health of the population, and the results are widely used within government and the health service, as well as by researchers and academics. Information from the Health Survey is used to inform policy making, monitor progress towards goals in public health and to look at changes over time.

The survey collects information about a new representative sample of the general population living in private households each year, both adults and children. It includes people, whether or not they are patients being treated by the NHS. As well as collecting comprehensive details about people's health and health related behaviours like smoking and drinking alcohol, the survey includes objective measures of health, such as height and weight, and blood pressure measurements. This means we can look at how a person's health is related to their characteristics and circumstances, and we can identify cases where people have problems that have not been picked up by a doctor.

The 2014 survey covered some important new topics; hearing loss and the prevalence of mental illness. Updates on regular topics are available too within this report including obesity, alcohol and social care.

I would like to thank everyone who has contributed to this report: colleagues in the HSCIC and our counterparts in the Joint Health Surveys Unit of NatCen Social Research and UCL; the dedicated and skilled team of interviewers and nurses; and finally the anonymous participants from across England who kindly gave up their time to take part in the survey and various health tests. All of these contribute to produce a source of public health information of enormous value and benefit to protect and improve the health of every one of us.

John Varlow

Director of Information Analysis
Health and Social Care Information Centre

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Editors' acknowledgements

We wish to thank, first of all, all those who gave up their time to be interviewed and who welcomed interviewers and nurses into their homes. We should also like to acknowledge the debt the survey's success owes to the commitment and professionalism of the interviewers and nurses who worked on the survey throughout the year.

We should like to thank all those colleagues who contributed to the survey and this report. In particular we would like to thank:

- The authors of all the chapters: Sally Bridges, Robin Darton, Sara Evans-Lacko, Elizabeth Fuller, Claire Henderson, Nevena Ilic, Natalie Maplethorpe, Jennifer Mindell, Alison Moody, Linda Ng Fat, Keeva Rooney, Nina Sal, Rachel Scantlebury, Shaun Scholes, Graham Thornicroft, Raphael Wittenberg.
- Nick di Paolo and Claire Deverill whose hard work and support have been crucial in preparing and managing the survey data.
- The programmers, Sandra Beeson, Malisha Beg and Sven Sjodin.
- Other research colleagues, especially Vicki Hawkins, Varunie Yaxley, David Hussey, Klaudia Lubian, Emma Fenn, Chloe Robinson, Barbara Carter-Szatynska, Kevin Pickering, Alice Ryley, Rachel Whalley, Franziska Marcheselli and Lucy Ferguson.
- Operations staff, especially, Sue Roche, Megan Hodges and the Field Area Managers.

We should also like to express our thanks to Linda Wilson, Julie Day and the staff at the Department of Blood Sciences at the Royal Victoria Infirmary, Newcastle University Hospitals Trust, and to Colin Feyerabend, Mira Doig and the staff at ABS Laboratories, Welwyn Garden City, for their helpfulness and efficiency.

Last, but certainly not least, we wish to express our appreciation of the work of many staff at the Health and Social Care Information Centre at all stages of the project, and in particular the contributions made by Vicky Cooper, Robert Dobson, Clare McConnell, Alison Neave, Paul Niblett and Steve Webster.

Rachel Craig, Elizabeth Fuller, Jennifer Mindell

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Notes

1 The data used in the report have been weighted. The weighting is described in Volume 2, Chapter 7 of this report, *Methods and documentation*. Both unweighted and weighted sample sizes are shown at the foot of each table. The weighted numbers reflect the relative size of each group in the population, not numbers of interviews made, which are shown by the unweighted bases.

2 Children's data each year have been weighted to adjust for the probability of selection, since a maximum of two children are selected in each household. This ensures that children from larger households are not under-represented. Since 2003, as for adults, non-response weighting has also been applied.

3 Six different non-response weights have been used: for the interview stage, for the planning for future care question module (adults aged 30+), for the nurse visit, and for the blood, urine and cotinine samples.

4 Apart from tables showing age breakdowns, data for adults have been age-standardised for men and for women separately. This allows comparisons between groups (such as different regions or household income categories), after adjusting for the effects of any differences in their age distributions. When comparing data for the two sexes, it should be remembered that no standardisation has been introduced to remove the effects of the sexes' different age distributions. See Volume 2, Chapter 8.4 of this report.

5 The following conventions have been used in tables:
- \- no observations (zero value)
- 0 non-zero values of less than 0.5% and thus rounded to zero
- [ ] used to warn of small sample bases, if the unweighted base is less than 50. If a group's unweighted base is less than 30, data are normally not shown for that group.

6 Because of rounding, row or column percentages may not add exactly to 100%.

7 A percentage may be quoted in the text for a single category that aggregates two or more of the percentages shown in a table. The percentage for the single category may, because of rounding, differ by one percentage point from the sum of the percentages in the table.

8 Values for means, medians, centiles and standard errors are shown to an appropriate number of decimal places. Standard Error may sometimes be abbreviated to SE for reasons of space.

9 'Missing values' occur for several reasons, including refusal or inability to answer a particular question; refusal to co-operate in an entire section of the survey (such as the nurse visit or a self-completion questionnaire); and cases where the question is not applicable to the participant. In general, missing values have been omitted from all tables and analyses.

10 The group on which the figures in each table are based is stated at the upper left corner of the table.

11 The term 'significant' refers to statistical significance (at the 95% level) and is not intended to imply substantive importance.

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Methods and documentation

Rachel Craig, Nick Di Paolo, Elizabeth Fuller, Klaudia Lubin, Alison Moody, Julie Day, Mira Doig

1 INTRODUCTION

1.1 The Health Survey for England series

The Health Survey for England (HSE) comprises a series of annual surveys, of which the 2014 survey is the twenty fourth. All surveys have covered the adult population aged 16 and over living in private households in England. Since 1995, the surveys have also covered children aged 2-15 living in households selected for the survey. Since 2001, infants aged under 2 have been included as well as older children.

The HSE is part of a programme of surveys commissioned by the Health and Social Care Information Centre (HSCIC), and before April 2005 commissioned by the Department of Health. The surveys provide regular information that cannot be obtained from other sources on a range of aspects concerning the public's health, and many of the factors that affect health. The series of Health Surveys for England was designed to:

1. provide annual data from nationally representative samples to monitor trends in the nation's health;
2. estimate the proportion of people in England who have specified health conditions;
3. estimate the prevalence of certain risk factors associated with these conditions;
4. examine differences between subgroups of the population (e.g. by age, sex or income) in their likelihood of having specified conditions or risk factors;
5. assess the frequency with which particular combinations of risk factors are found, and in which groups these combinations most commonly occur;
6. monitor progress towards selected health targets;
7. (since 1995) measure the height of children at different ages, replacing the National Study of Health and Growth; and
8. (since 1995) monitor the prevalence of overweight and obesity in children.

Each survey in the series includes core questions, and measurements such as blood pressure, height and weight measurements and analysis of blood and saliva samples. In addition there are modules of questions on specific issues that vary from year to year. In some years, the core sample has also been augmented by an additional boosted sample from a specific population subgroup, such as minority ethnic groups, older people or children; there was no boost in 2014.

The Health Survey for England has been designed and carried out since 1994 by the Joint Health Surveys Unit of NatCen Social Research and the Research Department of Epidemiology and Public Health at UCL.

1.2 The 2014 survey

1.2.1 Topics

Core topics include general health and longstanding illness, key lifestyle behaviours that influence health, and social care. Details of the core topics included in 2014 can be found in

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Section 3. In 2014 there were two major additional topics supplementing the core survey: mental illness and hearing.

Mental ill health presents a significant and complex public health problem; in the UK, mental ill health is the leading cause of disability, accounts for 28% of the national burden of disease and carries estimated economic costs of between £70-100 billion per year.[1]

The mental illness questions asked about self-reported and doctor-diagnosed mental health conditions, and recent experience and treatment. Participants were also asked about their attitudes to mental health. Details of the questions used, and the results, are presented in Chapters 2 and 3 in Volume 1 of this report.[2]

In 2015, the World Health Organization (WHO) estimated that 360 million people worldwide (more than 5% of the global population) have disabling hearing loss.[3] Before the HSE 2014 covered this topic, there has been relatively little up to date information about hearing loss in the UK. The HSE hearing modules included questions about self-reported hearing difficulties, and an objective test of hearing loss was also carried out on adults during the nurse visit, using the HearCheck screener. This screener device produces a series of three sounds at high frequency and three at mid-frequency which have been identified as being the most useful frequencies for screening for hearing loss that would benefit from a hearing aid. More details about the module and hearing test are given in the Methods and definitions section of Chapter 4 in Volume 1 of this report.[4]

Other additional modules of questions included in 2014 were:

- planning for future care needs
- average weekly alcohol consumption
- well-being
- the short International Physical Activity Questionnaire (IPAQ).

1.2.2 Summary of survey design

As with all previous years, the 2014 HSE involved a stratified random probability sample of households. The sample comprised 9,024 addresses selected at random in 564 postcode sectors. Adults and children were interviewed at households identified at the selected addresses. Where there were three or more children in a household, two of the children were selected at random to limit the respondent burden for parents. Addresses were issued over 12 months from January to December 2014, and fieldwork was completed in early March 2015. For further details on sampling see Section 2.

A total of 8,077 adults and 2,003 children were interviewed. A household response rate of 62% was achieved. 5,491 adults and 1,249 children had a nurse visit. It should be noted that, as in the last three years, there was no child boost sample in 2014. Thus the scope for analyses of some data for children may be limited by relatively small sample sizes.

Data collection involved an interview, followed by a visit from a specially trained nurse for all those who agreed. The nurse visit included measurements and collection of blood, urine and saliva samples, as well as additional questions.

1.3 Reports on the Health Survey for England 2014

This volume reports on the methods used in the HSE 2014, and Volume 1 presents selected results. These are published as part of 'The Health Survey for England 2014'.[5,6]

Trend tables for key statistics for adults and children from 2014 and earlier years, including health measures and lifestyle behaviours, are published with a commentary at www.hscic.gov.uk/pubs/hse2014trend. Estimates of population numbers for Body Mass Index and other topics are also provided.

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Topics included in trend tables for **adults**:

Blood pressure	Fruit and vegetable consumption*
Mean height & weight	General health
Body mass index*	Longstanding illness, acute sickness
Mean waist circumference	Prevalence of IHD or stroke
Estimated alcohol consumption (maximum consumption on any day last week)*	Prevalence of diabetes
Estimated weekly alcohol consumption	Levels of physical activity*
Self-reported cigarette smoking*	Well-being

* Population number estimates are also available for these topics.

Topics included in trend tables for **children**:

Mean height & weight	Fruit and vegetable consumption*
Body mass index	General health
Overweight and obesity prevalence*	Longstanding illness
Self-reported cigarette smoking	Acute sickness
Self-reported experience of alcohol	Levels of physical activity*

* Population number estimates are also available for these topics.

1.4 Availability of datasets

Copies of the anonymised datasets for each survey since 1993 are available through the UK Data Service. These include all questions asked, not just those covered in the reports. A copy of the anonymised HSE 2014 dataset will be deposited with the UK Data Service in 2016. Full documentation is available in the archive, including a list of all the variables and definitions for derived variables. For further information go to: http://discover.ukdataservice.ac.uk/series/?sn=2000021

2 SAMPLE DESIGN

2.1 Overview of the sample design

The sample for the HSE 2014 was designed to be representative of the population living in private households in England. Those living in institutions were outside the scope of the survey. This should be borne in mind when considering survey findings since the institutional population is likely to be older and, on average, less healthy than those living in private households.

Like previous surveys in the HSE series, the 2014 survey adopted a multi-stage stratified probability sampling design. The sampling frame was the small user Postcode Address File (PAF). The very small proportion of households living at addresses not on PAF (less than 1%) was not covered.

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2.2 Selection of primary sampling units

The sample for the HSE was drawn in two stages. At the first stage, a random sample of primary sampling units (PSUs), based on postcode sectors, was selected. Within each selected PSU, a random sample of postal addresses (known as delivery points) was then drawn.

Postcode sectors with fewer than 500 PAF addresses were combined with neighbouring sectors to form the PSUs. This was done to prevent the addresses being too clustered within a PSU. To maximise the precision of the sample, it was selected using a method called stratified sampling. The list of PSUs in England was sorted by former Government Office Regions (described throughout the report as regions) and, within each region, by local authority ordered by the percentage of adults in the 2001 Census from NS-SEC groups 1 and 2.[7] PSUs in the smallest region (the North East) were over-sampled to provide a minimum sample size (of approximately 700 adults). To obtain the stratified sample, the PSUs were selected by sampling from the sorted list at fixed intervals (although different fixed intervals for the smaller region) from a random starting point.

Initially 564 PSUs were selected with probability proportional to the total number of addresses within them. Selecting PSUs with probability proportional to number of addresses and sampling a fixed number of addresses in each ensures that an efficient (equal probability) sample of addresses is obtained.

Once selected, the PSUs in each group were randomly allocated to the 12 months of the year (i.e. 47 per month) so that each quarter provided a nationally representative sample. To ensure that field areas can cover their allocations each month the PSUs were evenly distributed by month in each field area.

The initial sample design included a 'reserve' for the final quarter of the year (3 PSUs per month). The intention was that, if the response rate achieved in the early months of the year was high and the target number of achieved interviews (8,000 adults) was likely to be exceeded, some points could be withdrawn in the final quarter of the year without affecting the representative coverage of the sample. In fact the reserve points were not withdrawn for the final quarter, and therefore the total of 564 PSUs were issued throughout the year.

2.3 Sampling addresses, dwelling units and households

Within each of the PSUs, a sample of 16 addresses was selected. In total, therefore, 9,024 (564 x 16) addresses were issued.

When visited by interviewers, 9.1% of the selected addresses in the sample were found not to contain private households (Table 1, ineligible addresses type a). Table 2 provides more detail about non-responding households; examples of addresses that did not include private households include businesses and institutions, vacant properties, demolished properties and those still being built. These addresses were thus ineligible and were excluded from the survey sample.

Most addresses selected from the PAF contain a single dwelling unit and/or household.[8] However, a small proportion of addresses (about 1%) are multi-occupied. At addresses with more than one dwelling unit (with a separate entrance), one is selected at random by the interviewer to be included in the survey. For dwelling units with more than one household, again, one is selected at random.[9]

Tables 1, 2

2.4 Sampling individuals within households

In the HSE sample, all adults aged 16 years and over at each household were selected for the interview (up to a maximum of ten adults per household). However, a limit of two was placed

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on the number of interviews carried out with children aged 0-15. For households at which there were three or more children, interviewers selected two children at random.

The application of selection weights is required to compensate for the omission of children in households with more than two children (see Section 7), as otherwise children from large households would be under-represented in the survey estimates.

3 TOPIC COVERAGE

3.1 Documentation

Copies of the survey data collection documents are included in Appendix A. Protocols for measurements and for the collection of blood, urine and saliva samples are included in Appendix B.

3.2 The Stage 1 interview

Information was collected at household level and at individual level. Figure A summarises the content of the household and individual level interviews for all participants, by age group.

Adults were asked core modules of questions on general health, social care, alcohol consumption and smoking. Additional questions were included on planning for future care needs; and about usual alcohol consumption to supplement core questions about frequency of drinking alcohol and drinking in the last week. Self-reported height and weight was established early in the interview, to provide a comparison with the height and weight measurements which were taken later.

Children aged 13-15 were interviewed themselves, and parents of children aged 0-12 were asked about their children, with the interview including questions on general health and fruit and vegetable consumption.

Participants aged 8 and over were asked to fill in a self-completion booklet during the interview. There were four booklets for different age groups as specified below. The booklets for young adults aged 16-17 asked about smoking and drinking behaviour as well as other questions. Interviewers also had the option of using this booklet for those aged 18-24 if they felt that it would be difficult for anyone in this age group to give honest answers to the questions face-to-face with other household members present.

Booklet for adults	Warwick-Edinburgh mental well-being scale (WEMWBS), overall health (EQ-5D), General health questionnaire (GHQ-12), short International Physical Activity Questionnaire (IPAQ), perception of own and (if appropriate) child's weight, sexual orientation, religion.
Booklet for young adults	Smoking, drinking, WEMWBS, EQ-5D, GHQ-12, IPAQ, perception of own and (if appropriate) child's weight, sexual orientation, religion.
Booklet for children aged 13-15	Smoking, drinking, GHQ-12, perception of weight.
Booklet for children aged 8-12	Smoking, drinking, perception of weight.

Interviewers measured the weight of all participants, and the height of all aged 2 and over.

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Figure A

Health Survey for England 2014: Contents

Household data

Household size, composition and relationships	Household income
Accommodation tenure and number of bedrooms	Type of dwelling and area
Economic status/occupation of Household Reference Person	Smoking in household
	Car ownership

Individual level information	**Age**							
	0-1	2-3	4	5-7	8-10	11-12	13-15	16+
Interviewer visit								
General health, longstanding illness, limiting longstanding illness, acute sickness	●	●	●	●	●	●	●	●
Personal care plans								●
Self-reported height and weight								●
Doctor-diagnosed hypertension, diabetes								●
Social care (including extra payment questions)								●
Attitudes to planning for future care								●[a]
Use of services								●
Learning difficulties	●	●	●	●	●	●	●	●
Hearing difficulties								●
Attitudes to mental illness, use of mental health services								●
Fruit and vegetable consumption				●	●	●	●	
Smoking					●[b]	●[b]	●[b]	●[c]
Drinking (heaviest drinking day last week, regular drinking)					●[b]	●[b]	●[b]	●[c]
Economic status/occupation, educational achievement								●
Ethnic origin	●	●	●	●	●	●	●	●
Reported birth weight	●	●	●	●	●	●	●	
Height measurement		●	●	●	●	●	●	●
Weight measurement	●	●	●	●	●	●	●	●
Consent to linkage to NHS Central Register/ Hospital Episodes Statistics								●
Self-completion								
Warwick-Edinburgh mental well-being scale								●
Overall health (EQ-5D)								●
Mental health (GHQ-12)							●	●
Physical activity (short questionnaire)								●
Perception of own weight/child's weight								●
Sexual orientation, national identity, religion								●
Nurse visit								
Prescribed medicines	●	●	●	●	●	●	●	●
Folic acid, nicotine replacement products								●
Mental illness experience and treatment								●
Hearing test								●
Waist and hip circumference						●	●	●
Blood pressure				●	●	●	●	●
Saliva sample			●	●	●	●	●	
Urine sample								●
Blood sample (non-fasting)								●

[a] This module was asked of one adult aged 30+ per household.

[b] This module was administered by self-completion for children aged 8-15.

[c] This module was administered by self-completion for those aged 16-17 and some aged 18-24.

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3.3 The Stage 2 nurse visit

Nurse visits were offered to all participants who were interviewed.

At the nurse visit, questions were asked about prescribed medicines, and among adults, use of nicotine replacement products. Adults were also asked an additional module of questions about mental illness, covering self-reported and diagnosed conditions.

Nurses took waist and hip measurements for those aged 11 and over and measured the blood pressure of those aged 5 and over. Adults aged 16 and over had a hearing test, using a HearCheck screener.

Adults were also asked to provide non-fasting blood samples[10] for the analysis of total and HDL cholesterol and glycated haemoglobin, and urine samples for the analysis of dietary sodium. Samples of saliva were taken from children aged 4-15 for the analysis of cotinine (a derivative of nicotine that shows recent exposure to tobacco or tobacco smoke). Written consent was obtained for these samples. Details of the analysis of these samples are provided in Section 9.

4 FIELDWORK PROCEDURES

4.1 Advance letters

Each sampled address was sent an advance letter which introduced the survey and stated that an interviewer would be calling to seek permission to interview. A leaflet was also enclosed providing general information about the survey and some of the findings from previous surveys.

A small token of appreciation, in the form of a £10 voucher, was enclosed with the advance letter to encourage participation.

4.2 Making contact

At initial contact, the interviewer established the number of dwelling units and/or households at an address, and made any selection necessary (see Section 2.3).

The interviewer then made contact with each selected household and attempted to interview all adults (up to a maximum of ten) and up to two children aged 0-15 (see Section 2.4). The interviewer sought parents' consent and children's assent to interview the selected children aged up to 15.

4.3 Collecting data

Both interviewers and nurses used computer assisted interviewing.

At each co-operating eligible household, the interviewer first completed a household questionnaire. Information was obtained from the household reference person (HRP)[11] or their partner wherever possible. This questionnaire obtained information about all members of the household, regardless of age. If there were one or two children aged under 16, they were automatically included in the sample for an interview. If there were three or more children aged under 16, two were selected.

An individual interview was carried out with all selected adults and children. In order to reduce the amount of time spent in a household, interviews could be carried out concurrently, the program allowing for up to four participants to be interviewed in a session.

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Height and weight measurements were obtained towards the end of the interview.

At the end of the interview, participants were asked for their agreement to the second stage of the survey, the follow-up visit by a nurse. In the case of children aged under 16, the parent's permission was sought (see Section 4.4 for details). Wherever possible, an appointment was made for the nurse to visit within a few days of the interview. At this visit the nurse carried out the measurements described in Section 3.3 and obtained blood, urine and saliva samples from those eligible and willing to provide these samples.

In addition to the advance letter and leaflet, participants were given two further leaflets describing the purpose of the survey and the associated measurements. Interviewers initially handed out a leaflet describing the purpose of the interview. At the end of the interview, they handed out a leaflet explaining the nurse visit to those who had agreed to this next stage. Copies of the leaflets are included in Appendix A.

4.4 Obtaining informed consent

It is important to ensure that participants aged 16 and over give informed consent for all stages of the interview and nurse visit process. For some elements of the survey, verbal consent was sought: for taking part in the survey at all, for answering modules of questions (and any individual question), for completing the self-completion booklet, and for measurements such as height, weight, blood pressure and waist and hip circumference. Verbal consent was not recorded; it is assumed that those who took part in the survey, and answered individual questions or provided physical measurements had consented to do so. A proportion of participants did decline to take part in some of these survey elements, although they had consented to take part in the study and complete other elements. Section 6 provides details of response at different stages of the interview and nurse visit.

Written consent was required for:

- taking biological measurements (blood, urine and saliva samples)
- passing on information to others, for instance sending biological sample results to the participant's GP
- storing blood samples for future use
- using personal details for matching to administrative data.

Written consent was obtained in a booklet (see Appendix A to this volume), which was signed by the participant and countersigned by the interviewer or nurse. These consents were recorded in the CAPI interview. The consent booklets were supplemented by information leaflets, and by information provided by the interviewer or nurse.

Parents gave consent on behalf of their children aged 0-15; children also had to give their assent for an element to go ahead. This is described in more detail in the next section.

4.5 Interviewing and measuring children

Children aged 13-15 were interviewed directly, after permission was obtained from the child's parent or guardian. Interviewers were instructed to ensure that the child's parent or guardian was present in the home throughout the interview. Information about younger children was collected from a parent. Whenever possible, younger children were present while their parent answered questions about their health. This was partly because the interviewer had to measure their height and weight and, in the case of those aged 8 and over, to ask the child to complete a short self-completion booklet during the interview. It also ensured that the child could contribute information where appropriate.

Permission for a nurse to carry out any measurements on a child aged under 16 had to be obtained from the child's parent or someone else with legal parental responsibility for that child. This person had to be present during the nurse visit. The child's assent was also required.

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Written consent to collect a saliva sample from a child, and to send their blood pressure results to their GP, was obtained from the parent. Children indicated their assent to these procedures by initialling a box on their consent form, if they were able to do so; if not, parents initialled to indicate that the child had given their assent.[12]

4.6 Interview length

Interviews could be conducted with between one and four persons per session; the most common session types were with one or two individuals. Interview length for a single adult averaged around 50 minutes, and for two people (including at least one adult) interview length averaged around 60-65 minutes. Nurse visits were conducted with a single individual at a time, and the nurse visit for adults who took part in all the measurements averaged 30 minutes.

Interviews with children were shorter than with adults, and the interview length varied with age as some modules were only asked of older children. When children were interviewed without adults, the average interview length was around 10-15 minutes for a single child aged 8-15, and around 20 minutes for two children of this age.

4.7 Feedback to participants

Each participant was given a Measurement Record Card in which the interviewer entered the participant's height and weight, and the nurse entered waist, hip and blood pressure measurements. Participants who saw a nurse were asked if they would like their blood pressure and blood sample results sent to their GP. If they did want results to go to their GP, written consent was obtained.

Nurses were issued with a set of guidelines to follow when commenting on participants' blood pressure readings (see Appendix B for details). If an adult's blood pressure reading was severely raised, nurses were instructed to contact the Survey Doctor at the earliest opportunity after leaving the participant's home. For children, they were instructed not to comment on a high reading but to contact the Survey Doctor to assess whether any action was required. Where permission had been given for results to be sent to a participant's GP, the Survey Doctor contacted the GP if any blood pressure results were markedly abnormal. Where permission was not obtained, the Survey Doctor wrote to the participant where this was deemed clinically appropriate.

5 FIELDWORK QUALITY CONTROL AND ETHICAL APPROVAL

5.1 Quality control measures

5.1.1 Training interviewers and nurses

Interviewers were fully briefed on the administration of the survey. They were given training, including a practice session, on measuring height and weight, and were required to pass an accreditation test for these measures before working on the study.

All nurses were professionally qualified and proficient in taking blood samples before joining the NatCen team. They attended a two day training session at which they received equipment training and were briefed on the specific requirements of the survey with respect to taking blood pressure, taking waist and hip measurements and taking blood, urine and saliva samples.

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Full sets of written instructions, covering both survey procedures and measurement protocols, were provided for both interviewers and nurses (Appendix B contains the measurement protocols).

Interviewers and nurses who had worked on the previous year's Health Survey attended full day refresher training sessions, where the emphasis was on updating them on new topic coverage, improving measurement skills and gaining respondent participation.

All interviewers and nurses new to the Health Survey were accompanied by a supervisor during the early stages of their work to ensure that interviews and protocols were being correctly followed. Routine supervision of 10% of the work of both interviewers and nurses was carried out subsequently.

5.1.2 Checking interviewer and measurement quality

A large number of quality control measures were built into the survey at both data collection and subsequent stages to check on the quality of interviewer and nurse performance.

Recalls to check on the work of both interviewers and nurses were carried out at 10% of households where interviews were taken.

The computer program used by interviewers had in-built soft checks (which can be suppressed) and hard checks (which cannot be suppressed); these included messages querying uncommon or unlikely answers as well as answers out of an acceptable range. For example, if someone aged 16 or over had a height entered in excess of 1.93 metres, a message asked the interviewer to confirm that this was a correct entry (a soft check), and if someone said they had carried out an activity on more than 28 days in the last four weeks the interviewer would not be able to enter this (a hard check). For children, the checks were age specific.

At the end of each survey month, the measurements made by each interviewer and nurse were inspected. Any problems (such as higher than average proportions of measurements not obtained, insufficient samples and so on) were discussed with the relevant nurse or interviewer and their supervisor.

5.2 Ethical approval

Ethical approval for the 2013 and 2014 surveys was obtained from the Oxford A Research Ethics Committee (reference number 12/SC/0317).

6 SURVEY RESPONSE

6.1 Introduction to response analysis

This section looks at the response of sampled households (Section 6.2), and at the response of eligible individuals within those households, first for adults (Section 6.3) and then for children (Section 6.4). Individual response for adults and children is examined in two ways: overall response for all eligible individuals in the 'set' sample, and response for individuals within co-operating households.

Participants were asked to co-operate in a sequence of operations, beginning with a face-to-face interview, progressing to a nurse visit and ending with a request for a saliva sample among children and blood and urine samples among adults. Individual non-response is therefore accumulated through the survey stages.

Not every measurement obtained by an interviewer or a nurse was subsequently considered valid for analysis purposes. Full details of the numbers of measurements used for analysis, the numbers of exclusions and the reasons for them are given in the relevant chapters.

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6.2 Household response

Table 1 shows household response by calendar quarter. The row labelled 'Total eligible households' shows the number of private residential households found at the selected addresses (after selection of a single dwelling unit, and a single household when necessary). 90.9% of selected addresses were eligible.

- 62% of eligible households (5,051) were described as 'co-operating'; households in this category are those where at least one eligible person was interviewed at Stage 1, the interviewer stage.
- 49% of eligible households were described as 'all interviewed' where all eligible persons were interviewed.
- 44% of eligible households were 'fully co-operating' where all eligible persons were interviewed, had height and weight measured and agreed to the nurse visit.

Households where a participant was ineligible for a height or weight measurement because of a functional impairment or pregnancy are not counted as fully co-operating for this response analysis.

Non-respondents to the survey fall into two groups, those living in households where no-one co-operated with the survey, and those living in households where at least one person was interviewed.

9.1% of selected addresses were ineligible. Table 2 gives detailed outcomes for these and other non-responding households. **Tables 1, 2**

6.3 Individual response for adults

6.3.1 Overall response

There were 8,077 individual interviews with adults, and 5,491 adults had a nurse visit.

To calculate the response rate for individuals, this number of interviews should be expressed as a proportion of the total number of adults in the sampled households. However, the total number of adults in the sampled households is not known, and must be estimated. There are three groups of households to consider:

- co-operating households (9,451 adults in 5,051 households, average 1.87 per household)
- non co-operating households where information on the number of adults is known (3,477 adults in 2,243 households, average 1.55)
- non co-operating households about which nothing is known (910 households).

The most reasonable assumption is to attribute to the last group the same average number of adults (1.77) as for all households where the number of adults is known (the sum of the first two groups); this gives an estimate of 1,613 adults in these households. Summing this with the first two groups, this gives an estimated total of 14,541 eligible adults, known as the 'set' sample.

A further assumption is needed to provide separate 'set' samples for men and women. In non co-operating households where the number of adults was known, the numbers of men and women were not usually obtained. However, it can be assumed that the proportion of men and women in the estimated total sample is the same as for the adults in the 5,051 co-operating households. The proportions are 48% men and 52% women. Applying these proportions to the estimated total of adults gives 'set' samples of 6,954 men and 7,587 women.

Using the estimated total number of adults in sampled households, the adult 'set' sample, as a denominator, minimum response rates for adults in the sample were as shown in Table 5 (at the end of the chapter), and summarised in Table A below.

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Table A **Response among all adults**	Men	Women	All adults
	%	%	%
Interviewed	51	58	55
Height measured	46	52	49
Weight measured	46	50	48
Saw a nurse	35	40	37
Waist and hip measured	34	38	36
Blood pressure measured	34	39	36
Gave blood sample	27	28	27
Gave urine sample	30	33	32

Response to the interview was 55% overall, being 51% among men and 58% among women. **Table 5**

6.3.2 Adult response in co-operating households

As adults' ages and other personal characteristics are not known in non co-operating households, indications of differences in response by these characteristics are confined to co-operating households. Tables 7, 8 and 9 show the proportion of men, women and all adults in co-operating households who participated in the key survey stages, by age. These are summarised in Table B below.

Table B **Response among adults in co-operating households**	Men	Women	All adults
	%	%	%
Interviewed	79	91	85
Height measured	71	82	77
Weight measured	71	79	75
Saw a nurse	54	62	58
Waist and hip measured	53	59	56
Blood pressure measured	53	60	57
Gave blood sample	41	44	43
Gave urine sample	46	52	49

In co-operating households, response was highest among the oldest age groups (92% of men and 95% of women aged 65 and over were interviewed), and lowest among those aged 16-24 (58% of men and 72% of women were interviewed).

It should be noted that, although a lower proportion of men than women had height or weight measured, saw a nurse or had any of the nurse measures, this difference is because a lower proportion of men than women was interviewed. As a proportion of those interviewed, co-operation rates were very similar among men and women for each measure (with slightly higher proportions of men than women having a weight measurement or giving a blood sample). **Tables 7-9**

6.4 Individual response for children aged 0-15

6.4.1 Overall response among children

Interviews were carried out with 2,003 children (1,036 boys and 967 girls) aged 0-15, and 1,249 children were seen by a nurse.

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To calculate the response rate for children, the number of eligible children in sampled households (the 'set sample') is needed as the denominator. This was estimated by assuming that in the households where no information was known about household members, the proportion of households with children, and the number of children per household, was as for the households where it was known, and that the proportion of boys and girls was the same. This results in a 'set sample' of 3,193 children.[13] This is likely to be an over-estimate, since non-contacted households have fewer children, on average, than those contacted. Response rates computed for children are therefore conservative. Most non-responding children were in households where no-one (child or adult) co-operated with the survey.

Response to the interview was 60% among boys and 58% among girls. Height measurements were limited to those aged 2 and over. On the assumption that the age distribution of children in the 'set sample' is the same as that of children living in interviewed households, response rates were as shown in Table 6 (at the end of the chapter) and summarised in Table C below.

Table 6

Table C

Response among all children aged 0-15

	Boys	Girls	All children
	%	%	%
Interviewed	63	62	63
Height measured (aged 2 and over)	45	45	45
Weight measured	50	49	50
Saw a nurse	41	37	39

6.4.2 Response in co-operating households

Child response rates, like adult response rates, have also been calculated based on co-operating households to allow analysis by age. Among selected children aged 0-15 in co-operating households, the proportion who were interviewed was high, at 93% of eligible boys and 92% of eligible girls. The proportion interviewed was lower among children aged 11-15 (88% of boys and 86% of girls) than among those aged under 11 (95% of boys and 94% of girls).

Tables 10, 11 and 12 show the proportion of boys, girls and all children in co-operating households who participated in the key survey stages, by age. These are summarised in Table D below.

Table D

Response among children in co-operating households

	Boys	Girls	All children
	%	%	%
Interviewed	93	92	92
Height measured (aged 2 and over)	75	74	74
Weight measured	74	73	73
Saw a nurse	61	54	58
Gave saliva sample (aged 4 and over)	49	46	48
Blood pressure measured (aged 5 and over)	55	49	52
Waist and hip measured (aged 11 and over)	58	50	54

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The majority of children who were eligible (i.e. those interviewed for height and weight, and those of the appropriate age having a nurse visit for the other measurements) co-operated with the measurements. 58% of children co-operated with the nurse visit. **Tables 10-12**

6.5 Variations in survey response

6.5.1 Regional variations in response

As in previous years, response varied by region. Household response was highest in the North East (69%) and was lowest in London (54%). **Table 3**

6.5.2 Response by type of dwelling

Table 4 shows household response by the type of building in which the address was found, as classified by interviewers.

Response was highest among households living in detached houses (67%), and lowest among households living in flats (58% in purpose-built flats or maisonettes and 53% in converted flats or maisonettes). While the rate of refusals did not vary greatly across the main dwelling types, the level of no contact and other reasons for non-response were considerably higher in flats and maisonettes than in houses. **Table 4**

6.6 Age and sex profile of the sample

Tables 13 and 14 compare the age and sex profiles of responding adults and children in the sample at the two survey stages (interview and nurse visit) with the mid-2013 population estimates.[14]

Overall the 2014 HSE sample over-represented women relative to men (56% and 44% respectively, compared with 51% and 49% in the mid-year population estimates). This is a response pattern found on a number of surveys. Men aged under 35 were under-represented at both interview and nurse visit relative to their proportions in the population, while men aged 55 and over were over-represented. The pattern was similar among women, with those aged under 35 under-represented at both stages. The proportion of women in other age groups at interview and nurse visit were within 1-2% of the population estimates, with the exception of women aged 65-74 who were slightly over-represented in the nurse visit. **Table 13**

As Table 14 shows, among children aged 0-15, both the sex and age profiles of the achieved HSE sample were generally close to the population estimates. **Table 14**

7 WEIGHTING THE DATA

7.1 Background

Before 2003, the weighting strategy for the HSE sample was to apply selection weights only and no attempt was made to reduce non-response bias through weighting. However, following a review of the weighting for the HSE,[15] non-response weighting has been incorporated into the weighting strategy (as well as selection weights) since HSE 2003. This same strategy has been followed for weighting the HSE 2014 data.

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7.2 Calculation of the weights

7.2.1 Address selection weights

The least populated region (the North East) was over-sampled to ensure a minimum sample size of approximately 700 adults. Address selection weights (w_{add}) were calculated that corrected for this over-sampling so that the weighted number of addresses in each region was in the correct proportion.

7.2.2 Dwelling unit selection weights

Most addresses selected from the PAF contain a single dwelling unit, i.e. with a separate entrance. At addresses with more than one dwelling unit, only one is selected; interviewers carry out a selection procedure to identify which dwelling unit to include in the sample using a Kish grid.[16]

The dwelling unit selection weights (w_{du}) adjust for this selection of the dwelling unit at addresses with more than one. The weights were calculated as the number of dwelling units identified at the address.

The dwelling unit selection weights ensure that dwelling units in addresses containing more than one are not under-represented in the issued sample.

7.2.3 Household selection weights

Most dwelling units selected via the PAF contain a single household. At dwelling units with more than one household, only one is selected; interviewers carry out a selection procedure to identify which household to include in the sample using a Kish grid.

The household selection weights (w_{hh}) adjust for this selection of households and ensure that households in multi-occupied dwelling units are not under-represented in the issued sample. The weights were calculated as the number of households identified at the dwelling unit.

Composite selection weights were calculated as the product of the dwelling unit selection weights (w_{du}) and household selection weights (w_{hh}). The composite selection weights were trimmed at 4 to avoid any large values. These were combined with the address selection weights (w_{add}) to give the initial weights for the calibration weighting (w_1).

7.2.4 Calibration weighting

Calibration weighting was used to ensure that the weighted distribution of household members in participating households matched Office for National Statistics (ONS) 2013 mid-year population estimates for sex/age groups and region as shown in Tables E and F below. Note that the population estimates were adjusted to remove people aged 65 and over living in institutions (communal establishments), who are not eligible for the HSE; this was estimated using data from the 2011 Census. The composite selection weights (w_1), described in Section 7.2.3, were used as initial values when generating the calibration weights (w_2).

The aim of the calibration weighting is to reduce non-response bias resulting from differential non-response at the household level. The calibration weights generated (w_2) were re-scaled so that the sum of the weights equalled the number of participating households to give the household weights for the sample (wt_hhld). Thus the final household weight adjusts for dwelling unit and household selection, and for the age/sex and region profiles of participating households.

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Table E				
2013 ONS mid-year population estimates, by age and sex (adjusted)				
Age (grouped)	**Men**		**Women**	
	N	%	N	%
0-4	1,748,820	6.6	1,665,310	6.1
5-10	1,931,910	7.3	1,841,137	6.8
11-15	1,547,110	5.9	1,474,951	5.4
16-24	3,176,715	12.0	3,050,979	11.3
25-34	3,672,381	13.9	3,694,976	13.6
35-44	3,559,027	13.5	3,600,040	13.3
45-54	3,732,528	14.1	3,810,759	14.1
55-64	2,979,587	11.3	3,074,408	11.3
65-74	2,396,957	9.1	2,584,287	9.5
75+	1,695,483	6.4	2,296,930	8.5
Total	26,440,518		27,093,777	

Table F		
2013 ONS mid-year population estimates by region (adjusted)		
Region	N	%
North East	2,594,415	4.8
North West	7,059,542	13.2
Yorkshire and the Humber	5,304,859	9.9
East Midlands	4,570,426	8.5
West Midlands	5,639,786	10.5
East of England	5,917,524	11.1
London	8,364,735	15.6
South East	8,738,511	16.3
South West	5,344,498	10.0
Total	53,534,296	

7.2.5 Child selection and adjustment weights

At participating households in the sample with three or more children (aged 0 to 15), two were selected at random. In order that children in larger households were not under-represented in the sample, selection weights (w_3) were calculated as the number of children within the household divided by the number selected. The weights were trimmed at 3 to avoid any large weights.

The selection of children within the participating households and differential non-response mean that the age/sex distribution of the achieved sample of children does not match that of all children in participating households. Unless corrected, this would result in bias for estimates. Child adjustment weights (w_4) were therefore calculated by dividing the number of children in the issued households (weighted by wt_hhld) by the number of children in the achieved sample (weighted by wt_hhld x w_3), within each age year for girls and boys separately.

Thus these weights both adjust for the probability of selection for children in larger households, and ensure that the profile of children selected for the survey matches the profile of all children. As the level of response for obtaining a child interview in participating households in the sample was relatively high (92%), no additional non-response weighting was undertaken for the sample of children.

7.2.6 Non-response weights for adults

There were no selection weights for adult participants in the sample since all adults in responding households were selected. However, non-response weights were calculated to reduce bias from adult non-response within households (83% of adults responded in households with more than one adult; participants in single adult households were not included in the model and were given a non-response weight of 1).

To obtain the non-response weights, a logistic regression model (weighted by wt_hhld) was fitted for all adults in participating households, excluding single-adult households. The outcome variable was whether or not the interview was completed. The following variables were entered as covariates: age group by sex, household type,[17] region, and social class of household reference person (HRP).[11] The adult non-response weights (w_5) were calculated as the inverse of the predicted probabilities of response estimated from the regression model. The non-response weights for adults were trimmed at the 1% tails to remove extreme values.

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7.2.7 Combining the weights

The interview weights for the sample of adults and children were then calculated as:

wt_int = wt_hhld x w_5 for adults; and

wt_int = wt_hhld x w_3 x w_4 for children.

The interview weights for all responding adults and children were re-scaled so that the weighted sample size is the same as the achieved sample size. Therefore, the final interview weights adjust for selection, non-response and population profile for all those interviewed.

7.2.8 Nurse visit weights

Not all those interviewed went on to have a nurse visit (68% of adults and 62% of children interviewed had a nurse visit), and further non-response bias may be introduced. For data relating to nurse visits, two logistic regression models were fitted, weighted by interview weight (wt_int); one for adults and one for children. The outcome variable was whether or not a nurse visit was undertaken, with the following as covariates: age group by sex, household type, region, social class of HRP, smoking status (for adults) and general health.

The weights for non-response to the nurse visit (w_6) were calculated as the reciprocal of the predicted probability of a nurse visit being undertaken, estimated from the regression models.

The weights were trimmed at the 1% tails to remove extreme values; this was done separately for adults and children. The weights for the nurse visit sample were calculated as wt_nurse = wt_int x w_6. These weights were re-scaled so that the weighted sample size for the nurse visit is the same as the achieved sample size. They adjust for selection, non-response and population profile for the sample that receives the nurse visit.

7.2.9 Blood weights

Almost all adults that had a nurse visit were eligible to have a blood sample taken, but not all those eligible agreed or were able to do so (79% of eligible participants had a blood sample taken). A logistic regression model was fitted, weighted by wt_nurse. The outcome variable was whether or not a usable blood sample was obtained, and the following were included as covariates: age group by sex, household type, region, social class of HRP, smoking status and general health.

The weights for non-participation for the blood sample (w_7) were calculated as the reciprocal of the predicted probability of blood being obtained, estimated from the regression models.

The weights were trimmed at the 1% tails to remove extreme values. The weights for the blood sample were calculated as wt_blood = wt_nurse x w_7. These weights were re-scaled so that the weighted blood sample size was the same as the achieved sample size.

7.2.10 Cotinine weights

All children aged 4-15 that had a nurse visit were eligible to have a sample of saliva taken, but not all gave a valid sample (89% did so). A regression model was fitted, weighted by wt_nurse; the outcome variable was whether or not a usable saliva sample was obtained, and the following were used as covariates: age group, sex, household type, region, social class of HRP and general health.

The weights for non-participation for the saliva sample (w_8) were calculated as the reciprocal of the predicted probability of a saliva sample being obtained, estimated from the regression model.

The weights were trimmed at the 1% tails to remove extreme values. The weights for the saliva sample were calculated as wt_cotinine = wt_nurse x w_8. These weights were re-scaled so that the weighted cotinine sample size is the same as the achieved sample size.

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7.2.11 Urine weights

All adults that had a nurse visit were eligible to have a sample of urine taken, but not all gave a valid sample (86% of those eligible provided a sample). A regression model was fitted, weighted by wt_nurse; the outcome variable was whether or not a usable urine sample was obtained, and the following were used as covariates: age group, sex, household type, region, social class of HRP and general health.

The weights for non-participation for the urine sample (w_9) were calculated as the reciprocal of the predicted probability of a urine sample being obtained, estimated from the regression model.

The weights were trimmed at the 1% tails to remove extreme values. The weights for the urine sample were calculated as wt_urine = wt_nurse x w_9. These weights were re-scaled so that the weighted cotinine sample size is the same as the achieved sample size.

7.2.12 Weights for planning for future care needs module

Adults aged 30 and over were eligible for a module of questions about planning for future care needs. If more than one person was eligible in the household, the interviewer selected one at random. A regression model was fitted, weighted by wt_int, to account for possible bias in the selection. The outcome variable was whether or not a person was selected for the module, and the following variables were used as covariates: age group, sex, household type, region, social class of HRP and general health.

The weights (w_{10}) were calculated as the reciprocal of the predicted probability of a person being selected for the module, estimated from the regression model.

The weights were trimmed at the 1% tails to remove extreme values. The weights for the planning for future care needs module were calculated as wt_plan = wt_int x w_{10}. These weights were re-scaled so that the weighted sample size is the same as the achieved sample size.

7.3 Selecting the appropriate weight

Six different weights have been provided, for data from different stages of the survey:

- Interview stage
- Planning for future care needs weights *(adults 30+ only)*
- Nurse visit
- Urine sample *(adults only)*
- Blood sample *(adults only)*
- Saliva sample *(children 4+)*

If questions from different stages of the survey are combined in analysis, the weights for the latest stage of the survey should be used (that is, the latest in the list above). For instance, if blood sample results are being cross-tabulated with questions from the interview stage, the blood sample weight should be used; or if waist circumference results (from the nurse visit) are cross-tabulated with BMI data from the interview, the nurse visit weight should be used.

7.4 Effect of the weights on precision of estimates

A design effect (DEFF) for each weight has been calculated to provide an approximate guide to the effect of the weighting on the precision of estimates. The DEFF is calculated as the average squared weight divided by the square of the average weight. Table G summarises the effect of each weight calculated on the precision of the estimates.

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Table G			
Approximate design effect of weights			
	N	**Effective sample size**	**DEFF**
Interview weight	10080	8648	1.17
Planning future care needs weight (adults 30+)	4302	3606	1.19
Nurse weight	6740	5352	1.26
Urine weight (adults)	4663	3525	1.32
Blood weight (adults)	4047	2948	1.37
Cotinine weight (children)	770	637	1.21

For instance, the DEFF of 1.17 for the interview weight means that the standard error of estimates might increase by 17% and the survey has the precision equivalent to a simple unweighted sample with a smaller sample size equal to around 83% of the sample.

Note that design effects and true standard errors have also been calculated for selected survey estimates presented in the topic chapters; see Section 8.8 and Tables 15-25.

8 DATA ANALYSIS AND REPORTING

8.1 Introduction

The HSE is a cross-sectional survey of the population. It examines associations between health states, personal characteristics and behaviour. However, such associations do not necessarily imply causality. In particular, associations between current health states and current behaviour need careful interpretation, as current health may reflect past, rather than present, behaviour (for instance, current liver disease may reflect previous heavy drinking, although no alcohol is currently consumed). Similarly, current behaviour may be influenced by advice or treatment for particular health conditions (for instance, not smoking currently because of advice relating to lung disease caused by previous smoking).

8.2 Weighted and unweighted data and bases in report tables

Non-response weighting was introduced to the HSE in 2003, and has been used in all subsequent years. All 2014 data in this report are weighted (apart from response tables). Both weighted and unweighted bases are given in each table in the report.[18] The unweighted bases show the number of participants involved. The weighted bases show the relative sizes of the various sample elements after weighting, reflecting their proportions in the population in England, so that data from different columns can be combined in their correct proportions. The absolute size of the weighted bases has no particular significance, since they have been scaled to the achieved sample size.

Children's data each year have been weighted to adjust for the probability of selection, since a maximum of two children are selected in each household (see Section 7.2.5). This ensures that children from larger households are not under-represented. Since 2003, as for adults, non-response weighting has also been applied. A full discussion of the effects of non-response weighting can be found in the 2003 HSE report, Volume 3, Methodology and Documentation.[19]

In this report, chapters focus mainly on 2014 results. Trend data on key measures can be found in Health Survey for England 2014 Trend Tables on the Health and Social Care Information Centre website, at www.hscic.gov.uk/pubs/hse2014trend

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8.3 Reporting age variables

8.3.1 Defining age for data collection

Some sections of the data collected in the HSE 2014 are age specific, with different questions directed to different age groups. The participant's date of birth was ascertained. For data collection purposes, a participant's age was defined as their age on their last birthday before the interview. The nurse, who visited later, treated the participant as being of the same age as at the interview, even if he or she had an intervening birthday.

8.3.2 Age as an analysis variable

Age is a continuous variable, and an exact age variable on the data file expresses it as such (so that, for example, someone whose 24th birthday was on January 1 2014 and was interviewed on October 1 2014 would be classified as being aged 24.75 or 24¾).

The presentation of tabular data involves categorising the sample into year bands. This can be done in two ways, age at last birthday and 'rounded age', that is, rounded to the nearest integer. In the present report all references to age are age at last birthday.

8.4 Age standardisation

Adult data have been age-standardised throughout the 2014 report to allow comparisons between groups after adjusting for the effects of any differences in their age distributions. When different sub-groups are compared in respect of a variable on which age has an important influence, any differences in age distributions between these sub-groups are likely to affect the observed differences in the proportions of interest.

It should be noted that all analyses in the report are presented separately for men and women. All age standardisation has been undertaken separately within each sex, expressing male data to the overall male population and female data to the overall female population. When comparing data for the two sexes, it should be remembered that no standardisation has been introduced to remove the effects of the sexes' different age distributions.

Age standardisation was carried out using the direct standardisation method. The standard population to which the age distribution of sub-groups was adjusted was the mid-year 2013 population estimates for England. The age-standardised proportion p' was calculated as follows, where p_i is the age specific proportion in age group i and N_i is the standard population size in age group i:

$$p' = \frac{\sum_i N_i p_i}{\sum_i N_i}$$

Therefore p can be viewed as a weighted mean of p_i using the weights N_i. Age standardisation was carried out using the age groups 16-24, 25-34, 35-44, 45-54, 55-64, 65-74 and 75 and over; and in some cases the final age group was split into two further groups, 75-84 and 85+. The variance of the standardised proportion can be estimated by:

$$var(p') = \frac{\sum_i (N_i^2 p_i q_i / n_i)}{(\sum_i N_i)^2}$$

where $q_i = 1 - p_i$, and n_i is the sample number in age-sex group i.

8.5 Standard analysis breakdowns

8.5.1 Introduction

For most tables in this report, three standard analysis breakdowns have been used as well as age. These are region, equivalised household income and Index of Multiple Deprivation.

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8.5.2 Region

Analysis by region is provided throughout the report. The former Government Office Regions have been used.

Both observed and age-standardised data are provided by region in the tables. Observed data can be used to examine actual prevalence or mean values within a region, needed, for example, for planning services. Age-standardised data are required for comparisons between regions to exclude age-related effects, and are discussed in the report text.

It should be noted that base sizes for regions are often relatively small, and caution should be exercised in examining regional differences. In 2014, the smallest region (the North East) was over-sampled to provide a minimum unweighted sample size of approximately 700 adults; the weighting process adjusted for this.

8.5.3 Equivalised household income

Household income was established by means of a show card (see field documents in Appendix A) on which banded incomes were presented. This can be used as an analysis variable, but there has been increasing interest recently in using measures of equivalised income that adjust income to take account of the number of persons in the household. To derive this, each household member is given a score. For adults, this is based on the number of adults apart from the household reference person, and for dependent children, it is based on their age. The total household income is divided by the sum of the scores to provide the measure of equivalised household income. All individuals in each household were allocated to the equivalised household income quintile to which their household had been allocated.

It should be noted that around 19% of adults live in households where no information is provided on income, and are therefore excluded from the breakdown by equivalised household income.

Further details about equivalised household income are given in the Glossary at the back of this volume, Appendix C.

8.5.4 Index of Multiple Deprivation

The Index of Multiple Deprivation 2010[20] combines a number of indicators, chosen to cover a range of economic, social and housing issues, into a single deprivation score for each small area in England. This allows each area to be ranked relative to others according to their level of deprivation.[21] Seven distinct domains have been identified in the English Indices of Deprivation:

- Income Deprivation
- Employment Deprivation
- Health Deprivation and Disability
- Education Skills and Training Deprivation
- Barriers to Housing and Services
- Living Environment Deprivation
- Crime.

Individual domains can be used in isolation as measures of each specific form of deprivation, as well as using the single overall Index of Multiple Deprivation (IMD).[22]

The Index is used widely to analyse patterns of deprivation, identify areas that would benefit from special initiatives or programmes and as a tool to determine eligibility for specific funding streams. In this report quintiles of IMD are used to give an area-level measure of socio-economic status, as opposed to the household-level measure of equivalised household income.

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8.6 Significance testing

Significance testing is carried out on the results in the 2014 report. The term 'significant' refers to statistical significance at the 95% level and is not intended to imply substantive importance.

The significance tests are carried out in order to test the relationship between variables in a cross tabulation, usually an outcome variable nested within sex, cross-tabulated with an explanatory variable such as age (in categories), income groups or region. The test is for the main effects only (using a Wald test[23]). For example the test might examine whether there is a statistically significant relationship between smoking prevalence and age (after controlling for sex) and between smoking prevalence and sex (after controlling for age).

It is worth noting that the test does not establish whether there is a statistically significant difference between any particular pair of subgroups (e.g. the highest and lowest subgroups). Rather it seeks to establish whether the variation in the outcome between groups that is observed could have happened by chance or whether it is likely to reflect some 'real' differences in the population.

A p-value is the probability of the observed result occurring due to chance alone. A p-value of less than 5% is conventionally taken to indicate a statistically significant result ($p<0.05$). It should be noted that the p-value is dependent on the sample size, so that with large samples differences or associations which are very small may still be statistically significant.

Using this method of statistical testing, differences which are significant at the 5% level indicate that there is sufficient evidence in the data to suggest that the differences in the sample reflect a true difference in the population.

A second test of significance looks at the interaction between sex and the variable under consideration. If the interaction is statistically significant ($p<0.05$) this indicates that there is likely to be an underlying difference in the pattern of results for men and women, and this will normally be commented on in the report text.

8.7 Logistic regression analysis

Logistic regression modelling has been used in Volume 1, Chapter 8 to examine the factors associated with selected outcome variables, after adjusting for other predictors. In Chapter 8, regression analyses have been performed to examine the association between drinking alcohol at a level of increasing risk or higher risk (the outcome variable), and age, region, household income, IMD and ethnicity as predictor variables . Forward stepwise models have been used for men and women separately. An estimate is given of the independent effect of each predictor variable on the outcome when all the other independent variables were included in the model.

The results of the regression analyses are presented in tables showing odds ratios for the final models, together with the probability that the association is statistically significant. The predictor variable is significantly associated with the outcome variable if $p<0.05$. The models show the odds of being in the particular category of the outcome variable (i.e. drinking at increasing risk or higher risk) for each category of the independent variable (e.g. income). Odds are expressed relative to a reference category, which has a given value of 1. Odds ratios greater than 1 indicate higher odds, and odds ratios less than 1 indicate lower odds. Also shown are the 95% confidence intervals for the odds ratios. Where the interval does not include 1, this category is significantly different from the reference category.

8.8 Design effects and true standard errors

The HSE 2014 used a clustered, stratified multi-stage sample design. In addition, weights were applied when obtaining survey estimates. One of the effects of using the complex

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design and weighting is that standard errors for survey estimates are generally higher than the standard errors that would be derived from an unweighted simple random sample of the same size. The calculations of standard errors shown in tables, and comments on statistical significance throughout the report, have taken the clustering, stratification and weighting into account.

The ratio of the standard error of the complex sample to that of a simple random sample of the same size is known as the design factor. Put another way, the design factor (or 'deft') is the factor by which the standard error of an estimate from a simple random sample has to be multiplied to give the true standard error of the complex design.

The true standard errors and defts for the HSE 2014 have been calculated using a Taylor Series expansion method. The deft values and true standard errors (which are themselves estimates subject to random sampling error) are shown in Tables 15-25 for selected survey estimates presented in the topic chapters. **Tables 15-25**

9 QUALITY CONTROL OF BLOOD, URINE AND SALIVA ANALYTES

9.1 Introduction

9.1.1 Key conclusions

This section describes the assay of analytes for the HSE 2014 biological samples and the quality control and quality assessment procedures that were carried out during the survey period. Details of procedures used in the collection, processing and transportation of the specimens are described in Appendix B.

The overall conclusion for the data provided in this chapter is that methods and equipment used for the measurement of blood, urine and saliva analytes produced internal quality control (IQC) and external quality assessment (EQA) results within expected limits. The results of the laboratory analyses for each of the main blood and urine analytes and saliva cotinine levels were acceptable for the HSE 2014.

9.1.2 Analysing laboratories

As in previous years, the Royal Victoria Infirmary (RVI), Newcastle upon Tyne Hospitals NHS Foundation Trust, was the analysing laboratory used in the HSE 2014 for the blood and urine sample analyses. Salivary cotinine analyses for the HSE 2014 were conducted by ABS Laboratories in Welwyn Garden City, Hertfordshire.

9.1.3 Non-fasting blood samples

Following written consent from eligible participants, non-fasting blood samples were collected for adults aged 16 and over into two tubes, a 6ml plain tube (no anticoagulant) and 4ml EDTA (ethylene diamine tetra-acetic acid) tube. The order of priority for collecting samples was first the 6ml plain tube (no anticoagulant), followed by the 4ml EDTA tube. After collection, the tubes were posted to the Blood Sciences Department at the RVI, which acted as the co-ordinating department for transport of samples to the individual departments undertaking the analyses.

Samples collected in the 6ml plain tube for serum

Samples in the plain tube were used for analysis of total cholesterol and high density lipoprotein (HDL) cholesterol. If written consent was given by the participant, a minimum of 0.5ml of the remaining serum was stored in a freezer at -40°C (± 5°C) for possible future analysis.

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Samples collected in the 4ml EDTA tube

Samples in the EDTA tube were used for the glycated haemoglobin analyses. If written consent was given by the participant, aliquots containing approximately 1ml of whole EDTA blood were processed for storage (unseparated) in a freezer at -20°C (± 5°C) or lower for possible future analysis.

9.1.4 Urine samples

A mid-flow spot urine sample was obtained from adults aged 16 and over, for analysis of sodium, potassium and creatinine. A special urine collection syringe was used for this purpose.

9.1.5 Saliva samples

A saliva sample was obtained from children aged four and over. Saliva samples were collected for analysis of cotinine (a metabolite of nicotine that shows recent exposure to tobacco or tobacco smoke). A saliva collection tube was used for this purpose.

9.2 Method

9.2.1 Laboratory procedures

All analyses were carried out according to Standard Operating Procedures by State Registered Biomedical Scientists (BMS) under the supervision of the Senior BMS. All results were routinely checked by the duty biochemist and highly abnormal results were notified to the survey doctor. In such cases the survey doctor notified and advised the participant and, where prior consent had been obtained, their general practitioner as appropriate.

A schedule of Planned Preventative Maintenance was used for each item of analytical equipment. These plans were carried out jointly by the manufacturers and the laboratories. Records were kept of when maintenance was due and carried out.

Table 26 shows reference ranges used for each of the blood analytes measured in the HSE 2014. Values within these reference ranges were considered to be clinically 'normal' while those outside were treated as clinically 'abnormal' (either too high or too low). For total and HDL cholesterol, where a large proportion of the population have values which are statistically within the normal distribution but are not ideal for good health, the term 'desirable' rather than 'normal' was used when results were sent to participants and/or their GPs.

Ranges are also given for salivary cotinine. There are no reference ranges available for spot urine samples for sodium, potassium and creatinine. **Table 26**

9.2.2 Blood sample analytical methods and equipment

Total cholesterol

Measurement of total cholesterol was carried out in the Blood Sciences Department at the RVI using a Cholesterol Oxidase assay method. A Roche Modular P analyser calibrated to the Centre for Disease Control (CDC) guidelines was used throughout HSE 2014. The Roche Modular P analyser has been used in HSE since 12th April 2010; before this, an Olympus 640 analyser was used.

The effect of this change of equipment was that measured concentrations of total cholesterol since 12th April 2010 were on average 0.1mmol/L higher than earlier HSE measurements.[24]

HDL cholesterol

HDL cholesterol analysis was carried out in the Blood Sciences Department at the RVI using a direct method (no precipitation). A Roche Modular P analyser was used throughout HSE

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2014. The Roche Modular P analyser has been used in HSE since 12th April 2010; before this, an Olympus 640 analyser was used.

The effect of this change of equipment was that measured concentrations of HDL cholesterol since 12th April 2010 were on average 0.1mmol/L lower than earlier HSE measurements.[24]

Glycated haemoglobin

Glycated haemoglobin (HbA_{1c}) analysis was carried out in the Blood Sciences Department at the RVI using the Tosoh G8 analyser throughout HSE 2014. The Tosoh G8 analyser has been used in HSE since 26th August 2010; before this a Tosoh G7 analyser was used. The change made no impact on measured concentrations. Both were calibrated using Diabetes Control and Complications Trial (DCCT) standards until 3rd October 2011, when International Federation of Clinical Chemistry (IFCC) standardisation was introduced.

9.2.3 Urine sample analytical methods and equipment

Urinary sodium, potassium and creatinine were analysed at the RVI on the Roche Modular P analyser. Urinary sodium and potassium were analysed using the indirect ion-selective electrode (ISE) method. Urinary creatinine was analysed using the Jaffe method.

9.2.4 Saliva sample analytical methods and equipment

Cotinine

Saliva samples received at the RVI were checked for correct identification, assigned a laboratory accession number, and stored at 4°C. Samples were checked for details and despatched fortnightly in polythene bags (20 samples per bag) by courier for overnight delivery to ABS Laboratories, where cotinine analysis was carried out. This laboratory specialises in accurate measurement of low levels of cotinine and therefore takes special precautions to ensure no contamination by environmental tobacco smoke occurs.

The method of analysis used was a high performance liquid chromatography coupled to tandem mass spectrometry with multiple reaction monitoring (LC-MS/MS).[25] A Tomtec Quadra was used to allow for the automation of some of the sample preparation. All methods were validated before use.

An advantage of the LC-MS/MS assay is that it is less prone than other methods to non-specific interference when assaying low levels of cotinine as seen due to passive smoking. This assay is therefore preferable for samples from non-smokers.[25]

A disadvantage of LC-MS/MS is that it does not have the dynamic range of the GC-NPD assay used in earlier HSE years.[25] Therefore both high and low calibration ranges were used, with samples from self-reported smokers first assayed using the high calibration range assay; any that were below 1ng/ml were then re-assayed with the low range assay. All of the samples from 2014 were from children, and so were first assayed using the low range assay of 0.1 to 50ng/ml. Any that were over-range were then re-assayed using the high range assay of 1 to 750ng/ml, provided there was sufficient saliva available from that participant.

9.3 Internal quality control (IQC)

9.3.1 Introduction

The purpose of internal quality control (IQC) is to ensure reliability of an analytical run. IQC helps to identify, and prevent the release of, any errors in an analytical run. IQC is also used to monitor trends over time.

For each analyte or group of analytes, the laboratory obtains a supply of commercial quality control materials, usually at more than one concentration of analyte. Target values and target standard deviations (SD) are assigned for each analyte. Target assignment includes evaluation of values obtained by the laboratory from replicate measurements (over several runs) in conjunction with target values provided by manufacturers of IQC materials, if available. The

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standard deviation and the coefficient of variation (CV) are measures of imprecision and are presented in the tables. IQC values are assessed against an acceptable range and samples are re-analysed if any of the Westgard rules have been violated.[26,27,28]

The tables providing IQC results show the assayed value compared with the target value, and the acceptable range is also provided so that, where the assayed and target values differ, it is possible to check that they are still within expected limits. The final columns of the tables show the SD and CV. In three months during 2014 the level 2 IQC result for urinary potassium was just outside the two standard deviation target range; as the result was not outside three standard deviations from the target mean and the result for the level 1 IQC was within the target range the results were considered acceptable. A footnote has been included in Table 34 relating to these instances.

9.3.2 Non-fasting blood samples

Total and HDL cholesterol

Two levels of internal quality control were assayed throughout the day. Tables 27 and 28 show the monthly IQC results for total and HDL cholesterol. **Tables 27-28**

Glycated haemoglobin (HbA_{1c})

Before October 2011, the analytical methods used for glycated haemoglobin measurement in the United Kingdom were required to be traceable to the work carried out on the DCCT part of the National Glycohemoglobin Standardisation Program (NGSP) in the USA. The Secondary Reference Laboratory (SRL) in the University of Minnesota was the main analytical laboratory for the DCCT work. The IQC results for glycated haemoglobin were DCCT standardised until October 2011, when the standard changed to International Federation of Clinical Chemistry (IFCC) values. The former were reported as HbA_{1c} %, and the latter as HbA_{1c} mmol/mol. Throughout the survey year, the participants' results were reported in both formats to participants who agreed to receive them and/or agreed for them to be sent to their GPs.

Two levels of internal quality control were run at the beginning and end of each run and at regular intervals throughout. Table 29 shows the monthly IQC results for glycated haemoglobin. **Table 29**

9.3.3 Urine samples

Two levels of IQC were used for urine sodium, potassium and creatinine; quality control samples were run at the beginning and end of each batch. Tables 30-32 show the monthly IQC results for these urine analytes. **Tables 30-32**

9.3.4 Saliva samples

Cotinine

ABS laboratories ran 16 non-zero calibration standards for each batch of the low range assay (0.1-50ng/ml), and 16 for the high range assay (1-750ng/ml). Six QC samples, two each at a set concentration to represent Low, Medium and High levels for the calibration range used, were also analysed with each analytical batch.

For the results from any analytical batch to be acceptable, four out of the six QCs must have a bias of no greater than ±15%, with at least one from each QC level being within these acceptance criteria, and 75% of the calibration standards must have a bias of no greater than ±15% except at the lower limit of quantification (0.1/10ng/ml) where the bias must be no greater than ±20%. A summary of the quality control samples results is collated and presented in Tables 33-34. **Tables 33-34**

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9.4 External quality assessment (EQA)

9.4.1 Introduction

External quality assessment (EQA) permits comparison of results between laboratories measuring the same analyte. An EQA scheme for an analyte or group of analytes distributes aliquots of the same samples to participating laboratories, which are blind to the concentration of the analytes. The usual practice is to participate in a scheme for a full year during which samples are distributed at regular frequency (monthly or bimonthly for example); the number of samples in each distribution and the frequency differ between schemes. The samples contain varying concentrations of analytes. The same samples may or may not be distributed more than once.

Samples are assayed shortly after they arrive at the laboratory. Depending on the frequency of distribution, there may be weeks or months in which no EQA samples are analysed. Results are returned to the scheme organisers, who issue a laboratory specific report giving at least the following data:

- Mean values, usually for all methods and for method groups;
- A measure of the between-laboratory precision;
- The bias of the results obtained by that laboratory.

EQA is a retrospective process of assessment of performance, particularly of inaccuracy or bias with respect to mean values; unlike IQC, it does not provide control of release of results at the time of analysis.

The RVI laboratory participates in the Welsh External Quality Assessment Schemes (WEQAS) on a routine basis. The WEQAS scheme does not include cotinine (tested by ABS laboratory); there is no EQA scheme for cotinine results.

For the blood samples, the standard deviation index (SDI) is reported here in addition to the target and achieved values to conform with best practice across Europe.[29] The SDI is an index of total error, including components of inaccuracy and imprecision. It is calculated as:

*(laboratory result – target value) / (WEQAS standard deviation * CF)*

where CF is a method-specific comparability factor. This adjustment ensures that each laboratory can compare their results with others using their own method, the peer reference method, and the overall mean of all groups. The target values reported in Tables 35-37 are the reference values, or (if reference values are absent from the report) the mean for the specific method used by RVI.

A score between -1 and 1 SDI is good; between 1 and 2 or between -2 and -1 SDI is acceptable. A score greater than 2 or below -2 is unacceptable and would trigger an investigation by the laboratory.[30] In a small number of cases during 2014 the SDI indicated that the variation was outside acceptable limits; the laboratory investigations suggested that despite the SDI there were no particular causes for concern. Footnotes have been included in the tables relating to the specific instances.

Each of the figures presented in Tables 35-37 corresponds to an individual EQA sample.

9.4.2 Non-fasting blood samples

The Blood Sciences laboratory participates in the WEQAS scheme. Table 35 shows the monthly EQA results for total cholesterol, Table 36 for HDL cholesterol, and Table 37 for glycated haemoglobin. The target and achieved values are shown, along with SDI.

Tables 35-37

9.4.3 Urine samples

The Clinical Biochemistry laboratory participates in the WEQAS scheme for the urine analytes (sodium, potassium and creatinine). Tables 38-40 show the monthly external quality assessment results for sodium, potassium and creatinine. **Tables 38-40**

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9.4.4 Saliva samples

Cotinine

There was no external quality control scheme available in 2014 for cotinine analysis but ABS Laboratories participates in inter-laboratory split analyses to ensure comparable results when these are available. The latest International inter-laboratory study was published in 2009.[27]

9.5 European comparison study

The HSE is part of the European Health Examination Survey (EHES) consortium, which aims to standardise national health examination surveys so that the data can be compared internationally. As part of this, 100 blood samples from HSE 2014, collected between February 2014 and January 2015 were re-analysed for total cholesterol and HDL-cholesterol at the EHES laboratory in Helsinki.

The methods and equipment for total and HDL-cholesterol assays in the EHES laboratory, as in the RVI (see Section 9.2.2), have been calibrated to Center for Disease Control (CDC) guidelines. This is regarded as the 'gold standard'.

The results from the UK and Helsinki laboratories showed a very high correlation. They also showed mean systematic error well within the acceptable set limits of 3% for total cholesterol and 5% for HDL cholesterol. The bias showed no trend over time within the HSE 2014 period, for total or HDL cholesterol. Over the whole round (2012-2015) a downward trend in bias for total cholesterol was seen, averaging 2.5% from June 2012 to March 2013, and 0.96% (and stable) since then. There was no trend over time in the bias for HDL cholesterol. The representativeness of the HSE sampling means that no adjustments need be performed on the data.

References and notes

1 Davies, S. *Chief Medical Officer (CMO) annual report 2013: public mental health*. Department of Health, London, 2014. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413196/CMO_web_doc.pdf

2 Bridges S. *Mental health problems*. Chapter 2, and Ilic N, Henderson C et al. *Attitudes towards mental illness*. Chapter 3 in Craig R, Fuller E, Mindell J (eds). *Health Survey for England 2014*. Health and Social Care Information Centre, Leeds, 2015. www.hscic.gov.uk/pubs/hse2014

3 World Health Organization. *Deafness and hearing impairment*. Factsheet no. 300. WHO, Geneva, 2015. www.who.int/mediacentre/factsheets/fs300/en/index.html

4 Scholes S, Mindell J. *Hearing*. Chapter 4 in Craig R, Fuller E, Mindell J (eds). *Health Survey for England 2014*. Health and Social Care Information Centre, Leeds, 2015. www.hscic.gov.uk/pubs/hse2014

5 Craig R, Fuller E, Mindell J (eds). *Health Survey for England 2014. Volume 1: Health, social care and lifestyles*. Health and Social Care Information Centre, Leeds, 2015. www.hscic.gov.uk/pubs/hse2014

6 Craig R, Fuller E, Mindell J (eds). *Health Survey for England 2014. Volume 2: Methods and documentation*. Health and Social Care Information Centre, Leeds, 2015. www.hscic.gov.uk/pubs/hse2014

7 NS-SEC is a social classification system that attempts to classify groups on the basis of employment relations, based on characteristics such as career prospects, autonomy, mode of payment and period of notice. Participants are assigned to an NS-SEC category based on the current or former occupation of the household reference person (see note 11 below). For a full explanation of NS-SEC and its derivation see the Glossary in this volume, and The National Statistics Socio-economic Classification User Manual 2002, ONS, 2002.

Groups 1 and 2 in NS-SEC are higher managerial and higher professional occupations.

8 A household is defined as one person living alone or a group of people (not necessarily related) living at the same address who share cooking facilities AND share a living room or dining area.

9 In the HSE 2009, the survey design was changed to select a single household at dwelling units with

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more than one household; previously interviewers carried out interviews at up to three households per dwelling unit. The change was made because the impact on the sample efficiency was negligible, and the procedures for interviewing at more than one household per dwelling unit were cumbersome and error prone for interviewers. The same selection procedures were used in 2009 and subsequent years.

10 For some blood sample analyses it is necessary for participants to fast for a period before the sample is taken as the composition of the blood sample is affected by recent intake of food or drink. However, for the analytes in the HSE, 'non-fasting' blood samples can be used and participants do not have to fast before the nurse visit.

11 The household reference person (HRP) is defined as the householder (the person in whose name the property is owned or rented); if there is more than one, the person with the highest income. If there are two householders with equal income, then the household reference person is the oldest.

12 Adults and parents were required to give fully informed **consent**. **Assent** from children indicated that they had been given an age-appropriate explanation that they could understand (even if not as comprehensive as for an adult), and that the child was happy for the procedure to go ahead.

13 The 'set' sample of children is calculated as follows:

- In the 5,501 co-operating households, 1,420 households had children (656 with one child, 764 with two), giving 2,184 eligible children in total in these households.
- In the 2,243 non co-operating households where some information about residents was established, there were 163 households with one child and 246 households with two or more children; this gave a total of 655 eligible children.
- In the 910 households where no information was known, it has been assumed that the proportion of households with children, and the number of children per household, was as for households where this was known, giving an estimate of 354 eligible children.
- The 'set' sample is therefore 3,193 children.
- Sex of children was only known in co-operating households; 51% of the children were boys and 49% were girls. These proportions have been applied to the total set sample of children, giving 1,641 boys and 1,552 girls.

14 Mid-2013 population estimates, the most recent available at the time of weighting the sample, were obtained from ONS. See:
www.ons.gov.uk/ons/rel/pop-estimate/population-estimates-for-uk--england-and-wales--scotland-and-northern-ireland/2013/stb---mid-2013-uk-population-estimates.html

15 Korovessis C, Tipping S and Purdon S. *Health Survey for England 2002. Volume1: Weighting*. The Stationery Office, London, 2003.

16 A Kish grid is a framework to ensure that the dwelling unit is selected without interviewer bias. The number of dwelling units is listed across the top of the grid, with a random number below to indicate which dwelling unit should be selected.

17 The household types used for the weighting were:
One adult aged 16-59, no children
Two adults, both 16-59, no children
One adult, aged 60 or over, no children
Two adults, one or both aged 60 or over, no children
Small family: one or two adults with one or two children
Large family: one or two adults with three or more children, or three or more adults with two or more children
Large adult household: three or more adults with one child or no children.

18 In the adult trend tables, unweighted bases are provided for years up to 2002, and weighted bases for 2003 onwards (the year from which non-response weighting was introduced). In the children's trend tables, for years up to 2002 weighted bases are shown, adjusted for probability of selection (since a maximum of two children per household is selected); from 2003 weighted bases are shown corrected for selection and non-response.

19 Sproston K, Primatesta P (eds). *Health Survey for England 2003. Volume 3: Methodology and documentation*. The Stationery Office, London, 2004.

20 An updated version of IMD was published in September 2015, too late for use in analyses for the 2014 report.

21 McLennan D, Barnes H, Noble M et al. *The English Indices of Deprivation 2010*. Department for Communities and Local Government, London, 2011.

22 See McLennan D et al, 2011 (reference 21); Chapter 3.

23 The Wald test is statistical test used to calculate the significance of parameters in a statistical model. The Wald test is used in analysis of HSE data in this report to establish whether the association among particular variables is statistically significant. For example the test might help to establish whether there is a statistically significant relationship between smoking prevalence and age (after controlling for sex) and between smoking prevalence and sex (after controlling for age). The test calculates the statistical significance of parameters in a logistic regression model of smoking prevalence in order to establish whether age and sex are significantly associated with smoking prevalence.

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24 In the HSE 2010 dataset, a variable CHOLFLAG showed whether the cholesterol was collected pre or post change. From HSE 2011 onwards, the variables CHOLVAL2 and CHOLVAL12 have been used instead of CHOLVAL and CHOLVAL1, to indicate this revised measurement.

25 Bernert JT, Jacob III P, Holiday DB et al. *Interlaboratory comparability of serum cotinine measurements at smoker and nonsmoker concentration levels: A round robin study*. Nicotine Tob Res. 2009;**11**:1458-66.

26 Westgard rules are a statistical approach to evaluation of day-to-day analytical performance. The Westgard multirule quality control procedure uses five different control rules to judge the acceptability of an analytical run. This differs from the single criterion or single set of control limits used by single-rule quality control systems, such as a Levey-Jennings chart with control limits set as either the mean plus or minus 2 standard deviations or the mean plus or minus 3 standard deviations. Westgard rules are generally used with two or four control measurements per run. This means they are appropriate when two different control materials are measured once or twice per material, which is the case in many chemistry applications. Some alternative control rules are more suitable when three control materials are analyzed, which is common for applications in haematology. More detail is available at www.westgard.com/mltirule.htm#westgard.

27 Westgard JO, Barry PL, Hunt MR, Groth T. *A multi-rule Shewhart chart for quality control in clinical chemistry*. Clin Chem. 1981;**27**:493-501.

28 Westgard JO, Klee GG. *Quality Management*. Chapter 16 in Burtis C (ed.). *Fundamentals of Clinical Chemistry.* 4th edition. Philadelphia: WB Saunders Company, 1996, pp.211-23.

29 Alfthan G, Sundvall J. *Blood samples and laboratory analyses*. Chapter 10 in Tolonen H (ed). EHES Manual. National Institute for Health and Welfare (THL), Helsinki, 2011.

30 Welsh External Quality Assurance Scheme. *Participants Manual*. WEQAS, Cardiff, 2003.

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Tables

1 Household response, by calendar quarter

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40 External quality assessment results for urinary creatinine

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Table 1

Household response, by calendar quarter

Selected addresses/eligible households *2014*

Address and household outcome	Survey quarter								Total	
	Jan-Mar		Apr-Jun		Jul-Sep		Oct-Dec			
	N	%	N	%	N	%	N	%	N	%
Issued sample										
Selected addresses	2256		2256		2256		2256		9024	
Ineligible addresses – type a[a]	207	9	199	9	210	9	204	9	820	9
Total eligible households	2049	91	2057	91	2046	91	2052	91	8204	91
Household response										
Co-operating households[b]	1304	64	1296	63	1226	60	1225	60	5051	62
All interviewed	1042	51	1047	51	949	46	963	47	4001	49
Fully co-operating[c]	945	46	939	46	842	41	866	42	3592	44
Non-responding households	745	36	761	37	820	40	827	40	3153	38
No contact	47	2	68	3	70	3	67	3	252	3
Unknown eligibility	10	0	6	0	15	1	14	1	45	1
Refusal	599	29	586	28	658	32	637	31	2480	30
Other non-response	89	4	101	5	77	4	109	5	376	5
Base: all eligible households	*2049*		*2057*		*2046*		*2052*		*8204*	

[a] Addresses where no private households were found.

[b] Households where at least one person was interviewed.

[c] All eligible household members were interviewed, had height and weight measured and had a nurse visit.

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Table 2

Detailed outcomes for non-responding households

Ineligible/non-responding households		*2014*
	N	%
Ineligible		
Vacant/empty	553	6.1
Address occupied, but no resident household	104	1.2
Non-residential address	113	1.3
Demolished/derelict	43	0.5
Not yet built/under construction	7	0.1
Total ineligible	*820*	*9.1*
No contact		
No contact with anyone at address after 6+ calls	234	2.9
Unable to locate address	11	0.1
Inaccessible/ not attempted	7	0.1
Total no contact	*252*	*3.1*
Unknown eligibility		
Contact made, but not with responsible resident	4	0.0
Unknown whether address is eligible or residential due to non-contact	8	0.1
Unable to confirm eligibility due to language barrier	1	0.0
Other unknown eligibility	1	0.0
Total unknown eligibility	*14*	*0.2*
Refusal		
Office refusal (household contacted office before interviewer made contact)	416	5.1
Information refused about number of dwelling units at address	27	0.3
Information refused about people in household	169	2.1
Information refused about whether resident(s) eligible	0	0.0
Refusal before household interview	1647	20.1
Refusal after completion of household questionnaire	9	0.1
Broken appointment - no recontact	212	2.6
Total refusals	*2480*	*30.2*
Others with no interview		
Physically unable/incompetent	43	0.5
Mentally unable/incompetent	53	0.6
Language difficulties	69	0.8
Away/in hospital throughout field work period	52	0.6
Ill at home during survey period	50	0.6
Full or partial interview but respondent requested data be deleted	1	0.0
Other reasons why unproductive	108	1.3
Total other	*376*	*4.6*
Total	**3942**	

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Table 3

Household response, by region

Selected addresses/eligible households — *2014*

Address and household outcome	Region[a]																				Total	
	North East		North West		Yorkshire & the Humber		East Midlands		West Midlands		East of England		London		South East		South West			
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Issued sample																				
Selected addresses	816		1178		881		753		912		974		1209		1405		896		9024	
Ineligible addresses – type a[b]	63	8	146	12	74	8	74	10	84	9	67	7	101	8	115	8	96	11	820	9
Total eligible households	753	92	1032	88	807	92	679	90	828	91	907	93	1108	92	1290	92	800	89	8204	91
Household response																				
Co-operating households[c]	517	69	650	63	465	58	430	63	490	59	569	63	595	54	823	64	512	64	5051	62
All interviewed	377	50	571	55	367	45	354	52	391	47	467	51	431	39	632	49	411	51	4001	49
Fully co-operating[d]	320	42	518	50	345	43	307	45	358	43	410	45	376	34	567	44	391	49	3592	44
Non-responding households	236	31	382	37	342	42	249	37	338	41	338	37	513	46	467	36	288	36	3153	38
No contact	18	2	21	2	41	5	13	2	36	4	15	2	47	4	33	3	28	4	252	3
Unknown eligibility	8	1	4	0	2	0	2	0	2	0	7	1	13	1	3	0	4	1	45	1
Refusal	199	26	316	31	247	31	209	31	242	29	282	31	386	35	394	31	205	26	2480	30
Other non-response	11	1	41	4	52	6	25	4	58	7	34	4	67	6	37	3	51	6	376	5
Base: all eligible households	*753*		*1032*		*807*		*679*		*828*		*907*		*1108*		*1290*		*800*		*8204*	

[a] Regions are former Government Office Regions.

[b] Addresses where no private households were found.

[c] Households where at least one person was interviewed.

[d] All eligible household members were interviewed, had height and weight measured and had a nurse visit.

Table 4

Household response, by dwelling type

Eligible households — *2014*

Household response	Dwelling type						Total
	Detached house	Semi-detached house	Terraced house (including end of terrace)	Flat or maisonette – purpose built	Flat or maisonette – conversion	Other type	
	%	%	%	%	%	%	%
Co-operating households[a]	67	63	61	58	53	30	62
All interviewed	52	49	47	51	43	28	49
Fully co-operating[b]	46	43	42	47	40	27	44
Non-responding households	33	37	39	42	47	70	38
No contact	1	1	3	7	8	10	3
Unknown eligibility	0	0	1	1	0	0	1
Refusal	29	31	30	27	31	57	30
Other non-response	2	4	4	5	6	1	5
Base: all eligible households	*1785*	*2669*	*2166*	*1237*	*208*	*137*	*9024*

[a] Households where at least one person was interviewed.

[b] All eligible household members were interviewed, had height and weight measured and had a nurse visit.

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Table 5

Summary of adults' individual response to the survey, by sex

Estimated adult sample ('set' sample of adults aged 16 and over) *2014*

Individual response	Men		Women		All adults	
	N	%	N	%	N	%
Interviewed	3588	51	4489	58	8077	55
Non responders:						
In co-operating households	932	13	442	6	1374	9
In non-responding households	2539	36	2769	36	5308	36
Responded to:						
Self-completion	3276	46	4165	54	7441	50
Height	3230	46	4031	52	7261	49
Weight	3219	46	3881	50	7100	48
Nurse visit	2438	35	3053	40	5491	37
Waist/hip	2385	34	2917	38	5302	36
Blood pressure	2415	34	2970	39	5385	36
Blood sample	1875	27	2172	28	4047	27
Urine sample	2092	30	2571	33	4663	32
Base: set sample[a]	*6954*		*7587*		*14541*	

[a] For the method of estimating the adult 'set' sample, see section 6.3. Estimated bases have been rounded to whole numbers.

Table 6

Summary of children's individual response to the survey, by sex

Estimated child sample ('set' sample of children aged 0-15) *2014*

Individual response	Boys		Girls		All children	
	N	%	N	%	N	%
Interviewed	1036	63	967	62	2003	63
Non responders:						
In co-operating households	104	6	104	7	208	7
In non-responding households	501	31	481	31	982	31
Responded to:						
Height	737	45	699	45	1436	45
Weight	826	50	768	49	1594	50
Nurse visit	677	41	572	37	1249	39
Base: set sample[a]	*1641*		*1552*		*3193*	

[a] For the method of estimating the child 'set' sample, see section 6.4. Estimated bases have been rounded to whole numbers.

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Table 7

Men in co-operating households: response to the stages of the survey, by age

Men aged 16 and over in co-operating households *2014*

Individual response	Age group							Total
	16-24	25-34	35-44	45-54	55-64	65-74	75+	
	%	%	%	%	%	%	%	%
Interviewed								
Interviewed	58	73	80	79	86	91	94	79
Not contacted/refused	42	27	20	21	14	9	6	21
Height								
Measured	52	65	73	71	77	84	82	71
Refused	3	5	4	5	6	4	5	4
Measurement not attempted	3	3	3	2	3	3	5	3
Not contacted/not obtained[a]	42	27	20	22	14	9	8	21
Weight								
Measured	52	64	73	71	77	84	82	71
Refused	3	5	4	5	6	4	5	5
Measurement not attempted	3	3	3	2	3	3	6	3
Not contacted/not obtained[a]	43	28	20	22	14	9	7	21
Nurse visit								
Co-operated with nurse visit	33	46	53	52	63	70	68	54
Refused/no contact at nurse visit	16	16	15	16	9	10	9	13
Not interviewed	50	38	32	33	28	21	23	33
Waist/hip								
Measured	33	45	52	51	62	68	64	53
Refused/not obtained	0	0	1	1	1	1	4	1
No nurse visit[b]	67	54	47	48	37	30	32	46
Blood pressure								
Measured	33	45	52	52	62	69	67	53
Refused/not obtained	0	0	0	0	1	1	1	1
No nurse visit[b]	67	54	47	48	37	30	32	46
Blood sample								
Sample taken	23	36	42	42	51	53	43	41
Ineligible – medical grounds	2	1	2	3	2	5	5	3
Unsuccessful attempt at sample	1	1	1	1	2	5	11	2
Refused	8	7	7	5	7	5	7	7
No nurse visit[b]	67	55	48	49	39	32	33	47
Urine sample								
Measured	27	37	45	45	57	61	57	46
Refused/not obtained	7	9	8	7	6	8	11	8
No nurse visit[b]	67	54	47	48	37	30	32	46
Base								
Men aged 16 and over in co-operating households	*630*	*624*	*753*	*847*	*660*	*603*	*403*	*4520*

[a] Includes non-responders to interview as well as those where measurements not obtained.

[b] Includes non-responders to interview.

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Table 8

Women in co-operating households: response to the stages of the survey, by age

Women aged 16 and over in co-operating households *2014*

Individual response	Age group							Total
	16-24	25-34	35-44	45-54	55-64	65-74	75+	
	%	%	%	%	%	%	%	%
Interviewed								
Interviewed	72	91	93	93	94	95	96	91
Not contacted/refused	28	9	7	7	6	5	4	9
Height								
Measured	64	83	85	84	87	87	77	82
Refused	5	5	7	6	6	5	7	6
Measurement not attempted	3	3	1	2	1	3	11	3
Not contacted/not obtained[a]	28	9	7	8	6	6	5	9
Weight								
Measured	62	74	80	82	85	86	77	79
Refused	6	7	10	7	7	5	8	7
Measurement not attempted	4	5	2	2	1	3	11	4
Not contacted/not obtained[a]	29	14	8	8	7	6	5	11
Nurse visit								
Co-operated with nurse visit	38	59	60	66	68	73	66	62
Refused/no contact at nurse visit	21	19	19	13	12	8	10	15
Not interviewed	41	22	22	20	20	19	24	23
Waist/hip								
Measured	38	53	57	65	66	71	62	59
Refused/not obtained	1	1	1	1	2	2	4	2
No nurse visit[b]	62	46	42	34	32	27	34	39
Blood pressure								
Measured	37	53	58	66	68	72	64	60
Refused/not obtained	1	0	0	0	0	1	2	1
No nurse visit[b]	62	46	42	34	32	27	34	39
Blood sample								
Sample taken	19	39	44	51	53	56	40	44
Ineligible – medical grounds	5	4	4	5	6	6	5	5
Unsuccessful attempt at sample	1	6	3	1	1	2	11	3
Refused	12	9	8	8	7	7	8	9
No nurse visit[b]	62	42	41	35	33	28	36	39
Urine sample								
Measured	30	44	50	58	63	65	50	52
Refused/not obtained	8	10	9	8	5	8	15	9
No nurse visit[b]	62	46	42	34	32	27	34	39
Base								
Women aged 16 and over in co-operating households	*577*	*737*	*861*	*879*	*681*	*676*	*520*	*4931*

[a] Includes non-responders to interview as well as those where measurements not obtained.

[b] Includes non-responders to interview.

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Table 9

All adults in co-operating households: response to the stages of the survey, by age

All adults aged 16 and over in co-operating households *2014*

Individual response	Age group							Total
	16-24	25-34	35-44	45-54	55-64	65-74	75+	
	%	%	%	%	%	%	%	%
Interviewed								
Interviewed	65	83	87	86	90	93	95	85
Not contacted/refused	35	17	13	14	10	7	5	15
Height								
Measured	58	75	79	78	82	86	79	77
Refused	4	5	6	5	6	4	6	5
Measurement not attempted	3	3	2	2	2	3	8	3
Not contacted/not obtained[a]	36	17	13	15	10	7	6	15
Weight								
Measured	57	69	77	77	81	85	79	75
Refused	4	6	7	6	7	5	6	6
Measurement not attempted	3	4	3	2	2	3	9	3
Not contacted/not obtained[a]	36	20	14	15	11	7	6	16
Nurse visit								
Co-operated with nurse visit	36	53	56	59	66	71	67	58
Refused/no contact at nurse visit	18	18	17	14	10	9	10	14
Not interviewed	46	29	26	26	24	20	24	28
Waist/hip								
Measured	35	49	55	58	64	70	63	56
Refused/not obtained	0	1	1	1	2	2	4	1
No nurse visit[b]	64	50	44	41	34	29	33	42
Blood pressure								
Measured	35	50	55	59	65	71	65	57
Refused/not obtained	0	0	0	0	1	1	1	1
No nurse visit[b]	64	50	44	41	34	29	33	42
Blood sample								
Sample taken	21	37	43	47	52	55	41	43
Ineligible – medical grounds	3	3	3	4	4	6	5	4
Unsuccessful attempt at sample	1	4	2	1	2	3	11	3
Refused	10	8	8	7	7	6	8	8
No nurse visit[b]	65	48	44	42	36	30	35	43
Urine sample								
Measured	28	41	47	52	60	63	53	49
Refused/not obtained	7	9	8	7	6	8	13	8
No nurse visit[b]	64	50	44	41	34	29	33	42
Bases								
All adults aged 16 and over in co-operating households	*1207*	*1361*	*1614*	*1726*	*1341*	*1279*	*923*	*9451*

[a] Includes non-responders to interview as well as those where measurements not obtained.

[b] Includes non-responders to interview.

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Table 10

Boys in co-operating households: response to the stages of the survey, by age

Eligible boys aged 0-15 in co-operating households *2014*

Individual response	Age group					Total
	0-1	2-4	5-6	7-10	11-15	
	%	%	%	%	%	%
Interviewed[1]						
Interviewed	97	97	93	93	88	93
Not contacted/refused	3	3	7	7	12	7
Height[2]						
Measured		70	80	76	75	75
Refused		5	2	4	5	4
Measurement not attempted		19	11	11	8	12
Not contacted/not obtained[a]		6	7	8	12	9
Weight[1]						
Measured	65	73	79	76	74	74
Refused	8	4	2	4	6	5
Measurement not attempted	24	18	12	11	8	13
Not contacted/not obtained[a]	3	4	7	9	12	8
Nurse visit[1]						
Co-operated with nurse visit	62	65	59	58	60	61
Refused/no contact at nurse visit	21	20	24	20	16	20
Not interviewed	17	15	17	22	24	20
Saliva sample[3]						
Measured		30	43	51	55	49
Refused/not obtained		30	16	7	5	10
No nurse visit[b]		39	41	42	40	41
Blood pressure[4]						
Measured			49	55	57	55
Refused/not obtained			10	3	3	4
No nurse visit[b]			41	42	40	41
Waist/hip[5]						
Measured					58	58
Refused/not obtained					2	2
No nurse visit[b]					40	40
Bases in co-operating households						
[1] *All eligible boys aged 0-15*	*132*	*232*	*134*	*276*	*343*	*1117*
[2] *All eligible boys aged 2-15*		*232*	*134*	*276*	*343*	*985*
[3] *All eligible boys aged 4-15*		*79*	*134*	*276*	*343*	*832*
[4] *All eligible boys aged 5-15*			*134*	*276*	*343*	*753*
[5] *All eligible boys aged 11-15*				*276*	*343*	*619*

[a] Includes non-responders to interview as well as those where measurements not obtained.

[b] Includes non-responders to interview.

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Table 11

Girls in co-operating households: response to the stages of the survey, by age

Eligible girls aged 0-15 in co-operating households *2014*

Individual response	Age group					Total
	0-1	2-4	5-6	7-10	11-15	
	%	%	%	%	%	%
Interviewed[1]						
Interviewed	94	97	90	94	86	92
Not contacted/refused	6	3	10	6	14	8
Height[2]						
Measured		68	75	79	73	74
Refused		8	5	5	5	6
Measurement not attempted		17	10	9	8	10
Not contacted/not obtained[a]		7	10	8	14	10
Weight[1]						
Measured	65	72	74	77	72	73
Refused	8	8	5	5	6	6
Measurement not attempted	21	14	11	10	8	12
Not contacted/not obtained[a]	6	6	10	8	14	9
Nurse visit[1]						
Co-operated with nurse visit	57	58	50	56	51	54
Refused/no contact at nurse visit	16	24	31	22	20	22
Not interviewed	27	18	19	22	29	24
Saliva sample[3]						
Measured		31	41	50	48	46
Refused/not obtained		25	9	7	3	7
No nurse visit[b]		44	50	44	49	47
Blood pressure[4]						
Measured			43	52	49	49
Refused/not obtained			7	5	2	4
No nurse visit[b]			50	44	49	47
Waist/hip[5]						
Measured					50	50
Refused/not obtained					1	1
No nurse visit[b]					49	49
Bases in co-operating households						
[1] *All eligible girls aged 0-15*	*108*	*218*	*148*	*252*	*329*	*1055*
[2] *All eligible girls aged 2-15*		*218*	*148*	*252*	*329*	*947*
[3] *All eligible girls aged 4-15*		*68*	*148*	*252*	*329*	*797*
[4] *All eligible girls aged 5-15*			*148*	*252*	*329*	*729*
[5] *All eligible girls aged 11-15*				*252*	*329*	*581*

[a] Includes non-responders to interview as well as those where measurements not obtained.

[b] Includes non-responders to interview.

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Table 12

All children in co-operating households: response to the stages of the survey, by age

Eligible children aged 0-15 in co-operating households *2014*

Individual response	Age group					Total
	0-1	2-4	5-6	7-10	11-15	
	%	%	%	%	%	%
Interviewed[1]						
Interviewed	96	97	91	93	87	92
Not contacted/refused	4	3	9	7	13	8
Height[2]						
Measured		69	77	77	74	74
Refused		6	4	5	5	5
Measurement not attempted		18	11	10	8	11
Not contacted/not obtained[a]		7	9	8	13	10
Weight[1]						
Measured	65	73	77	77	73	73
Refused	8	6	4	5	6	6
Measurement not attempted	23	16	11	11	8	12
Not contacted/not obtained[a]	4	5	9	8	13	9
Nurse visit[1]						
Co-operated with nurse visit	60	62	54	57	56	58
Refused/no contact at nurse visit	19	22	28	21	18	21
Not interviewed	21	17	18	22	26	22
Saliva sample[3]						
Measured		31	42	51	51	48
Refused/not obtained		28	12	7	4	9
No nurse visit[b]		41	46	43	44	44
Blood pressure[4]						
Measured			46	53	53	52
Refused/not obtained			8	4	2	4
No nurse visit[b]			46	43	44	44
Waist/hip[5]						
Measured					54	54
Refused/not obtained					1	1
No nurse visit[b]					44	97
Bases in co-operating households						
[1] *All eligible children aged 0-15*	*320*	*472*	*287*	*561*	*716*	*2356*
[2] *All eligible children aged 2-15*		*472*	*287*	*561*	*716*	*2036*
[3] *All eligible children aged 4-15*		*152*	*287*	*561*	*716*	*1716*
[4] *All eligible children aged 5-15*			*287*	*561*	*716*	*1564*
[5] *All eligible children aged 11-15*					*716*	*716*

[a] Includes non-responders to interview as well as those where measurements not obtained.

[b] Includes non-responders to interview.

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Table 13

Age distribution of responding adult sample compared with mid-2013 population estimates for England, by sex

Responding adults aged 16 and over *2014*

Age group	Health survey responding adult sample		2013 Mid-year population estimates[a]
	At interview	At nurse visit	
	%	%	%
Men			
16-24	10	9	15
25-34	13	12	17
35-44	17	16	17
45-54	19	18	18
55-64	16	17	14
65-74	15	17	11
75 and over	11	11	8
All men[b]	44	44	49
Women			
16-24	9	7	14
25-34	15	14	17
35-44	18	17	16
45-54	18	19	17
55-64	14	15	14
65-74	14	16	12
75 and over	11	11	10
All women[b]	56	56	51
Bases			
Men	*3588*	*2438*	*21,213*
Women	*4489*	*3053*	*21,212*

[a] Mid population estimates for England excluding those in institutions (Source: ONS). Base shown in thousands.

[b] Note that the percentages for age groups within sex are based on all participants of that sex (they may not sum to 100% because of rounding). The 'All men' and 'All women' percentages are based on all participants.

Table 14

Age distribution of responding child sample compared with mid-2013 population estimates for England, by sex

Responding children aged 0-15 *2014*

Age group	Health survey responding child sample		2013 Mid-year population estimates[a]
	At interview	At nurse visit	
	%	%	%
Boys			
0-1	12	12	14
2-3	14	15	13
4-5	13	13	13
6-7	12	10	13
8-9	12	12	12
10-11	12	13	11
12-13	13	14	12
14-15	11	11	12
All boys[b]	52	54	51
Girls			
0-1	11	11	13
2-3	15	15	13
4-5	14	13	13
6-7	13	13	13
8-9	12	12	12
10-11	12	12	11
12-13	11	12	12
14-15	12	12	12
All girls[b]	48	46	49
	11	11	
Bases			
Boys	*1036*	*677*	*5,228*
Girls	*967*	*572*	*4,981*

[a] Mid-year population estimates for England (Source: ONS). Base shown in thousands.

[b] Note that the percentages for age groups within sex are based on all participants of that sex (they may not sum to 100% because of rounding). The 'All boys' and 'All girls' percentages are based on all children.

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Table 15

True standard errors and 95% confidence intervals for types of mental illness ever diagnosed

Aged 16 and over — *2014*

Base	Characteristic	%	Unweighted sample size	Weighted sample size	True standard error	95% confidence interval Lower	95% confidence interval Upper	Deft
Men 16+	**Types of diagnosed mental illnesses[a]**							
	Common mental disorder[b]	17.1	2435	2662	0.84	15.5	18.8	1.16
	Serious mental illness[c]	3.4	2435	2662	0.51	2.4	4.4	1.44
	Other including complex mental illness[d]	1.8	2435	2662	0.29	1.3	2.4	1.13
	Alcohol or drug dependence	3.4	2435	2662	0.43	2.5	4.2	1.23
	Diagnosis							
	At least one mental illness diagnosed	19.2	2435	2662	0.92	17.4	21.0	1.21
	At least one mental illness reported but none diagnosed	17.3	2435	2662	0.89	15.5	19.0	1.21
	No mental illness	63.6	2435	2662	1.23	61.1	66.0	1.33
Women 16+	**Types of diagnosed mental illnesses[a]**							
	Common mental disorder[b]	31.1	3050	2782	0.97	29.2	33.0	1.10
	Serious mental illness[c]	5.3	3050	2782	0.44	4.4	6.1	1.05
	Other including complex mental illness[d]	2.7	3050	2782	0.33	2.1	3.4	1.09
	Alcohol or drug dependence	1.6	3050	2782	0.26	1.1	2.1	1.09
	Diagnosis							
	At least one mental illness diagnosed	33.3	3050	2782	0.99	31.4	35.2	1.11
	At least one mental illness reported but none diagnosed	18.6	3050	2782	0.85	16.9	20.2	1.16
	No mental illness	48.1	3050	2782	1.10	46.0	50.3	1.16

[a] Participants were defined as having a diagnosed mental illness if they reported that they had ever experienced a condition and had been diagnosed by a doctor, psychiatrist or other professional. The types of conditions shown are not mutually exclusive.

[b] Common mental disorders include phobia, panic attacks, post-traumatic stress, generalised anxiety disorder, depression (including post-natal depression) and obsessive compulsive disorder.

[c] Serious mental illness includes bipolar disorder, an eating disorder, nervous breakdown, personality disorder, psychosis or schizophrenia.

[d] Other/complex mental illness includes attention deficit hyperactivity disorder (ADHD), attention deficit disorder (ADD), dementia, seasonal affective disorder or any other mental, emotional or neurological problem or condition.

Table 16

True standard errors and 95% confidence intervals for attitudes to mental health

Aged 16 and over — *2014*

Base	Characteristic	Mean	Unweighted sample size	Weighted sample size	True standard error	95% confidence interval Lower	95% confidence interval Upper	Deft
Men 16+	Prejudice and exclusion: Mean score	73.3	2842	3172	0.40	72.6	74.1	1.17
	Tolerance and support for community care: Mean score	69.4	3102	3440	0.34	68.7	70.0	1.16
Women 16+	Prejudice and exclusion: Mean score	78.4	3662	3402	0.36	77.7	79.1	1.24
	Tolerance and support for community care: Mean score	72.0	3977	3689	0.31	71.3	72.6	1.21

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Table 17

True standard errors and 95% confidence intervals for self-reported hearing difficulties

Aged 16 and over, had nurse visit *2014*

Base	Characteristic	%	Unweighted sample size	Weighted sample size	True standard error	95% confidence interval		Deft
						Lower	Upper	
Men 16+	No hearing difficulties	81.3	3574	3970	0.70	79.9	82.7	1.13
	Hearing difficulties, no current hearing aid use	13.1	3574	3970	0.60	11.9	14.3	1.12
	Current hearing aid use	5.6	3574	3970	0.38	4.9	6.4	1.04
	Hearing difficulties (including hearing aid use)	*18.7*	*3574*	*3970*	*0.70*	*17.3*	*20.1*	*1.13*
Women 16+	No hearing difficulties	83.2	4477	4153	0.56	82.1	84.3	0.96
	Hearing difficulties, no current hearing aid use	12.1	4477	4153	0.51	11.1	13.1	1.01
	Current hearing aid use	4.7	4477	4153	0.32	4.0	5.3	0.98
	Hearing difficulties (including hearing aid use)	*16.8*	*4477*	*4153*	*0.56*	*15.7*	*17.9*	*0.96*

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Table 18

True standard errors and 95% confidence intervals for prevalence and severity of objective hearing loss

Aged 16 and over, had nurse visit *2014*

Base	Characteristic	%	Unweighted sample size	Weighted sample size	True standard error	95% confidence interval		Deft
						Lower	Upper	
Men 16+	**1 kHz mid-frequency sound[a]**							
	Good hearing	86.4	2372	2593	0.79	84.9	87.9	1.17
	Mild to moderate problem	9.7	2372	2593	0.73	8.2	11.1	1.26
	Moderate problem	3.4	2372	2593	0.37	2.7	4.1	1.04
	Moderate to severe problem	0.5	2372	2593	0.12	0.3	0.8	0.86
	Objective hearing loss at 1 kHz[b]	*13.6*	*2372*	*2593*	*0.79*	*12.1*	*15.1*	*1.17*
	3 kHz high frequency sound[c]							
	Good hearing to mild problem	85.7	2373	2594	0.75	84.3	87.2	1.10
	Moderate problem	8.5	2373	2594	0.56	7.4	9.5	1.02
	Moderate to severe problem	5.3	2373	2594	0.47	4.3	6.2	1.08
	Severe problem	0.6	2373	2594	0.14	0.3	0.8	0.99
	Objective hearing loss at 3kHz[d]	*14.3*	*2373*	*2594*	*0.75*	*12.8*	*15.7*	*1.10*
Women 16+	**1 kHz mid-frequency sound[a]**							
	Good hearing	85.1	2967	2708	0.70	83.7	86.4	1.03
	Mild to moderate problem	10.9	2967	2708	0.63	9.6	12.1	1.06
	Moderate problem	3.5	2967	2708	0.34	2.8	4.1	0.96
	Moderate to severe problem	0.6	2967	2708	0.17	0.3	1.0	1.09
	Objective hearing loss at 1 kHz[b]	*14.9*	*2967*	*2708*	*0.70*	*13.6*	*16.3*	*1.03*
	3 kHz high frequency sound[c]							
	Good hearing to mild problem	88.3	2969	2709	0.57	87.2	89.5	0.94
	Moderate problem	7.5	2969	2709	0.46	6.6	8.4	0.92
	Moderate to severe problem	3.7	2969	2709	0.37	3.0	4.4	1.01
	Severe problem	0.4	2969	2709	0.11	0.2	0.6	0.84
	Objective hearing loss at 3kHz[d]	*11.7*	*2969*	*2709*	*0.57*	*10.5*	*12.8*	*0.94*

[a] 1 kHz: Good hearing: able to hear 20 decibel Hearing Level (dB HL); Mild to moderate problem: unable to hear 20 dB HL; Moderate problem: unable to hear 35 dB HL; Moderate to severe problem: unable to hear 55 dB HL.

[b] Objective hearing loss at 1 kHz: unable to hear 20 dB HL.

[c] 3 kHz: Good hearing to mild problem: able to hear 35 dB HL (no test at 20 dB HL); Moderate problem: unable to hear 35 dB HL; Moderate to severe problem: unable to hear 55 dB HL; Severe problem: unable to hear 75 dB HL.

[d] Objective hearing loss at 3 kHz: unable to hear 35 dB HL.

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Table 19

True standard errors and 95% confidence intervals for social care variables: need for and receipt of help for tasks

Aged 16 and over, had nurse visit — *2014*

Base	Characteristic	%	Unweighted sample size	Weighted sample size	True standard error	95% confidence interval Lower	95% confidence interval Upper	Deft
Men 65+	**ADLs[a]**							
	Any personal activities							
	Needed help	24.4	927	770	1.50	21.5	27.3	0.96
	Received help last month	11.3	927	770	1.01	9.3	13.3	0.88
	Having a bath/shower							
	Needed help	11.8	928	771	1.02	9.8	13.8	0.87
	Received help last month	5.6	928	771	0.71	4.3	7.0	0.85
	Other personal activities							
	Needed help	23.5	927	770	1.50	20.6	26.5	0.98
	Received help last month	10.6	927	770	0.99	8.7	12.6	0.88
	IADLs[b]							
	Any instrumental activities							
	Needed help	21.4	926	770	1.44	18.6	24.3	0.97
	Received help last month	14.2	926	770	1.11	12.0	16.4	0.88
Women 65+	**ADLs**							
	Any personal activities							
	Needed help	32.7	1140	920	1.44	29.9	35.6	0.92
	Received help last month	13.5	1140	920	1.00	11.5	15.4	0.88
	Having a bath/shower							
	Needed help	17.0	1141	921	1.06	15.0	19.1	0.85
	Received help last month	7.8	1141	921	0.78	6.3	9.4	0.88
	Other personal activities							
	Needed help	30.6	1140	920	1.43	27.8	33.4	0.94
	Received help last month	11.3	1140	920	0.92	9.4	13.1	0.88
	IADLs							
	Any instrumental activities							
	Needed help	34.4	1141	921	1.48	31.5	37.4	0.94
	Received help last month	26.3	1141	921	1.35	23.7	29.0	0.93

[a] ADLs: Activities of Daily Living.

[b] IADLs: Instrumental Activities of Daily Living

Table 20

True standard errors and 95% confidence intervals for provision of unpaid care

Aged 16 and over — *2014*

Base	Characteristic	%	Unweighted sample size	Weighted sample size	True standard error	95% confidence interval Lower	95% confidence interval Upper	Deft
Men 16+	Provide unpaid care	13.9	3587	3984	0.65	12.6	15.2	1.19
Women 16+	Provide unpaid care	19.6	4485	4162	0.66	18.3	20.9	1.07

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Table 21

True standard errors and 95% confidence intervals for variables related to planning for future care

Aged 16 and over in employment *2014*

Base	Characteristic	%	Unweighted sample size	Weighted sample size	True standard error	95% confidence interval Lower	95% confidence interval Upper	Deft
Men 16+	**Awareness of current cap on lifetime payment for care**							
	Yes	21.6	1909	1903	1.05	19.5	23.7	1.09
	No	41.3	1909	1903	1.31	38.7	43.8	1.14
	Don't know	37.1	1909	1903	1.27	34.6	39.6	1.13
	Awareness of future cap on lifetime payment for care							
	Yes	33.8	1909	1903	1.21	31.4	36.1	1.10
	No	61.3	1909	1903	1.28	58.8	63.8	1.13
	Don't know	5.0	1909	1903	0.55	3.9	6.0	1.10
	Whether thought about how to pay for own care when older							
	Thought about it a great deal	13.4	1900	1892	0.86	11.7	15.1	1.08
	Thought about it a little	34.9	1900	1892	1.24	32.4	37.3	1.11
	Know should have thought about it, but haven't yet	10.6	1900	1892	0.75	9.2	12.1	1.04
	Haven't thought about it at all yet	41.1	1900	1892	1.28	38.6	43.6	1.11
Women 16+	**Awareness of current cap on lifetime payment for care**							
	Yes	21.1	2387	2045	0.90	19.4	22.9	0.98
	No	35.5	2387	2045	1.09	33.3	37.6	1.01
	Don't know	43.4	2387	2045	1.19	41.1	45.7	1.07
	Awareness of future cap on lifetime payment for care							
	Yes	30.0	2387	2045	0.98	28.1	31.9	0.96
	No	64.3	2387	2045	1.01	62.3	66.3	0.94
	Don't know	5.7	2387	2045	0.55	4.6	6.8	1.06
	Whether thought about how to pay for own care when older							
	Thought about it a great deal	15.0	2379	2038	0.80	13.4	16.6	1.00
	Thought about it a little	34.9	2379	2038	1.07	32.8	37.1	1.00
	Know should have thought about it, but haven't yet	11.4	2379	2038	0.64	10.1	12.6	0.90
	Haven't thought about it at all yet	38.7	2379	2038	1.25	36.2	41.1	1.14

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Table 22

True standard errors and 95% confidence intervals for estimated weekly alcohol consumption

Aged 16 and over — *2014*

Base	Characteristic	%	Unweighted sample size	Weighted sample size	True standard error	95% confidence interval Lower	95% confidence interval Upper	Deft
Men 16+	**Weekly consumption of alcohol**							
	Non-drinker	14.9	3487	3845	0.82	13.3	16.5	1.42
	Up to 21 units (lower risk)	63.2	3487	3845	0.94	61.4	65.1	1.20
	More than 21, up to 50 units (increasing risk)	16.6	3487	3845	0.70	15.2	18.0	1.17
	More than 50 units (higher risk)	5.2	3487	3845	0.42	4.4	6.0	1.16
	More than 21 units	*21.8*	*3487*	*3845*	*0.81*	*20.2*	*23.4*	*1.22*
Women 16+	**Weekly consumption of alcohol**							
	Non-drinker	21.5	4376	4042	0.85	19.9	23.2	1.31
	Up to 14 units (lower risk)	62.4	4376	4042	0.88	60.7	64.2	1.16
	More than 14, up to 35 units (increasing risk)	12.4	4376	4042	0.58	11.3	13.5	1.11
	More than 35 units (higher risk)	3.6	4376	4042	0.33	3.0	4.2	1.12
	More than 14 units	*16.0*	*4376*	*4042*	*0.66*	*14.7*	*17.3*	*1.15*

Table 23

True standard errors and 95% confidence intervals for maximum alcohol consumption on any day in the last week

Aged 16 and over — *2014*

Base	Characteristic	%	Unweighted sample size	Weighted sample size	True standard error	95% confidence interval Lower	95% confidence interval Upper	Deft
Men 16+	**Maximum alcohol consumption on any day in last week**							
	Did not drink in last week	35.5	3545	3920	1.06	33.4	37.6	1.38
	Up to and including 4 units	27.7	3545	3920	0.76	26.2	29.2	1.07
	More than 4, up to and including 8 units	17.9	3545	3920	0.75	16.4	19.4	1.22
	More than 8 units	18.9	3545	3920	0.78	17.4	20.5	1.25
	More than 4 units	*36.8*	*3545*	*3920*	*1.00*	*34.8*	*38.8*	*1.29*
Women 16+	**Maximum alcohol consumption on any day in last week**							
	Did not drink in last week	49.3	4461	4133	0.93	47.5	51.2	1.19
	Up to and including 3 units	25.2	4461	4133	0.73	23.8	26.6	1.07
	More than 3, up to and including 6 units	14.4	4461	4133	0.57	13.3	15.5	1.04
	More than 6 units	11.0	4461	4133	0.53	10.0	12.1	1.09
	More than 3 units	*25.5*	*4461*	*4133*	*0.77*	*24.0*	*27.0*	*1.13*

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Table 24

True standard errors and 95% confidence intervals for adult body mass index (BMI), underweight, overweight and obesity prevalence

Aged 16 and over — *2014*

Base	Characteristic	Mean/ %	Unweighted sample size	Weighted sample size	True standard error	95% confidence interval Lower	95% confidence interval Upper	Deft
Men 16+	**BMI**							
	Mean BMI (kg/m^2)	27.2	3149	3501	0.11	27.0	27.5	1.30
	BMI status (%)[a]							
	Underweight	1.9	3149	3501	0.28	1.4	2.5	1.19
	Normal	32.7	3149	3501	1.06	30.7	34.8	1.33
	Overweight	41.0	3149	3501	0.98	39.1	42.9	1.17
	Obese, excluding morbidly obese	22.6	3149	3501	0.86	20.9	24.3	1.20
	Morbidly obese	1.8	3149	3501	0.27	1.2	2.3	1.19
	Overweight, including obese	*65.3*	*3149*	*3501*	*1.11*	*63.1*	*67.5*	*1.37*
	Obese	*24.3*	*3149*	*3501*	*0.88*	*22.6*	*26.1*	*1.21*
Women 16+	**BMI**							
	Mean BMI (kg/m^2)	27.2	3794	3533	0.11	27.0	27.4	1.18
	BMI status (%)[a]							
	Underweight	1.4	3794	3533	0.23	1.0	1.9	1.14
	Normal	40.4	3794	3533	0.94	38.6	42.3	1.13
	Overweight	31.4	3794	3533	0.80	29.8	32.9	1.01
	Obese, excluding morbidly obese	23.2	3794	3533	0.72	21.8	24.6	1.01
	Morbidly obese	3.6	3794	3533	0.31	3.0	4.2	1.00
	Overweight, including obese	*58.1*	*3794*	*3533*	*0.96*	*56.2*	*60.0*	*1.15*
	Obese	*26.8*	*3794*	*3533*	*0.79*	*25.2*	*28.3*	*1.05*

[a] Underweight: less than 18.5kg/m^2
Normal weight : 18.5 to less than 25kg/m^2
Overweight: 25 to less than 30kg/m^2
Obese, excluding morbidly obese: 30 to less than 40kg/m^2
Morbidly obese: 40kg/m^2 or more
Overweight, including obese: 25kg/m^2 or more
Obese: 30kg/m^2 or more.

Table 25

True standard errors and 95% confidence intervals for children's BMI and BMI status

Aged 2-15 — *2014*

Base	Characteristic	Mean/ %	Unweighted sample size	Weighted sample size	True standard error	95% confidence interval Lower	95% confidence interval Upper	Deft
Boys 2-15	**Body mass index**							
	Mean BMI (kg/m^2)	18.2	716	680	0.15	17.9	18.5	1.16
	BMI status[a]							
	Neither overweight nor obese	68.3	716	680	1.93	64.5	72.1	1.10
	Overweight	13.2	716	680	1.33	10.5	15.8	1.05
	Obese	18.6	716	680	1.74	15.1	22.0	1.19
Girls 2-15	**Body mass index**							
	Mean BMI (kg/m^2)	18.4	675	658	0.15	18.1	18.7	1.08
	BMI status[a]							
	Neither overweight nor obese	69.3	675	658	1.92	65.5	73.1	1.09
	Overweight	15.1	675	658	1.48	12.2	18.0	1.08
	Obese	15.6	675	658	1.58	12.5	18.7	1.14

[a] Based on UK National percentiles classification

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Table 26

Reference intervals for blood[a] and saliva[b] analytes[c]

2014

Analyte	Reference interval	Units
Serum[a]		
Total cholesterol		
Males	3.5-5.1	mmol/L
Females	3.5-5.1	mmol/L
HDL cholesterol		
Males	0.9-1.4	mmol/L
Females	1.1-1.7	mmol/L
Blood[a]		
Glycated haemoglobin (HbA_{1c})		
Males	Non diabetic, <48	mmol/mol
Females	Non diabetic, <48	mmol/mol
Saliva[b]		
Cotinine[d]		
No exposure to tobacco	Undetectable, <0.1	ng/ml
Passive smoking	0.1 to less than 12	ng/ml
Personal tobacco use	12 or more	ng/ml

[a] Analyses by the Department of Blood Sciences, Royal Victoria Infirmary, Newcastle upon Tyne Hospitals NHS Foundation Trust.

[b] Analyses by ABS Laboratories, Welwyn Garden City.

[c] No reference ranges are available for spot urines for sodium, potassium, creatinine.

[d] Jarvis MJ, Fidler J, Mindell J, Feyerabend M, West R. *Assessing smoking status in children, adolescents and adults: cotinine cutpoints revisited*. Addiction 2008;**103**:1553-61.

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Table 27

Internal quality control results for total cholesterol

2014

Date	Target value (mmol/L)	Assayed value (mmol/L)	Acceptable range (mmol/L)	SD[a] (mmol/L) achieved	CV[b] (%) achieved
January 2014	2.6	2.59	(2.5-2.7)	0.05	1.87
	7.2	7.16	(6.9-7.5)	0.13	1.79
February	2.6	2.60	(2.5-2.7)	0.06	2.36
	7.2	7.24	(6.9-7.5)	0.15	2.06
March	2.6	2.60	(2.5-2.7)	0.04	1.67
	7.2	7.21	(6.9-7.5)	0.12	1.64
April	2.6	2.60	(2.5-2.7)	0.05	1.86
	7.2	7.24	(6.9-7.5)	0.12	1.72
May	3.6	3.58	(3.5-3.7)	0.07	1.90
	7.2	7.24	(6.9-7.5)	0.14	1.94
June	3.6	3.62	(3.5-3.7)	0.07	2.00
	7.2	7.30	(6.9-7.5)	0.11	1.45
July	3.6	3.57	(3.5-3.7)	0.08	2.12
	7.2	7.20	(6.9-7.5)	0.16	2.20
August	3.6	3.58	(3.5-3.7)	0.06	1.56
	7.2	7.20	(6.9-7.5)	0.10	1.38
September	3.6	3.59	(3.5-3.7)	0.14	4.01
	7.2	7.23	(6.9-7.5)	0.16	2.26
October	3.6	3.59	(3.5-3.7)	0.06	1.62
	7.2	7.22	(6.9-7.5)	0.13	1.84
November	3.6	3.55	(3.5-3.7)	0.08	2.17
	7.2	7.18	(6.9-7.5)	0.32	4.47
December	3.6	3.57	(3.5-3.7)	0.07	2.04
	7.2	7.12	(6.9-7.5)	0.41	5.72
January 2015	3.6	3.59	(3.5-3.7)	0.06	1.72
	7.2	7.23	(6.9-7.5)	0.14	1.88
February	3.6	3.58	(3.5-3.7)	0.05	1.50
	7.2	7.17	(6.9-7.5)	0.10	1.36
March	3.7	3.67	(3.6-3.9)	0.06	1.56
	7.3	7.15	(7.0-7.6)	0.11	1.58

[a] Standard deviation.

[b] Coefficient of variation.

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Table 28

Internal quality control results for HDL cholesterol

2014

Date	Target value (mmol/L)	Assayed value (mmol/L)	Acceptable range (mmol/L)	SD[a] (mmol/L) achieved	CV[b] (%) achieved
January 2014	1.0	1.08	(0.9-1.1)	0.04	3.52
	4.5	4.47	(4.2-4.7)	0.09	1.96
February	1.0	1.09	(0.9-1.1)	0.04	3.26
	4.5	4.49	(4.2-4.7)	0.14	3.14
March	1.0	1.10	(0.9-1.1)	0.02	1.91
	4.5	4.55	(4.2-4.7)	0.08	1.75
April	1.0	1.07	(0.9-1.1)	0.05	4.21
	4.4	4.44	(4.1-4.7)	0.10	2.36
May	1.8	1.90	(1.7-2.0)	0.07	3.67
	4.4	4.51	(4.1-4.7)	0.11	2.52
June	1.8	1.84	(1.7-2.0)	0.05	2.88
	4.4	4.46	(4.1-4.7)	0.09	2.07
July	1.8	1.88	(1.7-2.0)	0.05	2.49
	4.4	4.52	(4.1-4.7)	0.08	1.77
August	1.8	1.82	(1.7-2.0)	0.06	3.53
	4.4	4.40	(4.1-4.7)	0.13	3.02
September	1.8	1.85	(1.7-2.0)	0.08	4.10
	4.4	4.47	(4.1-4.7)	0.15	3.40
October	1.8	1.83	(1.7-2.0)	0.08	4.16
	4.4	4.44	(4.1-4.7)	0.16	3.50
November	1.8	1.83	(1.7-2.0)	0.07	3.97
	4.4	4.42	(4.1-4.7)	0.14	3.06
December	1.8	1.88	(1.7-2.0)	0.03	1.40
	4.4	4.50	(4.1-4.7)	0.08	1.74
January 2015	1.8	1.87	(1.7-2.0)	0.05	2.52
	4.4	4.49	(4.1-4.7)	0.12	0.70
February	1.8	1.81	(1.7-2.0)	0.03	1.58
	4.4	4.38	(4.1-4.7)	0.07	1.56
March	1.8	1.76	(1.7-1.9)	0.03	1.40
	3.4[c]	3.27	(3.1-3.6)	0.07	2.25

[a] Standard deviation.

[b] Coefficient of variation.

[c] The lower target value changed from May 2014, and the higher one from March 2015.

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Table 29

Internal quality control results for glycated haemoglobin (HbA_{1c})

2014

Date	Target value (mmol/mol)	Assayed value (mmol/mol)	Acceptable range (mmol/mol)	SD[a] (mmol/mol) achieved	CV[b] (%) achieved
January 2014	32	31.9	(30-35)	1.0	3.1
	82	81.4	(79-86)	0.9	1.1
February	32	32.1	(30-35)	0.9	2.7
	82	82.3	(79-86)	1.3	1.6
March	32	31.8	(30-35)	0.8	2.5
	82	82.5	(79-86)	1.1	1.3
April	33	32.4	(30-35)	1.1	3.3
	84	84.4	(80-89)	0.8	1.0
May	33	32.5	(30-35)	1.0	3.0
	84	85.0	(80-89)	1.1	1.3
June	33	32.3	(30-35)	1.1	3.4
	84	84.9	(80-89)	1.0	1.2
July	33	32.5	(30-35)	0.9	2.9
	84	84.3	(80-89)	1.3	1.5
August	33	32.3	(30-35)	1.0	3.1
	84	83.1	(80-89)	0.7	0.9
September	33	32.2	(30-35)	1.3	3.9
	84	83.1	(80-89)	0.8	1.0
October	33	32.0	(30-35)	1.2	3.7
	84	83.2	(80-89)	1.2	1.5
November	33	31.8	(30-35)	1.2	3.7
	84	83.6	(80-89)	1.4	1.7
December	33	31.4	(30-35)	1.0	3.3
	84	83.2	(80-89)	0.6	0.8
January 2015	33	32.0	(30-35)	0.9	3.0
	84	83.5	(80-89)	0.9	1.0
February	33	31.6	(30-35)	1.1	3.5
	84	83.6	(80-89)	1.3	1.6
March	33	31.9	(30-35)	1.2	3.7
	84	83.8	(80-89)	1.0	1.2

[a] Standard deviation.

[b] Coefficient of variation.

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Table 30

Internal quality control results for urinary sodium

2014

Date	Target value (mmol/L)	Assayed value (mmol/L)	Acceptable range (mmol/L)	SD[a] (mmol/L) achieved	CV[b] (%) achieved
January 2014	86	84.4	(84-88)	1.23	1.46
	173	172.6	(171-176)	1.15	0.67
February	86	85.6	(84-88)	1.28	1.50
	173	173.8	(171-176)	1.05	0.61
March	86	85.3	(84-88)	1.42	1.67
	173	173.5	(171-176)	0.96	0.55
April	86	85.3	(84-88)	1.72	2.01
	173	173.7	(171-176)	1.94	1.11
May	86	85.8	(84-88)	3.20	3.74
	173	173.5	(171-176)	3.80	2.20
June	86	85.2	(84-88)	1.13	1.33
	173	173.0	(171-176)	1.60	1.00
July	86	85.1	(83-88)	0.95	1.12
	156	155.2	(151-162)	0.67	0.43
August	86	85.2	(83-88)	0.90	1.00
	156	155.4	(151-162)	1.40	0.90
September	86	85.1	(83-88)	1.03	1.21
	156	155.3	(151-162)	1.40	0.90
October	86	84.9	(83-88)	1.03	1.21
	156	155.2	(151-162)	0.87	0.56
November	86	85.0	(83-88)	1.16	1.36
	156	155.0	(151-162)	0.98	0.63
December	86	85.4	(83-88)	1.02	1.19
	156	155.7	(151-162)	1.56	1.00
January 2015	86	84.7	(83-88)	1.11	1.31
	156	155.1	(151-162)	0.96	0.62
February	86	84.8	(83-88)	0.89	1.05
	156	156.0	(151-162)	1.42	0.91
March	86	85.0	(83-88)	0.69	0.81
	156	155.4	(151-162)	0.79	0.51

[a] Standard deviation.

[b] Coefficient of variation.

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Table 31

Internal quality control results for urinary potassium

2014

Date	Target value (mmol/L)	Assayed value (mmol/L)	Acceptable range (mmol/L)	SD[a] (mmol/L) achieved	CV[b] (%) achieved
January 2014	31	32.0	(30-33)	0.52	1.63
	66	67.6	(60-72)	1.27	1.88
February	31	32.1	(30-33)	0.44	1.37
	66	67.8	(60-72)	1.23	1.81
March	31	31.9	(30-33)	0.49	1.55
	66	67.1	(60-72)	1.48	2.20
April	31	31.5	(30-33)	0.73	2.33
	66	66.0	(60-72)	1.87	2.83
May	31	31.8	(30-33)	1.30[c]	4.00[c]
	66	66.6	(60-72)	3.50[c]	5.30[c]
June	31	32.3	(30-33)	0.54	1.67
	66	67.9	(60-72)	1.60	2.40
July	17	16.6	(16-18)	0.49	2.97
	55	56.0	(52-59)	0.77	1.37
August	17	16.7	(16-18)	0.45	2.72
	55	56.1	(52-59)	1.00	1.78
September	17	16.7	(16-18)	0.45	2.68
	55	55.9	(52-59)	0.66	1.17
October	17	16.6	(16-18)	0.48	2.91
	55	55.9	(52-59)	1.14	2.05
November	17	16.5	(16-18)	0.50	3.06
	55	55.5	(52-59)	1.08	1.95
December	17	16.8	(16-18)	0.17	1.00
	55	58.1	(52-59)	1.31	2.25
January 2015	17	16.9	(16-18)	0.11	0.67
	55	59.2[d]	(52-59)	0.70	1.18
February	17	17.0	(16-18)	0.10	0.61
	55	59.7[d]	(52-59)	0.91	1.52
March	17	16.9	(16-18)	0.10	0.61
	55	59.2[d]	(52-59)	0.59	0.99

[a] Standard deviation.

[b] Coefficient of variation.

[c] Due to the higher than usual SD and CV in May, an engineer visit took place.

[d] The level 2 IQC result was just outside the two standard deviation target range on the analyser used for HSE, from January 2015. As the result was not outside three standard deviations from the target mean and the result for the level 1 IQC was within the target range, the results were considered acceptable. This is a 'warning' rather than a failure using Westguard rules.

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Table 32

Internal quality control results for urinary creatinine

2014

Date	Target value (mmol/L)	Assayed value (mmol/L)	Acceptable range (mmol/L)	SD[a] (mmol/L) achieved	CV[b] (%) achieved
January 2014	4.9	4.80	(4.7-5.1)	0.10	2.18
	11.5	11.10	(11.1-12.0)	0.20	1.82
February	4.9	4.79	(4.7-5.1)	0.08	1.64
	11.5	11.07	(11.1-12.0)	0.18	1.60
March	4.7	4.78	(4.5-5.0)	0.08	1.77
	11.0	11.03	(10.4-11.6)	0.18	1.64
April	4.7	4.73	(4.5-5.0)	0.09	1.89
	11.0	10.88	(10.4-11.6)	0.18	1.62
May	4.7	4.71	(4.5-5.0)	0.08	1.62
	11.0	10.81	(10.4-11.6)	0.18	1.68
June	4.7	4.74	(4.5-5.0)	0.09	1.99
	11.0	10.78	(10.4-11.6)	0.58	5.36
July	6.3	6.28	(6.0-6.6)	0.15	2.33
	12.3	12.28	(11.8-12.9)	0.30	2.44
August	6.3	6.23	(6.0-6.6)	0.14	2.23
	12.3	12.25	(11.8-12.9)	0.30	2.45
September	6.3	6.19	(6.0-6.6)	0.25	4.09
	12.3	12.15	(11.8-12.9)	0.29	2.37
October	6.3	6.19	(6.0-6.6)	0.14	2.31
	12.3	12.21	(11.8-12.9)	0.25	2.07
November	6.3	6.13	(6.0-6.6)	0.12	2.01
	12.3	12.08	(11.8-12.9)	0.24	1.96
December	6.3	6.17	(6.0-6.6)	0.14	2.25
	12.3	12.18	(11.8-12.9)	0.27	2.24
January 2015	6.3	6.13	(6.0-6.6)	0.13	2.12
	12.3	12.08	(11.8-12.9)	0.25	2.09
February	6.3	6.08	(6.0-6.6)	0.13	2.19
	12.3	12.05	(11.8-12.9)	0.24	1.96
March	6.3	6.04	(6.0-6.6)	0.12	2.02
	12.3	11.92	(11.8-12.9)	0.25	2.12

[a] Standard deviation.

[b] Coefficient of variation.

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Table 33

Internal quality control results for saliva cotinine – LC-MS/MS: low calibration range[a]

2014

Date	Target value (ng/ml)	Assayed value (ng/ml)	SD[b] achieved	CV (%) achieved
February 2014	40	38	0.5	1.25
	8	8	0.0	0.30
	0.3	0.3	0.00	0.23
March	40	37	1.0	2.82
	8	8	0.2	2.18
	0.3	0.3	0.01	3.92
April	40	37	1.1	2.87
	8	8	0.1	1.93
	0.3	0.3	0.02	5.72
May	40	38	0.9	2.36
	8	8	0.1	1.77
	0.3	0.3	0.03	9.21
June	40	40	0.6	1.40
	8	8	0.2	1.97
	0.3	0.3	0.02	7.74
July	40	39	1.1	2.83
	8	8	0.2	2.88
	0.3	0.3	0.02	7.45
August	40	39	1.3	3.31
	8	8	0.3	3.27
	0.3	0.3	0.02	7.30
September	40	38	0.3	0.85
	8	8	0.1	0.76
	0.3	0.3	0.00	1.57
October	40	40	1.7	4.22
	8	8	0.2	2.76
	0.3	0.3	0.01	3.17
November	40	41	0.5	1.21
	8	8	0.2	2.01
	0.3	0.3	0.02	5.96
December	40	42	0.3	0.75
	8	8	0.1	0.83
	0.3	0.3	0.01	1.99
January 2015	40	42	0.6	1.34
	8	9	0.3	3.89
	0.3	0.3	0.01	3.81
February	40	43	2.0	4.73
	8	8	0.1	0.85
	0.3	0.3	0.02	7.35
March	40	43	1.2	2.92
	8	8	0.3	4.11
	0.3	0.3	0.01	1.90

[a] The low calibration range is used for self-reported non-smokers. Since all the 2014 saliva samples were from children, all samples were tested first using the low range, and any that were over-range were tested using the high range (if sufficient sample was available).

[b] Standard deviation.

[c] Coefficient of variation.

Table 34

Internal quality control results for saliva cotinine – LC-MS/MS: high calibration range[a]

2014

Date	Target value (ng/ml)	Assayed value (ng/ml)	SD[b] achieved	CV (%) achieved
June 2014	500	470	0.0	0.00
	200	183	7.4	4.06
	3	2.8	0.13	4.58
October 2014	500	467	7.7	1.65
	200	180	0.2	0.12
	3	2.8	0.09	3.08
November 2014	500	517	4.9	0.95
	200	190	2.2	1.17
	3	3.1	0.06	2.00
February 2015	500	509	1.3	0.25
	200	207	2.7	1.32
	3	3.4	0.03	1.00

[a] The high calibration range is used for self-reported smokers. Since all the 2014 saliva samples were from children, all samples were tested first using the low range, and any that were over-range were tested using the high range (if sufficient sample was available).

[b] Standard deviation.

[c] Coefficient of variation.

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Table 35

External quality assessment results for total cholesterol

2014

Date	Target value (mmol/L)[a]	Assayed value (mmol/L)	WEQAS SDI[b]
January 2014	5.3	5.3	0.09
	4.7	4.7	0.10
	4.7	4.6	-0.35
	4.5	4.5	-0.05
February	4.7	4.6	-0.69
	5.0	5.1	0.55
	4.9	4.9	0.18
	6.6	6.6	-0.15
March	5.5	5.6	0.40
	4.7	4.8	0.29
	3.9	3.9	0.06
	5.0	5.0	0.08
April	6.3	6.8	1.87
	4.2	4.4	0.92
	3.9	4.0	0.33
	5.3	5.4	0.43
May	5.9	5.7	-0.64
	4.3	4.4	0.44
	7.4	7.4	0.01
	5.8	5.8	-0.16
June	3.5	3.6	0.84
	4.2	4.4	0.91
	5.8	6.1	1.03
	4.2	4.3	0.66
July	3.5	3.5	0.17
	4.2	4.2	-0.19
	7.4	7.4	0.01
	5.9	5.8	-0.24
August	4.3	4.4	0.44
	5.3	5.3	-0.01
	3.9	4.0	0.33
	3.5	3.5	0.17
September	5.3	5.4	0.43
	5.8	6.0	0.63
	3.5	3.5	0.17
	5.9	6.0	0.56
October	6.7	6.8	0.32
	4.9	5.0	0.47
	4.9	4.9	0.21
November	4.7	4.8	0.44
	6.4	6.4	-0.17
	4.5	4.5	0.10
	5.9	5.9	0.10
December	5.9	5.9	0.10
	4.5	4.5	0.10
	6.6	6.6	0.08
	4.7	4.9	0.92

Continued…

Table 35 continued

2014

Date	Target value (mmol/L)[a]	Assayed value (mmol/L)	WEQAS SDI[b]
January 2015	4.5	4.5	0.10
	4.9	4.9	0.05
	3.6	3.7	0.52
	6.4	6.6	0.55
February	3.6	3.8	1.16
	6.6	6.6	0.08
	4.9	4.9	0.05
	5.9	5.9	0.10
March	3.6	3.7	0.52
	4.9	4.9	0.05
	4.5	4.5	0.10
	6.4	6.7	0.91

[a] Reference values.

[b] Standard Deviation Index (SDI) of the Welsh External Quality Assessment Schemes (WEQAS). The SDI is an index of total error, including components of inaccuracy and imprecision. A score between -1 and 1 SDI is good, between 1 and 2 or between -1 and -2 SDI is acceptable.

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Table 36

External quality assessment results for HDL cholesterol

2014

Date	Target value (mmol/L)[a]	Assayed value (mmol/L)	WEQAS SDI[b]
January 2014	1.8	1.8	0.04
	1.7	1.8	1.10
	1.1	1.2	0.59
	1.1	1.2	0.76
February	2.1	2.2	0.69
	1.7	1.7	0.31
	1.8	1.8	0.33
	1.6	1.6	0.09
March	1.5	1.5	0.22
	2.1	2.2	0.69
	1.4	1.4	0.21
	1.7	1.7	0.32
April	1.0	1.0	-0.51
	0.9	0.9	0.40
	1.3	1.4	0.64
	1.5	1.5	0.42
May	2.2	2.3	0.40
	1.3	1.4	1.01
	1.3	1.3	-0.04
	1.5	1.6	0.85
June	1.4	1.5	1.20
	0.9	0.9	0.38
	1.5	1.7	1.62
	1.5	1.7	1.77
July	1.4	1.5	1.20
	0.9	0.9	0.38
	1.3	1.3	-0.04
	2.2	2.4	0.93
August	1.3	1.4	1.00
	1.5	1.6	1.23
	1.3	1.5	1.54
	1.4	1.6	2.11[c]
September	1.5	1.5	0.41
	1.5	1.6	0.85
	1.4	1.5	1.23
	2.2	2.4	0.94
October	1.8	1.8	0.28
	2.1	2.2	0.61
	1.5	1.5	0.16
November	1.3	1.3	-0.02
	1.7	1.8	0.95
	1.6	1.7	0.78
	1.4	1.5	0.81
December	1.4	1.5	0.82
	1.6	1.7	0.78
	1.8	1.8	0.02
	1.3	1.3	-0.02

Continued…

Table 36 continued

2014

Date	Target value (mmol/L)[a]	Assayed value (mmol/L)	WEQAS SDI[b]
January 2015	1.6	1.7	0.78
	2.1	2.2	0.36
	0.8	0.8	-0.02
	1.7	1.8	0.96
February	0.8	0.8	-0.02
	1.8	1.8	0.02
	2.1	2.2	0.36
	1.4	1.5	0.82
March	0.8	0.8	-0.02
	2.1	2.2	0.36
	1.6	1.7	0.78
	1.7	1.7	0.22

[a] Reference values.

[b] Standard Deviation Index (SDI) of the Welsh External Quality Assessment Schemes (WEQAS). The SDI is an index of total error, including components of inaccuracy and imprecision. A score between -1 and +1 SDI is good, between 1 and 2 or between -1 and -2 SDI is acceptable.

[c] The high SDI triggered an investigation in the laboratory. There was no apparent reason for this anomaly. If the result was compared to the method mean it would have been acceptable and as the other three EQA samples analysed at the same time gave satisfactory performance overall analytical performance was considered acceptable.

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Table 37

External quality assessment results for glycated haemoglobin (HbA_{1c})

2014

Date	Target value (mmol/mol)[a]	Assayed value (mmol/mol)	WEQAS SDI[b]
January 2014	50.5	51	0.19
	56.5	57	0.18
February	41.9[c]	41	-0.39
	81.6[c]	79	-0.70
	66.0[c]	65	-0.32
March	59.0	61	0.71
	32.8	33	0.10
April	57.7[c]	56	-0.57
	73.9[c]	71	-0.82
	49.5[c]	48	-0.58
May	57.6	61	1.19
	52.2	55	1.05
June	70.2[c]	71	0.23
	41.1[c]	40	-0.47
	81.0[c]	79	-0.53
July	69.3[c]	69	-0.08
	48.1[c]	48	-0.06
August	49.2[c]	47	-0.86
	57.4[c]	55	-0.83
	73.4[c]	71	-0.68
September	53.7	56	0.86
	36.3	38	0.82
October	66.1[c]	65	-0.34
	41.6[c]	40	-0.70
	80.9[c]	78	-0.79
November	57.6	60	0.88
	49.1	51	0.76
December	73.9[c]	73	-0.25
	48.4[c]	48	-0.15
	66.6[c]	65	-0.50
January 2015	31.7	32	0.16
	52.3	54	0.65
February	56.2[c]	55	-0.41
	41.3[c]	42	0.29
	93.1[c]	94	0.21
March	44.2	49	2.01[d]
	50.2	53	1.08

[a] Reference values.

[b] Standard Deviation Index (SDI) of the Welsh External Quality Assessment Schemes (WEQAS). The SDI is an index of total error, including components of inaccuracy and imprecision. A score between -1 and +1 SDI is good, between 1 and 2 or between -1 and -2 SDI is acceptable.

[c] Method specific mean used, as no reference value was given for this sample.

[d] The high SDI triggered an investigation in the laboratory. There was no apparent reason for this anomaly. If the result was compared to the method mean it would have been acceptable and as the other EQA sample analysed at the same time gave satisfactory performance overall analytical performance was considered acceptable.

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Table 38

External quality assessment results for urinary sodium

2014

Date	Target value (mmol/L)[a]	Assayed value (mmol/L)	WEQAS SDI[b]
January 2014	69.5	69	-0.16
	55.5	56	0.19
	132.0	132	0.00
February	112.8	114	0.34
	89.9	92	0.65
	54.7	55	0.10
March	21.4	22	0.31
	133.5	136	0.63
	47.3	49	0.69
April	21.1	22	0.41
	133.4	133	-0.11
	54.6	56	0.53
May	143.3	144	0.16
	28.0	27	-0.47
	72.2	73	0.28
June	35.2	36	0.35
	72.4	73	0.20
	143.4	144	0.14
July	37.9	38	0.02
	145.5	146	0.12
	26.9	27	0.05
August	145.9	147	0.27
	77.4	77	-0.14
	27.3	28	0.31
September	100.2	100	-0.05
	88.5	88	-0.15
	64.3	65	0.25
October	31.8	29	-1.25
	44.0	44	-0.01
	143.4	142	-0.33
November	118.1	119	0.24
	34.1	35	0.38
	54.7	56	0.50
December	74.7	74	-0.22
	85.4	86	0.20
	176.2	178	0.40
January 2015	105.3	105	-0.10
	69.7	70	0.10
	49.5	49	-0.19
February	145.6	146	0.09
	60.8	59	-0.65
	108.2	108	-0.04
March	59.1	59	-0.05
	113.7	115	0.35
	29.3	29	-0.14

[a] Reference values.

[b] Standard Deviation Index (SDI) of the Welsh External Quality Assessment Schemes (WEQAS). The SDI is an index of total error, including components of inaccuracy and imprecision. A score between -1 and 1 SDI is good, between 1 and 2 or between -1 and -2 SDI is acceptable.

Table 39

External quality assessment results for urinary potassium

2014

Date	Target value (mmol/L)[a]	Assayed value (mmol/L)	WEQAS SDI[b]
January 2014	38.5	38	-0.42
	32.7	33	0.24
	84.1	82	-0.60
February	66.1	66	-0.05
	49.2	50	0.47
	32.9	33	0.12
March	20.6	21	0.46
	50.5	50	-0.31
	34.8	35	0.14
April	20.6	21	0.42
	50.6	47	-2.14[c]
	48.2	48	-0.12
May	103.8	90	-2.52[c]
	14.8	15	0.27
	42.3	40	-1.62
June	23.9	24	0.08
	42.1	42	-0.04
	104.7	98	-1.22
July	28.3	28	-0.29
	45.0	43	-1.32
	34.2	33	-1.06
August	45.0	44	-0.65
	87.3	83	-1.14
	34.2	34	-0.18
September	91.2	83	-1.99
	53.1	50	-1.76
	43.9	42	-1.31
October	107.3	98	-1.58
	24.2	24	-0.19
	58.7	57	-0.86
November	22.4	22	-0.40
	95.6	90	-1.23
	40.7	40	-0.51
December	31.9	32	0.13
	88.2	83	-1.33
	44.1	45	0.61
January 2015	39.9	41	0.81
	52.5	50	-1.40
	25.9	26	0.11
February	65.4	62	-1.44
	25.8	26	0.20
	39.4	39	-0.29
March	24.7	25	0.29
	34.7	34	-0.62
	32.7	33	0.25

[a] Reference values.

[b] Standard Deviation Index (SDI) of the Welsh External Quality Assessment Schemes (WEQAS). The SDI is an index of total error, including components of inaccuracy and imprecision. A score between -1 and 1 SDI is good, between 1 and 2 or between -1 and -2 SDI is acceptable.

[c] The high SDI triggered an investigation in the laboratory. There was no apparent reason for this anomaly and as the other two EQA samples analysed at the same time gave satisfactory performance overall analytical performance was considered acceptable. Following an engineering review at the end of May 2014 performance of the assay improved.

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Table 40

External quality assessment results for urinary creatinine

2014

Date	Target value (mmol/L)[a]	Assayed value (mmol/L)	WEQAS SDI[b]
January 2014	10.4	11	0.20
	5.5	6	0.05
	5.6	6	0.56
February	7.0	7	-0.61
	7.2	7	-0.46
	5.5	5	-0.25
March	4.0	4	-0.76
	11.3	11	-0.43
	9.6	10	-0.02
April	4.0	4	0.32
	11.1	11	-0.06
	3.7	4	-0.19
May	6.7	7	-0.29
	3.0	3	-0.08
	6.8	7	-0.04
June	5.5	5	-0.42
	6.7	7	-0.29
	6.7	7	0.07
July	5.1	5	0.19
	4.4	5	0.28
	6.2	6	0.23
August	4.5	4	-0.33
	2.8	3	-0.20
	6.3	6	-0.27
September	10.0	10	0.17
	12.3	12	-0.14
	4.5	5	0.06
October	9.4	9	-0.19
	5.2	5	-0.22
	5.7	6	-0.40
November	5.9	6	-0.64
	7.7	7	-0.69
	5.3	5	-0.62
December	7.5	8	0.18
	9.7	10	0.09
	4.8	5	-0.32
January 2015	6.9	7	0.62
	7.2	7	0.23
	7.6	8	0.60
February	7.5	8	0.33
	7.6	8	0.33
	6.8	7	0.45
March	7.0	7	0.37
	4.7	5	0.49
	3.1	3	0.47

[a] Method specific (Jaffe) mean.

[b] Standard Deviation Index (SDI) of the Welsh External Quality Assessment Schemes (WEQAS). The SDI is an index of total error, including components of inaccuracy and imprecision. A score between -1 and 1 SDI is good, between 1 and 2 or between -1 and -2 SDI is acceptable.

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Appendix A

Fieldwork documents

A

Stage 1 leaflet: Interview

Stage 2 leaflet: Nurse visit

Household questionnaire

Individual questionnaire

Selected show cards (where answer categories are not shown in the questionnaire)

Self-completion booklets
8-12 year olds
13-15 year olds
Young adult
Adult
Learning difficulties questionnaire

Data linkage consent form

Nurse questionnaire

Nurse consent forms
Adult
Child

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Health Survey for England 2014

The Health Survey has been running for more than 20 years and shows trends in the health of people in England.

This survey is for the Health and Social Care Information Centre. It is being carried out by NatCen Social Research, an independent research institute, and the Department of Epidemiology and Public Health at UCL (University College London).

This leaflet gives you more information about the study, and why it is being carried out.

NatCen Social Research | hscic Health & Social Care Information Centre | NHS | UCL

What is the Health Survey for England?

The Health and Social Care Information Centre needs information about the health of adults and children in England. This is so that new and better ways can be developed to help people maintain healthy lifestyles and provide services for people who are ill. The Health Survey for England is an annual survey and each year a new set of people are interviewed about their health.

What does the survey cover?

The 2014 survey has questions about your general health, and about factors that can affect your health, including behaviours such as smoking and drinking.

If you agree, the survey also collects some physical measurements such as height, weight, and waist and hip measurements. We will give you more information about this later on. You can agree to take part in some sections of the survey and not others.

We also ask about some personal details such as age, sex and employment to help interpret the health information you give us.

Why have you come to my household?

A visit to every household in England would take too long and cost too much money. Instead we select a random sample of addresses, and ask the people at each of these addresses to take part.

Do I have to take part?

Taking part is **voluntary**. In all our surveys we rely on voluntary co-operation.

The success of the survey depends on the goodwill of those asked to take part. The more people who do take part, the more useful the results will be. You are free to withdraw from the survey at any time. However, we will not be able to remove individual information after the survey results have been published.

How long will the survey take?

This varies from person to person and depends on how many people live in your household. The interviewer will discuss this with you and will arrange a time to visit that suits you.

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What happens after the interview?

If you agree, the interviewer will arrange for a qualified nurse to visit at a time that is convenient for you, so that some measurements can be taken.

The nurse will measure blood pressure (for those aged 5+) and waist and hip measurement (for those aged 11+). For children aged 4 – 15 the nurse will ask for consent to collect a sample of saliva (spit). For adults (aged 16+) the nurse will also do a hearing test and ask for consent to collect a urine sample and a blood sample.

The nurse will have to get your written permission before a sample of saliva, urine or blood can be taken. You are of course free to choose not to give a sample, even if you are willing to help the nurse with everything else.

The analysis of all the measurements and samples will tell us a lot about the health of the population. During the visit, the nurse will be able to explain the importance of these measurements and answer any questions you may have.

Do I get anything from the survey?

Yes. We can give you a record of your measurements and blood sample results. Also with your consent, your blood pressure and blood sample results can be sent to your GP, who will be able to interpret them for you and give you advice if necessary. Your GP may also want to include the results in any future report about you.

Other benefits from the survey will be indirect and will come from any improvements in health and in health services which result from the survey.

Is the survey confidential?

Yes. We take great care to protect the confidentiality of the information people give us, and take careful steps to ensure that the information is secure at all times. The survey is anonymous - results will not be presented in a form which reveals your identity. This will only be known to certain members of the NatCen and UCL research team. The information collected is used for research and statistical purposes only and is dealt with according to the 1998 Data Protection Act.

We would only have to tell someone else what you say if, during the interview, you tell us about possible harm to yourself or others.

If you agree, however, your name, address and date of birth, but no other information, will be passed to the NHS Central Register. This would help us if we wanted to follow up your health status in the future.

Will I be able to see the survey results?

Yes. Each year a report is published about Health Survey results. You can find the reports on the Health and Social Care Information Centre's website: www.hscic.gov.uk/pubs/hse2012

What if I don't speak English?

The survey is carried out in English, so we are not able to include people who do not speak English well enough to take part.

Who has reviewed the study?

The survey has been looked at by an independent group of people called a Research Ethics Committee, to protect your safety, rights, wellbeing and dignity. This study has been given a favourable opinion by the Oxford A Research Ethics Committee (Reference no. **12/SC/0317**).

What if I have more questions?

Visit our website: **www.healthsurveyforengland.org** or contact:

Emma Fenn, Project Coordinator
Kings House, 101-135 Kings Road, Brentwood, Essex, CM14 4LX
Tel: **0800 526 397**

Dr. Jennifer Mindell, Survey Doctor
Department of Epidemiology & Public Health, UCL,
1-19 Torrington Place, London, WC1E 6BT
Tel: **020 7679 5646**

What if I have a complaint about the survey?

Please contact Emma Fenn on 0800 526 397 or Carol Babicz, Freelance Resources Supervisor Tel: 01277 690111 (in office hours)
or email: **info@natcen.ac.uk**

Thank you very much for your help with this survey

Health Survey for England 2014: Second Stage

Thank you for taking part in the 1st stage of the survey. For the 2nd stage a registered nurse or midwife will ask you some further questions and will ask permission to take some measurements.

You don't have to have any measurements taken if you don't want to but, of course, we very much hope you will agree to them as they are a valuable part of this survey. If the survey results are to be useful we need information from all types of people in all states of health. Like the first part of the survey, this nurse visit is entirely voluntary and you are free to withdraw from the survey at any time.

Is the 2nd stage of the survey confidential?

Yes. We take great care to protect the confidentiality of the information you give us, and take careful steps to ensure that the information is secure at all times. The survey results are anonymous - they will not be presented in a form which can reveal your identity. This will only be known to certain members of the NatCen and UCL research team. The information collected is used for research and statistical purposes only and is dealt with according to the 1998 Data Protection Act.

NatCen Social Research | hscic Health & Social Care Information Centre | NHS | UCL

The Measurements

Blood Pressure - Age 5 and over

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

Waist & Hip Measurement - Age 11 and over

There is much discussion about the relationship between weight and health. We have already recorded your weight and height but another factor is the distribution of weight over the body. Your waist and hip measurements are most useful for assessing this.

Saliva Sample - Age 4 - 15

We would like to take a sample of saliva (spit). This simply involves dribbling saliva down a straw into a tube. The sample will be analysed for cotinine. Cotinine is related to the intake of cigarette smoke and is of particular interest to see whether non-smokers may have raised levels as a result of 'passive' smoking. The saliva will only be tested for cotinine. It will not be tested for other substances, like drugs or alcohol.

Hearing Measurement – Age 16 and over

We would like to measure your hearing. The test is very simple and only takes a couple of minutes. This will provide very useful information about hearing abilities among the population. The nurse will place a device over the outside of your ear and play a sequence of sounds. All you have to do is raise your finger every time you hear a sound.

Urine Sample - Age 16 and over

We would like to take a sample of your urine. Your sample will be tested for levels of sodium, potassium, and creatinine. These measures relate to your diet and provide useful information for assessing the health of the population. Your sample will only be tested for these three measures. It will not be tested for other substances, like drugs or alcohol.

Blood Sample - Age 16 and over

We would like to take a sample of blood. The analysis of blood samples will tell us a lot about the health of the population. You are, of course, free to choose not to give a blood sample and the nurse will ask for your written permission before a blood sample is taken.

Giving a blood sample involves a small amount of blood (no more than 20ml - four teaspoons) being taken from your arm by a registered, qualified nurse. The blood sample will be sent to a medical laboratory for testing.

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The Blood Sample

What will my blood sample be tested for?

Your blood sample will be tested for the following things :

- **Cholesterol,** which is a type of fat present in the blood, related to diet. Too much cholesterol in the blood increases the risk of heart disease, except for the 'good' HDL cholesterol.
- **Glycated haemoglobin,** which is an indicator of long-term blood sugar levels.
- Some blood samples may also be tested for the presence of **flu antibodies**.

The blood samples will ***not*** be tested for the HIV virus.

Will I get any feedback from my blood sample?

Yes. If you agree, we will send you your cholesterol and glycated haemoglobin results. If you want, we can also send these results to your GP. We will need your consent to do this. Note that if you don't want your results sent to your GP, we will not be able to let them know if we find anything serious (although we would be able to let you know, unless you have asked us not to).

What happens to my blood sample after the tests?

We would like to store a small amount of blood. The sample may be used for future studies investigating the causes, diagnosis, treatment and outcome of disease. The samples will be stored with no identification except a coded study number. Only the authorised members of the research team for this study would be able to find out who the codes referred to. The coded study number would be removed from the sample before being used in future research, and some of the information we have collected in the survey (but not any details that would identify you) may be attached.

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 you, so you will not be told the results of the testing. It will not be possible to remove your results from reports, as the results cannot be linked to you. You can withdraw your consent to store your blood at any time, without giving any reason, by asking the investigators in writing for your blood to be removed from storage and destroyed (see contact details later in this leaflet).

We will ask separately for your written permission to store your blood sample.

Will any genetic tests be made on my blood sample?

The initial tests we do now will not involve DNA or genetic analysis, but if you agree that we can store some of your blood, it is possible that at some time in the future, the anonymous samples might be tested for DNA or genetics. Any analysis like this could not be linked to you. Stored blood will only be analysed in future studies if permission for that particular study is obtained from the Health and Social Care Information Centre and from a Research Ethics Committee.

Might there be implications for insurance cover?

If you agree to your results being sent to your GP, then he/she may use them in medical reports about you. This may happen if you apply for a new life assurance policy, or for a new job. Insurance companies may ask those who apply for new policies if they have had any medical tests. If so, the insurance company may ask if they can obtain a medical report from the GP. Because of the Access to Medical Reports Act 1988 an insurance company cannot ask your GP for a medical report on you without your permission. Having given your permission, you then have the right to see the report before your GP sends it to the insurance company and you can ask for the report to be amended if you consider it to be incorrect or misleading.

The purpose of a medical report is for the company to judge whether to charge normal premiums, whether to charge higher premiums or whether, in exceptional circumstances, to turn down life insurance on account of the person's health. If you think you may apply for health insurance in the future, you can choose not to know the results of any tests and not to let your GP know these results.

Who has reviewed the 2nd Stage of the study?

The survey has been looked at by an independent group of people called a Research Ethics Committee, to protect your safety, rights, wellbeing and dignity. This study has been given a favourable opinion by the Oxford A Research Ethics Committee (Reference no. **12/SC/0317**).

What if I have more questions?

Visit out website: **www.healthsurveyforengland.org**

or contact:

Emma Fenn, Project Manager
Kings House, 101-135 Kings Road, Brentwood, Essex, CM14 4LX
Tel: **0800 526 397**

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Department of Epidemiology & Public Health, UCL,
1-19 Torrington Place, London, WC1E 6BT
Tel: **020 7679 5646**

What if I have a complaint about the survey?

Please contact Emma Fenn on 0800 526 397 or Carol Babicz, Freelance Resources Supervisor Tel: 01277 690111 (in office hours)
or email: info@natcen.ac.uk

Thank you very much for your help with this survey

P3427

The Health Survey for England 2014

Program Documentation

Household Questionnaire

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)

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.

HHSize

Derived household size.
Range: 1..12

SizeConf

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

HOUSEHOLD COMPOSITION GRID: INFORMATION COLLECTED FOR EACH HOUSEHOLD MEMBER (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

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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}
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 Aged 16 or over}
MarStat

Are you (is he/she)
ASK OR RECORD. CODE FIRST THAT APPLIES.

1. single, that is, never married and never registered in a same-sex civil partnership,
2. married,
3. separated, but still legally married,
4. divorced,
5. widowed,
6. in a registered same-sex civil partnership,
7. separated, but still legally in a same-sex civil partnership,
8. formerly in a same-sex civil partnership which is now legally dissolved,
9. surviving partner from a same-sex civil partnership ?

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

{IF AgeOf = 16 – 17}
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

{IF Aged 0 – 15}
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

{IF Par1 = 1..12}
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

SelCh

INTERVIEWER: Is this child selected for an individual interview?

1 Yes
2 No

Nat1Par

SHOW CARD A2
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).*

1 Own natural child
2 Other (eg adopted, foster, child of partner etc)

{IF (Par2 IN 1..12)}
Nat2Par

SHOW CARD A2
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).*

1 Own natural child
2 Other (eg adopted, foster, child of partner, etc)

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

EligLTCP

Whether eligible for Long Term Care Planning questions – adults aged 30+
Yes/No

➔ **Variable coded to filter for the "Planning for future care 30+" module**

RELATIONSHIP BETWEEN HOUSEHOLD MEMBERS COLLECTED FOR ALL

SHOW CARD A1

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

{If spouse = same sex}
Soft Check: INTERVIEWER: As of 29 March 2014 same sex couples can marry in England and Wales. These are also plans to allow the conversion of civil partnerships to marriages by the end of 2014. Please check whether the couple are married or are in a civil partnership, and code appropriately.

ASK ALL
HHldr

In whose name is the accommodation owned or rented? Anyone else?
CODE ALL THAT APPLY.
(Codeframe of all household members)

1-12 Person numbers of household members
97 Not a household member

HHResp

INTERVIEWER CODE: WHO WAS THE PERSON RESPONSIBLE FOR ANSWERING THE GRIDS IN THIS QUESTIONNAIRE?
(Codeframe of adult household members)

1-12 Person numbers of household members
97 Not a household member

{IF More than one person coded at HHldr}
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 2 people have the same income}
JntEldA

ENTER PERSON NUMBER OF THE **ELDEST** JOINT HOUSEHOLDER FROM THOSE WITH THE HIGHEST INCOME.
ASK OR RECORD.
(Codeframe of joint householders)

1-12 Person numbers of household members

{IF Don't know or Refused Person with highest income}
JntEldB

ENTER PERSON NUMBER OF THE ELDEST JOINT HOUSEHOLDER.
ASK OR RECORD.
(Codeframe of joint householders)

HRP

INTERVIEWER: THE HOUSEHOLD REFERENCE PERSON IS:
(Displays name of Household Reference Person)

DVHRPNum

Person number of Household Reference Person

ASK ALL
Tenure1

SHOW CARD A3
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 Pay part rent/part mortgage OR Rent it OR Live here rent free}
JobAccom

Does the accommodation go with the job of anyone in the household?

1 Yes
2 No

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LandLord

Who is your landlord?
READ OUT AND CODE FIRST THAT APPLIES.
INTERVIEWER: If asked, New Town Development should be included as local authority or council.

1 ...the local authority/council,
2 a housing association or co-operative or charitable trust or registered social landlord,
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 letting agency or 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?

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}
NumSm

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

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}
NumCars

How many are available?

1 One
2 Two
3 Three or more

SrcInc

Please look at SHOW CARD A4. There has been a lot of talk about health and income. We would like to get some idea of your household's income. This card shows various possible sources of income. Can you please tell me which of these you *(and your husband/wife/partner)* receive?
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 Job-Seekers Allowance
6 Employment and Support Allowance
7 Income Support
8 Pension Credit
9 Working Tax Credit
10 Child Tax Credit
11 Child Benefit
12 Housing Benefit
13 Council Tax Benefit / Reduction
14 Other state benefits
15 Interest from savings and investments (e.g. stocks & shares)
16 Other kinds of regular allowance from outside your household (e.g. maintenance, student's grants, rent)
17 No source of income

AttDisab

SHOWCARD A5
Can I just check, do you or any of your household receive any of these listed on this card? Please only think about people aged 16+ in your household.
CODE ALL THAT APPLY

1 Attendance Allowance
2 Disability Living Allowance– care component
3 Disability Living Allowance – mobility component
4 Personal Independence Payment – daily living component
5 Personal Independence Payment – mobility component
6 None of these

{IF AttDisab = 1-3 THEN {Loop for each household member selected at AttDisab}}
AtDisWho

SHOWCARD A5
Please could you tell me who receives these allowances in your household?
List people from household grid aged 16+

{IF AttDisab = 1-5 THEN {Loop for each HH member selected}}
AtDisAmt

SHOWCARD A6
Now looking at this card, which of these rates is {^name of HH member selected at AttDisab} currently receiving? Just tell me the number beside the row that best apply.
CODE ALL THAT APPLY.

Attendance Allowance
1 Higher rate for attendance during day AND night - £79.15
2 Lower rate for day OR night - £53.00

Disability Living Allowance (DLA) - Care Component
3 Highest rate - £79.15
4 Middle rate - £53.00
5 Lowest rate – £21.00

Disability Living Allowance (DLA) - Mobility Component
6 Highest rate - £55.25
7 Lower rate – £21.00

Personal Independence Payments (PIP) – Care Component
8 Highest rate - £79.15
9 Middle rate – £53.00

Personal Independence Payments (PIP) – Mobility Component
10 Higher rate – £55.25
11 Lower rate - £21.00

HARD CHECK: IF RESPONDENT/HH MEMBER IS AGED UNDER 65 AND AtDisab= ATTENDANCE ALLOWANCE: "INTERVIEWER: Only people aged 65+ can receive attendance allowance. Please change"

HARD CHECK: IF RESPONDENT/HH MEMBER RECEIVES BOTH ATTENDANCE ALLOWANCE (1 OR 2) AND DISABILITY ALLOWANCE (3-7): "INTERVIEWER: It is not possible to receive Attendance Allowance AND Disability Allowance. Please change."

NJntInc

SHOW CARD A8
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:band numbers as given by showcard A8, 96, 97

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

Can I check, does anyone else in the household have an income from any source?
1 Yes
2 No

{IF Yes THEN}
HHInc

SHOW CARD A8

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:band numbers as given by showcard A8, 96, 97

EMPLOYMENT DETAILS OF HOUSEHOLD REFERENCE PERSON COLLECTED

NHActiv

SHOW CARD A9
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 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 MAX 28 DAYS)
8 Permanently unable to work because of long-term sickness or disability (USE ONLY FOR MEN AGED 16-64 OR WOMEN AGED 16-59)
9 Retired from paid work
10 Looking after home or family
11 Doing something else (SPECIFY)

{IF NHActiv = Doing something else}
NHActivO

OTHER: PLEASE SPECIFY.
Text: Maximum 60 characters

{IF Going to school or college full-time}
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

{IF 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))}
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

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{IF NHActiv=(Looking for paid work or a government training scheme) OR H4WkLook = Yes}
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

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

Have *you/name* (Household Reference Person) ever been in paid employment or self-employed?

1 Yes
2 No

{IF Waiting to take up paid employment already obtained}
HOthPaid

Apart from the job *you/name* are waiting to take up, have *you/name* (Household Reference Person) ever been in paid employment or self-employed?

1 Yes
2 No

{IF NHActiv=(Waiting to take up paid work OR Looking for work) OR (H4WkLook =Yes)}
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 Ever been in paid employment or self employed}
HPayLast

Which year did *you/name* (Household Reference Person) *your/his/her* leave last paid job?
WRITE IN YEAR.
Numeric: 1920..2014 Decimals: 0

{IF Last paid job <= 8 years ago}
HPayMon

Which month in that year did *you/he/she* leave?

1 January
2 February
3 March
4 April
5 May
6 June
7 July
8 August
9 September
10 October
11 November
12 December
13 Can't remember

{IF (HEverJob = Yes) OR (NHActiv = In paid employment or self-employment .. Waiting to take up a job already obtained) OR (HstWork = Yes)}
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}
HDirctr

Can I just check, in this job *are/were/will you/name* (Household Reference Person) *be* a Director of a limited company?
1 Yes
2 No

{IF Employee OR Director of a limited company}
HEmpStat

Are/Were/Will you/name (Household Reference Person) *be* a ...READ OUT...
1 manager
2 foreman or supervisor
3 or other employee?

HNEmplee

Including *yourself/name* (Household Reference Person), about how many people *are/were/will be* employed at the place where *you/name usually work(s)/(usually worked/will work)*?
1 1 or 2
2 3 - 9
3 10 - 24
4 25 - 499
5 500+

{ELSEIF (HEmploye = SelfEmp) AND (HDirctr = No)}
HSNEmple

Do/Did/Will you/name (Household Reference Person) have any employees?
1 1 or 2
2 3 – 9
3 10 - 24
4 3-24
5 25-499
6 500+

{IF Employee}
HInd

What *does/did your/ his/her* employer mainly make or do at the place where *you/name* (Household Reference Person) (*usually work/usually worked/will work*)?
Text: Maximum 100 characters

Sector

Is your organisation a private sector organisation such as a company, or a public sector body such as a local or national government, schools or the health service, or a non-profit organisation such as a charity?
1 Private sector
2 Public sector
3 Non-profit organisation
4 Don't know
5 Refused

{IF Self Employed}
HSlfWtMa

What *do/did/will you/name* (Household Reference Person) make or do in your business?
Text: Maximum 100 characters

HRPOcc

INTERVIEWER: Did *name* (Household Reference Person) answer the occupation question himself?
1. Yes
2. No

LEARNING DISABILITIES
ASK ALL
AnyLD
Does anybody aged 16 or over who lives in your household have learning difficulties? This may also be known as a learning disability or mental handicap.
1. Yes
2. Not Sure / Don't know
3. No (please only code if respondent is totally sure)
4. Refused

{IF No (please only code if respondent is totally sure) or Refused AT AnyLD THEN End}

{IF YES AT AnyLD}
WhoLD
Who in your household has learning difficulties? [code from HH Grid]
PROBE: Who else?

{IF YES or Not Sure/ Don't know at AnyLD THEN LDIntro}
LDIntro
INTERVIEWER READ OUT:
We are interested in particular types of learning difficulties.
We are trying to identify anyone WHO, WHEN THEY WERE A CHILD, had a real difficulty in learning many things.

They may have attended a special school or would have had special help in an ordinary school. They may also have other disabilities.

Adults with these types of learning difficulties usually need some help to go about their lives. For example help with money and budgeting, understanding things or help with getting dressed.

This does NOT include people who just have a very specific difficulty in learning. For example:
- Some people may have a specific difficulty with reading (this is sometimes called dyslexia),
- Some people only have specific difficulty with co-ordination (sometimes called dyspraxia),
- Some people only have specific difficulty with concentrating (sometimes called ADHD or Attention Deficit Hyperactivity Disorder).

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{IF YES AT AnyLD}
YSpLD

So, can I just check...
<TEXTFILL 'Do you'>/ <Does TEXT FILL 'name'> have a specific difficulty in learning, for example, dyslexia, dyspraxia or ADHD?

1. Yes
2. No
3. Don't Know
4. Refused

YGenLD

Other than a specific difficulty in learning, <TEXTFILL 'Do you'>/ <Does TEXT FILL 'name'> <TEXT FILL 'also'> have a general difficulty in learning things?

1. Yes
2. No
3. Don't Know
4. Refused

[LOOP YSpLD AND YGenLD UNTIL ALL THOSE IDENTIFIED AT WhoLD ARE CODED]

{IF Not sure / Don't know AT AnyLD}
NSpLD

So, can I just check...
Does anyone aged over 16 in your household have a very specific difficulty in learning, for example, a difficulty with reading which is sometimes called dyslexia, or ADHD?

1. Yes
2. No
3. Don't Know
4. Refused

{IF Not sure / Don't know AT AnyLD}
NGenLD

Other than a very specific difficulty in learning, does anyone aged over 16 in your household also have a general difficulty in learning things?

1. Yes
2. No
3. Don't Know
4. Refused

{IF YES AT NGenLD}
WhoGenLD

Who in your household has a general difficulty in learning things? [code from HH Grid]
PROBE: Who else?

{IF Yes AT YGenLD or NGenLD}

[CAPI check age from household grid, continue only if age 16+]
DiffCh

Did <TEXTFILL 'you'>/ <TEXT FILL 'name'> have this difficulty when <TEXTFILL 'you'> / <TEXTFILL 'he/she'> <TEXTFILL 'were/was'> a child?

1. Yes
2. No
3. Don't Know
4. Refused

DiffNow

Does this difficulty make life difficult for <TEXTFILL 'you'>/ <TEXT FILL 'name'> now?

1. Yes
2. No
3. Don't Know Refused

[LOOP FOR ALL CODED AT WhoLD AND WhoGenLD]

For all those coded as having a learning difficulty (i.e. YES at DiffCh), ask

HaveLD

INTERVIEWER: Code whether you intend to interview <TEXTFILL person coded as having an LD>.

1. Yes
2. No - not physically/mentally able to take part
3. No - not willing to take part

{IF No - not physically/mentally able to take part AT HaveLD}
LDResp

Can I just check who would usually answer questions on <TEXTFILL person coded as having LD>'s behalf?

INTERVIEWER: This is ONLY to identify who will do the difficulties self-completion on this person's behalf. You should NOT do a proxy interview about this person.

1. [code from HH grid]
13. Person does not live in household

NB: If the person who answers questions does not live in the household, then no self completion would be administered on their behalf.

INTERVIEWER: END OF HOUSEHOLD SCHEDULE. NOW ADMINISTER INDIVIDUAL SCHEDULE(S).

P3427

The Health Survey for England 2014

Program Documentation

Individual Questionnaire

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General health

ASK ALL

OwnDoB
What is your date of birth?
I'm just checking that I got this right in the household questionnaire.
.

OwnAge
Can I just check, your age is (*computed age*)?
1 Yes
2 No

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, or
5 very bad?

ILL12m
Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?
1 Yes
2 No

{IF ILL12m = Yes THEN RECORD UP TO SIX CONDITIONS OR 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.
'If vague answer given, such as 'bad back', ASK 'can you say a little more about that?'
Open Answer: up to 100 characters
Variable names for text are IllsTxt[1]-IllsTxt[6]

More[i]
(Can I check) do you have any other physical or mental health conditions or illnesses lasting or expected to last 12 months or more?
1 Yes
2 No

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{IF ILL12m = Yes}
IllAff
SHOW CARD B1
Do any of your conditions or illnesses affect you in any of the following areas? Please consider whether you are affected in any of these areas while receiving any treatment or medication or using devices to help you such as a hearing aid for example.

Please read out the number that applies.
CODE ALL THAT APPLY

1 Vision (for example blindness or partial sight)
2 Hearing (for example deafness or partial hearing)
3 Mobility (for example walking short distances or climbing stairs)
4 Dexterity (for example lifting and carrying objects, using a keyboard)
5 Learning or understanding or concentrating
6 Memory
7 Mental health
8 Stamina or breathing or fatigue
9 Socially or behaviourally (for example associated with autism, attention deficit disorder or Asperger's syndrome)
10 Other (PLEASE SPECIFY)
11 None of the above (spontaneous only)
12 Refusal (spontaneous only)

{IF IllAff = Other}
ILLOth
What other area(s) do any of your conditions or illnesses affect you in?
Text : Maximum 100 characters

{If ILL12m = Yes}
ReducAct

Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities? Please consider whether you are affected while receiving any treatment or medication for your condition or illness and/or using any devices such as a hearing aid, for example.
READ OUT...

1 Yes, a lot
2 Yes, a little
3 Not at all

{If ReducAct=1 (yes a lot) or 2 (yes a little)}
AffLng
For how long has your ability to carry out day-to-day activities been reduced... READ OUT...

1. ...Less than six months,
2. six months but less than12 months,
3. or, 12 months or more?

{IF More[1] = yes AND (ReducAct = yes a lot OR yes a little) THEN ask RedAct up to 6 times for all conditions listed in IllsTxt[1] - IllsTxt[6]}
RedAct1-10
Does your <textfill answer from IllsTxt1,2,3 etc> reduce your ability to carry out day-to-day activities…READ OUT
1. yes, a lot
2. yes, a little
3. not at all
REPEAT FOR EACH ILLNESS/CONDITION (UP TO SIX).

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 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}
DaysCut
How many days was this in all during these 2 weeks, including Saturdays and Sundays?
Range: 1..14

Self-reported height and weight

ASK ALL PARTICIPANTS AGED 16+

IntroHW
Now follows some questions about your height and weight.
Press <1> Enter to Continue.

EHtCh
How tall are you without shoes? You can tell me in metres or in feet and inches.
INTERVIEWER: RECORD 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
INTERVIEWER: PLEASE RECORD HEIGHT IN METRES.
Range: 0.01..2.44

{ELSE IF EHtCh = Feet and inches}
EHtFt
INTERVIEWER: PLEASE RECORD HEIGHT. ENTER FEET.
Range: 0..7

EHtIn
INTERVIEWER: PLEASE RECORD HEIGHT. ENTER INCHES. YOU CAN ENTER HALF INCHES, IF GIVEN, WITH A .5 DECIMAL.
Range: 0..11
ENDIF

EWtCh
How much do you weigh without clothes and shoes? You can tell me in kilograms or in stones and pounds.
INTERVIEWER: RECORD IN KILOGRAMS OR IN STONES AND POUNDS. IF RESPONDENT DOESN'T KNOW WEIGHT USE <CTRL+K>. IF RESPONDENT ISN'T WILLING TO GIVE WEIGHT USE <CTRL+R>.
1 Kilograms
2 Stones and pounds

{IF EWtCh = Kilograms}
EWtKg
INTERVIEWER: PLEASE RECORD WEIGHT IN KILOGRAMS.
Range: 1.0..210.0

{ELSE IF EWtCh = Stones and pounds}
EWtSt
INTERVIEWER: PLEASE RECORD WEIGHT. ENTER STONES.
Range: 1..32

EWtL
INTERVIEWER: PLEASE RECORD WEIGHT. ENTER POUNDS.
Range: 0..13
ENDIF

Personal care plans

{IF Age16+ AND ILL12m = Yes}
ConvDoc
You mentioned earlier that you have a/some long term health condition(s). Doctors, nurses or other health workers sometimes have a special discussion with people with a long term condition, to look at the way that their health and care is managed. This is to make sure that people are given information and understand the options for their condition, are happy with the care they are receiving overall for their health, and know how they can be involved in decisions about their care.

Have you had a conversation like this with your doctor, nurse or health worker about your long term condition(s)?
1 Yes
2 No
3 Not sure

{IF ConvDoc=Yes}
LastYr
Was this in the last 12 months or longer ago?
1 In last 12 months
2 Longer ago

{IF Age16+ AND ILL12m = Yes}
PlanAg
Sometimes a doctor, nurse or other health worker will agree a Personal Care Plan for someone with a long term condition, where they write down how the condition will be managed and who is involved in providing general health care or support.

In the last 12 months, have you and a health professional agreed a Personal Care Plan for your overall health and social care needs?
1 Yes, have agreed a personal care plan in the last 12 months
2 Yes, agreed a personal care plan more than 12 months ago
3 No, do not have a personal plan

{IF PlanAg = No}
OffPlan
Have you talked about a Personal Care Plan with a health care professional, or been offered a Personal Care Plan in the last 12 months?
1 Yes
2 No

{IF OffPlan = Yes}
WhyNoPl
Why have you not agreed a Personal Care Plan after discussing it? Is that because you didn't want one or is there some other reason?
1 Did not want a personal care plan
2 Still discussing a plan, not yet agreed
95 Other reason - SPECIFY

{IF WhyNoPl = Other}
NoPlOth
INTERVIEWER: Specify other reason.
Text: Maximum 50 characters

{IF OffPlan = No}
LikePlan
Would you like the opportunity to discuss a Personal Care Plan with a health professional?
1 Yes
2 No
3 Don't know

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{IF PlanAg = Yes}
CareImpr
Has your Care Plan improved the health or social care services you receive?
IF YES: Would you say they have improved a great deal or to some extent?
1 Yes - improved a great deal
2 Yes - improved to some extent
3 No - not improved
4 Don't know / can't say

ASK ALL WHO HAVE A LONG-TERM CONDITION
OptOff
SHOWCARD B2
There are various options for self care support that health care professionals may offer to people with long term health conditions. This card shows some of them. Have you discussed or been offered any of the things on this card in the last 12 months (even if you decided not to take them up)?
PROBE FULLY: Which others?
CODE ALL THAT APPLY.
1 Being given help to find information about your condition
2 Being given help to find information about the choices you have for care from health professionals
3 Attending a training course on your condition, such as the Expert Patients Programme, Challenging Arthritis, DAFNE for diabetes, etc.
4 Joining a support network or attending a group for people with a long-term condition
5 Having equipment fitted into your home
6 Other (PLEASE SPECIFY)
7 None of these

{IF (OptOff = Other)}
OpOffOt
INTERVIEWER: Please specify.
Text: Maximum 50 characters

OptDone
SHOWCARD B3
And over the last 12 months which, if any, of the things on this card have you actually done to help manage your condition? Just read out the numbers that apply.
PROBE FULLY: Which other things (have you done to help manage your condition in the last 12 months)? CODE ALL THAT APPLY
1 Read and used information about your condition
2 Read and used information about the choices you have for care from health professionals
3 Attended a training course on your condition such as the Expert Patients Programme, Challenging Arthritis, DAFNE for diabetes, etc
4 Joined a support network or attended a group for people with a long-term condition
5 Had equipment fitted into your home
6 Other (PLEASE SPECIFY)
7 None of these

{IF (OptDone = Other)}
OpDonOt
INTERVIEWER: Please specify.
Text: Maximum 50 characters

Doctor-diagnosed hypertension

{IF Age>=16}
EverBP
Do you now have, or have you ever had...READ OUT ...high blood pressure (sometimes called hypertension)?
1 Yes
2 No

{IF EverBP = Yes}
DocBP
Were you told **by a doctor or nurse** that you had high blood pressure?
1 Yes
2 No

{IF (DocNurBP = Yes) AND (Sex = Female)}
PregBP
Can I just check, were you pregnant when you were told that you had high blood pressure?
1 Yes
2 No

{IF PregBP = Yes}
OthBP
Have you ever had high blood pressure apart from when you were pregnant?
1 Yes
2 No
ENDIF
ENDIF
ENDIF

{IF (DocNurBP=Yes) AND (NoPregBP <> No)}
AgeBP
How old were you when you were first told by a (doctor/nurse) that you had high blood pressure?
Interviewer: Type in age in years.
Numeric: 0..100

MedBP
Are you currently taking any medicines, tablets or pills for high blood pressure?
1 Yes
2 No

{IF MedcinBP = No, Don't know or refused}
BPStill
ASK OR RECORD: Do you still have high blood pressure?
1 Yes
2 No

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

{IF EverMed = Yes}
StopMed
Why did you stop taking (medicines/tablets/pills) for high blood pressure? PROBE: What other reason? TAKE LAST OCCASION. CODE ALL THAT APPLY

1 **Doctor advised me to stop due to:** …improvement
2 …lack of improvement
3 …other problem
4 **Respondent decided to stop:** …because felt better
5 ... for other reason
95 **Other reason**

{IF StopMed = Other reason}
StMeOth
INTERVIEWER: Please specify other reason
Text: Maximum 50 characters
ENDIF
ENDIF
ENDIF

OthAdv
SHOWCARD C1
Are you receiving any *(other)* treatment or advice because of your high blood pressure? INCLUDE REGULAR CHECK-UPS

1 Yes
2 No

{IF OthAdv = Yes}
WhatTrt
SHOW CARD C1
What other treatment or advice are you currently receiving because of your high blood pressure?
PROBE: What else? CODE ALL THAT APPLY

1 Blood pressure monitored by GP/other doctor/nurse
2 Advice or treatment to lose weight
3 Blood tests
4 Change diet
5 Stop smoking
6 Reduce stress
95 Other (RECORD AT NEXT QUESTION)

{IF WhatTrt = Other}
WhatTSp
PLEASE SPECIFY...
Text: Maximum 50 characters
ENDIF
ENDIF
ENDIF

Doctor-diagnosed diabetes

ASK ALL AGED 16+

EverDi
Do you now have, or have you ever had diabetes?
1. Yes
2. No

{IF EverDi=YES}
Diabetes
Were you told by a doctor that you had diabetes?
1. Yes
2. No

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

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

{IF FEMALE}
DiPreg
Can I just check, were you pregnant when you were told that you had diabetes?
1. Yes
2. No

{IF Di Preg=Yes}
DiOth
Have you ever had diabetes apart from when you were pregnant?
1. Yes
2. No

{IF EverDi=YES AND HAD DIABETES APART FROM WHEN PREGNANT}
DiAge
Apart from when you were pregnant, approximately how old were you when you were first told by a doctor that you had diabetes?
INTERVIEWER: Type in age in years.

Insulin
Do you currently inject insulin for diabetes?
1. Yes
2. No

DiMed
Are you currently taking any medicines, tablets or pills (other than insulin injections) for diabetes?
1. Yes
2. No

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OthDi
SHOW CARD D1
Are you currently receiving any other treatment or advice for diabetes?
INTERVIEWER: Include regular check-ups.
1. Yes
2. No

OtherDi
SHOW CARD D1
What other treatment or advice are you currently receiving for diabetes?
PROBE: What else?
CODE ALL THAT APPLY.
1. Special diet
2. Eye screening / regular eye tests
3. Regular check-up with GP/hospital/clinic
4. Other (RECORD AT NEXT QUESTION)

{IF OtherDi = Other}WhatDSp
INTERVIEWER: SPECIFY OTHER TREATMENT OR ADVICE.

CheckUp
Where do you have your check ups?
1. GP surgery
2. Hospital
3. Clinic
4. Other

{IF Eye Screening NOT MENTIONED AT OtherDi}
WhyNoET
You did not mention regular eye tests for your diabetes. Is there any reason why you are not having your eyes tested regularly?
1 Not needed / never been told that I need eye tests
2 Been offered regular eye tests but didn't want them
3 Been offered regular eye tests but not able to take them up
4 Other (RECORD AT NEXT QUESTION)

{IF WhyNoET = Other}
OthNoET
INTERVIEWER: PLEASE SPECIFY.

Planning for future care

ADULT AGED 30+ PER HOUSEHOLD, SELECTED AT RANDOM
INTERVIEWER: Now follows the Long term care planning module.
IntrPlan
Many people need care and support in their day to day lives because of long-term physical or mental health conditions, disabilities or problems related to old age. By care and support we mean the types of things listed on this card.

SHOW CARD E1
We want to find out whether people know about who **pays** for this type of care. Please think about how things work **at the moment**. It's a subject a lot of people don't know much about, so don't worry if you are not sure about some of the questions.
INTERVIEWER: these questions are about respondents' knowledge, **NOT** their opinion of how things should be.

PayHome
SHOWCARD E2
First I'd like you to think about when people need care and support **at home** that can't be provided by family and friends. Do they have to pay for this themselves?

INTERVIEWER EXPLAIN IF NECESSARY: If asked: we mean care and support provided to people living in their own homes or with relatives (this could be home care, equipment, day centre care). Do not include care in a residential home.
IF RESPONDENT SAYS DON'T KNOW, PLEASE ENCOURAGE A GUESS
1. Pay for all of it themselves
2. Pay for some of it themselves
3. Not have to pay for any of it
4. Depends on circumstances
5. Don't know (SPONTANEOUS)

WhnPay
SHOWCARD E2
I'd now like you to think about when people need care and support in a **residential home or a nursing home**. At the moment do they have to pay for this themselves?
1. Pay for all of it themselves
2. Pay for some of it themselves
3. Not have to pay for any of it
4. Depends on circumstances
5. Don't know (SPONTANEOUS)

WhyPyB
SHOWCARD E3
Many people do pay something for their care and support. Which, if any, of these affect whether people have to pay something towards their care in a residential nursing home?
CODE ALL THAT APPLY
1. Pension and income
2. Amount of savings
3. Having relatives who can provide financial support
4. Owning their home and/or the value of their home
5. Having worked for long enough / made enough National Insurance contributions
6. How much they have already paid for care and support
7. Having private health insurance/ health plan
8. Other things
9. None of these (SPONTANEOUS)
10. Don't know (SPONTANEOUS)

WhyPyA
SHOWCARD E4

And what about this list, do any of these things affect whether people have to say something towards their care in a residential or nursing home?
CODE ALL THAT APPLY

1. Whether they live alone
2. Having relatives who can care for them
3. Whether they have a disability
4. What Local Authority services are available in their area
5. None of these (SPONTANEOUS)
6. Don't know (SPONTANEOUS)

WhoCare
SHOWCARD E5

Now I'd like you to think about when people need care and support, **either** in their own home **or** in a residential or nursing home. Which of these might provide something towards the cost of their care?
CODE ALL THAT APPLY

1. Local authority (social services)
2. NHS
3. Charity / religious organisation (e.g. Age UK)
4. Insurance policy (e.g. to cover illness or inability to work)
5. Private health insurance/ health plan
6. None of these (SPONTANEOUS)
7. Don't know (SPONTANEOUS)

WhoGet
The Local Authority does provide funding for care. Do you think they pay for care for **everyone,** or do you think they pay for care for **some people** based on each person's ability to pay?

1. They pay for care for **everyone**
2. Pay for care for **some people** (based on person's ability to pay)
3. *Spontaneous [Don't know]*

UsePay
SHOWCARD E6

Still thinking about when people need care and support, **either** in their own home **or** in a residential or nursing home. Which of these personal sources of money do you think are often used to pay towards the cost of care and support?
CODE ALL THAT APPLY

1. Income from work or pensions
2. Savings
3. Benefits (e.g. disability living allowance, personal independence payments)
4. Sale of their assets (e.g. their home)
5. Money from relatives or friends
6. Other sources of money
7. None of these (SPONTANEOUS)
8. Don't know (SPONTANEOUS)

MaxLife
Many people do have to pay something towards the care they receive in residential homes or in their own home. **At the moment** is there any limit on the amount of money people have to pay for care and support over their lifetime?

1. Yes
2. No
3. Don't know

MaxPlanA
In the next few years the government will be introducing a new policy to limit the amount people will have to pay for care and support over their lifetime.
Before today, had you heard about this policy?

1. Yes
2. No
3. Don't know

ResCost
In your area, what is the cost of a residential care home place?
EXPLAIN IF NECESSARY: If it varies from home to home, please think about the cost of a middle range home – not the most expensive or the cheapest.
If you are not sure please give an estimate. Please give the answer for whichever period is easiest (wee, month, day etc)

TotCost
What period is that cost for?
1. A day
2. A week
3. A month
4. A year
95. Other period (SPECIFY)

{If TotCost = Other}
TCostOth
Specify other time period.

{IF AMOUNT GIVEN AT ResCost}
KnwCost
How confident are you about the accuracy of your answer (for the cost of residential care home place)?
SHOWCARD E7

1. Very confident
2. Quite confident
3. Not very confident
4. Not at all confident

HlpPlan
I'd like you to think about any of your family and friends who **have needed** care and support in the last five years. Were you involved at all in arranging their care or support?
CODE FOR ALL HELPED IN LAST 5 YEARS

1. Yes
2. No
3. None have needed care and support

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{IF HelpPlan = Yes}
WhoCont
SHOWCARD E8
Who has contributed to paying for the care for this person (or these people)?
CODE ALL THAT APPLY.

1. Local Authority (social services)
2. NHS
3. A charity or religious organisation (e.g. Age UK)
4. The person themselves
5. Me
6. Other relatives
7. Another source
8. *Spontaneous [The care did not cost anything]*
9. *Spontaneous [No care used in the end]*

KnwPlan
SHOWCARD E9
Now, I'd like you to think about your family and friends who **don't** need care and support at the moment. How many of them have made plans for how they might pay for what they need when they are older?

1. Almost all
2. Quite a lot
3. Only a few
4. Almost nobody
5. *Spontaneous [Don't know]*

YouPlan
SHOWCARD E10
I'd now like you to think about **any** needs **you yourself** may have when you are older. Have you thought about how to pay for what you need when you are older?

1. I've thought about it in great detail
2. I've thought about it a little
3. I know I should have thought about it but haven't done so yet
4. I haven't thought about this at all yet

YouDone
SHOWCARD E11
Have you done any of the things on this card?
CODE ALL THAT APPLY

1. Joined a company pension scheme
2. Started a private pension scheme
3. Paid extra contributions into a pension scheme
4. Taken out private health insurance/health plan
5. Taken out insurance (e.g. to cover illness or inability to work)
6. Consulted a financial advisor
7. Started saving for when you are older
8. Bought property so you can use the money when you are older
9. Any other financial planning for when you are older
10. None of these

FinPlan
What type of financial planning have you done related to your needs when you are older?
INTERVIEWER: Probe and record verbatim

Use of services

ASK ALL AGED 16+

NDocTalk
The next few questions are about your GP and how often you use certain health services.
During the two weeks ending yesterday, apart from any visit to a hospital, have you talked to a doctor on your own behalf, either in person or by telephone? INTERVIEWER: Exclude consultations made on behalf of others.

1 Yes
2 No

{IF NDocTalk = Yes}
NChats
How many times did you talk to a doctor in these two weeks?
Range: 1..97

{IF NChats=more than 1: ^Thinking of the last time you talked to the Doctor}
GP
Was the doctor…READ OUT…

1 A GP (i.e. a family doctor)
2 Or a specialist
3 Or some other kind of doctor?

DocWher
Did you talk to the doctor…READ OUT…

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

DocWhy
And did you talk to the doctor because of… READ OUT…

1. … a physical health problem,
2. Or a mental, nervous or emotional problem?
3. (Spontaneous:) Both of these

ENDIF

{IF NDocTalk = No}
WhenDoc
SHOW CARD F1
Apart from any visit to a hospital, when was the last time you talked to a doctor on your own behalf?

1 Within the last month
2 One month ago but less than three months ago
3 Three months ago but less than six months ago
4 Six months ago but less than a year ago
5 A year or more ago
6 Never consulted a doctor

ENDIF

{IF NDocTalk=Yes OR WhenDoc=1-4}
NDcTk12
In the last 12 months, approximately how many times have you talked to, or visited a GP or family doctor about your own health? Please do not include any visits to a hospital. INTERVIEWER: Exclude consultations made on behalf of others.

1 None
2 One or two
3 Three to five
4 Six to ten
5 More than ten

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

1 Yes
2 No

{IF PNur = Yes THEN}
NPNur
How many times did you see a practice nurse at the GP surgery in these two weeks?
Range: 1..50
ENDIF

ASK ALL
OutPat
During the last 12 months, did you attend hospital or clinic as an out patient, day patient or casualty?
SELECT ALL THAT APPLY

1. Out patient
2. Day patient
3. Casualty/ Accident and Emergency
4. None of these {Exclusive}

{If OutPat = 1}
OutNpA
In the last 12 months, how many times have you attended hospital as an out patient?
ENTER NUMBER 1-50

{If OutPat = 2}
OutNpB
In the last 12 months, how many times have you attended hospital as a day patient?
ENTER NUMBER 1-50

{If OutPat = 3}
OutNpC
In the last 12 months, how many times have you attended hospital as an accident and emergency patient?
ENTER NUMBER 1-50
ENDIF

{If OutPat = 1 or 2 or 3}
OutStyQ
Was your reason for attending a hospital or clinic because of… READ OUT…

1. … a physical health problem,
2. Or a mental, nervous or emotional problem?
3. (Spontaneous:) Both of these

{IF SEEN A DOCTOR/GP IN LAST YEAR (NDcTk12 = 2-5) OR ATTENDED HOSPITAL CLINIC IN LAST YEAR FOR PHYSICAL PROBLEM (OutStyQt = 1 OR 3)}
HrGP
In the last 12 months, have you been to your own doctor/GP or been referred to a hospital about problems with your hearing?
CODE ALL THAT APPLY

1. Yes, doctor/GP
2. Yes, referred to hospital
3. No (SINGLE CODED ONLY)
4. Prefer not to say (spontaneous)

{ASK ALL IF AGE 50+ AND HrGP = No}
HrGP50
[TEXTFILL: Apart from in the last 12 months,] have you ever been to your doctor/ GP or been referred to a hospital about problems with your hearing **since the age of 50**?
CODE ALL THAT APPLY

1. Yes, doctor/GP
2. Yes, referred to hospital
3. No (SINGLE CODED ONLY)
4. Prefer not to say (spontaneous)

{IF HrGP50 = 1 or 2}
HrGP50F
Was that **since you were 50** or before then?
CODE ALL THAT APPLY

1. Yes, seen doctor/GP about hearing since the age of 50
2. Yes, referred to hospital about hearing since the age of 50
3. No

{IF SEEN A DOCTOR/GP IN LAST YEAR (NDcTk12 = 2-5) OR ATTENDED HOSPITAL CLINIC IN LAST YEAR FOR PHYSICAL PROBLEM (OutStyQt = 1 OR 3)}
NoiseGP
In the last 12 months, have you been to your own doctor/GP or been referred to a hospital about problems with noises in your head or ears?
CODE ALL THAT APPLY

1. Yes, doctor/GP
2. Yes, referred to hospital
3. No
4. Prefer not to say (spontaneous)

ASK ALL
InPat
And during the last 12 months, have you been in hospital as an inpatient, overnight or longer?

1 Yes
2 No

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{IF Inpat=1}
InPatNo
In the last 12 months, how many times have you been in hospital as an inpatient, overnight or longer?
ENTER NUMBER 1-50

{IF Inpat=1}
InPatwhy
And were you in hospital because of… READ OUT…
1 a physical health problem,
2 or a mental, nervous or emotional problem?
3 Spontaneous: both of these
ENDIF

ASK ALL
DayY
SHOWCARD F2
Please can you tell me whether you have used any of these day activity services over the last 12 months?
Showcard content: 1. Community mental health centre, 2. Day activity centre, 3. Sheltered workshop
1 Yes
2 No
3 Liked (SPONTANEOUS ONLY: Would have liked to but not available)

CCUse
SHOWCARD F3
Here is a list of community care services. Excluding any contact with professionals or team members that you have already told me about, have you used any of these services in the last 12 months? For example, you may have been visited at home by some of these people.
Showcard content: 1. Psychiatrist, 2. Psychologist, 3. Community psychiatric nurse (CPN), 4. Community learning difficulty nurse, 5. Other nursing services, 6. Social worker, 7. Self-help or support group, 8. Home help or home care worker, 9. Outreach worker or family support
1 Yes
2 No

{IF CC2aY = Yes}
CCUseW
SHOWCARD F3
Which services have you?
CODE ALL THAT APPLY
1 Psychiatrist
2 Psychologist
3 Community psychiatric nurse (CPN)
4 Community learning difficulty nurse
5 Other nursing services
6 Social Worker
7 Self-help/support group
8 Home help/home care worker
9 Outreach worker/family support

MentHos
(May I just check,) Have you ever been admitted to a hospital or ward which specialises in caring for people with mental health problems?
1 Yes
2 No

Social care

A1: Help needed
ASK ALL AGED 65+

Intro
The next few questions are about tasks that some people may **need help with** and about help that you may have received in the **last month**. Please think only about help you need because of long-term physical or mental ill-health, disability or problems relating to old age.

For each task, I'd like you to tell me which option applies to you.
1 Continue

TasksA
SHOW CARD H1
Thinking about ***getting in and out of bed*** *on your own*, please look at this card and tell me the option which best applies to you?
INTERVIEWER: Do not include help from special aids or equipment such as wheelchairs or stair lifts.
1 I can do this without help from anyone
2 I have difficulty doing this but manage on my own
3 I can only do this with help from someone
4 I cannot do this

Tasks [Repeat for tasks B to M]
Still looking at Showcard H1, what about…
B washing your face and hands/
C having a bath or a shower, including getting in and out of the bath or shower/
D dressing or undressing, including putting on shoes and socks/
E using the toilet/
F eating, including cutting up food/
G taking the right amount medicine at the right times/
H getting around indoors/
I getting up and down stairs/
J getting out of the house, for example to go to the doctors or visit a friend/
K shopping for food including getting to the shops, choosing the items, carrying the items home and then unpacking and putting the items away/
L doing routine housework or laundry/
M doing paperwork or paying bills

EXPLAIN IF NECESSARY: Do not include help from special aids or equipment such as wheelchairs or stair lifts *(only for tasks B, C, D, E, H, I, J).*

INTERVIEWER: Do not include help that has always been received because of the way household responsibilities are divided *(only for tasks K, L, M).*

For following tasks include additional instruction:
(C) having a bath or a shower: INTERVIEWER: If respondent says they can do one but not the other, ask them to think about the washing facilities they have.
(G) taking the right amount of medicine at the right times. INTERVIEWER: Include prescribed medicines and medicines you can buy over the counter.

ASK IF NECESSARY: Thinking about *(insert shortened task B to M listed above in bold)*, please look at this card and tell me the option which best applies to you?
1 I can do this without help from anyone
2 I have difficulty doing this but manage on my own
3 I can only do this with help from someone
4 I cannot do this

{TaskHlpA section asked if any TasksA variables are 2-4. If all TasksA=1 THEN skip}
TaskHlpA section

TIntro
I'd like to ask you about any help you have received in the last month, even if you don't usually need any help. Please think only about help you have received because of long-term physical or mental ill health, disability or problems relating to old age.
1 Continue

TaskHlpA [Repeat for tasks B to M]
Have you received help from anyone with *getting in out of bed on your own*, in the **last month**?
EXPLAIN IF NECESSARY: Include help even if it was for a short time or provided by husband/ wife/ another family member
1 Yes
2 No

Subsequent times TaskHlp is asked
What about *(insert shortened task B to M listed in bold)*?
EXPLAIN IF NECESSARY: Include help even if it was for a short time or provided by husband/ wife/ another family member
ASK IF NECESSARY: Have you received help from anyone with ***(insert shortened task B to M listed in bold)***, in the **last month**?
1 Yes
2 No

{If (TaskHlpK=Yes) OR (TaskHlpL=Yes) OR (TaskHlpM = Yes)}
CheckA
Do you receive this help with *(insert tasks K/L/M)* because of long standing physical or mental ill-health, a disability or problems relating to old age?
1 Yes for some or all
2 No, none of this help is because long standing physical or mental ill-health, disability or problems relating to old age
ENDIF

{ASK ALL AGE 65+}
BladProb
Do you suffer from problems with your bladder?
SHOWCARD H2

Please tell me the number which best applies to you.

EXPLANATION ON SHOWCARD - ONLY READ OUT IF NECCESSAY: This could be things like accidentally having wet pants, leaking urine, needing to go to the toilet frequently or urgently, sometimes not making it to the toilet in time, or problems using aids or appliances to manage bladder problems or incontinence. (If you have a catheter and manage this without problems please select 'No, no problems').
Please include problems with your bladder caused by any medicines that you take.

1. Yes I have problems
2. I just have the occasional accident
3. No, no problems

{ASK ALL AGE 65+}
BwlProb
Do you suffer from problems with controlling your bowels?
SHOWCARD H3

Please tell me the number which best applies to you.

EXPLANATION ON SHOWCARD - ONLY READ OUT IF NECCESSARY: This could be things like accidentally having soiled pants, leakage from the bowel, needing to go to the toilet frequently or urgently, sometimes not making it to the toilet in time, or problems using aids or appliances to manage bowel or incontinence.
Please include problems with your bowel caused by any medicines that you take.

1 Yes I have problems
2 I just have the occasional accident
3 No, no problems

A2 – Who helps with ADL/IADLS

For HelpInf and HelpForm, tasks A to M regrouped into following categories:
1. Having a bath or shower
2. Getting in and out of bed ,washing your face and hands , dressing or undressing, using the toilet, eating, including cutting up food, taking medication, getting around indoors and using stairs
3. Getting out of the house, shopping for food, doing routine housework or laundry, doing paperwork or paying bills

Intro
I am now going to ask you some questions about who helps you with different things. I will show you **two** lists of people who may have helped you.

HelpInf
SHOWCARD H4
In the last month, who has helped you with ***(insert list of tasks in group in bold)***?
First, please tell me about all of the people from this list who have helped you. Please only think about help received because of long-term physical or mental ill-health, disability or problems relating to old age.
INTERVIEWER: Probe fully.
CODE ALL THAT APPLY:
1 Husband/Wife/Partner
2 Son (including step son, adopted son or son in law)
3 Daughter (including step daughter, adopted daughter or daughter in law)
4 Grandchild (including Great Grandchildren)
5 Brother / Sister (including step / adopted / in laws)
6 Niece / Nephew
7 Mother /father (including mother-in-law/ father-in-law)
8 Other family member
9 Friend
10 Neighbour
11 None of the above

Repeat for task groups 1-3 where help has been received for at least one task within the group.

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HelpForm
SHOWCARD H5
Now, please tell me about all of the people from this list who have helped you with *(insert list of tasks in group)* in the last month?
INTERVIEWER: Probe fully.
CODE ALL THAT APPLY.

1 Home care worker / Home help / Personal assistant
2 A member of the re-ablement / intermediate care staff team
3 Occupational Therapist / Physiotherapist
4 Voluntary helper
5 Warden / Sheltered housing manager
6 Cleaner
7 Council's handyman
8 Other (please specify)
9 None of the above

{IF HelpForm = Other}
HelpFormo
Who was the other person that helped you?
Text: Maximum 100 characters

SOFT CHECK {IF HelpInf AND Helpform = 'None of the above'}: The respondent has said 'none of the above' for this task at Helpinf and Helpform (i.e. that they receive no help from anybody). Please check this is correct. If they **do** receive help from a formal or informal carer please code this at Helpinf and/or Helpform. Otherwise, go back to TaskHlp and change to 'No' (i.e. they receive no help for this task).

Repeat for task groups 1-3 where help has been received for at least one task within the group.

{If Helpinf = Response 1-8}
HelpFam
You have told me that your *(person who helped)* helped you. Can I just check, does this person live in this household?

1 Yes
2 No

{IF HelpFam = Yes}
NumFam
Please enter person number

{IF (HelpFam = No) AND (Helpinf = Response 1-10)}
NamFam
What is your (person who helped) name?
Text: Maximum 20 characters
ENDIF

{IF HelpFam = Response 4 to 9}
SexFam
INTERVIEWER CODE OR ASK SEX OF PERSON WHO HELPS

1 Male
2 Female

ENDIF
ENDIF

MoreFam
INTERVIEWER: Code whether any more relationships at HelpInf, if so repeat HelpFam/NamFam/SexFam for each (up to three in total).

{IF HelpForm= Home care worker /home help/personal assistant}
Hhelp
You have told me that a home care worker/home help/personal assistant helped you in the last month. Do you have just one person helping you, or do you have more than one?

1 One
2 More than one

{IF Hhelp = More than one}
Hhelpb
Do they all help with the same kinds of things, or do you have different people helping with different things?

1 All help with same kind of things
2 Different people help with different things

{IF Hhelpb = Different people help with different things}
Hhelpc1
I'd like you to think about the home care workers, home helps or personal assistants who help with different things, so that I can ask you about each of them later. Thinking of the **first** home care worker/ home help/ personal assistant, what sort of thing do they help you with?
CODE MAIN TASK

1 Getting up in the morning
2 Going to bed
3 Washing/ bathing/ personal care
4 Meals/ eating
5 Getting out of the house/ shopping
6 Cleaning/ laundry
7 Other

Hhelpc2
Thinking of the **second** home care worker/ home help/ personal assistant, what sort of thing do they help you with?
CODE MAIN TASK

1 Getting up in the morning
2 Going to bed
3 Washing/ bathing/personal care
4 Meals/ eating
5 Getting out of the house/shopping
6 Cleaning/ laundry
7 Other

MoreHC
Are there any more home care workers, home helps or personal assistants who help you with different kinds of things?

1 Yes
2 No

{IF MoreHC = Yes}
Hhelpc3
Thinking of the **third** home care worker/ home help/ personal assistant, what sort of thing do they help you with?
CODE MAIN TASK

1 Getting up in the morning
2 Going to bed
3 Washing/ bathing/ personal care
4 Meals/ eating
5 Getting out of the house/ shopping
6 Cleaning/ laundry
7 Other

A3 – Hours of care (Intensity)

FOR FORMAL PROVIDERS IDENTIFIED AT Helpform ALLOW A PRECISE ANSWER (because likely to be linked to payment amounts which are not asked in SHORT):
{ASK FOR EVERYONE IDENTIFIED AT HelpForm}
HrsForm
Thinking about (person who helps), in the last week how many hours have they helped you in person with these kinds of tasks?
INTERVIEWER EXPLAIN IF NECESSARY: not including help over the phone or by internet
IF 2 PEOPLE HELP AT THE SAME TIME, CODE DOUBLE THE HOURS
INTERVIEWER INSTRUCTION: If Home care worker/ Personal Assistant or other care staff 'live in'/'sleep in', INCLUDE ALL hours they are on duty
ENTER NUMBER OF HOURS. IF LESS THAN 1HOUR ENTER 0.5.
IF RESPONDENT DOES NOT GIVE PRECISE ANSWER, INTERVIEWER CODE <CTRL + K>
ENTER NUMBER OF HOURS. IF LESS THAN 1 HOUR ENTER 0.5
Press <F9> for help

ASK FOR EVERYONE IDENTIFIED AT HelpInf and if HrsForm=DK/REF FOR HELPERS FROM HelpForm
HelpHours
SHOWCARD H6
Thinking about *(helper's role/name)*, in the last week how many hours have they helped you in person with these kinds of tasks? Please only think about the hours they were helping you with these kinds of tasks and not about the time they were around in the house or there to help you if you needed it.

INTERVIEWER EXPLAIN IF NECESSARY: not help over the phone or by internet or doing occasional errands or odd jobs without the respondent

INTERVIEWER NOTE:
ROUND DOWN IF NECESSARY, e.g. IF 4.5 HOURS, CODE '1-4 hours'
IF 2 PEOPLE HELP AT THE SAME TIME, CODE DOUBLE THE HOURS
Press <F9> for help

1 No help in the last week
2 Less than one hour
3 1-4 hours
4 5-9 hours
5 10-19 hours
6 20-34 hours
7 35-49 hours
8 50-99 hours
9 100 hours or more

{IF HelpHours = don't know or refusal}
HelpHourB
Can you tell me whether in the last week your *(helper's name)* helped you in person with these tasks for:....
READ OUT….

1 Less than 20 hours
2 20-34 hours
3 Or for 35 hours or more?

{For everyone identified at Helpform (FORMAL PROVIDERS) AND HelpInf (INFORMAL PROVIDERS)}
Duration
How long have you been receiving any of the kinds of help we have been talking about? Would you say it is for less than a year, or one year or more?
INTERVIEWER EXPLAIN IF NECESSARY: Help from:
- Home care worker/ home help/ personal assistant
- Reablement/ intermediate care staff
- Occupational therapist/ physiotherapist
- Voluntary helper
- Warden / Sheltered housing manager
- Cleaner
- Council's handyman
- Other professional carer
- Husband/ wife/ partner [other informal helper]

1. Less than one year
2. One year or more

{IF (HelpForm = 1-8) or (Helpinf = 1-10 AND (HelpHours = 6-9 OR HelpHourB = 2-3))}
Note: There are two routes through this section of questions:
- ***Route A: Formal providers arranged with involvement from local authority***
- ***Route B: Home care workers where local authority not involved in arrangement and informal providers who provided 20+ hours of care in the last week***

A5 – Payment of care

Intro
Now I am going to ask you a few questions about paying for the care you receive.

Whodeal
Do you usually deal with paying for your care or does a family member or friend manage this for you? INTERVIEWER CODE RESPONDENT ANSWER
1. Respondent deals with this all him/herself
2. Respondent knows about some of it but not all
3. Respondent does not deal with this at all

{IF ANY FORMAL CARERS AT HelpForm, OR INFORMAL CARERS FOR >20 HOURS}
HaveDP
SHOWCARD H7
Local authorities/council/social services offer different ways of arranging payment for people's care. This card describes some of these ways. Please look at the card and tell me whether either of these apply for the care you receive?
INTERVIEWER: Only include payments for social care. Do not include other payments for example, pension or Attendance Allowance
INTERVIEWER: IF RESPONDENT SELECTS ONLY ONE ANSWER (1 OR 2) PROBE FOR THE OTHER ONE: Does the other one also apply?
CODE ALL THAT APPLY (1 and 2 can be coded together, 3 can only be coded on its own).

1 Direct payments
2 Local authority/ council/ social services manages the money
3 Neither of these

Directions on what is included in options 1 and 2 are provided in the showcard H7

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PersB
Do you have a **Personal Budget**, sometimes known as an **Individual Budget**? This is when the local authority/ council/social services decides the amount or pot of money necessary to meet your social care needs. You can choose how to spend this money which can be used for a range of services, not just social care.
INTERVIEWER EXPLAIN IF NECESSARY: The money could be paid to you as a Direct Payment or the local authority/council/social services could manage the money for you.
1 Yes, have Personal Budget/Individual Budget
2 No, do not have Personal Budget/ Individual Budget

IncAss
Has the council or local authority made an assessment of what you can afford for any of your care needs? This is sometimes called an **income assessment** or **means testing**.
INTERVIEWER EXPLAIN IF NECESSARY: This might have been when the local authority/council was organising care services or arranging a Direct Payment for your care.

1 Yes, had income assessment
2 No

Repeat for each formal care provider at HelpForm
LAhelp[task]
SHOWCARD H8
How was the help from your *(name of formal care provider)* arranged? Please look at this card and tell me which option applies.
1 Arranged without involvement from the local authority, council or social services
2 Local authority, council or social services arranged this help for me
3 Local authority, council or social services told me about the help but I arranged it myself or my family arranged it for me
4 Other

Route A: Questions for formal providers arranged through local authority – this set of questions is asked once to cover all providers for which the answer to* LAhelp *was 2 or 3.

{IF LAHelp = 2 OR 3}
AnyPay
Do you *(your husband/partner, wife/partner if appropriate)* pay or give any money for the help given by your *(list of relevant formal providers)*? Please include any payments made for this care, even if not made directly to the care provider.
1 Yes
2 No
3 (don't know)

{IF ANYPAY=1 (RESPONDENT OR PARTNER PAYS SOMETHING FOR ANY OF THIS LOCAL AUTHORITY CARE)}
PayAmt
How much money do you [*IF PARTNER LIVES IN HHLD: or your partner*] pay for the help given by [*list of all formal providers who help*]. Please include any payments made for this care, even if not made directly to the care provider?
INTERVIEWER: RECORD AMOUNT GIVEN BY RESPONDENT (pounds and pence) AND REFERENCE PERIOD.
Enter amount in pounds and pence on this screen Range: 0…20,000.
Enter reference period for payment on next screen.
RESPONSE:_____

Payfreq
INTERVIEWER: ENTER REFERENCE PERIOD FOR THE PAYMENT
1. per hour
2. per visit
3. per day
4. per week
5. per fortnight
6. per four weeks
7. per calendar month
8. per year

{IF AnyPay = Yes}
Allcost
Does this payment cover all the cost of this help or some of the cost of this help?
EXPLAIN IF NECESSARY: the payment for your *(list of relevant formal providers)*
1 All
2 Some

HowPay
SHOWCARD H9
How do you usually pay or give money to your *(list of relevant formal providers)* for helping you?
CODE ALL THAT APPLY
I use money from:
1 My own personal income, savings, pension or benefit (such as Attendance Allowance)
2 My Direct Payment/ Personal or Individual Budget from the Local Authority/ council/ Social Services
3 From another source
ENDIF

AddPay
(And in addition to what you pay), as far as you are aware does anyone else or any organisation pay or give money to your *(list of relevant formal providers)* for the care you receive - for example the council or a family member? Do not count any benefits such as Carers Allowance or Attendance Allowance.
INTERVIEWER CODE:
1 Yes, the local authority /council / social services
2 Yes, a family member (with their own money)
3 Yes, other
4 No, nobody else pays

{IF AddPay = Yes, the local authority/council/social services}
LAPay
And does the local authority, council or social services pay your *(list of relevant formal providers)* directly or is it through your Direct Payment or a Personal Budget?
CODE ALL THAT APPLY:
1 Local authority / social services or council pay directly
2 Paid through Direct Payments / Personal or Individual Budgets

{IF LOCAL AUTHORITY PAYS ANY MONEY THROUGH A DIRECT PAYMENT OR PERSONAL BUDGET (LAPAY) (LAPAY=2 OR HOWPAY=2}
LAAmt
How much money is [*list of all formal providers who help*] paid from the direct payment or personal budget for helping you?
INTERVIEWER: RECORD AMOUNT GIVEN BY RESPONDENT (pounds and pence)
Enter amount in pounds and pence on this screen: Range: 0…20,000.
Enter reference period for payment on next screen

LAFreq
INTERVIEWER: RECORD REFERENCE PERIOD.
1. Per hour
2. Per visit
3. Per day
4. Per week
5. Per fortnight
6. Per four weeks
7. Per calendar month
8. Per year

{IF ANYPAY=NO AND ADDPAY=NO (NOTHING IS PAID FOR THE CARE ARRANGED BY THE LOCAL AUTHORITY)}
Nopay
You have told me that no payment was made for [list of all formal providers who help] helping you. Why was this?
UNPROMPTED RESPONSE:
1. They provided their help for free/there is no charge for the service
2. Sometimes I give them money or gifts for the help they give me
3. Other
ENDIF

Route B: Ask once if route A already asked or twice if route A not asked.
Priorities
1 First home care worker/home help/personal assistant NOT arranged via council providing most hours
2 Second home care worker/home help/personal assistant NOT arranged via council providing next greatest number of hours
3 Carer at HelpForm (any number of hours)
4 Carer at HelpInf (only provides >20 hours. If more than one carer at 3 or 4, then:
- *Priority given to the one with the most hours*
- *Priority given to those living in the same household*
- *Priority given in order of listing at Helpinf and Helpform*

AnyPay
Do you *(your husband/partner, wife/partner if appropriate)* pay or give any money for the help given by your *(relevant provider)*? Please include any payments made for this care, even if not made directly to the care provider.
1 Yes
2 No
3 (Don't know)

{IF ANYPAY=1 (RESPONDENT OR PARTNER PAYS)}
PayAmt
How much money do you pay for the help given by [*person who helps*]? Please include any payments made for this care, even if not made directly to the care provider.
INTERVIEWER: Record amount given by respondent (pounds and pence) and reference period.
Enter amount in pounds and pence on this screen. Enter reference period on next screen.

PayFreq
INTERVIEWER: ENTER REFERENCE PERIOD FOR THE PAYMENT
1. Per hour
2. Per visit
3. Per day
4. Per week
5. Per fortnight
6. Per four weeks
7. Per calendar month
8. Per year

{IF AnyPay = Yes}
Allcost
Does this payment cover all the cost of this help or some of the cost of this help?
EXPLAIN IF NECESSARY: the payment for your ***(relevant provider)***
1 All
2 Some

HowPay
SHOWCARD E7
How do you usually pay or give money to your ***(relevant provider)*** for helping you?
CODE ALL THAT APPLY
I use money from:
1 my own personal income, savings, pension or benefit (such as Attendance Allowance)
2 my Direct Payment/ Personal or Individual Budget from the Local Authority/ council/ Social Services
3 from another source
ENDIF

AddPay
(And in addition to what you pay), as far as you are aware does anyone else or any organisation pay or give money to your ***(relevant provider)*** for the care you receive - for example the council or a family member? Do not count any benefits such as Carers Allowance or Attendance Allowance.
INTERVIEWER CODE:
1 Yes, the local authority /council / social services
2 Yes, a family member (with their own money)
3 Yes, other
4 No, nobody else pays

{IF AddPay = Yes, the local authority/council/social services}
LAPay
And does the local authority, council or social services pay your ***(relevant provider)*** directly or is it through your Direct Payment or a Personal Budget?
CODE ALL THAT APPLY:
1 Local authority/social services or council pay directly
2 Paid through Direct Payments / Personal or Individual Budgets

{IF LOCAL AUTHORITY PAYS ANY MONEY THROUGH A DIRECT PAYMENT OR PERSONAL BUDGET (LAPAY=2 OR HOWPAY=2}
DPPay
How much money is [*person who helps*] paid from the direct payment or personal budget for helping you?
INTERVIEWER: RECORD AMOUNT GIVEN BY RESPONDENT (pounds and pence).
INTERVIEWER: Record amount and reference period given by respondent.
Enter amount in pounds and pence on this screen Range: 0…20,000.
Enter reference period for payment on next screen.

DPFreq
1. Per hour
2. Per visit
3. Per day
4. Per week
5. Per fortnight
6. Per four weeks
7. Per calendar month
8. Per year

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{IF NOTHING IS PAID FOR THE CARE (ANYPAY=2 AND ADDPAY=4)}
NoPay
You have told me that no payment was made for [*person who helps*] helping you. Why was this?
UNPROMPTED RESPONSE:
1. They provided their help for free/there is no charge for the service
2. Sometimes I give them money or gifts for the help they give me'
3. Other

ENDIF

Whoans
INTERVIEWER: WHO ANSWERED THE QUESTIONS IN THIS SECTION?
1 Respondent only
2 Respondent with assistance of another person

Comments
INTERVIEWER: Do you have any comments about this section?
1 Yes
2 No

{IF Comments = Yes}
CommentX
INTERVIEWER: PLEASE ENTER COMMENTS HERE.
Text: Maximum 100 characters
END IF

A6 – Care services use

ASK ALL AGED 65+
Intro
I'm going to ask you about services that people can make use of.
1 Continue

MealProv
In the last month, have you regularly had your main meals provided for you?
EXPLAIN IF NECESSARY: Provided by someone who is not living here with you?
INTERVIEWER: Don't count meals eaten elsewhere.
1 Yes
2 No

{IF MealProv = Yes}
Meals
SHOWCARD H10
Who provided your meals? PROBE: Who else?
INTERVIEWER EXPLAIN IF NECESSARY: Meals on Wheels may be provided by the council or another organization.
CODE ALL THAT APPLY
1 Meals on Wheels
2 Private frozen meal provider such as Wiltshire farm foods
3 Family/friend/ neighbour brought me ready prepared meals
4 Other
5 None of these

LnchClub
In the last month did you attend a lunch club run by the council or a voluntary body?
1 Used in the last month
2 Not used in the last month

DayCen
And in the last month did you attend a Day Centre? Please include groups or classes run by a day centre but not necessarily held at the day centre building.
1 Used in the last month
2 Not used in the last month

B1 – Identifying providers of care and who is helped

ASK ALL AGED 16+
Intro
The next few questions are about help or support that people provide for others.
1 Continue

ProvHlp
Have you personally provided help or support to anyone **in the last month** because they have long-term physical or mental ill-health, a disability or problems relating to old age? Do not include help given in a professional capacity or as part of a job, but include help or support given to your family, friends or neighbours.
INTERVIEWER: Include help for wife/ husband/ partner
1 Yes
2 No

{IF ProvHlp = Yes}
CheckHlp
Can I just check, are you only including help or support that you give this person/these people because they have long-term physical or mental ill-health, disability or problems relating to old age, or were you thinking about help more generally?
1 Yes, thinking of help/support given because of health/old age
2 No, thinking about help more generally

{IF CheckHlp = Yes}
HelpNo
How many people do you provide this kind of help and support to?
Range: 0..97

{IF HelpNo => 2}
Intro
Now I'd like you to think about the **three** people you provide the **most** help and support to.
1 Continue

PrNameA
Just so I can refer to them later on, I'd like to take down their first names. What are their names?
WRITE IN FIRST NAME OF FIRST PERSON CARED FOR
Text: Maximum 50 characters

PrNameB
What are their names?
WRITE IN FIRST NAME OF SECOND PERSON CARED FOR
Text: Maximum 50 characters

PrNameC
What are their names?
WRITE IN FIRST NAME OF THIRD PERSON CARED FOR
Text: Maximum 50 characters
ENDIF

PrRel
SHOWCARD H11
Thinking about *(name of person respondent helps)*, what is their relationship to you?
They are my…
1 Husband/Wife/Partner
2 Mother (including mother-in-law)
3 Father (including father-in-law)
4 Son (including step son, adopted son or son in law)
5 Daughter (including step daughter, adopted daughter or daughter in law)
6 Grandparent
7 Grandchild (including Great Grandchildren)
8 Brother / Sister (including step / adopted / in laws)
9 Other family member
10 Friend
11 Neighbour
12 Somebody I help as a professional carer
13 Somebody I help as a voluntary helper
14 Other (PLEASE SPECIFY)

{IF PrRel = Other}
RelOth
Please specify the other relationship.
Text: Maximum 50 characters

{IF (PrRel = Responses 1-10) AND (HelpNo >=1)}
PrHHold
Does *(name of person respondent helps)* live in the same household as you or in a different household?
1 Same household
2 Different household

NumHlp
{**If PrHHold=Same household**}
Please enter person number.
(CODE HH GRID No. age and sex will be taken from household grid)

AgeHlp
{If PrHHold= Different household}
How old is *(name of person respondent helps)*?
INTERVIEWER: If necessary ask respondent to estimate.
Range: 1..130

GendHlp
INTERVIEWER CODE OR ASK: Is *(name of person respondent helps)* male or female?
1 Male
2 Female
ENDIF
ENDIF

B2 - Intensity of care (hours)
Repeated for each person respondent helps

IntroB
SHOWCARD H12
I'm going to ask you about the amount of time you spend helping. Please look at SHOWCARD H12, the next question is about the time you spend **in person** helping with tasks like this.
INTERVIEWER: Please ensure respondent has sufficient time to look at Showcard H12.
1 Continue

PrHours
SHOWCARD H13
Thinking only about the types of tasks and activities I showed you on card H12 how many hours did you spend helping *(name of person respondent helps)* in the **last week**?
INTERVIEWER EXPLAIN IF NECESSARY: not help over the phone or by internet, or doing occasional errands or odd jobs without the respondent
INTERVIEWER: IF YOU THINK THE ANSWER MAY BE A DAILY AMOUNT, CHECK 'So that is xx hours in the last week?', CHANGE ANSWER IF NECESSARY
INTERVIEWER: ROUND DOWN IF NECESSARY, e.g. IF 4.5 HOURS, CODE 1-4 hours'
1 No help in the last week
2 Less than one hour
3 1-4 hours
4 5-9 hours
5 10-19 hours
6 20-34 hours
7 35-49 hours
8 50-99 hours
9 100 hours or more

{If PrHours= don't know or refusal}
PrHoursB
Thinking of the same type of help you give *(name of person respondent helps)* can you tell me whether **in the last week** you helped him/her:....READ OUT….
1 Less than 10 hours
2 10-19 hours
3 20-34 hours
4 Or for 35 hours or more?

{If PrHours= no help in the last week}
PrUsHrs
SHOWCARD H14
How many hours do you help *(name of person respondent helps)* in a **usual** week?
INTERVIEWER: IF YOU THINK THE ANSWER MAY BE A DAILY AMOUNT, CHECK 'So that is xx hours in the last week?', CHANGE ANSWER IF NECESSARY
1 Less than one hour per week
2 1-4 hour per week
3 5-9 hours per week
4 10-19 hours per week
5 20-34 hours per week
6 35-49 hours per week
7 50-99 hours per week
8 100 hours or more per week

Repeated for each person respondent helps

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ASK IF CARE FOR MORE THAN ONE PERSON (AT HELPNO)
PrAllHour
Thinking about the total time you spend providing support or help to [insert name of person(s) cared for], about how many hours altogether did you spend last week helping them?
INTERVIEWER: EXPLAIN IF NECESSARY: not help over the phone or by internet, or doing occasional errands/odd jobs without the respondent.
INTERVIEWER: IF YOU THINK THE ANSWER MAY BE DAILY AMOUNT, CHECK: So that is XX hours in the last week? CHANGE ANSWER IF NECESSARY.

PrAllRng
{If PrAllHour=Don't know}
SHOW CARD H13
Thinking about the total time you spend providing support or help to [insert name of person(s) cared for], about how many hours altogether did you spend last week helping them?
1 Less than one hour per week
2 1-4 hour
3 5-9 hours
4 10-19 hours
5 20-34 hours
6 35-49 hours
7 50-99 hours
8 100 hours or more

B3 – Details of help given, support received and payments for caring

{IF PrHours =>10 hours in the last week}
Prtask
SHOWCARD H15
And looking at card H15, which of the activities do you help or support *(name of person respondent helps)*? Please think only of help or support given because of long-term physical or mental ill-health, disability or problems relating to old age.
CODE ALL THAT APPLY
1 Getting the person in and out of bed
2 Washing their face and hands
3 Having a bath or a shower, including getting in and out of the bath or shower
4 Dressing or undressing, including putting on shoes and socks
5 Using the toilet
6 Eating, including cutting up food
7 Taking the right amount of medicine at the right times
8 Getting around indoors (please don't include using the stairs)
9 Getting up and down stairs
10 Getting out of the house, for example to go to the doctors or to visit a friend
11 Shopping for food, including getting to the shops, choosing the items, carrying the items home and then unpacking and putting the items away
12 Doing routine housework or laundry
13 Doing paperwork or paying bills

Recpay
{THIS QUESTION IS IN A LOOP FOR UP TO TWO PEOPLE}
SHOWCARD H16
Do you receive any money for helping [your answer at PrRel]/ [answer from PrName1/2/3]?
INTERVIEWER DO NOT INCLUDE GIFTS, TREATS OR OCCASIONAL PAYMENTS OF EXPENSES SUCH AS PETROL MONEY OR LUNCH
CODE ALL THAT APPLY
1. Yes, this person pays me from their own income, pensions or savings
2. Yes, this person pays me from a personal budget or direct payment
3. Yes, I receive a carer's allowance
4. Yes, I receive money in another way
5. No, I receive no money for helping this person.

{IF Recpay=1,2,3 or 4}
RecPAmt
INTERVIEWER: RECORD AMOUNT GIVEN BY RESPONDENT (pounds and pence) and reference period.
Enter amount in pounds and pence on this screen.
Enter reference period for payment on next screen.

{IF Recpay=1,2,3 or 4}
RecPFrq
INTERVIEWER: ENTER REFERENCE PERIOD FOR THE PAYMENT
1. per hour
2. per visit
3. per day
4. per week
5. per fortnight
6. per four weeks
7. per calendar month
8. per year

B4 - Effects of caring

Repeated for up to 3 people respondent helps

ASK OF EACH PERSON CARED FOR
Intro
The next few questions are about the effects on you of caring and about any support you may receive with your care responsibilities
1. Continue

Support
SHOWCARD H17
Do you receive any of these types of support in caring for *(name of person respondent helps)*? Please think only about help or support given directly to you.
Please read out the numbers that apply from this card
CODE ALL THAT APPLY
1 Help from GP or nurse
2 Access to respite care
3 Help from professional care staff
4 Help from carers' organisation or charity
5 Help from other family members
6 Advice from local authority/ social services
7 Help from friends/neighbours
8 None of these

Repeat for one or all people respondent helps

{IF HelpNo = 1}
HealthA[1]
SHOWCARD H18
In the last three months, has your own health been affected, in any of the ways listed on this card, by the help or support that you give to your *(name of person respondent helps)*?
Please read out the numbers that apply from this card
CODE ALL THAT APPLY

1 Feeling tired
2 Feeling depressed
3 Loss of appetite
4 Disturbed sleep
5 General feeling of stress
6 Physical strain
7 Short tempered
8 Developed my own health condition
9 Made an existing condition worse
10 Other
11 No, none of these

{IF HelpNo =>2}
HealthA[2]
SHOWCARD H18
In the last three months, has your own health been affected, in any of the ways listed on this card, by the help or support that you give to the people you care for?
Please read out the numbers that apply from this card
CODE ALL THAT APPLY

1 Feeling tired
2 Feeling depressed
3 Loss of appetite
4 Disturbed sleep
5 General feeling of stress
6 Physical strain
7 Short tempered
8 Developed my own health condition
9 Made an existing condition worse
10 Other
11 No, none of these

{IF(HealthA=1 -10) AND (IF HelpNo=1)}
HealthGP[1]
Have you seen your GP because your health has been affected by the support you give to your {^relation from PRel}?

1 Yes
2 No

{IF(HealthA=1 -10) AND (IF HelpNo=2 or more)}
HealthGP[2]
Have you seen your GP because your health has been affected by the support you give to the people that you care for?

1 Yes
2 No

ASK IF AGE 16-65
{IF HelpNo = 1}
HlthEmp[1]
SHOWCARD H19
Has your ability to take up or stay in employment been affected, in any of the ways listed on this card, by the help or support that you care for?
Please read out the numbers that apply from this card
CODE ALL THAT APPLY

1. Left employment altogether
2. Took new job
3. Worked fewer hours
4. Reduced responsibility at work
5. Flexible employment agreed
6. Changed to work at home
7. Other
8. No, employment not affected

{IF HelpNo = 2 or more}
HlthEmp[2]
SHOWCARD H19
Has your ability to take up or stay in employment been affected, in any of the ways listed on this card, by the help or support that you give to [the people you care for]?
Please read out the numbers that apply from this card
CODE ALL THAT APPLY

1 Left employment altogether
2 Took new job
3 Worked fewer hours
4 Reduced responsibility at work
5 Flexible employment agreed
6 Changed to work at home
7 Other
8 Employment not affected

{ASK ONCE FOR ALL WHO CARE FOR SOMEONE}
{IF HelpNo=1}
LAass
Have the Local Authority (council) carried out a carer's assessment as a result of the help or support that you provide to your *(name of person respondent helps)* you care for?

1 Yes
2 No

{IF HelpNo=2 or more}
LAAss
Have the Local Authority (council) carried out a carer's assessment as a result of the help or support that you provide to the people you care for?

1 Yes
2 No

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Hearing difficulties

ASK ALL AGED 16+
HrTest
In the last year, have you had a hearing test?
IF YES, PROBE: Was the test carried out by the NHS or did you pay for it privately?
SINGLE-CODE
1. Yes - NHS
2. Yes - Private
3. Yes – NHS and Private
4. No
5. Prefer not to say (spontaneous)

{ASK ALL}
HRAID
Now I'm going to ask some questions about your hearing. Nowadays, do you ever wear a hearing aid?
1. Yes
2. No
3. Prefer not to say (spontaneous)

{IF HRAID =2}
EvHrAid
Have you ever tried one?
1. Yes
2. No
3. Prefer not to say (spontaneous)

{IF HRAID =1}
NuHrAid
How many hearing aids do you usually wear?
1. One
2. Two
3. Prefer not to say (spontaneous)

{IF HRAID =1}
TypHrAid
SHOW CARD J1
What sort of hearing aid do you usually wear…
READ OUT AND CODE ONE ONLY
1. A hearing aid behind your ear
2. or, a hearing aid wholly in your ear?
3. Prefer not to say (spontaneous)

{IF HRAID =1}
WrHrAid
Do you wear [TEXTFILL it/them] some of the time or most of the time?
1. Most of the time
2. Part of the time
3. Prefer not to say (spontaneous)

{IF HRAID =1}
HrAidPy
Did you get your hearing aid free through the NHS or did you pay for it privately?
SINGLE CODE
1. Free through the NHS
2. Paid privately
3. Both NHS and privately
4. Prefer not to say (spontaneous)

{IF HRAID =1}
YrHrAid
In what year did you get your hearing aid(s)?
INTERVIEWER: IF RESPONDENT OBTAINED THEIR HEARING AIDS IN DIFFERENT YEARS, ASK ABOUT THE MOST RECENT

{IF HRAID =1}
StHrAid
SHOW CARD J2
How satisfied or dissatisfied are you with the hearing aid you have at the moment?
INTERVIEWER: IF RESPONDENT wears more than one hearing aid, ask about the aid they wear most often
SINGLE CODE
1. Very satisfied
2. Fairly satisfied
3. Neither satisfied nor dissatisfied
4. Fairly dissatisfied
5. Very dissatisfied
6. Prefer not to say (spontaneous)

{IF HRAID is Yes, or Prefer not to say}
DifHrAid
Do you have any difficulty with your hearing?
1. Yes
2. No
3. Prefer not to say (spontaneous)

ASK ALL
HrRight
SHOW CARD J3
[TEXTFILL IF HrAid=1: Please answer the next few questions as if you were NOT wearing a hearing aid.]
How well do you hear someone talking to you when that person is sitting on your right side in a quiet room?
IF RESPONDENT NORMALLY WEARS A HEARING AID, THEY SHOULD ANSWER AS IF NOT WEARING IT
READ OUT
1. With no difficulty
2. With slight difficulty
3. With moderate difficulty
4. With great difficulty
5. Cannot hear at all
6. Prefer not to say (spontaneous)

ASK ALL
HrLeft
SHOW CARD J3
And how about on your left side? (READ OUT IF NECESSARY - How well do you hear someone talking to you when that person is sitting on your left side in a quiet room?)
IF RESPONDENT NORMALLY WEARS A HEARING AID, THEY SHOULD ANSWER AS IF THEY ARE NOT WEARING AN AID

1. With no difficulty
2. With slight difficulty
3. With moderate difficulty
4. With great difficulty
5. Cannot hear at all
6. Prefer not to say

ASK ALL
HrTV
SHOW CARD J4
Do you have difficulty following TV programmes at a volume others find acceptable, without any aid to hearing?
IF YES, PROBE: With slight difficulty, moderate difficulty, or great difficulty?
IF RESPONDENT NORMALLY WEARS A HEARING AID, THEY SHOULD ANSWER AS IF NOT WEARING IT

1. No
2. Yes, slight difficulty
3. Yes, moderate difficulty
4. Yes, great difficulty
5. Prefer not to say (spontaneous)

ASK ALL
HrGrp
SHOW CARD J4
Do you have difficulty having a conversation with several people in a group?
IF YES, PROBE: With slight difficulty, moderate difficulty, or great difficulty?
IF RESPONDENT NORMALLY WEARS A HEARING AID, THEY SHOULD ANSWER AS IF THEY WERE NOT WEARING AN AID

1. No
2. Yes, slight difficulty
3. Yes, moderate difficulty
4. Yes, great difficulty
5. Prefer not to say (spontaneous)

{IF ANY HEARING DIFFICULTIES AND [IF (DIFHRAID=YES) OR (HRRIGHT=SLIGHT,MODERATE,GREATDIF) OR (HRLEFT=SLIGHT,MODERATE,GREATDIF) OR (HRTV=SLIGHT,MODERATE,GREATDIF) OR (HRGRP=SLIGHT,MODERATE,GREATDIF)]}
HrWrry
SHOW CARD J5
Nowadays, does any difficulty in hearing worry, annoy or upset you?
IF YES, PROBE: Is it slightly annoying, moderately annoying, or severely annoying?
IF RESPONDENT NORMALLY WEARS A HEARING AID, THEY SHOULD ANSWER AS IF NOT WEARING IT

1. No
2. Yes, slightly
3. Yes, moderately
4. Yes, severely
5. Prefer not to say (spontaneous)

{IF ANY HEARING DIFFICULTIES AND [IF (DIFHRAID=YES) OR (HRRIGHT=SLIGHT,MODERATE,GREATDIF) OR (HRLEFT=SLIGHT,MODERATE,GREATDIF) OR (HRTV=SLIGHT,MODERATE,GREATDIF) OR (HRGRP=SLIGHT,MODERATE,GREATDIF)]}
Loud
Would you say very loud sounds annoy you?
SHOW CARD J5
IF YES, PROBE: Are they slightly annoying, moderately annoying, or severely annoying?
IF RESPONDENT NORMALLY WEARS A HEARING AID, THEY SHOULD ANSWER AS IF NOT WEARING IT

1. No
2. Yes, slightly
3. Yes, moderately
4. Yes, severely
5. Prefer not to say (spontaneous)

ASK ALL
RngBz
Nowadays, do you ever get noises, such as ringing or buzzing, in your head or ears that last for more than five minutes?
IF YES, PROBE: Do you get these noises some of the time, or most or all of the time?

1. No
2. Yes, some of the time
3. Yes, most or all of the time
4. Prefer not to say (spontaneous)

{IF Q36=2 OR 3}
RngBzWr
How much do these noises worry, annoy or upset you when they are at their worst?
…READ OUT…

1. …not at all,
2. …slightly,
3. …moderately,
4. or severely,
5. (Spontaneous) Prefer not to say

ASK ALL
WrkNs
Have you ever worked in a place that was so noisy you had to shout to be heard?
IF YES, PROBE: is that for less than 1 year, for at least 1 year but less than 5 years or 5 years or longer

1. No
2. Yes, for less than 1 year
3. Yes, for at least 1 year but not longer than 5 years
4. Yes, for 5 years or longer
5. (Spontaneous) Prefer not to say

ASK ALL
NHSaid
SHOW CARD J6
Now a couple of questions about providing hearing aids. The NHS is thinking of providing hearing aids to people in different ways. From which of the following places would you most like to get an NHS hearing aid…
…READ OUT AND CODE ONE ONLY…

1. …hospital,
2. …GP,
3. …health centre,
4. …high street shop or pharmacy,
5. or supermarket?
6. (Spontaneous) None of these

ASK ALL
NHSaig2
Do you think the NHS should only provide hearing aids to people who ask their GP, or should the NHS screen people who would benefit from having a hearing aid?

1. Only people who ask their GP
2. NHS should screen people who would benefit
3. Don't know (spontaneous)

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{IF NHSaig2=2}
ScrnAge
At what age do you think the NHS should start screening people for a hearing aid? When a person is in their…
READ OUT AND CODE ONE ONLY

1. …20s,
2. …30s,
3. …40s,
4. …50s,
5. …60s,
6. …70s,
7. or 80s?
8. (Spontaneous) Younger
9. (Spontaneous) Older
10. (Spontaneous) Don't know

Smoking

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

{IF SmokEver = Yes}
SmokeNow
Do you smoke cigarettes at all nowadays?
1 Yes
2 No
{IF SmokeNow = Yes}
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}
Estim
INTERVIEWER: Ask respondent for an estimated consumption of tobacco on weekdays.
Will it be given in grams or in ounces?
1 Grams
2 Ounces

{IF Estim = grams}
grams
INTERVIEWER: Please record estimated consumption of tobacco on weekdays in grams
Range: 1…67

{ELSEIF Estim = ounces}
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

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}
Estim
INTERVIEWER: Ask respondent for an estimated consumption of tobacco at weekends.
Will it be given in grams or in ounces?
1 Grams
2 Ounces

{IF Estim = grams}
Grams
PLEASE RECORD ESTIMATED *(DAILY)* CONSUMPTION OF TOBACCO *(AT WEEKENDS)* IN GRAMS.
Range: 1…67

{ELSEIF Estim = ounces}
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

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

OthType
SHOW CARD K1
And do you ever smoke any other type of cigarettes nowadays?
1 filter-tipped cigarettes
2 plain or untipped cigarettes,
3 or hand-rolled cigarettes
4 None

{IF HAND ROLLED AND OTHER TYPE SMOKED NOWADAYS}
DlyHR
You said you smoke about <insert number from DlySmoke> cigarettes on a weekday, about how many of those do you think are hand-rolled?

WKndHR
And you said you smoke about < insert number from WKndSmok> cigarettes on a weekend day, about how many of those do you think are hand-rolled?

{IF HAND ROLLED CIGARETTES AT CigType OR OthType}
HRFill
Do you smoke hand rolled cigarettes with a filter, or without a filter?
1. Always with a filter
2. Always without a filter
3. Sometimes a filter, sometimes not

{IF SmokeNow=Yes}
SmokWher
SHOW CARD K2
In 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 other people's homes
4 Whilst travelling by car
5 Inside other places

{IF SmokWher = 1 OR 2}
SmokHome
SHOWCARD K3
Where in your home do you usually smoke?
CODE ALL THAT APPLY
1. Outside, 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

{IF SmokWher = Outside, other than at home}
SmokOut
SHOWCARD K4
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 at other people's home
4 Outside pubs or bars
5 Outside restaurants, cafes or canteens
6 Outside shops
7 In public parks
8 Outside other places

{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?

GiveUp
Would you like to give up smoking altogether?
1 Yes
2 No

{IF SmokeNow=Yes AND GiveUp=Response}
WhenStp2
SHOW CARD K5
Which of the statements on this card best describes you?
1 I REALLY want to stop smoking and intend to in the next month
2 I REALLY want to stop smoking and intend to in the next 3 months
3 I want to stop smoking and hope to soon
4 I REALLY want to stop smoking but I don't know when I will
5 I want to stop smoking but haven't thought about when
6 I think I should stop smoking but don't really want to
7 I don't want to stop smoking

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{IF GiveUp = YES}
GvUpReas
SHOWCARD K6
What are your main reasons for wanting to give up? CODE ALL THAT APPLY

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 public places and at work
5. Family/friends want 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

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

SmYrAgo
Would you say that you are smoking about the same number of cigarettes as a year ago, or more than a year ago or fewer than a year ago?

1. Same as a year ago
2. More than a year ago
3. Fewer than a year ago

{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 K7
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 and NHS 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 public places and at work
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 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

{IF SmokeCig = Yes}
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}
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}
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}
Grams
PLEASE RECORD ESTIMATED *(DAILY)* CONSUMPTION OF TOBACCO *(ON WEEKDAYS/AT WEEKENDS)* IN GRAMS.
Range: 1..67

{ELSEIF Estim = ounces}
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

RolNum
Computed: estimated tobacco consumption in ounces.
Range: 1..97

➔ *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]}
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=0}
LongEnd2
How long ago was that?
1 In the last week
2 More than a week and up to a month
3 More than 1 month and up to 2 months
4 More than 2 months and up to 3 months
5 More than 3 months and up to 6 months
6 More than 6 months and up to a year

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

ASK ALL
NRNow
SHOW CARD K8
[Textfill: If SmokeEver=No: 'Some people who have never regularly smoked sometimes use nicotine replacement products. Can I just check…] Are you using any of these products nowadays?
PROBE: Which others? PROBE UNTIL RESPONDENT SAYS 'NO OTHERS'.
CODE ALL THAT APPLY
1. Nicotine chewing gum
2. Nicotine lozenge/mini-lozenges
3. Nicotine patch
4. Nicotine inhaler/ inhalator
5. Nicotine mouthspray
6. Nicotine nasal spray
7. Another nicotine product
8. Electronic cigarette
9. None

{IF NOT (all of 1-7) AT NRNow}
NREv
SHOW CARD K8
And have you ever used any of these products in the past that you are not using nowadays?
PROBE FULLY: Which others? PROBE FULLY. CODE ALL THAT APPLY
1 Nicotine chewing gum
2 Nicotine lozenge/mini-lozenges
3 Nicotine patch
4 Nicotine inhaler/ inhalator
5 Nicotine mouthspray
6 Nicotine nasal spray
7 Another nicotine product
8 Electronic cigarette
9 None
ENDIF
ENDIF

{IF EX-SMOKER AND EVER USED ANY NR PRODUCTS AT NRNow or NREv}
HelpQuit
SHOWCARD K8
Did you use any of these products to help you stop smoking?
PROBE: Which others? CODE ALL THAT APPLY
1 Nicotine chewing gum
2 Nicotine lozenge/mini-lozenges
3 Nicotine patch
4 Nicotine inhaler/ inhalator
5 Nicotine mouthspray
6 Nicotine nasal spray
7 Another nicotine product
8 Electronic cigarette
9 None
ENDIF

{IF CURRENT SMOKER AND EVER USED ANY NR PRODUCTS AT NRNow or NREv}
CutDwn
Are you currently trying to cut down on how much you smoke but not currently trying to stop?
1 Yes
2 No

{IF CutDwn = Yes}
NRCut
SHOW CARD K8
Which, if any, of these products are you currently using to help you cut down the amount you smoke?
PROBE FULLY : Which others? PROBE UNTIL RESPONDENT SAYS NO OTHERS CODE ALL THAT APPLY
1 Nicotine chewing gum
2 Nicotine lozenge/mini-lozenges
3 Nicotine patch
4 Nicotine inhaler/ inhalator
5 Nicotine mouthspray
6 Nicotine nasal spray
7 Another nicotine product
8 Electronic cigarette
9 None

{ASK ALL CURRENT SMOKERS WHO HAVE EVER USED NR PRODUCTS AT NRNow or NREv}
NRTemp
SHOWCARD K8
Do you regularly use any of these products in situations when you are not allowed to smoke?
PROBE FULLY : Which others? PROBE UNTIL RESPONDENT SAYS NO OTHERS
CODE ALL THAT APPLY
1 Nicotine chewing gum
2 Nicotine lozenge/mini-lozenges
3 Nicotine patch
4 Nicotine inhaler/ inhalator
5 Nicotine mouthspray
6 Nicotine nasal spray
7 Another nicotine product
8 Electronic cigarette
9 None

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PastQuit
Have you ever used any of these products to help you stop smoking during a serious quit attempt?
SHOWCARD K8
PROBE: Which others? CODE ALL THAT APPLY
1 Nicotine chewing gum
2 Nicotine lozenge/mini-lozenges
3 Nicotine patch
4 Nicotine inhaler/ inhalator
5 Nicotine mouthspray
6 Nicotine nasal spray
7 Another nicotine product
8 Electronic cigarette
9 None

{IF Female and (SmokeNow= Yes) OR (SmokeReg= smoked occasionally..regularly)}
SmokeTry
[Apart from any attempts during pregnancy], have you ever tried to give up smoking because of a particular health condition you had at the time?
1 Yes
2 No

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

{ASK CURRENT OR EX SMOKERS}
AskHlp
Have you ever decided to go to a doctor or health professional , or to local Stop Smoking services to ask for help to stop smoking?
1 Doctor
2 Other health professional
3 Local Stop Smoking services
4 No - none of these

CigarNow
Do you smoke cigars at all nowadays?
1 Yes
2 No

{IF CigarNow = Yes}
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

{IF Sex = Male THEN
PipeNowA
Do you smoke a pipe at all nowadays?
1 Yes
2 No

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

{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?
INTERVIEWER: IF EXPOSED FOR SOME TIME BUT LESS THAN ONE HOUR ENTER 1, OTHERWISE RECORD TO THE NEAREST HOUR.
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 age >=18}
Passive
SHOW CARD I9
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 homes
4 Travelling by car/van
5 Outdoor smoking areas of pubs/restaurants/cafes
6 In other places
7 No, none of these

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

Fruit and vegetable consumption

{IF Age of respondent is 5-15}
VFInt
Now we are moving on to a different topic, and 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 ETC.
1 Yes
2 No

{IF VegSal = Yes}
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}
VegPulQ
SHOWCARD H1
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}
VegVegQ
SHOWARD G1
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}
VegDishQ
SHOWCARD G1
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}
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 YOUR SHOWCARDS/CODING FRAMES TO CODE THE SIZE OF THIS FRUIT. IF MORE THAN ONE KIND OF FRUIT MENTIONED, CODE ONE HERE ONLY
1 Very large fruit
2 Large fruit
3 Medium-sized fruit
4 Small fruit
5 Very small fruit
6 Not on coding list
{IF FrtC[idx] IN [VLge..VSml] THEN
IF FrtC[idx] = VLge THEN much:= 'many average slices'
ELSEIF FrtC[idx] IN [Lge..Sml] THEN much:= 'much'
ELSEIF FrtC[idx] = VSml THEN much:= 'many average handfuls'
ENDIF}

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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}
FrtDryQ
SHOWCARD G1
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}
FrtFrozQ
SHOWCARD G1
How many tablespoons of frozen or tinned fruit did you eat yesterday?
IF ASKED: 'Think about a heaped or full tablespoon'.
Range: 0.5.-.50.0
ENDIF

FrtDish
Apart from anything you have already told me about, did/Did you eat any *other* dishes made **mainly** from fruit yesterday, such as fruit salad or fruit pie? Don't count fruit in yoghurts.
1 Yes
2 No

{IF FrtDish = Yes}
FrtDishQ
SHOWCARD G1
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?
END

Drinking

{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}
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}
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}
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

{IF (Drink = Yes) OR (DrinkAny = very occasionally)}
DrinkOft
SHOW CARD L1
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}
DrinkL7
Did you have an alcoholic drink in the seven days ending yesterday?
1 Yes
2 No

{IF DrinkL7 =Yes}
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}
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

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 L2
Thinking about last *(answer to WhichDay)*, what types of drink did you have that day?
CODE ALL THAT APPLY
1 Normal strength beer/lager/stout/cider/shandy
2 Strong beer/lager/stout/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}
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}
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

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

{IF NBrL7=Large cans}
NBrL7Q(3)
ASK OR CODE: How many large cans of **normal strength beer, lager, stout, cider or shandy** did you drink that day?
Range: 1..97

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{IF NBrL7=Bottles}
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

{IF DrnkType = Strong beer/lager/cider}
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}
SBrL7Q(1)
ASK OR CODE: How many half pints of **strong beer, lager, stout or cider** did you drink on that day?
Range: 1..97

{IF SBrL7=Small cans}
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

{IF SBrL7=Large cans}
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

{IF SBrL7=Bottles}
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

{IF DrnkType = Spirits}
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

{IF DrnkType = Sherry}
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? INTERVIEWER: Code the number of glasses.
Range: 1..97

{IF DrnkType = Wine}
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. Press <F9> for information

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

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

Range: 1..97 (ALLOW FRACTIONS)

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

{IF WineL7= 2 (Glasses)}
WL7Gl
INTERVIEWER: Code the number of glasses **(drunk as glasses).**
Range: 1..97 (ALLOW FRACTIONS)

WL7Glz
SHOWCARD L3 {Picture of WGls125ml, WGls175ml, WGls250ml}
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 and other}
ml250Glz
How many large glasses (250 ml) did you drink?

{IF WL7Glz=2 and other}
ml175mGlzl
How many standard glasses (175 ml) did you drink?

{IF WL7Glz=3 and other}
ml125Glz
How many small glasses (125 ml) did you drink?

{IF DrnkType = Alcopops/pre-mixed alcoholic drink}
PopsL711
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 Standard Bottles (275ml)
3 Large Bottles (700ML)

{IF PopsL711 = Small cans}
PopsL7Q(1)
ASK OR CODE: How many small cans of alcoholic soft drink ('alcopop') did you drink on that day?
Range: 1..97

{IF PopsL7= standard sized Bottles}
PopsL7Q(2)
ASK OR CODE: How many standard bottles of alcoholic soft drink ('alcopop') did you drink on that day?:
Range: 1..97

{IF PopsL7= LargeBottles}
PopsL7Q(3)
ASK OR CODE: How many large bottles of alcoholic soft drink ('alcopop') did you drink on that day?:
Range: 1..97

{IF DrnkType=Other}
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?
INTERVIEWER: Write in how much. Remember to specify half pints/ singles/ glasses/ bottles.
Text: Maximum 30 characters

OthL7B
Did you drink any other type of alcoholic drink on that day?
1 Yes
2 No

{IF OthL7B=Yes}
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?
INTERVIEWER: 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}
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?
INTERVIEWER: 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

{IF Drink = 1 or DrinkAny = 1}
Intro
I'd like to ask you whether you have drunk different types of alcoholic drink in the **last 12 months**. I'd like to hear about ALL types of alcoholic drinks you have had.

If you are not sure whether a drink you have had goes into a category, please let me know. I do not need to know about non-alcoholic or low alcohol drinks.
INTERVIEWER: PRESS <F9> AT FOLLOWING QUESTIONS FOR MORE INFORMATION ABOUT WHAT SHOULD BE INCLUDED AT THE DIFFERENT DRINKS CATEGORIES.

NBeer
SHOWCARD L1
I'd like to ask you first about normal strength beer, lager, stout, cider or shandy which has less than 6% alcohol. How often have you had a drink of normal strength beer, lager, stout, cider **or** shandy (excluding cans and bottles of shandy) during the last 12 months?
(NORMAL = LESS THAN 6% ALCOHOL BY VOLUME.)
<F9> FOR INFO ON DRINKS TO BE INCLUDED HERE.
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 last 12 months

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{IF NBeer = 1 – 7}
NBeerM
How much NORMAL STRENGTH BEER, LAGER, STOUT, CIDER or SHANDY (excluding cans and bottles of shandy) have you usually drunk on any one day during the last 12 months?
INTERVIEWER: FIRST CODE TYPE OF MEASURE AND THEN CODE NUMBER OF EACH MEASURE. CODE ALL THAT APPLY.

1 Half pints
2 Small cans
3 Large cans
4 Bottles

{IF NBeerM =half pints / 2=small cans / 3=large cans / 4=bottles}
NBeerQ
How many (half pints/ small cans/ large cans/ bottles) of NORMAL STRENGTH BEER, LAGER, STOUT, CIDER or SHANDY (excluding cans and bottles of shandy) have you usually drunk on any one day during the last 12 months?
Range 1..97

{IF Drinknow = 1 or DrinkAny = 1}
SBeer
SHOWCARD L1
Now I'd like to ask you about STRONG BEER OR CIDER which has 6% or more alcohol (eg Tennant's Extra, Special Brew, Diamond White). How often have you had a drink of strong BEER, LAGER, STOUT or CIDER during the last 12 months? STRONG=6% AND OVER ALCOHOL BY VOLUME. USE HELP SCREEN FOR OTHER DRINKS TO BE INCLUDED HERE.

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 last 12 months

{IF SBeer = 1 – 7}
SBeerM
How much STRONG BEER, LAGER, STOUT or CIDER have you usually drunk on any one day during the last 12 months?
INTERVIEWER: FIRST CODE TYPE OF MEASURE AND THEN CODE NUMBER OF EACH MEASURE.

1 Half pints
2 Small cans
3 Large cans
4 Bottles

{IF SBeerM = 1 – 4}
SBeerQ
ASK OR RECORD, How many (half pints/ small cans/ large cans/ bottles) of STRONG BEER, LAGER, STOUT or CIDER have you usually drunk on any one day during the last 12 months?
Range: 1..97

{IF Drinknow = 1 or DrinkAny = 1}
Spirits
SHOWCARD L1
How often have you had a drink of SPIRITS OR LIQUEURS, such as gin, whisky, brandy, rum, vodka, advocaat or cocktails during the last 12 months?
<F9> FOR OTHER DRINKS TO BE INCLUDED HERE.

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 last 12 months

{IF Spirits = 1 – 7}
SpritsQ
How much SPIRITS OR LIQUEURS, such as gin, whisky, brandy, rum, vodka, advocaat or cocktails have you usually drunk on any one day during the last 12 months? CODE THE NUMBER OF SINGLES -
Range: 1..97

{IF Drinknow = 1 or DrinkAny = 1}
Sherry
SHOWCARD L1
How often have you had a drink of SHERRY OR MARTINI including port, vermouth, Cinzano and Dubonnet, during the last 12 months?
<F9> FOR OTHER DRINKS TO BE INCLUDED HERE.

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 last 12 months

{IF Sherry = 1 – 7}
SherryQ
How much SHERRY OR MARTINI, including port, vermouth, Cinzano and Dubonnet have you usually drunk on any one day during the last 12 months? CODE THE NUMBER OF GLASSES
Range: 1..97

{IF Drinknow = 1 or DrinkAny = 1}
Wine
SHOWCARD L1
How often have you had a drink of WINE, including Babycham and champagne, during the last 12 months?
<F9> FOR OTHER DRINKS TO BE INCLUDED HERE.

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 last 12 months

{IF Wine = 1 – 7}
WineQ
How much WINE, including Babycham and champagne, have you usually drunk on any one day during the last 12 months? CODE THE NUMBER OF GLASSES.

INTERVIEWER: code the number of 125ml glasses drunk **from the bottle** by the respondent. E.g. If they drank half a bottle, code 3 glasses. Press <F9> for information

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

1 LITRE=8 GLASSES
½ LITRE=4 GLASSES
1/3 LITRE=2.5 GLASSES
¼ LITRE=2 GLASSES
Range: 1..97

BWineQ2
SHOW CARD L3
Were those mainly ...READ OUT…
INTERVIEWER: IF RESPONDENT USUALLY DRINKS IN A PUB OR WINE BAR AND HAD A SMALL GLASS, THIS WOULD USUALLY BE 175ML.
1 Small Glasses (approx. 125ml)
2 Standard (approx. 175ml)
3 Or Large Glasses (approx. 250ml)
4 Bottles (Spontaneous Only)

{IF Drinknow = 1 or DrinkAny = 1}
Pops
SHOWCARD L1
How often have you had a drink of ALCOPOPS (i.e. alcoholic lemonade, alcoholic colas or other alcoholic fruit-or-herb-flavoured drinks for e.g. Smirnoff Ice, Bacardi Breezer, WKD, Metz etc), 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 last 12 months

{IF Pops = 1 – 7 }
PopsLY11
How much ALCOPOPS or pre-mixed alcoholic drinks (i.e. alcoholic lemonade, alcoholic colas or other alcoholic fruit-or-herb-flavoured drinks) have you usually drunk on any one day during the last 12 months?
INTERVIEWER: Code the measure(s) that you are going to use.
1 Small cans
2 Standard Bottles (275ml)
3 Large Bottles (700ml)

{IF PopsLY11 = Small cans}
PopsQ11[1]
ASK OR CODE: How many small cans of alcoholic or pre-mixed drink have you usually drunk on any one day?
Range: 1..97

{IF PopsLY11=standard Bottles}
PopsQ11[2]
ASK OR CODE: How many standard sized bottles of alcoholic or pre-mixed drink have you usually drunk on any one day?
Range: 1..97

{IF PopsLY11= large Bottles}
PopsQ11[3]
ASK OR CODE: How many large bottles of alcoholic or pre-mixed drink have you usually drunk on any one day?
Range: 1..97

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Classification (socio-demographic questions)

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 M1
Which of these descriptions applies to what you were doing last week, that is in the seven days ending *(date seven days ago)*?
CODE FIRST TO APPLY

1 Going to school or college full-time (including on vacation)
2 In paid employment or self-employment (or away temporarily)
3 On a Government scheme for employment training
4 Doing unpaid work for a business that you own, or that a relative owns
5 Waiting to take up paid work already obtained
6 Looking for paid work or a Government training scheme
7 Intending to look for work but prevented by temporary sickness or injury (CHECK MAX 28 DAYS)
8 Permanently unable to work because of long-term sickness or disability (USE ONLY FOR MEN AGED 16-65 OR WOMEN AGED 16-62)
9 Retired from paid work
10 Looking after the home or family
95 Doing something else (SPECIFY)

{IF NActiv=Doing something else}
NActivO
INTERVIEWER: Please specify
Text: Maximum 60 characters
ENDIF

{IF (NActiv=School)}
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

{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)))}
I4WkLook
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

{IF NActiv=Looking for paid work/training scheme OR 4WkLook=Yes}
I2WkStrt
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

{IF (NActiv = [Looking for paid work or a Government training scheme...Doing something else] OR StWork=No)}
EverJob
Have you ever been in paid employment or self-employed?

1 Yes
2 No

{IF NActiv=Waiting to take up paid work already obtained}
OthPaid
Apart from the job you are waiting to take up, have you ever been in paid employment or self-employed?

1 Yes
2 No

{IF NActiv=(Waiting to take up paid work OR Looking for work) OR (H4WkLook =Yes)}
HowLong
How long have you been looking/were you looking for paid work/a place on 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

{IF (Everjob=Yes)}
PayLast
Which year did you leave your last **paid** job?
WRITE IN.
Range: 1920..2014

{IF Last paid job less than or equal to 8 years ago (from PayLast)}
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
13 Can't remember

PayAge
Computed: Age when last had a paid job.

{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 Everjobl=Yes) OR (Respondent is Female and PayAgel>=50)}

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?
INTERVIEWER: 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
INTERVIEWER: If in doubt, check how this employment is treated for tax & NI purposes.

{IF Employe = Self-employed}
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}
EmpStat
Are you *(were you/will you be)* a ...READ OUT...
1 manager,
2 foreman or supervisor,
3 or other employee?

NEmplee
Including yourself, about how many people are *(were)* employed at the place where you usually work *(usually worked/will work)*?
1 1 or 2
2 3 - 9
3 10 - 24
4 25 - 499
5 500+

{ELSEIF Employe = Self-employed AND Dirctr=No}
SNEmplee
Do *(did/will)* you have any employees?
1 None
2 1 or 2
3 3-9
4 10-24
4 25-499
5 500+

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

ISector
Is your organisation a private sector organisation such as a company, or a public sector body such as a local or national government, school or the health service, or a non-profit organisation such as a charity?
1 Private sector
2 Public sector
3 Non-profit organisation
4 Don't know
5 Refused

{IF Age of Respondent is 16+ }
EducEnd
At what age did you finish your continuous full-time education at school or college?
1 Not yet finished
2 Never went to school
3 14 or under
4 15
5 16
6 17
7 18
8 19 or over

Qual
SHOW CARD M2
Do you have any of the qualifications listed on this card? Please look down the whole list before telling me.
1 Yes
2 No

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{IF Qual = Yes }
QualA
Which of the qualifications on this card do you have? Just tell me the number written beside each one.
INTERVIEWER: RECORD ALL THAT APPLY. PROBE: Any others?

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

{If QualA = code 1 OR 2 }
Degree
SHOWCARD M3
And do you have any of the qualifications listed on this card?
CODE ALL THAT APPLY

1. Doctorate,
2. Masters,
3. An undergraduate or first degree,
4. A foundation degree,
5. Graduate membership of a professional institution,
6. Other post graduate degree or professional qualification

{IF NOT (Degree IN QualA)}
OthQual
Do you have any qualifications not listed on this card?

1 Yes
2 No

{IF OthQual = Yes}
QualB
What qualifications are these?
INTEVIEWER: Record all other qualifications in full. PROBE: Any others?
Text: maximum 60 characters

ASK ALL
NatID
SHOWCARD M4
How would you describe your national identity?
Choose your answer from this card. Choose as many or as few answers as apply.
INTERVIEWER: RECORD ALL THAT APPLY.

1 English
2 Welsh
3 Scottish
4 Irish
5 British
6 Other (please describe)

{IF National id = Other }
XNational id
Please describe.
Text: Maximum 60 characters

Origin
SHOW CARD M5
What is your ethnic group? Please choose your answer from this card.

1 White – English / Welsh / Scottish / Northern Irish / British
2 White – Irish
3 White – Gypsy or Irish Traveller
4 Any other white background (please describe)

Mixed / multiple ethnic groups:
5 White and Black Caribbean
6 White and Black African
7 White and Asian
8 Any other mixed / multiple ethnic background (please describe)

Asian / Asian British:
9 Indian
10 Pakistani
11 Bangladeshi
12 Chinese
13 Any other Asian background (please describe)

Black / African / Caribbean / Black British:
14 African
15 Caribbean
16 Any other Black / African / Caribbean background (please describe)

Other ethnic group
17 Arab
18 Any other ethnic group (please describe)

{IF Origin = Any other ethnic group}
XOrigWh
Please describe.

Self-completion placement

{IF Age of Respondent is 13 years and over and BookChk=Given}
SCIntro
PREPARE *(colour)* SELF-COMPLETION BOOKLET (FOR CHILDREN AGED 13-15/FOR YOUNG ADULT MEN AND WOMEN/FOR ADULT MEN AND WOMEN AGED 18-44 /FOR ADULTS AGED 45+) BY ENTERING SERIAL NUMBERS. CHECK YOU HAVE CORRECT PERSON NUMBER.

{ELSEIF Age of respondent is 8 to 12 years}
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 *(colour)* BOOKLET TO PARENT(S). IF AGREES, PREPARE (colour) BOOKLET. INTERVIEWER: EXPLAIN TO CHILD HOW TO COMPLETE AND SHOW EXAMPLE IN BOOKLET.
ENDIF

{IF ANY CHILDREN AGED 2-15 INTERVIEWED}
SCIntrA
INTERVIEWER: Turn to the last page of the (colour of adult questionnaire) self completion booklet and explain that this final question is about their child, or children.
Press <1> and <Enter> to continue.

{IF Age of Respondent is 13 years or over}
SComp2
I would now like you to answer some more questions by completing this booklet on your own.

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

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

{IF Age of respondent is 8 years or over}
SComp3
INTEVIEWER CHECK: Was the (colour) booklet for adults completed?
1 Fully completed
2 Partially completed
3 Not completed

{IF SComp3 = Fully completed OR Partially completed}
SC3Acc
Was it completed without assistance?
1 Completed independently
3 Assistance from other household member
4 Assistance from interviewer
5 Interviewer administered
ENDIF

{IF SComp3 = Partially completed OR Not completed}
SComp6
INTERVIEWER: 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)
7 Illness/disability (physical or mental)
8 Not in/not available
9 Proxy refusal
10 No self completion booklet available
95 Other (SPECIFY)

{IF SComp6=Other}
SComp6O
PLEASE SPECIFY OTHER REASON.
Text: Maximum 60 characters

{IF SComp3 = Fully completed OR Partially completed}
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

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Measurements

ASK ALL
Intro
PREAMBLE: I would now like to measure your height and weight. There is interest in how people's weight, given their height, is associated with their health.
I know you have already told me but it is really important that we get the most accurate and up to date measurements we can, using the same type of scales and measuring equipment for everybody.
INTERVIEWER: IF ASKED, EXPLAIN: We are interested in exploring the difference between people's perceptions of their own height and weight compared with their actual height and weight.
INTERVIEWER: Make out (colour) MRC for each person.

{IF Age >=2}
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}
Height
ENTER HEIGHT.
Range: 60.0..244.0

RelHite
INTERVIEWER CODE ONE ONLY
1 No problems experienced reliable height measurement obtained
2 `Problems experienced - measurement likely to be:
2 Reliable
3 Unreliable

{IF RelHite = Unreliable}
HiNRel
INTERVIEWER: WHAT CAUSED THE HEIGHT MEASUREMENT TO BE UNRELIABLE?
1 Hairstyle or wig
2 Turban or other religious headgear
3 Respondent stooped
4 Child respondent refused stretching
5 Respondent would not stand still
6 Respondent wore shoes
95 Other, please specify

{IF HiNRel = Other}
OHiNRel
INTERVIEWER: PLEASE SPECIFY WHAT CAUSED UNRELIABLE HEIGHT MEASUREMENT.
Text: Maximum 60 characters

MBookHt
INTERVIEWER: CHECK HEIGHT RECORDED ON MEASUREMENT RECORD CARD.
HEIGHT: *(x)* cm OR *(x)* feet *(x)* inches.
ELSEIF RespHts = Height refused THEN

ResNHi
GIVE REASONS FOR REFUSAL.

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

{ELSEIF RespHts = Height attempted, not obtained OR Height not attempted}
NoHtBC
INTERVIEWER: CODE REASON FOR NOT OBTAINING HEIGHT.
1 Child 2-13: 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 unable to get out of a chair/in a wheelchair
5 Respondent is unable to get out of bed
6 Respondent unable to remove shoes
7 Child: subject would not stand still
8 Ill or in pain/has disability (physical or mental)
9 Stadiometer faulty/not available/couldn't be used
10 Child 2-13 asleep
11 Not in/not available (for child 2-13, use codes 01 or 10 if possible)
12 Proxy refusal
95 Other - specify

{IF OTHER IN NoHtBC}
NoHitCO
PLEASE SPECIFY OTHER REASON
Text: Maximum 60 characters

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

{IF PregNowB<> Yes}
RespWts
INTERVIEWER: Measure weight and code.
Include 'disguised' refusals such as 'It will take too long', 'I have to go out' etc. at code 2: Weight refused.

0 *Weight obtained (child held by adult)*
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..200.0

{ELSEIF RespWts = Weight obtained (child held by adult)}
WtAdult
ENTER WEIGHT OF ADULT ON HIS/HER OWN.
Range: 15.0..200.0

WtChAd
ENTER WEIGHT OF ADULT HOLDING CHILD.
Range: 15.0..200.0
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}
ResNWt
INTERVIEWER: Give reasons for refusal.
1 I have already told you my weight
2 Cannot see point/Weight already known/Doctor has measurement
3 Too busy/Taken long enough already/No time
4 Respondent too ill/frail/tired
5 Considered intrusive information
6 Respondent too anxious/nervous/shy/embarrassed
7 Child refused to be held by parent
8 Parent refused to hold child
9 Refused (no other reason given)
10 Other

{IF RespWts = Weight attempted, not obtained OR Weight not attempted}
NoWtBC
INTERVIEWERE: Code reason for not obtaining weight.
1 Child 0-13: away from home during fieldwork period (specify in a Note)
2 Respondent is unsteady on feet
3 Respondent cannot stand upright
4 Respondent is unable to get out of a chair/in a wheelchair
5 Confined to bed
6 Respondent unable to remove shoes
7 Respondent weighs more than 200 kg
8 Ill or in pain/has disability (physical or mental)
9 Scales not working/not available/couldn't be used
10 Parent unable to hold child
11 Child 0-13 asleep
12 Not in/not available (for child 0-13, use codes 01 or 11 if possible)
13 Proxy refusal
95 Other - specify

{IF NoWtBC = Other}
NoWatCO
PLEASE SPECIFY OTHER REASON.
Text: Maximum 60 characters

{IF RESPONDENT IS <16}
Birth
INTERVIEWER: ASK OF (NAME OF CHILD'S) PARENT/LEGAL GUARDIAN:
We are interested in the birth weight of children taking part in this survey. Can you tell me, what was *(name of child's)* weight at birth?
INTERVIEWER: IS WEIGHT GIVEN IN KILOGRAMS OR IN POUNDS AND OUNCES? :
1 Kilograms
2 Pounds and ounces

{IF Birth = Kilograms}
Birthkg
PLEASE RECORD *(name of child's)* BIRTHWEIGHT IN KILOGRAMS.
Range: 1.00..6.75

{ELSEIF Birth = Pounds and ounces}
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

BirthWt
Computed: Given birthweight (kg)
Range: 0.00….8.70

{IF BirthWt = [between 0.1kg and 2.5kg]}
Prmature
Was *(name of child)* born prematurely?
1 Yes
2 No

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{IF Prmature = Yes}
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

Nurse Appointment

{IF Age of respondent < 16 AND No legal parent in household}
NurseA
Now follows the Nurse Appointment module. 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). Press <9> for help explaining about the nurse visit.

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 sample.
1 Agreed nurse could contact
2 Maybe – agreed nurse could contact
3 Refused nurse contact

{IF Nurse = Agreed nurse could contact}
NrsAppt
INTERVIEWER: CODE WHETHER YOU HAVE MADE AN APPOINTMENT FOR THE NURSE TO VISIT (OR WHETHER THE NURSE WILL CALL TO MAKE THEIR OWN APPOINTMENT).
1 Able to make an appointment for the nurse
2 Unable to make an appointment for the nurse

{IF NrsAppt = Agreed nurse could contact OR Maybe – agreed nurse could contact}
NrsDate
INTERVIEWER: ENTER DATE OF THE NURSE APPOINTMENT

NrsDate
INTERVIEWER: ENTER TIME OF THE NURSE APPOINTMENT.
USE 24 HOUR CLOCK. FOR EXAMPLE, 9AM WOULD BE RECORDED AS 09:00.

AptRec
INTERVIEWER: IF YOU HAVE MADE AN 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 NURSE ON THE BACK OF THE MEASUREMENT RECORD CARD.

{IF Nurse = Refused nurse contact}
NurseRef
INTERVIEWER: RECORD REASON WHY RESPONDENT REFUSED NURSE CONTACT. CODE BELOW AND RECORD AT **F1** 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 (record at next question)

{IF NurseRef=Other reason}
NrsRefO
PLEASE SPECIFY OTHER REASON FOR REFUSAL. CODE BELOW AND RECORD AT **G1** ON A.R.F.
Text: Maximum 60 characters

Data Linkage Consents

ASK ALL AGED 16+
NHSCan
We would like to ask for your consent to link some of your NHS health records with your survey answers. To do this we would need to send your name, address and date of birth to the NHS Central Register. Please read this form, it explains more about what is involved.
INTERVIEWER: Give the respondent the **(colour)** consent form (linking survey answers to other information) and allow them time to read the information. Use the **"Linking survey answers to other information"** showcard to explain the process, if required
1 Consent given
2 Consent not given

{IF NHSCAN = Consent given}
NHSSig
Before I can pass your details on, I have to obtain written consent from you.
INTERVIEWER: Enter the respondent's serial number on the top of the consent form.
Ask the respondent to **initial** the box and sign the form.
Give the white copy of the form to the respondent.
Code whether signed consent obtained.
1 Consent signed
2 No consent obtained (or only one box initialled)

Thank
Thank you for your help. Before we end the interview I need to collect a little more information for our records.

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 (landline or mobile) as well as writing it on the front of the ARF.
1 Number given
2 Number refused
3 No telephone
4 Number unknown

{IF TPhone=Number given}
TelNo
INTERVIEWER: ENTER THE TELEPHONE NUMBER GIVEN

ReInter
If at some future date we wanted to talk to you further about your health, may we contact you to see if you are willing to help us again?
1 Yes
2 No

{IF ReInter=Yes}
FstNme
INTERVIEWER: At the Household Grid you recorded the first name of this person as:^textfill name
Is this the respondent's full, complete, first name (ie not initials, not abbreviated, not a nickname)?
ASK IF NECESSARY: Can I check, is ^textfill name your complete first name?
1. Yes, complete first name recorded at Household Grid
2. No, complete first name not yet recorded

SurNam
Can I check, {^first name from HH grid}, what is your surname?

{IF ReInter=Yes} – Loop until no further numbers to enter
FilTel
Do you have any other number we can contact you on? This would only be used for research purposes and would not be passed on to anyone outside of NatCen.
1. Yes
2. No

{IF FilTel=Yes}
OtherTel
ENTER NUMBER

{IF OtherTel = Number entered}
TypeTel
INTERVIEWER: CODE TYPE OF TELEPHONE NUMBER
1. Home phone
2. Work phone
3. Mobile (any)

{IF PNurse = agree AND (TelNo=response OR OtherTel=response)}
NurCon
Would it be okay to pass these phone numbers(s) on to the nurse that will be contacting you?
1. Yes
2. No

Email
Do you have an email address we can contact you on? This would only be used for research purposes and would not be passed on to anyone outside of NatCen.
1. Yes
2. No

{IF Email = Yes}
EmaAdd
ENTER EMAIL ADDRESS
INTERVIEWER: enter email address or ask respondent to type it in. Check with the respondent that it is correct.
Text: Maximum 100 characters

{IF Email = Yes}
EmaChk
Just to make sure the email address is correct, please enter again.
INTERVIEWER: enter email address or ask respondent to type it in. Check with the respondent that it is correct.
Text: Maximum 100 characters

SOFTCHECK: IF EmaAdd AND EmaChk are different: INTERVIEWER: THE EMAIL ADDRESSES ARE DIFFERENT AT EmaAdd and EmaChk. PLEASE CHECK.
ENDIF

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ASK ALL AGED 16+
NHSSat

SHOW CARD J6
All in all, how satisfied or dissatisfied would you say you are with the way in which the NHS runs nowadays?

1. Very satisfied
2. Quite satisfied
3. Neither satisfied or dissatisfied
4. Quite dissatisfied
5. Very dissatisfied

ASK ALL AGED 16+
OpenCom

Just before we finish, do you have any comments you would like to make?
INTERVIEWER: IF NO COMMENTS, PRESS <ENTER> : STRING [250]

HSE 2014

SHOWCARDS

DisAmt2

GROSS INCOME FROM ALL SOURCES

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

CARD A8 (1 0F 2)

WEEKLY	or	MONTHLY	or	ANNUAL	
Less than £10	57	Less than £40	57	Less than £520	57
£10 less than £30	66	£40 less than £130	66	£520 less than £1,600	66
£30 less than £50	55	£130 less than £220	55	£1,600 less than £2,600	55
£50 less than £70	74	£220 less than £300	74	£2,600 less than £3,600	74
£70 less than £100	62	£300 less than £430	62	£3,600 less than £5,200	62
£100 less than £150	73	£430 less than £650	73	£5,200 less than £7,800	73
£150 less than £200	65	£650 less than £870	65	£7,800 less than £10,400	65
£200 less than £250	51	£870 less than £1,100	51	£10,400 less than £13,000	51
£250 less than £300	78	£1,100 less than £1,300	78	£13,000 less than £15,600	78
£300 less than £350	54	£1,300 less than £1,500	54	£15,600 less than £18,200	54
£350 less than £400	76	£1,500 less than £1,700	76	£18,200 less than £20,800	76
£400 less than £450	81	£1,700 less than £2,000	81	£20,800 less than £23,400	81
£450 less than £500	53	£2,000 less than £2,200	53	£23,400 less than £26,000	53
£500 less than £550	72	£2,200 less than £2,400	72	£26,000 less than £28,600	72
£550 less than £600	58	£2,400 less than £2,600	58	£28,600 less than £31,200	58

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CARD A8 (2 0F 2)

£600 less than £650	70	£2,600 less than £2,800	70	£31,200 less than £33,800	70
£650 less than £700	68	£2,800 less than £3,000	68	£33,800 less than £36,400	68
£700 less than £800	75	£3,000 less than £3,500	75	£36,400 less than £41,600	75
£800 less than £900	64	£3,500 less than £3,900	64	£41,600 less than £46,800	64
£900 less than £1,000	71	£3,900 less than £4,300	71	£46,800 less than £52,000	71
£1,000 less than £1,150	69	£4,300 less than £5,000	69	£52,000 less than £60,000	69
£1,150 less than £1,350	80	£5,000 less than £5,800	80	£60,000 less than £70,000	80
£1,350 less than £1,550	79	£5,800 less than £6,700	79	£70,000 less than £80,000	79
£1,550 less than £1,750	60	£6,700 less than £7,500	60	£80,000 less than £90,000	60
£1,750 less than £1,900	52	£7,500 less than £8,300	52	£90,000 less than £100,000	52
£1,900 less than £2,100	67	£8,300 less than £9,200	67	£100,000 less than £110,000	67
£2,100 less than £2,300	59	£9,200 less than £10,000	59	£110,000 less than £120,000	59
£2,300 less than £2,500	77	£10,000 less than £10,800	77	£120,000 less than £130,000	77
£2,500 less than £2,700	61	£10,800 less than £11,700	61	£130,000 less than £140,000	61
£2,700 less than £2,900	56	£11,700 less than £12,500	56	£140,000 less than £150,000	56
£2,900 or more	63	£12,500 or more	63	£150,000 or more	63

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CARD E1

Examples of care and support

Help around the home

For example Getting about the house
Preparing food
Cleaning and laundry
Household paperwork
Gardening

Help outside the home

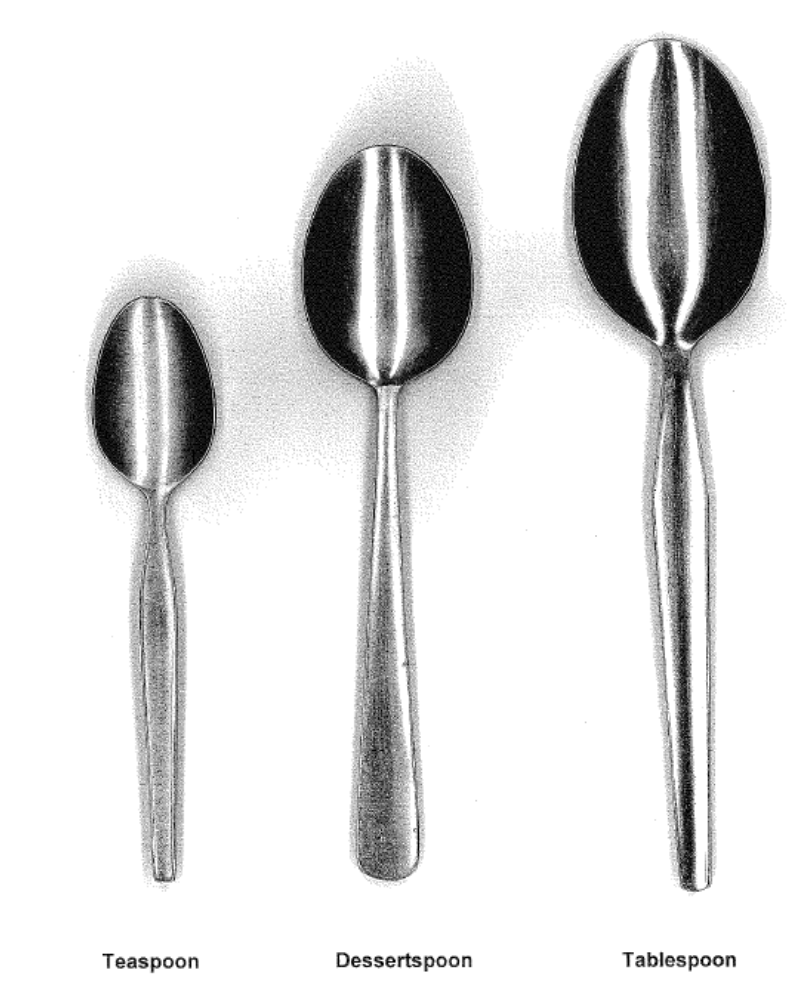
For example Shopping
Using transport
Using a post office or bank

Personal care

For example Getting in and out of bed
Washing
Dressing
Using the toilet

IntrPlan

CARD G1



VegPulQ/ VegVegQ / VegDishQ/ FrtDryQ/ FrtFrozQ/ FrtDishQ

CARD H7

1. **Direct Payments** where the council gives you a payment to meet some or all of your social care needs. You can then choose how to spend the money.

   (This should not be confused with benefits paid directly into a bank account which may also be called direct payments.)

2. **The local authority, council or social services manages the money** for you to meet all or some of your social care needs, and you may be able to choose which services to use

3. Neither of these

HaveDP

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CARD H12

1. **Helping others to get in and out of bed**
2. **Helping others to wash their face and hands**
3. **Having a bath or a shower** (including getting in and out of the bath or shower)
4. **Dressing or undressing** (including putting on shoes and socks)
5. **Using the toilet**
6. **Eating, including cutting up food**
7. **Taking the right amount of medicine at the right times**
8. **Getting around indoors** (please don't include using the stairs)
9. **Getting up and down stairs**
10. **Getting out of the house** (for example to go to the doctors or to visit a friend)
11. **Shopping for food** (including getting to the shops, choosing the items, carrying the items home and then unpacking and putting the items away)
12. **Doing routine housework or laundry**
13. **Doing paperwork or paying bills**

IntroB

CARD L3

NatCen Social Research | hscic Health & Social Care Information Centre | NHS | UCL

P3427
GREEN

Point	Address	HHLD	CKL	Person No

First name _____ Interviewer _____

Survey month _____ Card 3 1 1

Health Survey for England 2014

Booklet for 8-12 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 your answers to anyone you know.
- 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

14-16i v1 October 2013 12/sc/0317

Completing the questionnaire

- 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.

Example:

Tick ONE box

Yes ☑ 1

No ☐ 2

- Sometimes you have to write a number in the box.

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.

Example:

Tick ONE box

No ☐ 2 ➔ **Go to Q2**

Yes ☑ 1 ↴

I was **10** years old

Write in

When you have finished answering the questionnaire, please seal it in the brown envelope and hand it back to the interviewer. If you have any questions or need help, please ask the interviewer.

THANK YOU AGAIN FOR YOUR HELP

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Cigarette Smoking

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

Tick ONE box

- Yes ☐ 1
- No ☐ 2

➔ **Go to next question**

Q2 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 Q6**
- 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

➔ **Go to next question**

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

I was ☐ years old ➔ **Go to next question**

Write in

Q4 Did you smoke any cigarettes last week?

Tick ONE box

- Yes ☐ 1 ➔ **Go to next question**
- No ☐ 2 ➔ **Go to Q6**

Q5 How many cigarettes did you smoke last week?

I smoked ☐ cigarettes ➔ **Go to next question**

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

Tick ALL boxes that apply

- At home ☐ 01
- In other people's homes ☐ 02
- In a car ☐ 03
- In the street ☐ 04
- Outdoor areas of pubs or cafes or restaurants ☐ 05
- In the park or playing fields ☐ 06
- Other public places ☐ 07
- In school ☐ 08
- In other places (please write these other places in the box below) ☐ 09

➔ **Go to next question**

☐

- No, none of these ☐ 97 ➔ **Go to Q8**

Q7 Does this bother you?

Tick ONE box

- Yes ☐ 1
- No ☐ 2

➔ **Go to next question**

Drinking

Q8 Have you ever had a proper alcoholic drink – a whole drink, not just a sip? **Please don't count drinks labelled low alcohol.**

Tick ONE box

- Yes ☐ 1 ➔ **Go to Q10**
- No ☐ 2 ➔ **Go to next question**

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

Tick ONE box

- Yes ☐ 1 ➔ **Go to next question**
- No ☐ 2 ➔ **Go to Q13**

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

I was ☐ years old ➔ **Go to next question**

Write in

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

Tick ONE box

- Almost every day ☐ 1
- About twice a week ☐ 2
- About once a week ☐ 3
- About once a fortnight ☐ 4
- About once a month ☐ 5
- Only a few times a year ☐ 6
- I never drink alcohol now ☐ 7

➔ **Go to next question**

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

Tick ONE box

- Today ☐ 1
- Yesterday ☐ 2
- Some other time during the last week ☐ 3
- 1 week, but less than 2 weeks ago ☐ 4
- 2 weeks, but less than 4 weeks ago ☐ 5
- 1 month, but less than 6 months ago ☐ 6
- 6 months ago or more ☐ 7

➔ **Go to next question**

Your weight

Q13 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

➔ **Go to next question**

Q14 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

➔ **Go to next question**

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About you

Q15 Which of these would you say you are?

Tick ALL boxes that apply

- English ☐ 1
- Welsh ☐ 2
- Scottish ☐ 3
- Irish ☐ 4
- British ☐ 5
- Or something else? (Please write in the box below) ☐ 6

➔ **Go to next question**

Q16 What is your religion or belief?

Tick ONE box

- No religion ☐ 01
- Christian - Catholic ☐ 02
- Christian – all other denominations including Church of England, Protestant ☐ 03
- Buddhist ☐ 04
- Hindu ☐ 05
- Jewish ☐ 06
- Muslim ☐ 07
- Sikh ☐ 08
- Any other religion (please write in the box below) ☐ 09

Thank you for answering these questions.

Please give the booklet back to the interviewer.

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NatCen Social Research | hscic Health & Social Care Information Centre | NHS | UCL

P3427
BLUE

Point	Address	HHLD	CKL	Person No

First name

Interviewer

Survey month

Card 3 1 2

Health Survey for England 2014

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 your answers to anyone you know.
- 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

14-17i v1 October 2013 12/sc/0317

Completing the questionnaire

- 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.

Example:

Tick ONE box

Yes ☑ 1

No ☐ 2

- Sometimes you have to write a number in the box.

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.

Example:

Tick ONE box

No ☐ 2 ➔ **Go to question 2**

Yes ☑ 1 ↴

I was **10** years old

Write in

When you have finished answering the questionnaire, please seal it in the brown envelope and hand it back to the interviewer. If you have any questions or need help, please ask the interviewer.

THANK YOU AGAIN FOR YOUR HELP

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Cigarette Smoking

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

Tick ONE box

- Yes ☐ 1
- No ☐ 2

➔ **Go to next question**

Q2 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 Q6**
- 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

➔ **Go to next question**

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

I was ☐ years old ➔ **Go to next question**

Write in

Q4 Did you smoke any cigarettes last week?

Tick ONE box

- Yes ☐ 1 ➔ **Go to next question**
- No ☐ 2 ➔ **Go to Q6**

Q5 How many cigarettes did you smoke last week?

I smoked ☐ cigarettes ➔ **Go to next question**

Write in

EVERYONE PLEASE ANSWER

Q6 Have you ever used any of these nicotine replacement products?

Tick ALL that apply

	a) Currently use	b) Used in the past but not using now
Nicotine chewing gum	☐ 01	☐ 01
Nicotine lozenges/mini lozenges	☐ 02	☐ 02
Nicotine patch	☐ 03	☐ 03
Nicotine inhaler/inhalator	☐ 04	☐ 04
Nicotine mouthspray	☐ 05	☐ 05
Nicotine nasal spray	☐ 06	☐ 06
Another nicotine product	☐ 07	☐ 07
Electronic cigarette	☐ 08	☐ 08
None of these	☐ 09	☐ 09

Q7 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 that apply

- At home ☐ 01
- In other people's homes ☐ 02
- In a car ☐ 03
- In the street ☐ 04
- Outdoor areas of pubs or cafes or restaurants ☐ 05
- In the park or playing fields ☐ 06
- Other public places ☐ 07
- In school ☐ 08
- In other places (please write these other places in the box below) ☐ 09

➔ **Go to next question**

☐

- No, none of these ☐ 97 ➔ **Go to Q9**

Q8 Does this bother you?

Tick ONE box

- Yes ☐ 1
- No ☐ 2

➔ **Go to next question**

Drinking

Q9 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 Q11**
- No ☐ 2 ➔ **Go to next question**

Q10 Have you ever drunk alcopops (such as Bacardi Breezer, Smirnoff Ice, WKD etc)?

Tick ONE box

- Yes ☐ 1 ➔ **Go to next question**
- No ☐ 2 ➔ **Go to Q20**

Q11 How old were you the first time you had a proper alcoholic drink or an alcopop?

I was ☐ years old ➔ **Go to next question**

Write in

Q12 How often do you usually have an alcoholic drink or alcopop?

Tick ONE box

- Almost every day ☐ 1
- About twice a week ☐ 2
- About once a week ☐ 3
- About once a fortnight ☐ 4
- About once a month ☐ 5
- Only a few times a year ☐ 6
- I never drink alcohol now ☐ 7

➔ **Go to next question**

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Q13 When did you **last** have an alcoholic drink or alcopop?

Tick ONE box

- Today ☐ 1
- Yesterday ☐ 2
- Some other time during the last week ☐ 3

➔ **Go to next question**

- 1 week, but less than 2 weeks ago ☐ 4
- 2 weeks, but less than 4 weeks ago ☐ 5
- 1 month, but less than 6 months ago ☐ 6
- 6 months ago or more ☐ 7

➔ **Go to Q20**

Q14 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?

Tick ONE box

- No ☐ 2 ➔ **Go to Q15**
- Yes ☐ 1

How much did you drink in the last 7 days?

Write in:

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

AND/OR ☐ **Large cans or bottles**

AND/OR ☐ **Small cans or bottles**

Q15 **Spirits or liqueurs, such as gin, vodka, whisky, rum, brandy or cocktails**

Have you drunk this in the last 7 days?

Tick ONE box

- No ☐ 2 ➔ **Go to Q16**
- Yes ☐ 1

How much did you drink in the last 7 days?

Write in:

☐ **Glasses** (count doubles as two glasses)

Q16 **Sherry or martini (including port, vermouth, cinzano, dubonnet)**

Have you drunk this in the last 7 days?

Tick ONE box

- No ☐ 2 ➔ **Go to Q17**
- Yes ☐ 1

How much did you drink in the last 7 days?

Write in:

☐ **Glasses** (count doubles as two glasses)

Q17 **Wine (including babycham and champagne)**

Have you drunk this in the last 7 days?

Tick ONE box

- No ☐ 2 ➔ **Go to Q18**
- Yes ☐ 1

How much did you drink in the last 7 days?

Write in:

☐ **Glasses**

Q18 **Alcopop (such as Bacardi Breezer, Smirnoff Ice, WKD, etc.)**

Have you drunk this in the last 7 days?

Tick ONE box

No ☐ 2 ➔ **Go to Q19**

Yes ☐ 1

How much did you drink in the last 7 days?

Write in:

☐ **Large cans or bottles**

AND/OR ☐ **Small cans or bottles**

Q19 **Other kinds of alcoholic drink?**

Have you drunk this in the last 7 days?

Tick ONE box

No ☐ 2 ➔ **Go to Q20**

Yes ☐ 1 ➔ **Complete details below**

Write in name of drink

How much did you drink in the last 7 days?

Write in:

☐ ➔ ☐

☐ ➔ ☐

☐ ➔ ☐

GENERAL HEALTH OVER THE LAST FEW WEEKS

Please read this carefully:

We would 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:

Q20 been able to concentrate on whatever you're doing?

Tick ONE box

Better than usual	Same as usual	Less than usual	Much less than usual
☐ 1	☐ 2	☐ 3	☐ 4

Q21 lost much sleep over worry?

Tick ONE box

Not at all	No more than usual	Rather more than usual	Much more than usual
☐ 1	☐ 2	☐ 3	☐ 4

Q22 felt you were playing a useful part in things?

Tick ONE box

More so than usual	Same as usual	Less useful than usual	Much less useful
☐ 1	☐ 2	☐ 3	☐ 4

Q23 felt capable of making decisions about things?

Tick ONE box

More so than usual	Same as usual	Less so than usual	Much less capable
☐ 1	☐ 2	☐ 3	☐ 4

Q24 felt constantly under strain?

Tick ONE box

Not at all	No more than usual	Rather more than usual	Much more than usual
☐ 1	☐ 2	☐ 3	☐ 4

Q25 felt you couldn't overcome your difficulties?

Tick ONE box

Not at all	No more than usual	Rather more than usual	Much more than usual
☐ 1	☐ 2	☐ 3	☐ 4

Q26 been able to enjoy your normal day-to-day activities?

Tick ONE box

More so than usual	Same as usual	Less so than usual	Much less than usual
☐ 1	☐ 2	☐ 3	☐ 4

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HAVE YOU RECENTLY:

	Tick ONE box			
	More so than usual	Same as usual	Less able than usual	Much less able
Q27 been able to face up to your problems?	☐ 1	☐ 2	☐ 3	☐ 4

	Tick ONE box			
	Not at all	No more than usual	Rather more than usual	Much more than usual
Q28 been feeling unhappy and depressed?	☐ 1	☐ 2	☐ 3	☐ 4

	Tick ONE box			
	Not at all	No more than usual	Rather more than usual	Much more than usual
Q29 been losing confidence in yourself?	☐ 1	☐ 2	☐ 3	☐ 4

	Tick ONE box			
	Not at all	No more than usual	Rather more than usual	Much more than usual
Q30 been thinking of yourself as a worthless person?	☐ 1	☐ 2	☐ 3	☐ 4

	Tick ONE box			
	More so than usual	About same as usual	Less so than usual	Much less than usual
Q31 been feeling reasonably happy, all things considered?	☐ 1	☐ 2	☐ 3	☐ 4

General Health Questionnaire (GHQ – 12)
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Published by GL Assessment Limited
The Chiswick Centre, 414 Chiswick High Road, London W4
This edition published 1992.
GL Assessment is part of the Granada Learning Group

Your weight

EVERYONE PLEASE ANSWER

Q32 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

➔ **Go to next question**

Q33 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

About you

EVERYONE PLEASE ANSWER

Q34 Which of these would you say you are?

Tick ALL that apply

- English ☐ 1
- Welsh ☐ 2
- Scottish ☐ 3
- Irish ☐ 4
- British ☐ 5
- Or something else? (Please write in the box below) ☐ 6

➔ **Go to next question**

☐

Q35 What is your religion or belief?

Tick ONE box

- No religion ☐ 01
- Christian - Catholic ☐ 02
- Christian – all other denominations including Church of England, Protestant ☐ 03
- Buddhist ☐ 04
- Hindu ☐ 05
- Jewish ☐ 06
- Muslim ☐ 07
- Sikh ☐ 08
- Any other religion (please write in the box below) ☐ 09

☐

Thank you for answering these questions.

Please give the booklet back to the interviewer.

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P3427
YELLOW

Point	Address	HHLD	CKL	Person No

First name

Interviewer

Survey month

Card 3 1 3

Health Survey for England 2014

Booklet for Young Adults

In Confidence

- Please look at the instructions on the next page for information on how to fill in this questionnaire.
- 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

14-18i v2 November 2013 12/sc/0317

Untitled-1 2 29/11/2013 12:10:06

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

	Very healthy life	Fairly healthy life	Not very healthy life	An unhealthy life
Do you feel that you lead a …	☐ 1	✓ 2	☐ 3	☐ 4

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. 6

1

Smoking

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

Tick ONE box

- Yes ☐ 1 ➔ **Go to next question**
- No ☐ 2 ➔ **Go to Q19**

Q2 Have you ever smoked a cigarette?

Tick ONE box

- Yes ☐ 1 ➔ **Go to next question**
- No ☐ 2 ➔ **Go to Q19**

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

Write in how old you were then ☐

Q4 Do you smoke cigarettes at all nowadays?

Tick ONE box

- Yes ☐ 1 ➔ **Go to Q7**
- No ☐ 2 ➔ **Go to next question**

Q5 Why did you decide to give up smoking?

Tick ALL that apply

- Advice from a GP/health professional ☐ 01
- Advert for a nicotine replacement product ☐ 02
- Government or NHS advert on TV, radio or press ☐ 03
- Hearing about a new stop smoking treatment ☐ 04
- Financial reasons/ can't afford it ☐ 05
- Being faced with the smoking ban in public places and at work ☐ 06
- I knew someone else who was stopping ☐ 07
- Seeing a health warning on a cigarette packet ☐ 08
- Family or friends wanted me to stop ☐ 09
- Being contacted by my local NHS Stop Smoking Services ☐ 10
- Health problems I had at the time ☐ 11
- Worried about future health problems ☐ 12
- Pregnancy ☐ 13
- Worried about the effect on my children ☐ 14
- Worried about the effect on other family members ☐ 15
- My own motivation ☐ 16
- Something else ☐ 17
- Can't remember ☐ 98

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Q6 Did you smoke cigarettes regularly or occasionally?

Tick ONE box

- Regularly, that is at least one cigarette a day ☐ 1
- Occasionally ☐ 2
- I never really smoked cigarettes, just tried them once or twice ☐ 3

→ **Go to Q19**

ANSWER IF YOU ARE A CURRENT SMOKER. IF NOT, PLEASE GO TO Q19.

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

Write in number smoked a day ☐

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

Write in number smoked a day ☐

Q9 Do you **mainly** smoke …

Tick ONE box

- Filter-tipped cigarettes ☐ 1
- Plain or untipped cigarettes ☐ 2
- Hand-rolled cigarettes ☐ 3

Q10 Do you ever smoke any other type of cigarettes nowadays?

Tick ALL that apply

- Filter-tipped cigarettes ☐ 1
- Plain or untipped cigarettes ☐ 2
- Hand-rolled cigarettes ☐ 3
- No ☐ 4

ANSWER IF YOU SMOKE HAND-ROLLED AND OTHER CIGARETTES. IF NOT, PLEASE GO TO Q13.

Q11 About how many of the cigarettes you smoke on a **weekday** are hand-rolled?

Hand-rolled cigarettes smoked on a **weekday** ☐

Write in

Q12 About how many of the cigarettes you smoke on a **weekend** day are hand-rolled?

Hand-rolled cigarettes smoked on a **weekend** day ☐

Write in

ANSWER IF YOU SMOKE HAND-ROLLED CIGARETTES. IF NOT, PLEASE GO TO Q14.

Q13 Do you smoke hand-rolled cigarettes with a filter, or without a filter?

Tick ONE box

- Always with a filter ☐ 1
- Always without a filter ☐ 2
- Sometimes a filter, sometimes not ☐ 3

ANSWER IF YOU ARE A CURRENT SMOKER. IF NOT, PLEASE GO TO Q19.

Q14 Would you like to give up smoking altogether?

Tick ONE box

- Yes ☐ 1
- No ☐ 2

Q15 Which of the following statements best describes you?

Tick ONE box

- I REALLY want to stop smoking and intend to in the next month ☐ 1
- I REALLY want to stop smoking and intend to in the next 3 months ☐ 2
- I want to stop smoking and hope to soon ☐ 3
- I REALLY want to stop smoking but I don't know when I will ☐ 4
- I want to stop smoking but haven't thought about when ☐ 5
- I think I should stop smoking but don't really want to ☐ 6

➔ **Go to next question**

- I don't want to stop smoking ☐ 7 ➔ **Go to Q17**

Q16 What are your main reasons for wanting to give up?

Tick ALL that apply

- Because of a health problem I have at present ☐ 01
- Better for my health in general ☐ 02
- Less risk of getting smoking related illnesses ☐ 03
- Because of the smoking ban in public places and at work ☐ 04
- Family/friends want me to stop ☐ 05
- Financial reasons/ can't afford it ☐ 06
- Worried about the effect on my children ☐ 07
- Worried about the effect on other family members ☐ 08
- Other reason ☐ 09

Q17 Are you currently trying to cut down on how much you smoke but not currently trying to stop?

Tick ONE box

- Yes ☐ 1
- No ☐ 2

Q18 Would you say that you are smoking about the same number of cigarettes as a year ago, or more than a year ago or fewer than a year ago?

Tick ONE box

- Same as a year ago ☐ 1
- More than a year ago ☐ 2
- Fewer than a year ago ☐ 3

EVERYONE PLEASE ANSWER

Q19 Have you ever used any of these nicotine replacement products?

Tick ALL that apply

	Currently use	Used in the past but not now
Nicotine chewing gum	☐ 01	☐ 01
Nicotine lozenges/mini lozenges	☐ 02	☐ 02
Nicotine patch	☐ 03	☐ 03
Nicotine inhaler/inhalator	☐ 04	☐ 04
Nicotine mouthspray	☐ 05	☐ 05
Nicotine nasal spray	☐ 06	☐ 06
Another nicotine product	☐ 07	☐ 07
Electronic cigarette	☐ 08	☐ 08
None of these	☐ 09	☐ 09

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ANSWER IF YOU HAVE USED NICOTINE REPLACEMENT PRODUCTS. IF NOT, PLEASE GO TO Q21

Q20 Have you used any of these nicotine replacement products, for the following reasons?

Tick ALL that apply

	To help you cut down on the amount you smoke	In situations where you are not allowed to smoke	To help you during a serious quit attempt
Nicotine chewing gum	☐ 01	☐ 01	☐ 01
Nicotine lozenges/mini lozenges	☐ 02	☐ 02	☐ 02
Nicotine patch	☐ 03	☐ 03	☐ 03
Nicotine inhaler/inhalator	☐ 04	☐ 04	☐ 04
Nicotine mouthspray	☐ 05	☐ 05	☐ 05
Nicotine nasal spray	☐ 06	☐ 06	☐ 06
Another nicotine product	☐ 07	☐ 07	☐ 07
Electronic cigarette	☐ 08	☐ 08	☐ 08
None of these	☐ 09	☐ 09	☐ 09

EVERYONE PLEASE ANSWER

Q21 Did your father ever smoke regularly when you were a child?

Tick ONE box

- Yes ☐ 1
- No ☐ 2
- Don't know ☐ 8

Q22 Did your mother ever smoke regularly when you were a child?

Tick ONE box

- Yes ☐ 1
- No ☐ 2
- Don't know ☐ 8

Q23 In most weeks, how many hours a week are you exposed to other people's tobacco smoke?

Number of hours a week ☐

Write in

Q24A Are you regularly exposed to other people's tobacco smoke in any of these places?

Please tick all the places where you are often exposed to other people's smoke

Tick ALL that apply

- At home ☐ 1
- At work ☐ 2
- In other people's homes ☐ 3
- Travelling by car/van ☐ 4
- Outdoor areas of pubs or cafes or restaurants ☐ 5
- In other places ☐ 6

→ **Go to Q24B**

- No, none of these ☐ 7 → **Go to Q25**

Q24B Does this bother you?

Tick ONE box

- Yes ☐ 1
- No ☐ 2

Drinking

Q25 Do you ever drink alcohol nowadays, including drinks you brew or make at home?

Tick ONE box

- Yes ☐ 1 → **Go to Q28**
- No ☐ 2 → **Go to next question**

Q26 Just to check, does that mean you never have an alcoholic drink nowadays, or do you have an alcoholic drink very occasionally, perhaps for medicinal purposes or on special occasions like Christmas and New Year?

Tick ONE box

- Very occasionally ☐ 1 → **Go to Q28**
- Never ☐ 2 → **Go to next question**

Q27 Have you always been a non-drinker or did you stop drinking for some reason?

Tick ONE box

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

→ **Go to Q45**

Q28 How old were you the first time you ever had a proper alcoholic drink?

Write in how old you were then ☐

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

Tick ONE box

- Almost every day ☐ 01
- Five or six days a week ☐ 02
- Three or four days a week ☐ 03
- Once or twice a week ☐ 04
- Once or twice a month ☐ 05
- Once every couple of months ☐ 06
- Once or twice a year ☐ 07

→ **Go to next question**

- Not at all in the last 12 months ☐ 08 → **Go to Q45**

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

Tick ONE box

- Yes ☐ 1 → **Go to next question**
- No ☐ 2 → **Go to Q33**

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

Tick ONE box

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

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

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

TICK ALL DRINKS YOU DRANK ON THAT DAY		WRITE IN HOW MUCH YOU DRANK ON THAT DAY			
		Glasses (count doubles as 2 singles)	Pints	Large cans or bottles	Small cans or bottles
Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol)-exclude bottles/cans of shandy.	☐ 01		☐	☐	☐
Strong beer, lager, stout or cider (6% alcohol or more, such as Tennents Super, Special Brew, Diamond White)	☐ 02		☐	☐	☐
Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails	☐ 03	☐			
Sherry or martini (including port, vermouth, Cinzano, Dubonnet)	☐ 04	☐			
		Large glasses (250ml)	Standard glasses (175ml)	Small glasses (125ml)	Bottles (750ml)
Wine (including Babycham and champagne)	☐ 05	☐	☐	☐	☐
			Large bottles (700ml)	Standard bottles (275ml)	Small cans
Alcoholic soft drink ('alcopop') or a pre-mixed alcoholic drink such as Bacardi Breezer, WKD or Smirnoff Ice	☐ 06		☐	☐	☐
Other kinds of alcoholic drink **WRITE IN NAME OF DRINK**					
1. ☐	☐ 07	☐	☐	☐	☐
2. ☐	☐ 08	☐	☐	☐	☐

Please now think about whether you have drunk different types of alcoholic drink in the **last 12 months**. Please think about **all** types of alcoholic drinks you have had. Each type of alcoholic drink will be asked about separately.

EXCLUDE NON-ALCOHOLIC OR LOW-ALCOHOL DRINKS, EXCEPT SHANDY.

Q33 Thinking about **normal strength beer, lager, stout, cider or shandy** which has less than 6% alcohol. How often have you had a drink of normal strength beer, lager, stout, cider or shandy (excluding cans and bottles of shandy) during the last 12 months?

Tick ONE box

- Almost every day ☐ 01
- Five or six days a week ☐ 02
- Three or four days a week ☐ 03
- Once or twice a week ☐ 04
- Once or twice a month ☐ 05
- Once every couple of months ☐ 06
- Once or twice a year ☐ 07

➔ **Go to next question**

- Not at all in the last 12 months ☐ 08 ➔ **Go to Q35**

Q34 How much **normal strength beer, lager, stout, cider or shandy** (excluding cans and bottles of shandy) have you usually drunk on any one day during the last 12 months?

	Pints	Large cans or bottles	Small cans or bottles
WRITE IN HOW MUCH YOU HAVE USUALLY DRUNK ON ANY ONE DAY			

Q35 Now thinking about **strong beer, lager, stout or cider** which has 6% or more alcohol (e.g. Tennents Super, Special Brew, Diamond White). How often have you had a drink of **strong beer, lager, stout or cider** during the last 12 months?

Tick ONE box

- Almost every day ☐ 01
- Five or six days a week ☐ 02
- Three or four days a week ☐ 03
- Once or twice a week ☐ 04
- Once or twice a month ☐ 05
- Once every couple of months ☐ 06
- Once or twice a year ☐ 07

➔ **Go to next question**

- Not at all in the last 12 months ☐ 08 ➔ **Go to Q37**

Q36 How much **strong beer, lager, stout or cider** have you usually drunk on any one day during the last 12 months?

	Pints	Large cans or bottles	Small cans or bottles
WRITE IN HOW MUCH YOU HAVE USUALLY DRUNK ON ANY ONE DAY			

Q37 How often have you had a drink of **spirits or liqueurs**, such as gin, whisky, brandy, rum, vodka, advocaat or cocktails during the last 12 months?

Tick ONE box

- Almost every day ☐ 01
- Five or six days a week ☐ 02
- Three or four days a week ☐ 03
- Once or twice a week ☐ 04
- Once or twice a month ☐ 05
- Once every couple of months ☐ 06
- Once or twice a year ☐ 07

➔ **Go to next question**

- Not at all in the last 12 months ☐ 08 ➔ **Go to Q39**

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Q38 How much **spirits or liqueurs** such as gin, whisky, brandy, rum, vodka, advocaat or cocktails have you usually drunk on any one day during the last 12 months?

	Glasses (count doubles as 2 singles)
WRITE IN HOW MUCH YOU HAVE USUALLY DRUNK ON ANY ONE DAY	

Q39 How often have you had a drink of **sherry or martini** including port, vermouth, Cinzano and Dubonnet, during the last 12 months?

Tick ONE box

- Almost every day ☐ 01
- Five or six days a week ☐ 02
- Three or four days a week ☐ 03
- Once or twice a week ☐ 04
- Once or twice a month ☐ 05
- Once every couple of months ☐ 06
- Once or twice a year ☐ 07

➔ **Go to next question**

- Not at all in the last 12 months ☐ 08 ➔ **Go to Q41**

Q40 How much **sherry or martini** including port, vermouth, Cinzano and Dubonnet have you usually drunk on any one day during the last 12 months?

	Small glasses (count doubles as 2 singles)
WRITE IN HOW MUCH YOU HAVE USUALLY DRUNK ON ANY ONE DAY	

Q41 How often have you had a drink of **wine**, including Babycham and champagne, during the last 12 months?

Tick ONE box

- Almost every day ☐ 01
- Five or six days a week ☐ 02
- Three or four days a week ☐ 03
- Once or twice a week ☐ 04
- Once or twice a month ☐ 05
- Once every couple of months ☐ 06
- Once or twice a year ☐ 07

➔ **Go to next question**

- Not at all in the last 12 months ☐ 08 ➔ **Go to Q43**

Q42 How much **wine**, including Babycham and champagne, have you usually drunk on any one day during the last 12 months?

	Large glasses (250ml)	Standard glasses (175ml)	Small glasses (125ml)	Bottles (750ml)
WRITE IN HOW MUCH YOU HAVE USUALLY DRUNK ON ANY ONE DAY				

Q43 How often have you had a drink of **alcopops** (i.e. alcoholic lemonade, alcoholic colas or other alcoholic fruit-or-herb-flavoured drinks e.g. Smimoff Ice, Bacardi Breezer, WKD, Metz etc), during the last 12 months?

Tick ONE box

- Almost every day ☐ 01
- Five or six days a week ☐ 02
- Three or four days a week ☐ 03
- Once or twice a week ☐ 04
- Once or twice a month ☐ 05
- Once every couple of months ☐ 06
- Once or twice a year ☐ 07

➔ **Go to next question**

- Not at all in the last 12 months ☐ 08 ➔ **Go to Q45**

Q44 How many **alcopops** (i.e. alcoholic lemonade, alcoholic colas or other alcoholic fruit-or-herb-flavoured drinks) have you usually drunk on any one day during the last 12 months?

	Large bottles (700ml)	Standard bottles (275ml)	Small cans or bottles
WRITE IN HOW MUCH YOU HAVE USUALLY DRUNK ON ANY ONE DAY			

Difficulties

EVERYONE PLEASE ANSWER

Q45 Do you have a difficulty learning, for example at school, college, work or in other places?

This may be due to a condition such as dyslexia, dyspraxia or ADHD (Attention Deficit Hyperactivity Disorder) or it may not have a name.

Tick ONE box

- Yes ☐ 1 ➔ **Go to Q46**
- No ☐ 2 ➔ **Go to Q48**

Q46 How would you describe the level of severity of this difficulty?

Tick ONE box

- Mild ☐ 1
- Moderate ☐ 2
- Severe ☐ 3

Q47 How often does this limit the amount or kind of activities that you can do?

Tick ONE box

- Always ☐ 1
- Often ☐ 2
- Sometimes ☐ 3
- Rarely ☐ 4
- Never ☐ 5

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Q48 Do you have an intellectual difficulty or developmental delay? This may not have a name but please include things like Down's syndrome, autism and other conditions.

Tick ONE box

- Yes ☐ 1 ➔ **Go to Q49**
- No ☐ 2 ➔ **Go to Q51**

Q49 How would you describe the level of severity of this difficulty?

Tick ONE box

- Mild ☐ 1
- Moderate ☐ 2
- Severe ☐ 3

Q50 How often does this limit the amount or kind of activities that you can do?

Tick ONE box

- Always ☐ 1
- Often ☐ 2
- Sometimes ☐ 3
- Rarely ☐ 4
- Never ☐ 5

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**.

Q51 **Mobility**

Tick ONE box

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

Q52 **Self-Care**

Tick ONE box

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

Q53 **Usual activities**

Tick ONE box

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

Q54 **Pain/Discomfort**

Tick ONE box

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

Q55 **Anxiety/Depression**

Tick ONE box

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

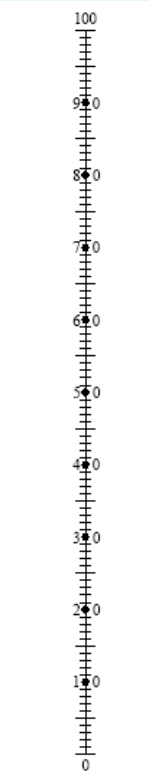
Q56

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health state is today, in your opinion. Please do this by drawing a line from the box below to which ever point on the scale indicates how good or bad your health state is today.

Your own health state today

Best imaginable health state



Worst imaginable health state

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General health over the last few weeks

EVERYONE PLEASE ANSWER

Please read this carefully:

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

HAVE YOU RECENTLY:

Tick ONE box

	Better than usual	Same as usual	Less than usual	Much less than usual
Q57 been able to concentrate on whatever you're doing?	☐ 1	☐ 2	☐ 3	☐ 4

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q58 lost much sleep over worry?	☐ 1	☐ 2	☐ 3	☐ 4

Tick ONE box

	More so than usual	Same as usual	Less useful than usual	Much less useful
Q59 felt you were playing a useful part in things?	☐ 1	☐ 2	☐ 3	☐ 4

Tick ONE box

	More so than usual	Same as usual	Less so than usual	Much less capable
Q60 felt capable of making decisions about things?	☐ 1	☐ 2	☐ 3	☐ 4

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q61 felt constantly under strain?	☐ 1	☐ 2	☐ 3	☐ 4

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q62 felt you couldn't overcome your difficulties?	☐ 1	☐ 2	☐ 3	☐ 4

Tick ONE box

	More so than usual	Same as usual	Less so than usual	Much less than usual
Q63 been able to enjoy your normal day-to-day activities?	☐ 1	☐ 2	☐ 3	☐ 4

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HAVE YOU RECENTLY:

	Tick ONE box			
	More so than usual	Same as usual	Less able than usual	Much less able
Q64 been able to face up to your problems?	☐ 1	☐ 2	☐ 3	☐ 4

	Tick ONE box			
	Not at all	No more than usual	Rather more than usual	Much more than usual
Q65 been feeling unhappy and depressed?	☐ 1	☐ 2	☐ 3	☐ 4

	Tick ONE box			
	Not at all	No more than usual	Rather more than usual	Much more than usual
Q66 been losing confidence in yourself?	☐ 1	☐ 2	☐ 3	☐ 4

	Tick ONE box			
	Not at all	No more than usual	Rather more than usual	Much more than usual
Q67 been thinking of yourself as a worthless person?	☐ 1	☐ 2	☐ 3	☐ 4

	Tick ONE box			
	More so than usual	About same as usual	Less so than usual	Much less than usual
Q68 been feeling reasonably happy, all things considered?	☐ 1	☐ 2	☐ 3	☐ 4

General Health Questionnaire (GHQ – 12)
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Published by GL Assessment Limited
The Chiswick Centre, 414 Chiswick High Road, London W4
This edition published 1992.
GL Assessment is part of the Granada Learning Group

General Wellbeing

EVERYONE PLEASE ANSWER

Q69 Below are some statements about feelings and thoughts.
Please tick the box that best describes your experience of each over the last 2 weeks

		Tick ONE box				
		None of the time	Rarely	Some of the Time	Often	All of the time
A	I've been feeling optimistic about the future	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
B	I've been feeling useful	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
C	I've been feeling relaxed	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
D	I've been feeling interested in other people	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
E	I've had energy to spare	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
F	I've been dealing with problems well	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
G	I've been thinking clearly	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Below are some statements about feelings and thoughts.
Please tick the box that best describes your experience of each over the last 2 weeks

Tick ONE box

		None of the time	Rarely	Some of the time	Often	All of the time
H	I've been feeling good about myself	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
I	I've been feeling close to other people	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
J	I've been feeling confident	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
K	I've been able to make up my own mind about things	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
L	I've been feeling loved	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
M	I've been interested in new things	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
N	I've been feeling cheerful	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)
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EVERYONE PLEASE ANSWER

Q70 Are you currently in paid employment?

Tick ONE box

- Yes ☐ 1 ➔ **Go to Q71**
- No ☐ 2 ➔ **Go to Q75**

Q71 How much do you agree or disagree with the statement that 'My job requires that I work very hard'?

Tick ONE box

- Strongly agree ☐ 1
- Agree ☐ 2
- Neither agree nor disagree ☐ 3
- Disagree ☐ 4
- Strongly disagree ☐ 5

Q72 Do you have a choice in deciding HOW you go about your work?

Tick ONE box

- Never ☐ 1
- Occasionally ☐ 2
- Some of the time ☐ 3
- Much of the time ☐ 4
- Most of the time ☐ 5
- All of the time ☐ 6

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Q73 Do you get help and support from your line manager?

Tick ONE box

- Often ☐ 1
- Sometimes ☐ 2
- Seldom ☐ 3
- Never/ almost never ☐ 4
- Does not apply/ have no manager ☐ 5

Q74 How likely is it that you will lose your job and become unemployed within the next twelve months?

Please estimate the probability of such a change on a scale from 0 to 100.
- **0** means that such a change will definitely **not** take place.
- **100** means that such a change definitely will take place.

Circle ONE box

0	10	20	30	40	50	60	70	80	90	100

EVERYONE PLEASE ANSWER

Q75 Below are some things people have said about mental health problems. Please tick the box to say how much you agree or disagree with each of these statements.

Tick ONE box

		Agree strongly	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
A	One of the main causes of mental illness is a lack of self-discipline and will-power	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
B	There is something about people with mental illness that makes it easy to tell them from normal people	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
C	We need to adopt a far more tolerant attitude toward people with mental illness in our society	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

Tick ONE box

		Agree strongly	Tend to agree	Neither agree nor disagree	Disagree slightly	Disagree strongly	Don't know
D	People with mental illness don't deserve our sympathy	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
E	I would not want to live next door to someone who has been mentally ill	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
F	It is frightening to think of people with mental problems living in residential neighbourhoods	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
G	Mental illness is an illness like any other	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
H	Virtually anyone can become mentally ill	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
I	The best therapy for many people with mental illness is to be part of a normal community	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
J	People with mental health problems are far less of a danger than most people suppose	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
K	People with mental health problems should not be given any responsibility	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

Tick ONE box

		Agree strongly	Tend to agree	Neither agree nor disagree	Disagree slightly	Disagree strongly	Don't know
L	I have very little knowledge about mental illness	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

Tick ONE box

		Agree strongly	Tend to agree	Neither agree nor disagree	Disagree slightly	Disagree strongly	Don't know
M	Most women who were once patients in a mental hospital can be trusted as babysitters	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

EVERYONE PLEASE ANSWER

Your activities

We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The questions will ask you about the time you spent being physically active in the **last 7 days**. Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do at work, as part of your housework or gardening, to get from place to place, and in your spare time for recreation, exercise or sport.

Q76 Think about all the **vigorous** activities that you did in the **last 7 days**. **Vigorous** physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Think *only* about those physical activities that you did for at least 10 minutes at a time.

During the **last 7 days**, on which days did you do **vigorous** physical activities like heavy lifting, digging, aerobics, or fast bicycling?

Tick ALL days that apply

☐ 1 **Mon** ☐ 2 **Tues** ☐ 3 **Wed** ☐ 4 **Thur** ☐ 5 **Fri** ☐ 6 **Sat** ☐ 7 **Sun** ➔ **Go to Q77**

OR TICK

No vigorous physical activities in the last 7 days ☐ 8 ➔ **Go to Q78**

Q77 How much time did you usually spend doing **vigorous** physical activities on one of those days?

Please answer in hours and minutes. For example, if you did something for 90 minutes that would be 1 hour 30 minutes

☐ **Write in hours per day** : ☐ **Write in minutes per day**

Q78 Think about all the **moderate** activities that you did in the **last 7 days**. **Moderate** activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think *only* about those physical activities that you did for at least 10 minutes at a time.

During the **last 7 days**, on which days did you do **moderate** physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking.

Tick ALL days that apply

☐ 1 **Mon** ☐ 2 **Tues** ☐ 3 **Wed** ☐ 4 **Thur** ☐ 5 **Fri** ☐ 6 **Sat** ☐ 7 **Sun** ➔ **Go to Q79**

OR TICK

No moderate physical activities in the last 7 days ☐ 8 ➔ **Go to Q80**

Q79 How much time did you usually spend doing **moderate** physical activities on one of those days?

Please answer in hours and minutes. For example, if you did something for 90 minutes that would be 1 hour 30 minutes

☐ **Write in hours per day** : ☐ **Write in minutes per day**

Q80 Think about the time you spent **walking** in the **last 7 days**. This includes at work and at home, walking to travel from place to place, and any other walking that you have done solely for recreation, sport, exercise, or leisure.

During the **last 7 days**, on which days did you **walk** for at least 10 minutes at a time?

Tick ALL days that apply

☐ 1 **Mon** ☐ 2 **Tues** ☐ 3 **Wed** ☐ 4 **Thur** ☐ 5 **Fri** ☐ 6 **Sat** ☐ 7 **Sun** ➔ **Go to Q81**

OR TICK

No walking in the last 7 days ☐ 8 ➔ **Go to Q82**

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Q81 How much time did you usually spend walking on one of those days?

Please answer in hours and minutes, for example, if you did something for 90 minutes that would be 1 hour 30 minutes

[ ] : [ ]
Write in hours per day — Write in minutes per day

Q82 This question is about the time you spent sitting on weekdays during the last 7 days. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

During the **last 7 days**, how much time did you spend **sitting** on a **week day**?

Please answer in hours and minutes. For example, if you did something for 90 minutes that would be 1 hour 30 minutes

[ ] : [ ]
Write in hours per day — Write in minutes per day

Information about yourself

EVERYONE PLEASE ANSWER

Q83 Which of the following options best describes how you think of yourself?

Tick ONE box

- Heterosexual or Straight [ ] 1
- Gay or Lesbian [ ] 2
- Bisexual [ ] 3
- Other [ ] 4
- Prefer not to say [ ] 5

Q84 What is your religion or belief?

Tick ONE box

- No religion [ ] 01
- Christian - Catholic [ ] 02
- Christian – all other denominations including Church of England, Protestant [ ] 03
- Buddhist [ ] 04
- Hindu [ ] 05
- Jewish [ ] 06
- Muslim [ ] 07
- Sikh [ ] 08
- Any other religion (please write in the box below) [ ] 09

[ ]

Your weight

EVERYONE PLEASE ANSWER

Q85 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

Q86 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

PLEASE ANSWER IF YOU ARE A PARENT/GUARDIAN OF A CHILD AGED UNDER 16 TAKING PART IN THE INTERVIEW

Q87 Given your child's age and height, would you say that your child is…

INTERVIEWER to complete child name and person number ➔	Child Name	Child Person No	Child Name	Child Person No

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

Thank you for answering these questions.

Please give the booklet back to the interviewer.

NatCen, 101-135 Kings Road, Brentwood, Essex CM14 4LX

Untitled-1 1 29/11/2013 12:10:06

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P3427
GREY

Point	Address	HHLD	CKL	Person No

First name

Interviewer

Survey month

3 1 4

Health Survey for England 2014

Booklet for Adults

In Confidence

- Please 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

14-19i v2 November 2013 12/sc/0317

Item19_14-19i_Sdf comp adults_v2.idml 2 29/11/2013 12:12:16

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

	Very healthy life	Fairly healthy life	Not very healthy life	An unhealthy life
Do you feel that you lead a …	☐ 1	✓ 2	☐ 3	☐ 4

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. 6

1

Difficulties

EVERYONE PLEASE ANSWER

Q1 Do you have a difficulty learning, for example at school, college, work or in other places?

This may be due to a condition such as dyslexia, dyspraxia or ADHD (Attention Deficit Hyperactivity Disorder) or it may not have a name.

Tick ONE box

- Yes ☐ 1 ➔ **Go to Q2**
- No ☐ 2 ➔ **Go to Q4**

Q2 How would you describe the level of severity of this difficulty?

Tick ONE box

- Mild ☐ 1
- Moderate ☐ 2
- Severe ☐ 3

Q3 How often does this limit the amount or kind of activities that you can do?

Tick ONE box

- Always ☐ 1
- Often ☐ 2
- Sometimes ☐ 3
- Rarely ☐ 4
- Never ☐ 5

Q4 Do you have an intellectual difficulty or developmental delay? This may not have a name but please include things like Down's syndrome, autism and other conditions.

Tick ONE box

- Yes ☐ 1 ➔ **Go to Q5**
- No ☐ 2 ➔ **Go to Q7**

Q5 How would you describe the level of severity of this difficulty?

Tick ONE box

- Mild ☐ 1
- Moderate ☐ 2
- Severe ☐ 3

Q6 How often does this limit the amount or kind of activities that you can do?

Tick ONE box

- Always ☐ 1
- Often ☐ 2
- Sometimes ☐ 3
- Rarely ☐ 4
- Never ☐ 5

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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**.

Q7 **Mobility**

Tick ONE box

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

Q8 **Self-Care**

Tick ONE box

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

Q9 **Usual activities**

Tick ONE box

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

Q10 **Pain/Discomfort**

Tick ONE box

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

Q11 **Anxiety/Depression**

Tick ONE box

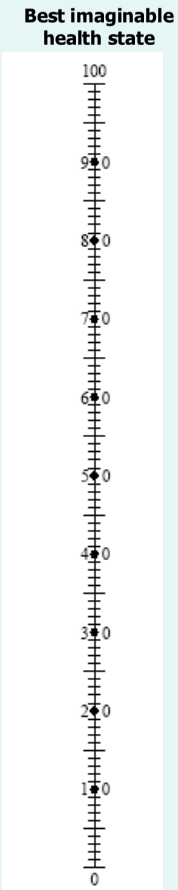
- I am not anxious or depressed ☐ 1
- I am moderately anxious or depressed ☐ 2
- I am extremely anxious or depressed ☐ 3

Q12

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health state is today, in your opinion. Please do this by drawing a line from the box below to which ever point on the scale indicates how good or bad your health state is today.

Your own health state today



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General health over the last few weeks

EVERYONE PLEASE ANSWER

Please read this carefully:

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

HAVE YOU RECENTLY:

Tick ONE box

	Better than usual	Same as usual	Less than usual	Much less than usual
Q13 been able to concentrate on whatever you're doing?	☐ 1	☐ 2	☐ 3	☐ 4

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q14 lost much sleep over worry?	☐ 1	☐ 2	☐ 3	☐ 4

Tick ONE box

	More so than usual	Same as usual	Less useful than usual	Much less useful
Q15 felt you were playing a useful part in things?	☐ 1	☐ 2	☐ 3	☐ 4

Tick ONE box

	More so than usual	Same as usual	Less so than usual	Much less capable
Q16 felt capable of making decisions about things?	☐ 1	☐ 2	☐ 3	☐ 4

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q17 felt constantly under strain?	☐ 1	☐ 2	☐ 3	☐ 4

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q18 felt you couldn't overcome your difficulties?	☐ 1	☐ 2	☐ 3	☐ 4

Tick ONE box

	More so than usual	Same as usual	Less so than usual	Much less than usual
Q19 been able to enjoy your normal day-to-day activities?	☐ 1	☐ 2	☐ 3	☐ 4

HAVE YOU RECENTLY:

Tick ONE box

	More so than usual	Same as usual	Less able than usual	Much less able
Q20 been able to face up to your problems?	☐ 1	☐ 2	☐ 3	☐ 4

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q21 been feeling unhappy and depressed?	☐ 1	☐ 2	☐ 3	☐ 4

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q22 been losing confidence in yourself?	☐ 1	☐ 2	☐ 3	☐ 4

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q23 been thinking of yourself as a worthless person?	☐ 1	☐ 2	☐ 3	☐ 4

Tick ONE box

	More so than usual	About same as usual	Less so than usual	Much less than usual
Q24 been feeling reasonably happy, all things considered?	☐ 1	☐ 2	☐ 3	☐ 4

General Health Questionnaire (GHQ – 12)
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Published by GL Assessment Limited
The Chiswick Centre, 414 Chiswick High Road, London W4
This edition published 1992.
GL Assessment is part of the Granada Learning Group

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General Wellbeing

EVERYONE PLEASE ANSWER

Q25 Below are some statements about feelings and thoughts.
Please tick the box that best describes your experience of each over the last 2 weeks

Tick ONE box

		None of the time	Rarely	Some of the Time	Often	All of the time
A	I've been feeling optimistic about the future	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Tick ONE box

		None of the time	Rarely	Some of the time	Often	All of the time
B	I've been feeling useful	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Tick ONE box

		None of the time	Rarely	Some of the time	Often	All of the time
C	I've been feeling relaxed	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Tick ONE box

		None of the time	Rarely	Some of the time	Often	All of the time
D	I've been feeling interested in other people	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Tick ONE box

		None of the time	Rarely	Some of the time	Often	All of the time
E	I've had energy to spare	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Tick ONE box

		None of the time	Rarely	Some of the time	Often	All of the time
F	I've been dealing with problems well	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Tick ONE box

		None of the time	Rarely	Some of the time	Often	All of the time
G	I've been thinking clearly	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Below are some statements about feelings and thoughts.
Please tick the box that best describes your experience of each over the last 2 weeks

Tick ONE box

		None of the time	Rarely	Some of the time	Often	All of the time
H	I've been feeling good about myself	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Tick ONE box

		None of the time	Rarely	Some of the time	Often	All of the time
I	I've been feeling close to other people	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Tick ONE box

		None of the time	Rarely	Some of the time	Often	All of the time
J	I've been feeling confident	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Tick ONE box

		None of the time	Rarely	Some of the time	Often	All of the time
K	I've been able to make up my own mind about things	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Tick ONE box

		None of the time	Rarely	Some of the time	Often	All of the time
L	I've been feeling loved	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Tick ONE box

		None of the time	Rarely	Some of the time	Often	All of the time
M	I've been interested in new things	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Tick ONE box

		None of the time	Rarely	Some of the time	Often	All of the time
N	I've been feeling cheerful	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)
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EVERYONE PLEASE ANSWER

Q26 Are you currently in paid employment?

Tick ONE box

- Yes ☐ 1 ➔ **Go to Q27**
- No ☐ 2 ➔ **Go to Q31**

Q27 How much do you agree or disagree with the statement that 'My job requires that I work very hard'?

Tick ONE box

- Strongly agree ☐ 1
- Agree ☐ 2
- Neither agree nor disagree ☐ 3
- Disagree ☐ 4
- Strongly disagree ☐ 5

Q28 Do you have a choice in deciding HOW you go about your work?

Tick ONE box

- Never ☐ 1
- Occasionally ☐ 2
- Some of the time ☐ 3
- Much of the time ☐ 4
- Most of the time ☐ 5
- All of the time ☐ 6

Q29 Do you get help and support from your line manager?

Tick ONE box

- Often ☐ 1
- Sometimes ☐ 2
- Seldom ☐ 3
- Never/ almost never ☐ 4
- Does not apply/ have no manager ☐ 5

Q30 How likely is it that you will lose your job and become unemployed within the next twelve months?

Please estimate the probability of such a change on a scale from 0 to 100.
- **0** means that such a change will definitely **not** take place.
- **100** means that such a change definitely will take place.

Circle ONE box

0	10	20	30	40	50	60	70	80	90	100

EVERYONE PLEASE ANSWER

Q31 Below are some things people have said about mental health problems. Please tick the box to say how much you agree or disagree with each of these statements.

Tick ONE box

		Agree strongly	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
A	One of the main causes of mental illness is a lack of self-discipline and will-power	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
B	There is something about people with mental illness that makes it easy to tell them from normal people	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
C	We need to adopt a far more tolerant attitude toward people with mental illness in our society	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

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Tick ONE box

		Agree strongly	Tend to agree	Neither agree nor disagree	Disagree slightly	Disagree strongly	Don't know
D	People with mental illness don't deserve our sympathy	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
E	I would not want to live next door to someone who has been mentally ill	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
F	It is frightening to think of people with mental problems living in residential neighbourhoods	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
G	Mental illness is an illness like any other	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
H	Virtually anyone can become mentally ill	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
I	The best therapy for many people with mental illness is to be part of a normal community	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
J	People with mental health problems are far less of a danger than most people suppose	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
K	People with mental health problems should not be given any responsibility	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

Tick ONE box

		Agree strongly	Tend to agree	Neither agree nor disagree	Disagree slightly	Disagree strongly	Don't know
L	I have very little knowledge about mental illness	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
M	Most women who were once patients in a mental hospital can be trusted as babysitters	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

EVERYONE PLEASE ANSWER

Your activities

We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The questions will ask you about the time you spent being physically active in the **last 7 days**. Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do at work, as part of your housework or gardening, to get from place to place, and in your spare time for recreation, exercise or sport.

Q32 Think about all the **vigorous** activities that you did in the **last 7 days**. **Vigorous** physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Think *only* about those physical activities that you did for at least 10 minutes at a time.

During the **last 7 days**, on which days did you do **vigorous** physical activities like heavy lifting, digging, aerobics, or fast bicycling?

Tick ALL days that apply

☐ 1 **Mon** ☐ 2 **Tues** ☐ 3 **Wed** ☐ 4 **Thur** ☐ 5 **Fri** ☐ 6 **Sat** ☐ 7 **Sun** ➔ **Go to Q33**

OR TICK

No vigorous physical activities in the last 7 days ☐ 8 ➔ **Go to Q34**

Q33 How much time did you usually spend doing **vigorous** physical activities on one of those days?

Please answer in hours and minutes. For example, if you did something for 90 minutes that would be 1 hour 30 minutes

☐ : ☐

Write in hours per day **Write in minutes per day**

Q34 Think about all the **moderate** activities that you did in the **last 7 days**. **Moderate** activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think *only* about those physical activities that you did for at least 10 minutes at a time.

During the **last 7 days**, on which days did you do **moderate** physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking.

Tick ALL days that apply

☐ 1 **Mon** ☐ 2 **Tues** ☐ 3 **Wed** ☐ 4 **Thur** ☐ 5 **Fri** ☐ 6 **Sat** ☐ 7 **Sun** ➔ **Go to Q35**

OR TICK

No moderate physical activities in the last 7 days ☐ 8 ➔ **Go to Q36**

Q35 How much time did you usually spend doing **moderate** physical activities on one of those days?

Please answer in hours and minutes. For example, if you did something for 90 minutes that would be 1 hour 30 minutes

☐ **Write in hours per day** : ☐ **Write in minutes per day**

Q36 Think about the time you spent **walking** in the **last 7 days**. This includes at work and at home, walking to travel from place to place, and any other walking that you have done solely for recreation, sport, exercise, or leisure.

During the **last 7 days**, on which days did you **walk** for at least 10 minutes at a time?

Tick ALL days that apply

☐ 1 **Mon** ☐ 2 **Tues** ☐ 3 **Wed** ☐ 4 **Thur** ☐ 5 **Fri** ☐ 6 **Sat** ☐ 7 **Sun** ➔ **Go to Q37**

OR TICK

No walking in the last 7 days ☐ 8 ➔ **Go to Q38**

Q37 How much time did you usually spend walking on one of those days?

Please answer in hours and minutes, for example, if you did something for 90 minutes that would be 1 hour 30 minutes

☐ **Write in hours per day** : ☐ **Write in minutes per day**

Q38 This question is about the time you spent sitting on weekdays during the last 7 days. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

During the **last 7 days**, how much time did you spend **sitting** on a **week day**?

Please answer in hours and minutes. For example, if you did something for 90 minutes that would be 1 hour 30 minutes

☐ **Write in hours per day** : ☐ **Write in minutes per day**

Information about yourself

EVERYONE PLEASE ANSWER

Q39 Which of the following options best describes how you think of yourself?

Tick ONE box

Heterosexual or Straight ☐ 1

Gay or Lesbian ☐ 2

Bisexual ☐ 3

Other ☐ 4

Prefer not to say ☐ 5

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Q40 What is your religion or belief?

Tick ONE box

- No religion ☐ 01
- Christian - Catholic ☐ 02
- Christian – all other denominations including Church of England, Protestant ☐ 03
- Buddhist ☐ 04
- Hindu ☐ 05
- Jewish ☐ 06
- Muslim ☐ 07
- Sikh ☐ 08
- Any other religion (please write in the box below) ☐ 09

➔ **Go to next question**

☐

Your weight

EVERYONE PLEASE ANSWER

Q41 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

Q42 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

PLEASE ANSWER IF YOU ARE A PARENT/GUARDIAN OF A CHILD AGED UNDER 16 TAKING PART IN THE INTERVIEW

Q43 Given your child's age and height, would you say that your child is…

INTERVIEWER to complete child name and person number ➔	**Child Name** ☐	**Child Person No** ☐☐	**Child Name** ☐	**Child Person No** ☐☐
About the right weight	☐ 1		☐ 1	
too heavy	☐ 2		☐ 2	
or too light?	☐ 3		☐ 3	
Not sure	☐ 8		☐ 8	

Thank you for answering these questions.

Please give the booklet back to the interviewer.

NatCen, 101-135 Kings Road, Brentwood, Essex CM14 4LX

Item19_14-19i_Self comp adults_v2.idml 1 29/11/2013 12:12:15

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P3427
LILAC

Point	Address	HHLD	CKL	Person No

First name of person booklet is about

First name of person completing booklet

Survey month

Interviewer

3 2 1

Health Survey for England 2014

Difficulties Questionnaire

In Confidence

- 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

14-20i v1 October 2013 12/sc/0317

These questions are about the person named on the front of this booklet.

Please answer the following questions about them.

How to fill in this questionnaire

The following questions can be answered by simply ticking the box below or alongside the answer that applies to the person you are answering these questions about.

Example Do they have …

Tick ONE box

- Brown eyes ☐ 1
- Blue eyes ☑ 2
- Green eyes ☐ 3
- Grey eyes ☐ 4

→ **Go to next question**

Q1 Does this person have a difficulty learning, for example at school, college, work or in other places?

This may be due to a condition such as dyslexia, dyspraxia or ADHD (Attention Deficit Hyperactivity Disorder) or it may not have a name.

Tick ONE box

- Yes ☐ 1 → **Go to next question**
- No ☐ 2 → **Go to Q4**

Q2 How would you describe the level of severity of this difficulty?

Tick ONE box

- Mild ☐ 1
- Moderate ☐ 2
- Severe ☐ 3

→ **Go to next question**

Q3 How often does this limit the amount or kind of activities that they can do?

Tick ONE box

- Always ☐ 1
- Often ☐ 2
- Sometimes ☐ 3
- Rarely ☐ 4
- Never ☐ 5

➔ **Go to next question**

Q4 Do they have an intellectual difficulty or developmental delay? This may not have a name but please include things like Down's syndrome, autism and other conditions.

Tick ONE box

- Yes ☐ 1 ➔ **Go to next question**
- No ☐ 2 ➔ **Go to end**

Q5 How would you describe the level of severity of this difficulty?

Tick ONE box

- Mild ☐ 1
- Moderate ☐ 2
- Severe ☐ 3

➔ **Go to next question**

Q6 How often does this limit the amount or kind of activities that they can do?

Tick ONE box

- Always ☐ 1
- Often ☐ 2
- Sometimes ☐ 3
- Rarely ☐ 4
- Never ☐ 5

➔ **Go to end**

Thank you for answering these questions.

Please give the booklet back to the interviewer.

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Point | Address | HHLD | CKL | Person No

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ADULTS 16+

HEALTH SURVEY FOR ENGLAND 2014

Linking survey answers to other information

- The National Health Service (NHS) maintains medical and health records on all patients who use their services. These include:
  - In-patient and out-patient visits to hospital, length of stay and waiting times
  - Information about specific medical conditions such as cancer
  - Details about when people pass away, the date and cause of their death.
- We would like to ask for your consent to link some of your NHS health records with your survey answers. These are the Hospital Episode Statistics and National Health Service Central Register.
- To link this information we need to send your name, address and date of birth to the NHS Central Register so they can identify your health records.
- We will be able to find information about any hospital treatment you may have such as length of stay or reason for visit. If a person who took part in the Health Survey gets cancer or dies, the type of cancer or cause of death will be linked with their answers to the survey.
- By linking this information the research is more useful as we can look at how a person's lifestyle can have an impact on their future health.
- This information will be confidential and used for statistical and research purposes only. The information will not identify you and it cannot be used by anyone treating you as a patient.
- By signing this form you are only giving permission to link survey information to routine administrative data, and nothing else.

You can cancel this permission at any time in the future by writing to: **NatCen Social Research, 35 Northampton Square, London EC1V 0AX**, or you can telephone: 0800 526 397 and ask for Emma Fenn. You do not need to give a reason to cancel this.

Your consent:
I consent to NatCen Social Research/ UCL Joint Health Surveys Unit passing my name, address and date of birth to the **National Health Service Central Register**. I understand that information held and managed by The Health and Social Care Information Centre and other central UK NHS bodies may be used in order to provide information about my hospital admissions and my health status.

Please initial box ☐

Respondent signature _____ Respondent name _____ Date _____

Interviewer signature _____ Interviewer name _____ Date _____

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

Page 1 of 1 14-22i_HES & NHSC form_v1_October 2013_12/sc/0317

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P3427

Point | Address | HHLD | CKL | Person No

RESPONDENT COPY
ADULTS 16+

HEALTH SURVEY FOR ENGLAND 2014

Linking survey answers to other information

- The National Health Service (NHS) maintains medical and health records on all patients who use their services. These include:
  - In-patient and out-patient visits to hospital, length of stay and waiting times
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- We would like to ask for your consent to link some of your NHS health records with your survey answers. These are the Hospital Episode Statistics and National Health Service Central Register.
- To link this information we need to send your name, address and date of birth to the NHS Central Register so they can identify your health records.
- We will be able to find information about any hospital treatment you may have such as length of stay or reason for visit. If a person who took part in the Health Survey gets cancer or dies, the type of cancer or cause of death will be linked with their answers to the survey.
- By linking this information the research is more useful as we can look at how a person's lifestyle can have an impact on their future health.
- This information will be confidential and used for statistical and research purposes only. The information will not identify you and it cannot be used by anyone treating you as a patient.
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Please initial box ☐

Respondent signature _____ Respondent name _____ Date _____

Interviewer signature _____ Interviewer name _____ Date _____

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

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P8014

The Health Survey for England 2014

Program Documentation

Nurse Questionnaire

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Introduction

{IF OUTCOME = AGREE TO NURSE VISIT}
Info
You are in the Nurse Schedule for:
Person Number:
Name:
Age:
Sex:

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 OUTCOME = REFUSED NURSE VISIT}
RefInfo
NURSE: *(Name of respondent)* IS RECORDED AS HAVING REFUSED A NURSE VISIT. HAS *(he/she)* CHANGED *(his/her)* MIND?

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.

St2Leaf
NURSE: Ask respondent whether they have read the [insert colour] stage 2 leaflet (Information for participants). If the respondent is unable to read the leaflet, please ensure that you have covered the information in it.

1 Respondent/parent had read leaflet
2 Respondent/parent has not read leaflet but nurse has explained the information

NDoBD
Can I just check your date of birth?
NURSE: Enter day, month and year of <Text fill: Respondent's name>'s date of birth separately.
Enter the **day** here.

NDoBM
NURSE: Enter the code for the **month** of <Text fill: Respondent's name>'s date of birth.

NDoBY
NURSE: Enter the **year** of <Text fill: Respondent's name>'s date of birth.

DispAge
CHECK WITH RESPONDENT: So your age is *(computed age)*?

1 Yes
2 No

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{IF Age of Respondent is 0 to 15 years}
CParInt
NURSE: A CHILD CAN **ONLY** BE INTERVIEWED WITH THE PERMISSION OF, AND IN THE PRESENCE OF, THEIR PARENT OR A PERSON WHO HAS (PERMANENT) LEGAL PARENTAL RESPONSIBILITY, ('PARENT').
NO MEASUREMENTS SHOULD BE CARRIED OUT WITHOUT THE AGREEMENT OF BOTH THE 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?
1 *(Name of Parent 1)*
2 *(Name of Parent 2)*

ENDIF

{IF (Age of respondent is 16 to 49 years) AND (Sex = Female)}
PregNTJ
Can I check, are you pregnant at the moment?
1 Yes
2 No

ENDIF

{ASK ALL ADULTS (16+) IN WINTER MONTHS}
FluVac
Can I check, have you ever been vaccinated for any type of flu (influenza)?
1 Yes
2 No
3 Not sure

{IF (FluVac = Yes)}
VacWhn
When was your most recent flu vaccination? Was it ...READ OUT...

1 Within the last 12 months,
2 More than one year, up to 2 years ago,
3 More than two years, up to 3 years ago,
4 More than 3 years, up to 5 years ago,
5 More than 5, up to 10 years ago,
6 or, More than 10 years ago?

{IF (VacWhn = Within the last 12 months OR More than one year, up to 2 years ago)}
VacMth
In which month did you have your most recent vaccination for flu?

NURSE: If respondent is unsure in which month they had their vaccination but knows it was either one month or another, code the earlier of the 2 months (e.g. if 'January or February', code January).
RECORD MONTH:
1 January
2 February
3 March
4 April
5 May
6 June
7 July
8 August
9 September
10 October
11 November
12 December

VacYr
In which year did you have your most recent flu vaccination?
RECORD YEAR:

ENDIF
ENDIF

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 or nurse?
NURSE: IF STATINS HAVE BEEN PRESCRIBED BY A DOCTOR PLEASE CODE THEM HERE. IF THEY HAVE BEEN BOUGHT WITHOUT A PRESCRIPTION CODE AT THE STATINS QUESTION.
1 Yes
2 No
3 Yes, but unable to code as name of drug(s) not available.

{IF MedCNJD = Yes}
MedIntro
Could I take down the names of the medicines, including pills, syrups, ointments, puffers or injections, prescribed for you by a doctor or nurse?
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)}
MedBI[i]
NURSE: Enter name of drug number *(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 50 characters

MedBIA[i]
Have you taken/used *(name of medicine)* in the last 7 days?
1 Yes
2 No

MedBIC[i]
NURSE CHECK: Any more drugs to enter?
1 Yes
2 No
ENDIF/ENDDO/ENDIF

{IF age>=16 AND MedCNJD = No OR MedBic = No}
Statins
Are you taking statins (drugs to lower cholesterol) bought over the counter from a pharmacist, without prescription from 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}
StatinA
Have you taken/used statins in the last 7 days?
1 Yes
2 No
ENDIF/ENDIF

ASK ALL
MedLng
(Apart from any medication you have already told me about) do you have any long acting medication, such as injection or implant, prescribed by a doctor or nurse?
1. Yes
2. No

{IF MedLng = Yes}
MedLngN
Could I take the name of the long acting medication prescribed for <Respondent's name> by a doctor or nurse.
NURSE: Record name of the long acting medication. Only record one drug here.
Text .

{IF MedLngN = Yes}
MedLngH
How often should <Respondent's name> have <long acting medication>?
1. Weekly
2. 4 weekly/monthly
3. Every 3 months
4. Every 6 months
5. Every year
6. Every 5 years
7. Other (specify)

{IF MedLngN = Yes & MedLngH = Other}
MedOth
Nurse: Record how often the respondent has <long acting medication>.

{IF MedLngN = Yes}
MedLngW
Has <Respondent's name> in the last <period from MedLngH>?
1. Yes
2. No

{IF MedLngN = Yes}
MedLngO
NURSE: Check if the respondent is prescribed any more long acting medication.
1. Yes
2. No
END IF/END IF/END IF/END IF/END IF

{IF MedCNJD = Yes}
Drug coding block
Dintro
NURSE: PLEASE COMPLETE DRUG CODING FOR
Person *(person no.) (person name)*.
PRESS 1 AND <Enter> TO CONTINUE.
1 Continue

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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)}
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}
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}
Folic
At present, are you taking any folic acid supplements such as Solgar folic acid, Pregnacare tablets, Sanatogen Pronatal, or Healthy Start, to supplement your diet or improve your health?
1 Yes
2 No

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

{IF FolPreg = Yes}
FolPreg12
Have you been taking folic acid supplements for the first 12 weeks of your pregnancy?
1 Yes
2 No

ENDIF/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
ENDIF

Nicotine replacement products

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 = No)}
SmokEvrN
May I just check, have you ever regularly smoked a cigarette, a cigar or a pipe, that is at least one a day?
1 Yes
2 No
ENDIF

{IF (Smoke = Yes, cigarettes) OR (Smoke = Yes, cigars) OR (Smoke = Yes, pipe)}
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

ASK ALL
NR7Day
SHOW CARD A1
Have you used any of these products in the last 7 days?
PROBE FULLY: Which others? CODE ALL THAT APPLY
1 Nicotine chewing gum
2 Nicotine lozenges/mini lozenges
3 Nicotine patches
4 Nicotine inhaler/ inhalator
5 Nicotine mouthspray
6 Nicotine nasal spray
7 Another nicotine product
8 Electronic cigarette
9 None

Blood Pressure

{IF Age of Respondent 0 to 4 years}
NoBP
NO BLOOD PRESSURE READING TO BE DONE. ENTER '1' TO CONTINUE.
1 Continue
ENDIF

{IF (PregNTJ = Yes) OR (UPreg = Pregnant)}
PregMes
NURSE: 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.

PRESS <1> AND <ENTER> TO CONTINUE.

{IF Age of Respondent is over 15 years}
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

NameTChk
NURSE: Explain the need for the consent booklet to the respondent and the importance of having the correct name on the consent booklet.
What is the name by which letters are usually addressed to you?
EXPLAIN IF NECESSARY: We may send your results to you.
Record title here.

NameSChk
NURSE: Record surname here

{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 (*his/her)* results to (*his/her*) 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.

NURSE: Show [child's name] the 'Blood Pressure' section of the **purple** child information sheet.
1 Continue
ENDIF

BPConst
NURSE: Does the respondent agree to blood pressure measurement?
1 Yes, agrees
2 No, refuses
3 Unable to measure BP for reason other than refusal

{IF BPConst = Yes, agrees ANDIF Age of Respondent is 13 years or over}
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)

{IF BPConst = Yes, agrees AND IF Age of Respondent is 13 years or over}
Con60Sb
May I just check, have you eaten, smoked, drunk alcohol or done any vigorous exercise in the past 60 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)}
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

{ELSEIF (Age of Respondent is 5 to 12 years AND BPConst = Yes, agrees)}
Con60S2
May I just check, has *(name of child)* eaten, or done any vigorous exercise, in the past 60 minutes?
CODE ALL THAT APPLY.
1 Eaten
2 Done vigorous exercise
3 Neither
ENDIF

OMRONNo
NURSE: RECORD BLOOD PRESSURE EQUIPMENT SERIAL NUMBER:
Range: 001..999

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

READ OUT: 'I am going to leave you to sit quietly now for 5 minutes. During that time you must not read and your legs are to remain uncrossed. After the 5 minutes, I will carry out 3 recordings with a minute between them. While I am doing these recordings I will not speak to you, and you must not speak to me. Once I have completed the recordings I will tell you what they are'.
RECORD CUFF SIZE CHOSEN.
1 Child (15-22 cm)
2 Adult (22-32 cm)
3 Large adult (32-42 cm)

AirTemp
NURSE: RECORD THE AMBIENT AIR TEMPERATURE.
ENTER THE 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 THE MEASUREMENTS.
1 Continue

Sys to Dias repeated for up to 3 blood pressure measurements.

{FOR I:= 1 TO 3 DO}
BPRead1-BPRead3
NURSE: TAKE THREE MEASUREMENTS FROM RIGHT ARM.
Enter **first/second/third** systolic reading (mmHg).
IF READING NOT OBTAINED, ENTER 999.
IF YOU ARE NOT GOING TO GET ANY BP READINGS AT ALL ENTER "996".
Range: 001..999

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

Pulse[i]
ENTER *(FIRST/SECOND/THIRD)* PULSE READING (bpm).
IF READING NOT OBTAINED, ENTER 999.
Range: 001..999

ENDDO

{IF NO FULL MEASUREMENT OBTAINED (IF AT LEAST ONE '999' RESPONSE IN ALL THREE SETS OF FOUR READINGS)}

YNoBP
NURSE: 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}
NAttBPD

NURSE: 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 (Code not used)
4 (Code not used)
5 Problems with cuff fitting/painful
6 Problems with equipment (not error reading)
95 Other reason(s) (SPECIFY AT NEXT QUESTION)

{IF NattBP = Other}
OthNBP
NURSE: ENTER FULL DETAILS OF OTHER REASON(S) FOR NOT OBTAINING/ATTEMPTING THREE BP READINGS:
Text: Maximum 140 characters
ENDIF
ENDIF

{IF ONE, TWO OR THREE FULL BLOOD PRESSURE READINGS OBTAINED}
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}
OthDifBP
NURSE: RECORD FULL DETAILS OF OTHER PROBLEM(S) TAKING READINGS.
Text: Maximum 140 characters
ENDIF
ENDIF

BPOffer
NURSE: OFFER BLOOD PRESSURE RESULTS TO RESPONDENT.

i) *(First Systolic reading)* *(First Diastolic reading)* *(First Pulse reading)*
ii) *(Second Systolic reading)* *(Second Diastolic reading)* *(Second Pulse reading)*
iii) *(Third Systolic reading)* *(Third Diastolic reading)* *(Third Pulse reading)*

ENTER 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 >109}
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 one-off finding or not.
NURSE: IF RESPONDENT IS ELDERLY, ADVISE HIM/HER TO CONTACT GP WITHIN NEXT 7-10 DAYS.
Please report this to the Survey Doctor when you get home

{IF Systolic reading 160-179 OR Diastolic reading 100-109 *(Men aged 16-49 OR Women aged 16+)* OR IF Systolic reading 170-179 OR Diastolic reading 105-109 *(Men aged 50+)*}
TICK THE RAISED BOX AND READ OUT TO RESPONDENT: Your blood pressure is a bit high today. Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure. You are advised to visit your GP within 2 weeks to have a further blood pressure reading to see whether this is a one-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+)*}
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 one-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+)*}
TICK THE NORMAL BOX AND READ OUT TO RESPONDENT: Your blood pressure is normal.

ENDIF
ENDIF
ENDIF
ENDIF

{IF ONE, TWO OR THREE FULL BLOOD PRESSURE READINGS OBTAINED}
GPRegB
Are you registered with a GP?
1 Yes
2 No

{IF GPRegB = Yes}
GPSend
May we send your blood pressure readings to your GP?
1 Yes
2 No

{IF GPSend = No}
GPRefC
NURSE: 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}
OthRefC
NURSE: GIVE FULL DETAILS OF REASON(S) FOR REFUSAL
Text: Maximum 140 characters
ENDIF
ENDIF
ENDIF

{IF (GPRegB <> Yes) OR (GPSend = No)}
NoBPGP
CIRCLE CONSENT CODE 02 ON FRONT OF CONSENT BOOKLET.
Cross a line through the 'Blood pressure to GP' section inside the consent booklet to make clear that the respondent has not consented to this.
1 Continue

{ELSEIF GPSend = Yes THEN}
ConsFrm1
In order to send your blood pressure results to your GP, I have to obtain written consent from you.

NURSE:
A) [IF ADULT] ASK RESPONDENT TO READ AND INITIAL THE 'BLOOD PRESSURE TO GP' SECTION OF THE PALE PINK CONSENT BOOKLET.

A) [IF CHILD UNDER 16] ASK RESPONDENT'S PARENT/"PARENT" TO READ AND INITIAL THE 'BLOOD PRESSURE TO GP' SECTION OF THE PALE GREEN CONSENT BOOKLET. ASK [CHILDS NAME] TO INITIAL THE 'BLOOD PRESSURE TO GP' ASSENT BOX IF THEY CAN. IF NOT, ASK RESPONDENT'S PARENT/"PARENT" TO INITIAL THE BOX ON [CHILD'S NAME] BEHALF.

B) CHECK THAT GP NAME, ADDRESS AND PHONE NO. ARE RECORDED ON THE CONSENT FORM.

C) CHECK THE NAME BY WHICH GP KNOWS RESPONDENT.

D) CIRCLE CONSENT CODE 01 ON FRONT OF CONSENT BOOKLET.

1 Continue
ENDIF

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Waist and hip circumference

ASK ALL Respondents aged 11+ AND PregNTJ=No

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}
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))}

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))}

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)}
YNoWH
ENTER REASON FOR NOT GETTING BOTH MEASUREMENTS
1 Both measurements refused
2 Attempted but not obtained
3 Measurement not attempted
ENDIF
ENDIF

{IF NO OR ONE MEASUREMENT OBTAINED ((WHIntro=Refuse OR Unable) OR only one waist/hip measurement obtained)}
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 in a wheelchair
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}
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}
WJRel
Record any problems with **waist** measurement (include here restrictions from type of clothing worn such as saris or religious/cultural items worn on the body):
1 No problems experienced, **reliable** waist measurement
2 Problems experienced - waist measurement **likely to be reliable**
3 Problems experienced - waist measurement likely to be **slightly unreliable**
4 Problems experienced - waist measurement **likely to be unreliable**

{IF WJRel = Problems experienced}
ProbWJ
RECORD WHETHER PROBLEMS EXPERIENCED ARE LIKELY TO INCREASE OR DECREASE THE WAIST MEASUREMENT.
1 Increases measurement (e.g. bulky clothing)
2 Decreases measurement (e.g. very tight clothing)
3 Measurement not affected

ENDIF
ENDIF

{IF AT LEAST ONE HIP MEASUREMENT OBTAINED (IF (Hip1 <> 999.9 AND Hip1 <> EMPTY) OR (Hip2 <> 999.9 AND Hip2 <> EMPTY))}
HJRel
RECORD ANY PROBLEMS WITH **HIP** MEASUREMENT (include here restrictions from type of clothing worn such as saris or religious/cultural items worn on the body):
1 No problems experienced, **reliable** 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}
ProbHJ
RECORD WHETHER PROBLEMS EXPERIENCED ARE LIKELY TO INCREASE OR DECREASE THE HIP MEASUREMENT.
1 Increases measurement (e.g. bulky clothing)
2 Decreases measurement (e.g. very tight clothing)
3 Measurement not affected
ENDIF
ENDIF

{IF ONE OR TWO WAIST/HIP MEASUREMENTS OBTAINED}
WHRes
NURSE: OFFER TO WRITE RESULTS OF WAIST AND HIP MEASUREMENTS, WHERE APPLICABLE, ONTO RESPONDENT'S MEASUREMENT RECORD CARD.
Waist: *(Waist measurements cm and inches)*
Hip: *(Hip measurements cm and inches)*

Press <1> and <Enter> to continue.

ENDIF
ENDIF

Hearing test

ASK ALL Respondents aged 16+

{IF age>15}
HeHInt
We would like to measure your hearing. This is a hearing screening test which indicates how well you can hear. It is not an audiometric assessment (a medical hearing test). On its own this test can't tell me if there are any problems with your hearing so if you have any concerns about your hearing you should talk to your GP.

HeHCI
Before I explain more about the test, I need to make sure it is safe for you to do the test.
Do you have a cochlear implant?
1. Yes
2. No

HeHEI
Do you have an ear infection at the moment?
1. Yes
2. No11

{If (HeCHI = yes) OR (HeHEI) = yes}
HeHCN
NURSE: Explain that the test cannot be conducted because the respondent has a cochlear implant/ear infection.

{If (HeCHI = no) AND (HeHEI) = no}
HeHAidN
Nowadays, do you ever wear a hearing aid?
1. Yes
2. No

{If HeHAidN=yes}
HeRAid
NURSE: The respondent has a hearing aid/hearing aids. You will need to ask them to remove them before the test. Make sure respondent is given all instructions about the test before you ask the respondent to remove their hearing aid/aids.

HeHSf
To do the test you will need to listen to sounds at different frequency levels (tones) that are produced by a hearing screening device. I will hold the device to your ear and you will tell me whether you have heard a noise by raising your finger. To get an accurate test the device will be used on each ear.

NURSE: For the test to work properly the device needs to make contact properly with the respondent's ear.
NURSE: Explain if appropriate that the respondent will need to remove hearing aid/hearing aids, spectacles/glasses, earrings and hair bands that might get in the way of the hearing device.
NURSE: Explain that the room must be as quiet as possible for the test to work. Ask the respondent to turn off radio/television due to problems this might cause with the accuracy of the test due to background noise.

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NURSE: Does the respondent agree to take the hearing test? If respondent is unhappy about the test, refuses to remove items or turn off radio/television please record 'no, refuses cannot continue with test'.

1. Yes, agree can continue with test
2. No, refuses cannot continue with test

{IF HeHSf = Refuse}
HeHRef
NURSE: PLEASE GIVE REASON WHY YOU CANNOT CONTINUE WITH TEST.
CODE ALL THAT APPLY:

1. Respondent doesn't want to conduct the test - please specify reason
2. Respondent refuses to remove glasses, earrings, headband
3. Respondent refuses to remove hearing aid(s)
4. Respondent refuses to switch off radio/television that could interfere with test
5. Other - please specify reason

{IF (HeHRF = respondent doesn't want to conduct test) OR (HeHRef = other)}
HeHROt
NURSE: PLEASE GIVE REASON FOR REFUSAL/REASON CANNOT CONTINUE WITH THE TEST

STRING[100]

{IF HeHSf = Agree}
HeHrSt
NURSE: ENSURE RESPONDENT IS SITTING IN A POSITION WHERE YOU CAN TEST BOTH EARS AND CAN RECORD THE HEARING TEST RESULTS ON THE HEARING TEST SHEET EASILY.
I will now place the device over your **left ear**. Please let me know if you find this uncomfortable. I will say 'ready, begin' just before I start the device, then you will listen for sounds and let me know when you hear the sounds by raising your finger.

HeHLfA1
Left ear, first sequence
NURSE: Did respondent hear Tone 1?
1. Yes
2. No

HeHLfA2
Left ear, first sequence
NURSE: Did respondent hear Tone 2?
1. Yes
2. No

HeHLfA3
Left ear, first sequence
NURSE: Did respondent hear Tone 3?
1. Yes
2. No

HeHLfB1
Left ear, second sequence
NURSE: Did respondent hear Tone 1?
1. Yes
2. No

HeHLfB2
Left ear, second sequence
NURSE: Did respondent hear Tone 2?
1. Yes
2. No

HeHLfB3
Left ear, second sequence
NURSE: Did respondent hear Tone 3?
1. Yes
2. No

{IF combination of responses show that quieter tones were heard and louder tones were not}
ChkLft
NURSE: You've entered a combination of answers which suggests that the respondent has heard a quieter sound without hearing a louder one.
Please re-administer test for **left ear** from the start. You will need to wait for at least a minute for test to re-set.

Code 1 to continue

HeHLfAX1
Left ear, first sequence repeat
NURSE: Did respondent hear Tone 1?
1. Yes
2. No

HeHLfAX2
Left ear, first sequence repeat
NURSE: Did respondent hear Tone 2?
1. Yes
2. No

HeHLfAX3
Left ear, first sequence repeat
NURSE: Did respondent hear Tone 3?
1. Yes
2. No

HeHLfBX1
Left ear, second sequence repeat
NURSE: Did respondent hear Tone 1?
1. Yes
2. No

HeHLfBX2
Left ear, second sequence repeat
NURSE: Did respondent hear Tone 2?
1. Yes
2. No

HeHLfBX3
Left ear, second sequence repeat
NURSE: Did respondent hear Tone 3?
1. Yes
2. No

HeHLfN
DERIVED VARIABLE: COUNT TOTAL NUMBER OF TONES HEARD IN LEFT EAR FOR BOTH SEQUENCE TESTS

0..6

HeHRLs
Were there any problems that meant that you had to restart the hearing test for the left ear?
1. Yes
2. No

{If HEHRLs = yes}
HeHLRp
What was the problem and how many times did you need to start the test again?

STRING[100]

HeHRgA1
Right ear, first sequence
NURSE: Did respondent hear Tone 1?
1. Yes
2. No

HeHRgA2
Right ear, first sequence
NURSE: Did respondent hear Tone 2?
1. Yes
2. No

HeHRgA3
Right ear, first sequence
NURSE: Did respondent hear Tone 3?
1. Yes
2. No

HeHRgB1
Right ear, second sequence
NURSE: Did respondent hear Tone 1?
1. Yes
2. No

HeHRgB2
Right ear, second sequence
NURSE: Did respondent hear Tone 2?
1. Yes
2. No

HeHRgB3
Right ear, second sequence
NURSE: Did respondent hear Tone 3?
1. Yes
2. No

{IF combination of responses show that quieter tones were heard and louder tones were not}
ChkRgt
NURSE: You've entered a combination of answers which suggests that the respondent has heard a quieter sound without hearing a louder one. Please re-administer test for **right ear** from the start. You will need to wait for at least a minute for test to re-set.

Code 1 to continue"

HeHRgAX1
Right ear, first sequence repeat
NURSE: Did respondent hear Tone 1?
1. Yes
2. No

HeHRgAX2
Right ear, first sequence repeat
NURSE: Did respondent hear Tone 2?
1. Yes
2. No

HeHRgAX3
Right ear, first sequence repeat
NURSE: Did respondent hear Tone 3?
1. Yes
2. No

HeHRgBX1
Right ear, second sequence repeat
NURSE: Did respondent hear Tone 1?
1. Yes
2. No

HeHRgBX2
Right ear, second sequence repeat
NURSE: Did respondent hear Tone 2?
1. Yes
2. No

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HeHRgBX3
Right ear, second sequence repeat
NURSE: Did respondent hear Tone 3?
1. Yes
2. No

HeHRgN
DERIVED VARIABLE: COUNT TOTAL NUMBER OF TONES HEARD IN RIGHT EAR FOR ALL TESTS.

0..6

HeHRRs
NURSE: Were there any problems that meant that you had to restart the hearing test for the right ear?
1. Yes
2. No

{If HeHRRs = yes}
HeHRRp
What was the problem and how many times did you need to start the test again?

STRING[100]

HeHSw
NURSE: Did respondent have to remove glasses, earrings, hearing aid, headband or switch off radio or television which might interrupt the functioning of the HearCheck device or otherwise affect the hearing test?

CODE ALL THAT APPLY
1. Remove glasses
2. Remove earrings
3. Remove hearing aid
4. Remove other item of jewellery or clothing which might affect device
5. Turn off background music/television
6. No did not need to remove anything or switch off anything

HeHNoise
NURSE CODE: How was the background noise for the test?

1. Completely quiet
2. A little background noise
3. Quite a lot of background noise

HeAff
NURSE CODE: Was there anything else that might have affected the test?
1. Respondent had cold etc so not hearing as well as usual
2. Respondent did not remove earrings/glasses etc so difficult to hold device to ear
3. Other
4. No, nothing else affected the test

{If HeAff=Other THEN}
HeAffOth
NURSE: Record what affected the test.
STRING[100]

Mental Health Diagnosis, treatments and self-harm

ASK IF 16+

ASK ALL
The next few questions are about something slightly different. As well as physical health, we are also interested in asking about mental health and wellbeing.
1 Continue

ASK ALL
Diag
SHOW CARD B1
Please look carefully at this card. Do you think that you have ever experienced any of these?
PROBE -Which others?
CODE ALL THAT APPLY
1. A phobia
2. Panic attacks
3. Post-traumatic stress
4. Attention deficit hyperactivity disorder (ADHD) or Attention deficit disorder (ADD)
5. Generalised anxiety disorder
6. Bipolar disorder (or 'manic depression')
7. Depression
8. Post-natal depression
9. Dementia (including Alzheimers)
10. An eating disorder
11. Nervous breakdown
12. A personality disorder
13. Psychosis or schizophrenia
14. Obsessive compulsive disorder (OCD)
15. Seasonal affective disorder
16. Alcohol or drug dependence
17. Any other mental, emotional or neurological problem or condition
18. [Spontaneous] None of these

{IF Diag=YES}
HProf
Did a doctor, psychiatrist or other professional tell you that you had *[textfill from DIAG]* ?
1. Yes
2. No
DK
REF

{IF HPROF =YES}
HRecnt
In the last 12 months, have you had *[textfill from DIAG]*?
NURSE: IF QUESTIONED, RESPONDENT SHOULD SAY 'YES' EVEN IF THEY HAVE NOT EXPERIENCED ANY SYMPTOMS IN THE LAST 12 MONTHS BECAUSE THEY ARE RECEIVING MEDICATION OR ANY OTHER TREATMENT.
1. Yes
2. No
DK
REF

{IF HPROF =YES}
NowMed
In the last 12 months, have you taken any medication for *[textfill from DIAG]*?
1. Yes
2. No
DK/REF

{IF HPPROF=YES}
NowThe
In the last 12 months, have you had any therapy or other treatment for *[textfill from DIAG]*?
1. Yes
2. No
DK/REF

ASK ALL
DiscFr
SHOWCARD B2
In general, how comfortable would you feel talking to a **friend or family member** about your mental health, for example telling them you have a mental health diagnosis and how it affects you?
1. Very uncomfortable
2. Moderately uncomfortable
3. Slightly uncomfortable
4. Neither comfortable nor uncomfortable
5. Fairly comfortable
6. Moderately comfortable
7. Very comfortable
8. (Spontaneous) Don't know

DiscEmp
SHOWCARD B2
In general, how comfortable would you feel talking to **a current or prospective employer** about your mental health, for example telling them you have a mental health diagnosis and how it affects you?
1. Very uncomfortable
2. Moderately uncomfortable
3. Slightly uncomfortable
4. Neither comfortable nor uncomfortable
5. Fairly comfortable
6. Moderately comfortable
7. Very comfortable
8. (Spontaneous) Not applicable
9. (Spontaneous) Don't know

ASK ALL
CnslHav
SHOW CARD B3
Looking at this card, could you tell me if you are currently having any counselling or therapy for a mental, nervous or emotional problem?
NURSE: INCLUDE COUNSELLING FOR BEREAVEMENT AND DRINK OR DRUG RELATED PROBLEMS. COUNSELLING COULD BE RECIEVED IN A RANGE OF PLACES E.G. AT HOME , AT A DOCTOR'S SURGERY, A HEALTH CENTRE, HOSPITAL OR CLINIC.
1 Yes
2 No

{IF CnslHav = Yes}
Cnsl
SHOWCARD B3
Which type/s of counselling or therapy are you having?
CODE ALL THAT APPLY
1 Psychotherapy or psychoanalysis
2 Cognitive behavioural therapy
3 Art, music or drama therapy
4 Social skills training
5 Couples or family therapy
6 Sex therapy
7 Mindfulness therapy
8 Alcohol or drug counselling
9 Counselling (include bereavement)
10 Another type of therapy

CnslV
RECORD VERBATIM 'OTHER TYPE OF COUNSELLING OR THERAPY'
: STRING[100]

{IF CnslHav = Yes}
CnslHel
SHOWCARD B4
How helpful are you finding your counselling or therapy?
1. Very helpful
2. Quite helpful
3. Not very helpful
4. Not at all helpful.

ASK ALL
WhoMH
SHOW CARD B5
Who is the person closest to you who has or has had some kind of mental illness? Please just give me the number from this card.
NURSE: IF MORE THAN ONE, CODE FIRST ON LIST
1 Immediate family (spouse, child, sister, brother, parent, etc.)
2 Partner (living with you)
3 Partner (not living with you)
4 Other family (uncle, aunt, cousin, grandparent, etc.)
5 Friend
6 Acquaintance
7 Work colleague
8 Myself
9 Other (please specify)
10 Don't know anyone with a mental illness.

WhoMHOth
"RECORD VERBATIM 'OTHER [WhoMH]'
: STRING[50]

ASK ALL
There may be times in everyone's life when they become very miserable and depressed and may feel like taking drastic action because of these feelings
1 Continue

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TOwnLife
Have you ever made an attempt to take your life, by taking an overdose of tablets or in some other way?
1 Yes
2 No

{IF TOwnLife = Yes}
WhenTOL
SHOWCARD B6
Please look at this card and read out the letter that applies.
1 (T) In the last week?
2 (D) In the last year?
3 (L) At some other time?

SlfHarm
Have you ever deliberately harmed yourself in any way but not with the intention of killing yourself?
1 Yes
2 No

{IF SlfHarm = Yes}
TypHarm
SHOW CARD B7
Please look at this card and read out the letters that apply.
CODE ALL THAT APPLY
1 (W) Cut yourself
2 (B) Burn yourself
3 (J) Swallow any objects
4 (S) Harm yourself some other way

MedHarm
Have you received medical attention for deliberately harming yourself in any of these ways?
NURSE: MEDICAL ATTENTION MEANS HELP FOR PHYSICAL INJURY, NOT SEEKING PSYCHOLOGICAL HELP
1 Yes
2 No

PsyHarm
Have you seen a psychiatrist, psychologist or counsellor because you had harmed yourself?
1 Yes
2 No

DSHExit
The sorts of thoughts and feelings we have talked about are very serious and it is important that you talk to someone, for example a doctor or The Samaritans, if you find yourself thinking them.
NURSE: Offer yellow useful contacts leaflet if appropriate.

Urine Sample

ASK IF Age of Respondent 16+

UriDisp
NURSE: Now follows the Urine Sample.
1 Continue

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

{IF UriIntro =Agree}
UriWrit
NURSE: Ask the respondent to read and initial the 'Urine sample' section of the consent booklet. Circle code 03 on front of the consent booklet.
Press <1> and <Enter> to continue.

{ELSEIF UriIntro = Refuse}
UriCode
NURSE: Circle code 04 on front of the consent booklet. Cross a line through the 'Urine sample' section inside the consent booklet to make clear that the respondent has not consented to this.
Press <1> and <Enter> to contine.
ENDIF

{IF UriIntro = Agree}
UriSamp
NURSE:
Ask respondent to take container and provide a urine sample.
-Remind respondent to wash their hands **before** giving the sample
-Ask respondent to collect mid flow sample in disposable beaker
-Explain how to use the syringe using the instruction sheet
Write the serial number and data of birth on a black label and attach to urine sample tube over the pre-existing label.
-Make sure the serial number and date of birth are recoded on the **dispatch note** on the inside of the back cover of the consent booklet.
1 Continue

UriObt1
NURSE CHECK:
1 Urine sample obtained
2 Urine sample refused
3 Urine sample not attempted
4 Attempted not obtained
ENDIF

{IF (UriObt1 = Refused, Not Attempted, Attempted not Obtained) OR (UriIntro=Unable)}
UriNObt
NURSE: RECORD WHY URINE SAMPLE NOT OBTAINED
CODE ALL THAT APPLY.
1. Respondent not able to produce any urine
95. Other (SPECIFY AT NEXT QUESTION)

{IF (UriNObt = Other)}
OthNObt
NURSE: GIVE FULL DETAILS OF REASON(S) WHY URINE SAMPLE NOT OBTAINED.
Text: Maximum of 140 characters.
ENDIF
ENDIF

Saliva Sample

IF Respondent aged 4 to 15

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 using a straw to dribble saliva into a tube. 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.

NURSE: Show Andy the 'Saliva sample' section of the **purple** child information sheet
NURSE CODE:
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

ENDIF

{IF SalIntr1=Agree AND Age=4-15}
SalWritC
READ OUT: In order to take a saliva sample I need to obtain written consent from you
NURSE: Ask the parent to read and initial the 'Saliva sample' section of the child consent booklet. Ask respondent's parent to initial the box on [participant's name] behalf.
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
Cross a line through the 'Saliva sample' section inside the consent booklet to make clear that the respondent has not consented to this.

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

{IF SalIntr1=Agree}
SalInst
NURSE: Ask respondent to dribble through straw into the tube.
Write the serial number and date of birth on the black label using a biro.
Serial number:
Date of birth:

Make sure the serial number and date of birth are recorded on the dispatch note on the inside of the back cover of the adult consent booklet.
Press <1> and <Enter> to continue.
ENDIF

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SalObt1
NURSE CHECK:
1 Saliva sample obtained
2 Saliva sample refused
3 Saliva sample not attempted
4 Attempted but not obtained

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}
OthNObt
NURSE: Give full details of reason(s) why saliva sample not obtained.
Text: Maximum 140 characters

ENDIF
ENDIF
ENDIF

Blood Sample

ASK ALL aged 16+ (EXCEPT PREGNANT WOMEN)

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

ClotB
The next part of my visit is a blood sample. Before I can take blood, I need to ask you a couple of questions and I will then explain what is involved.

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. See F9 for more information)
1 Yes
2 No

{IF ClotB = No}
Fit
May I just check, have you had a fit (including epileptic fit, convulsion) in the last five years?
1 Yes
2 No
ENDIF

CBSConst
Ask Parent: <Name> Are you willing for your child to have a blood sample taken?
1. Yes
2. No

{IF Fit = No}
BSWill
NURSE: EXPLAIN PURPOSE AND PROCEDURE FOR TAKING BLOOD.
Would you be willing to have a blood sample taken?
1 Yes
2 No
3 Respondent unable to give blood sample for reason other than refusal (PLEASE SPECIFY)

{IF BSWill = No}
RefBSC
NURSE: 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 (SPECIFY AT NEXT QUESTION)

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

ENDIF

{ELSEIF BSWill = Yes}
BSConsC
NURSE: 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}
BSCons
NURSE:
- ASK THE RESPONDENT TO READ AND INITIAL POINT NUMBER ONE IN THE 'BLOOD SAMPLE' SECTION OF THE **ADULT** CONSENT BOOKLET.
- CIRCLE CONSENT CODE **05** 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}
SendSam
May we send the results of your blood sample analysis to your GP?
1 Yes
2 No

{IF SendSam = Yes}
BSSign
NURSE:
-ASK THE RESPONDENT TO READ AND INITIAL POINT NUMBER TWO IN THE 'BLOOD SAMPLE' SECTION OF THE **ADULT** 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 **07** ON FRONT OF THE CONSENT BOOKLET.
Press <1> and <Enter> to continue.

{ELSEIF SendSam = No}
SenSam
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 (SPECIFY AT NEXT QUESTION)

{IF SenSam = Other}
OthSam
NURSE: 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)}
NoBSGP
NURSE: CIRCLE CONSENT CODE **08** ON FRONT OF THE CONSENT BOOKLET.
Cross a line through point number *2* of the 'Blood sample' section inside the consent booklet to make clear that the respondent has not consented to this.
PRESS <1> AND <ENTER> TO CONTINUE.
ENDIF

ConStorB
ASK RESPONDENT: May we have your consent to store any remaining blood for future analysis?
1 Storage consent given
2 Consent refused

{IF ConStorB = Yes}
BSStor
NURSE:
-ASK THE RESPONDENT TO READ AND COMPLETE POINT NUMBER THREE IN THE 'BLOOD SAMPLE' SECTION OF THE **GREEN** ADULT CONSENT BOOKLET.
-CIRCLE CONSENT CODE **09** ON FRONT OF THE CONSENT BOOKLET.
Press <1> and <Enter> to continue.

{ELSEIF ConStorB = No}
NoBSStr
NURSE: CIRCLE CONSENT **CODE 10** ON FRONT OF THE CONSENT BOOKLET.
Cross a line through point number 3 of the 'Blood sample' section inside the consent booklet to make clear that the respondent has not consented to this.

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

TakeSam
{NOTE – In winter months AND IF (VacWhn = Within the last 12 months OR More than one year, up to 2 years ago) AND (ConStorB = storage consent given) THEN <text fill> below = 2 plain red tubes, else = 1 plain red tube}

NURSE:
-CHECK YOU HAVE ALL APPLICABLE SIGNATURES.
-TAKE BLOOD SAMPLES:
FILL <1 OR 2> PLAIN (RED) TUBE AND 1 EDTA (PURPLE) TUBE.
-WRITE THE SERIAL NUMBER AND DATE OF BIRTH ONTO THE **GREEN** LABEL USING A BIRO. (ONE LABEL PER TUBE.)

Serial number: *(displays serial number)*
Date of birth: *(displays date of birth)*

-MAKE SURE THE SERIAL NUMBER AND DATE OF BIRTH ARE RECORDED ON THE DISPATCH NOTE ON THE INSIDE OF THE BACK COVER OF THE GREEN CONSENT BOOKLET
-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 WAS FILLED (INCLUDE PARTIALLY FILLED TUBE):
1 Yes
2 No

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

{IF SampF1 = Yes OR SampF2 = Yes}
SampTak:= Yes

ELSEIF
SampTak:= No
ENDIF

SampTak
Computed: Blood sample outcome.
1 Blood sample obtained
2 No blood sample obtained

{IF SampTak = Yes}
SampArm
NURSE: CODE FROM WHICH ARM THE BLOOD WAS TAKEN:
1 Right
2 Left
3 Both

SamDifC
NURSE: 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}
OthBDif
NURSE: 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}
BSResp
NURSE: CIRCLE CONSENT **CODE 11** ON FRONT OF THE CONSENT BOOKLET.
PRESS <1> AND <ENTER> TO CONTINUE.

{ELSEIF SnDrSam = No}
NoBSRsp
NURSE: CIRCLE CONSENT **CODE 12** ON FRONT OF THE CONSENT BOOKLET.
PRESS <1> AND <ENTER> TO CONTINUE.
ENDIF

{ELSEIF SampTak = No}
NoBSM
NURSE: 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 (SPECIFY AT NEXT QUESTION)

{IF NoBSM = Other}
OthNoBSM
NURSE: GIVE FULL DETAILS OF REASON(S) NO BLOOD OBTAINED.
Text: Maximum 140 characters
ENDIF

NoBObt
NURSE: CROSS OUT CONSENT CODES **05, 07, 09,** AND **11** IF ALREADY CIRCLED ON THE FRONT OF THE CONSENT BOOKLET. REPLACE WITH CONSENT CODES **06, 08, 10,** AND **12** ON THE FRONT OF THE CONSENT BOOKLET. Complete the venepuncture information box on the inside cover of the consent booklet. PRESS <1> AND <ENTER> TO CONTINUE.
ENDIF
ENDIF
ENDIF

{IF (SampF1 = yes) AND (ConStorB= storage consent given)}
RespIll
In the last month, have you had a cough, cold or flu which gave you a temperature or made you feel feverish?
1 Yes
2 No

DisNote
NURSE: Complete the details on the *green* laboratory dispatch note:

··Serial number: ^SerStr
··Date of birth: ^NDoB
··Sex: ^sextxt
··Region: ^LACode
··Date of last flu vaccination: ^FluTxt
··Respiratory illness: ^IllTxt

- check the date of birth again with the respondent

Press <1> and <Enter> to continue
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 – water based wipe used
3 No wipe used

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
4 First attempt failed, did not make second attempt

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 (describe at next question)
96 None

{IF VpProb = Other}
VpOther
NURSE: Record the details of the other abnormality fully.
Text: Maximum 140 characters
ENDIF

{IF VpProb= Sensory deficit, Haematoma, Swelling or Other}
VpDetail
NURSE: You have coded that an abnormality was noted after 5 minutes.
Please record the action you took when you noticed this abnormality on the office despatch note. There is a space provided on the inside front cover of the adult consent 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

ASK ALL
AllCheck
CHECK BEFORE LEAVING THE RESPONDENT:
1. PUNCTURE SITE AFTER TAKING BLOOD (IF APPLICABLE)
2. CONSENT BOOKLET PRESENT IF APPLICABLE
3. CHECK BOOKLET FOR:

   A. INITIALS FOR ALL SECTIONS RESPONDENT AGREED TO
   B. SIGNATURES
   C. FULL GP AND RESPONDENT DETAILS
   D. CONSENT CODES [for measures agreed/not agreed] ARE CIRCLED ON THE FRONT

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The Health Survey for England 2014
CONSENT BOOKLET

P8814

Please use capital letters and write in ink

House / Flat number (or name): _____

_____

Postcode: ☐☐☐☐ ☐☐☐

Survey month: _____

POINT ☐☐☐☐ ADDRESS ☐☐

HHLD ☐ CKL ☐ PERSON NO ☐☐

1. Nurse number ☐
2. Date schedule completed DAY ☐☐ MONTH ☐☐ YEAR ☐☐
3. Full name (of person interviewed) _____

   Name by which GP knows person (if different) _____
4. Sex Male 1 Female 2
5. Date of birth: DAY ☐☐ MONTH ☐☐ YEAR ☐☐
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. **GP ADDRESS OUTCOME**

GP address provided	1
GP address not found	2
No GP	3

9.

SUMMARY OF CONSENTS - RING CODE FOR EACH ITEM	YES	NO
a) Blood pressure to **GP**	01	02
b) Urine sample to be collected	03	04
c) Sample of blood to be taken	05	06
d) Blood sample results to **GP**	07	08
e) Blood sample for **storage**	09	10
f) Blood sample results to **respondent**	11	12

DISPATCH NOTE FOR BLOOD and URINE SAMPLES
(OFFICE COPY)

1. AGE GROUP: WRITE IN THE **NUMBER** OF TUBES OBTAINED:

16+ 1 Plain ☐ EDTA ☐ URINE ☐

2. BLOOD/ URINE TAKEN: Day ☐☐ Month ☐☐ Year ☐☐☐☐

3. BLOOD/ URINE DISPATCHED: Day ☐☐ Month ☐☐ Year ☐☐☐☐

Venepuncture

Please complete:

1. Did you experience any problems in taking the blood sample? If yes, please record these below and state what action you took.

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Serial No.: ☐☐☐☐ ☐☐ ☐ ☐ ☐☐

Survey: Health Survey for England 2014

BLOOD PRESSURE TO GP CONSENT

BP (A)

Please initial the box if you consent

1. *I consent to NatCen 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. ☐ *Initials*

URINE SAMPLE CONSENT

U (A)

Please initial the box if you consent

1. *I consent to a qualified nurse/midwife collecting a sample of my urine on behalf of the NatCen Social Research/UCL Joint Health Surveys Unit.*

   I have read the 'Information for Participants' leaflet about the second stage of the survey and understand what the sample will be tested for. The purpose and procedure have been explained to me by the nurse/midwife and I have had an opportunity to discuss this with him/her. ☐ *Initials*

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BLOOD SAMPLE CONSENT

BS (A)

Please initial the box if you consent

1. *I consent to a qualified nurse/midwife taking a sample of my blood on behalf of NatCen Social Research/UCL Joint Health Surveys Unit.*

   I have read the 'Information for Participants' leaflet about the second stage of the survey and understand what the sample will be tested for. The nurse has explained the procedures, and I have had an opportunity to discuss these with him/her. ☐ *Initials*

2. *I consent to NatCen Social Research/UCL Joint Health Surveys Unit informing my General Practitioner (GP) of the blood sample analysis results.* ☐ *Initials*

3. *I consent to any remaining blood being stored for future analysis. I have read the 'Information for Participants' leaflet about the second stage of the survey and understand the processes involved for storing the blood and how the sample may be used in the future. I also understand my right to withdraw consent for storing the blood sample.* ☐ *Initials*

Print name (respondent): _____

Signed (respondent): _____

Date: _____

Print name (nurse): _____

Signed (nurse): _____

Date: _____

You can cancel this permission at any time in the future by writing to us at:
NatCen Social Research, 35 Northampton Square, London EC1V 0AX.
Telephone: 0800 526 397 and ask for Emma Fenn

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THE HEALTH SURVEY FOR ENGLAND 2014

DISPATCH NOTE FOR BLOOD AND URINE SAMPLES

(LABORATORY COPY)

P8814

Complete all sections CLEARLY and LEGIBLY and enclose with samples to lab.

1. SERIAL NUMBER: R [ ][ ][ ][ ] POINT [ ][ ] ADDRESS [ ] HHLD [ ] CKL [ ][ ] PERSON

2. SEX: Male 1 Female 2

3. AGE GROUP: 16+ 1

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

5. **NUMBER** OF TUBES OBTAINED

Plain [ ] EDTA [ ]

Urine [ ]

6. DATE BLOODS/ URINE TAKEN: Day [ ][ ] Month [ ][ ] Year [ ][ ][ ][ ]

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

8. NURSE NUMBER [ ][ ][ ][ ][ ][ ]

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

LAB USE ONLY

TUBES ENCLOSED:		✓ if rec'd	ACTION REQUIRED: IF ITEM 3 ABOVE = 1	
Plain	Red	[ ]	Total cholesterol HDL cholesterol	STORE IF ITEM 7 ABOVE = 1
EDTA	Purple	[ ]	Glycated haemoglobin	
Urine		[ ]	Sodium, potassium, Creatinine	

Page 5 of 5

14-26n v1 October 2013 12/sc/0317

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The Health Survey for England 2014

CHILD CONSENT BOOKLET 4-15 years

Please use capital letters and write in ink

House / Flat number (or name): _____

_____

Postcode: ☐☐☐☐ ☐☐☐

Survey month: _____

POINT ☐☐☐☐ ADDRESS ☐☐

HHLD ☐ CKL ☐ PERSON NO ☐☐

1. Nurse number ☐
2. Date schedule completed DAY ☐☐ MONTH ☐☐ YEAR ☐☐
3. Full name (of person interviewed) _____

   Name by which GP knows person (if different) _____
4. Sex Male 1 Female 2
5. Date of birth: DAY ☐☐ MONTH ☐☐ YEAR ☐☐
6. Full name of parent/guardian _____
7. **GP NAME AND ADDRESS** (Please complete fully)

   Dr: .....

   Practice Name: .....

   Address: .....

   .....

   Town: .....

   County: .....

   Postcode: .....

   Telephone no: .....
8. **GP ADDRESS OUTCOME**

   GP address provided 1

   GP address not found 2

   No GP 3
9.

SUMMARY OF CONSENTS - RING CODE FOR EACH ITEM	YES	NO
a) Blood pressure to **GP**	01	02
b) Saliva sample to be collected	03	04

THE HEALTH SURVEY FOR ENGLAND 2014

DISPATCH NOTE

FOR SALIVA SAMPLE CHILD AGED 4-15

(OFFICE COPY)

1. AGE GROUP: 4-15 2

   TICK SAMPLE TUBES OBTAINED: Saliva ☐
2. SALIVA TAKEN: Day ☐☐ Month ☐☐ Year ☐☐☐☐
3. SALIVA DISPATCHED: Day ☐☐ Month ☐☐ Year ☐☐☐☐

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Serial No. ☐☐☐☐ ☐☐ ☐ ☐ ☐☐ Child's name:_____

BLOOD PRESSURE TO GP CONSENT (Child aged 5-15)

Please initial the box if you consent

1. *I am the parent/guardian of the child named on this booklet and I consent to NatCen Social Research/UCL Joint Health Surveys Unit informing his/her General Practitioner (GP) of his/her blood pressure results.*
2. *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*

PARENT INITIALS ☐

SALIVA CONSENT (Child aged 4-15)

Please initial the box if you consent

1. *I am the parent/ guardian of the child named on this booklet and I consent to a qualified nurse/ midwife collecting a sample of his/ her saliva on behalf of NatCen Social Research/ UCL.*
2. *I have read the 'Information for Participants' leaflet about the second stage of the survey and understand what the sample will be tested for. The purpose and procedure have been explained to me by the nurse/ midwife and I have had an opportunity to discuss this with him/ her.*

PARENT INITIALS ☐

Child assents for: (Please initial box) Blood pressure to GP ☐ Saliva sample ☐

CHILD INITIALS **CHILD INITIALS**

Parent/Guardian Name _____ Date _____ Parent/Guardian Signature _____

Nurse Name _____ Date _____ Nurse Signature _____

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THE HEALTH SURVEY FOR ENGLAND 2014 **P8814**

DISPATCH NOTE FOR SALIVA SAMPLE CHILD AGED 4-15
(LABORATORY COPY)

Complete all sections CLEARLY and LEGIBLY and enclose with samples to lab.

1. SERIAL NUMBER **R** ☐☐☐☐ ☐☐ ☐ ☐ ☐☐
2. SEX: MALE 1 FEMALE 2
3. DATE OF BIRTH: DAY ☐☐ MONTH ☐☐ YEAR ☐☐
4. AGE GROUP: 4-15 2 TICK SAMPLE TUBE OBTAINED: Saliva ☐
5. SALIVA TAKEN: DAY ☐☐ MONTH ☐☐ YEAR ☐☐
6. STORAGE CONSENT: 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:

TUBES ENCLOSED:	✓ if rec'd	ACTION REQUIRED
SALIVA	☐	THIS SAMPLE IS NOT FOR STORAGE

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Appendix B

Measurement protocols

B

Height and weight measurement

Recording ambient air temperature

Blood pressure measurement

Measurement of waist and hip circumferences

Hearing test

Blood sample collection

Urine sample collection

Saliva sample collection

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1. HEIGHT MEASUREMENT

1.1 Introduction

The height measurement is a measure of anthropometry, which provides information on the size and proportions of the human body. When taken in conjunction with other anthropometric measures it is an indicator of, and can predict, the nutritional status, performance, health and survival of a population and can thus be used to determine public health policies. Moreover, height is often used as an indicator of people's quality of life. This is based on evidence that final height is a combination of genetic and environmental factors, where a taller population is indicative of a better quality of life due to access to health services and nutrition.

1.2 Exclusion criteria

Respondents are excluded from the height measurement if:

- They are pregnant
- They are too stooped to obtain a reliable measurement
- After a discussion with the respondent it becomes clear that that they are too unsteady on their feet
- They are chairbound
- If the respondent finds it painful to stand

1.3 Equipment

You will need:

- A portable stadiometer (see figure 1 below) (base plate, upright rods, head plate and stabilisers)
- A Frankfort Plane card
- Milton wipes

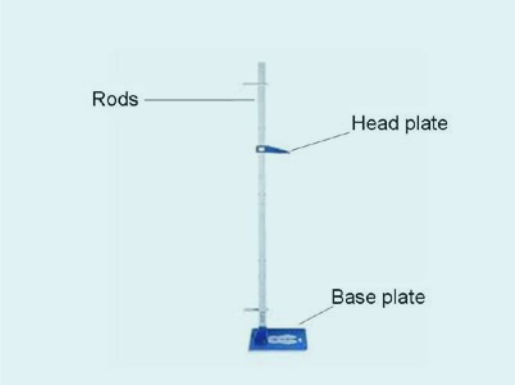

Figure 1 The stadiometer

1.3.1 Caring for the stadiometer

The stadiometer will be sent to you in a box. Always store the stadiometer in the box when it is not in use and always pack the stadiometer carefully in the box whenever you are sending it on by courier. Inside the box with the stadiometer is a special bag that you should use for carrying the stadiometer around when you are out on assignment. You may also request a wheeled holdall from the Equipment Supervisor at Brentwood to transport the stadiometer and weighing scales.

The rods

There are four plastic connecting rods marked with a measuring scale divided into centimetres and then further subdivided into millimetres. They should be put together in the correct order with the same coloured markings running along each side. The rods are made of plastic and are susceptible to bending if any pressure is put on them. Be careful not to damage the corners of the rods as this will prevent them from fitting together properly and will lead to a loss of accuracy in the measurements.

The base plate

Be careful not to damage the corners of the base plate as this could lead to a loss of accuracy in the measurements.

Protruding from the base plate is a socket into which you attach the rods in order to assemble the stadiometer. Damage to the corners of this socket may mean that the rods do not stand at the correct angle to the base plate when the stadiometer is assembled and the measurements could be affected.

The head plate

The head plate is made up of the blade and the cuff. The blade is the part that rests on the respondent's head while the measurement is taken and the cuff is the part of the head plate that slips over the measurement rods and slides up and down the rods. The whole unit is made of plastic and will snap if subjected to excessive pressure. Grasp the head plate by the cuff whenever you are moving the head plate up or down the rods, this will prevent any unnecessary pressure being applied to the blade which may cause it to break.

1.3.2 Assembling the stadiometer

Practise assembling your stadiometer before you visit a respondent's home.

You will receive your stadiometer with the four rods stored into the base plate and the head plate attached to the base plate so that the blade lies flat against the base plate. Once working you should store the head plate in the jiffy bag given to you to protect it further – as this is the component likely to break first with use.

Note that the rods are numbered/have symbols to guide you through the stages of assembly. (There is also an asset number identified on the base plate, this is the serial number of the stadiometer which is logged out to you). The stages of assembly are as follows:

1. Lie the base plate flat on the floor area where you are to conduct the measurements. It should be as flat as possible, ideally on an uncarpeted floor or with a thin carpet; you should avoid a deep pile carpet or rug if at all possible.

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2. Take the rod marked with the arrows showing it's position into the base plate. Making sure the measuring scale is on the right hand side of the rod as you look at the stadiometer face on, place rod into the base plate socket. It should fit snugly without you having to use force.

3. Place one of the two stabilisers over the first, ensuring that the stabiliser faces the wall / door frame or other upright surface being used to measure against. The stabilisers ensure that the rod is as perpendicular as possible to enable accurate measurement.

4. Take the rod marked *. Again make sure that the measuring scale connects with the scale on first rod and that the symbols match at each rod connection / junction. (If they do not, check that you have the correct rod).

5. Take the remaining two rods and put them together in order (matching the connecting symbols). Place the second stabiliser on the 3rd rod, but not at the level that the respondent height might be measured at.

6. Wipe the head plate and base plate with a Milton wipe and allow to dry for 30 secs.

1.3.3 Dismantling the stadiometer

Follow these rules:

1. Before you begin to dismantle the stadiometer you must remember to lower the head plate to its lowest position, so that the blade is lying flat against the base plate.

2. Remove one rod at a time.

3. Wipe the head plate and base plate with a Milton wipe and allow to dry for 30 secs. Before packing rods back into the base plate and head plate into the jiffy bag.

1.4 Procedure for adults

1. Ask the respondent to remove their shoes and loosen any hair accessory if possible (e.g. large hair grips; head bangs, pony tail holders etc).

2. Assemble the stadiometer, near a wall if possible, and raise the headplate to allow sufficient room for the respondent to stand underneath it. Double check that you have assembled the stadiometer correctly.

3. Ask the respondent to stand with their feet flat on the centre of the base plate, feet together and heels against the back of the base plate as this helps people to 'be at their highest'. The respondent's back should be as straight as possible, preferably against the rod but **NOT** leaning on it. They should have their arms hanging loosely by their sides. They should be facing forwards.

4. Move the respondent's head so that the Frankfort Plane is in a horizontal position (i.e. parallel to the floor). The Frankfort Plane is an imaginary line passing through the external ear canal and across the top of the lower bone of the eye socket, immediately under the eye (see Figure 3). This position is important if an accurate reading is to be obtained. An additional check is to ensure that the measuring arm rests on the crown of the head, i.e. the top back half. To make sure that the Frankfort Plane is horizontal, you can use the Frankfort Plane Card to line up the bottom of the eye socket with the flap of skin on the ear. The Frankfort Plane is horizontal when the card is parallel to the stadiometer arm.

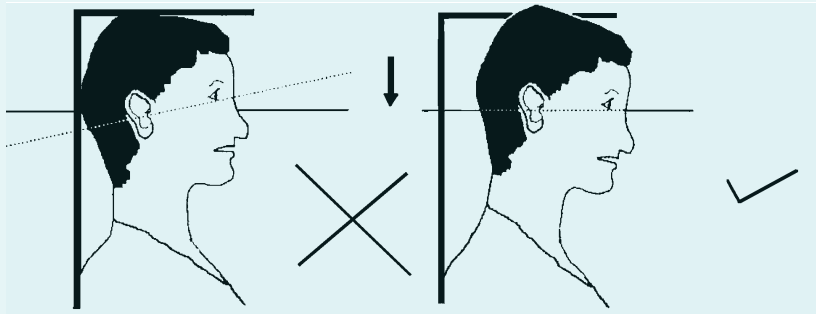


Figure 1 The Frankfort Plane

5. Instruct the respondent to keep their eyes focused on a point straight ahead, and without moving their head position, to breathe in deeply and stretch to their fullest height. Bring the head plate gently down onto the respondent's head. If after stretching up the respondent's head is no longer horizontal, repeat the procedure. It can be difficult to determine whether the stadiometer head plate is resting on the respondent's head. If so, ask the respondent to tell you when s/he feels it touching their head.

6. Once the head plate is in place tell the respondent to relax and ask them to step forwards away from the Stadiometer. If the measurement has been done correctly the respondent will be able to step off the stadiometer without ducking their head. Make sure that the head plate does not move when the respondent does this.

7. Look at the middle of the head plate cuff. There is a red arrowhead pointing to the measuring scale. Take the reading from this point and record the respondent's height in centimetres and millimetres. If a measurement falls between two millimetres, it should be recorded to the **nearest even millimetre** (see section 2.4).

Figure 3 Head plate cuff

8. If the respondent wishes, record their height onto the measurement record card.

9. Push the head plate high enough to avoid any member of the household hitting their head against it when getting ready to be measured. Once you have finished measuring everyone, lower the head plate to its lowest position, ready for dismantling.

1.5 Procedure for children

The procedure for measuring children aged 2-15 differs slightly from that for adults. You must get the co-operation of an adult household member. You will need their assistance in order to carry out the protocol, as children are more likely to be co-operative themselves if another household member is involved in the measurement. If possible measure children last so that they can see what is going on before they are measured themselves.

Children's bodies are much more elastic than those of adults. Unlike adults they will need your help in order to stretch to their fullest height. This is done by stretching them. This is essential in order to get an accurate measurement. It causes no pain and simply helps support the child while they stretch to their tallest height.

1. Explain to the parent and child what you will be doing, and ensure that both are happy with the procedure.

2. In addition to removing their shoes, children should remove their socks as well to ensure that they do not slip on the base of the stadiometer, and so that you can easily check their feet are flat on the base plate, not on tiptoes.

3. Assemble the stadiometer and raise the head plate to allow sufficient room for the child to stand underneath it.

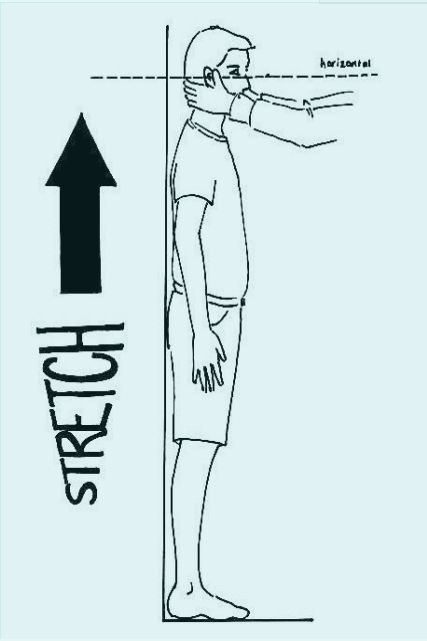
4. Ask the child to stand with their feet flat on the centre of the base plate, feet together and heels against the rod. The child's back should be as straight as possible, preferably against the rod, and their arms hanging loosely by their sides. They should be facing forwards.

5. Place the measuring arm just above the child's head.

6. Move the child's head so that the Frankfort Plane is in a horizontal position (see Figure 3). This position is as important when measuring children as it is when measuring adults if the measurements are to be accurate. To make sure that the Frankfort Plane is horizontal, you can use the Frankfort Plane Card to line up the bottom of the eye socket with the flap of skin on the ear. The Frankfort Plane is horizontal when the card is parallel to the stadiometer arm. Explain what you are doing and tell the child that you want them to stand up straight and tall, but not to move their head or stand on their tiptoes. Ask them to look straight ahead.

7. 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. (See Figure 4).

Figure 4 Child stretch



8. Ask the child to breathe in. Firmly but gently, apply upward pressure lifting the child's head upward towards the stadiometer head plate and thus stretching the child to their maximum height. Avoid jerky movements, perform the procedure smoothly and take care not to tilt the head at an angle, you must keep it in the Frankfort plane.

9. Ask the household member who is helping you to lower the head plate down gently onto the child's head. Make sure that the plate touches the skull and that it is not pressing down too hard.

10. Still holding the child's head, relieve traction and allow the child to stand relaxed and breathe out. If the measurement has been done properly the child should be able to step off the stadiometer without ducking their head. Make sure that the child does not knock the head plate as they step off.

11. Read the height value in metric units to the **nearest even millimetre** (see section 2.4) and enter the reading into CAPI.

12. If the respondent wishes, record the reading on the child's measurement record card.

13. Push the head plate high enough to avoid any member of the household hitting their head against it when getting ready to be measured.

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1.6 Additional points

- If the respondent cannot stand upright with their back against the stadiometer and have their heels against the rod (e.g. those with protruding bottoms) then give priority to standing upright.
- If the respondent has a hair style which stands well above the top of their head, or is wearing a religious head dress, with their permission, bring the head plate down until it touches the hair/head dress. You should never ask someone to remove a religious head dress. With some hairstyles you can compress the hair to touch the head. If you cannot lower the head plate to touch the head and think that this will lead to an unreliable measure, record this on CAPI. If it is a possible that can be altered e.g. a bun, if possible ask the respondent to change/undo it.
- If the respondent is tall, it can be difficult to line up the Frankfort Plane in the way described. When you think that the plane is horizontal, take one step back to check from a short distance that this is the case.
- You may need to tip the stadiometer to read the height of tall respondents.
- If the respondent has long hair then they may need to tuck it behind their ear in order for the head to be positioned properly. Always ask the respondent to tuck their hair behind their ears.

2. WEIGHT MEASUREMENT

2.1 Introduction

Similar to the height measurement, the weight measurement is an indicator of and can predict the nutritional status and health of a population. When used in conjunction with the height measurement it can be used to derive the Body Mass Index, a statistical measure used to determine if an individual's weight falls within a healthy range.

2.2 Exclusion criteria

Respondents are excluded from this measurement if they are:

- Pregnant
  If the woman wishes to be weighed, you can but do not enter the results into the computer.
- Too frail or unable to stand upright
  If you are concerned that being on the scales may cause them to be too unsteady on their feet then do not weigh them. Alternatively you can place the scales next to something that they can steady themselves on.
- Over 200kg (31 ½ stone) in weight as the maximum weight registering accurately on the scales is 130kg. If you think that the respondent exceeds the limit for the scales, then code it appropriately in CAPI and follow the prompts. Do not attempt to weigh them.

2.3 Equipment

- **Seca 877 scales**

  The weight is displayed in a window on the scales. The scales are switched on by briefly covering the solar cell (for no more than one second). The solar cell is on the right hand side of the weight display panel. NB You may experience difficulties switching the scales on if there is insufficient light for the solar cell. Make sure that the room is well lit. The scales have a fixed battery which cannot be removed.

You will also need a pack of Milton antibacterial wipes.

2.3.1 Calibrating the scales

The scales will need to be sent to Brentwood at regular intervals to be recalibrated to ensure that they provide accurate measurements. **On each set of scales there is a label with a date that they need to be recalibrated by, ensure that they have been sent to Brentwood by this date.**

2.3.2 Technical faults

Please refer to Table 1 when experiencing technical difficulties with the scales.

Table 1 Troubleshooting for the scales

Fault	Action
Seca 870 scales	
No '1888' when turned on or will not turn on	• Insufficient light to operate solar cell • If not solved, report to manager/Brentwood
Inconsistent readings	• Make sure on hard flooring • Ensure 0.0 on display when respondent steps on scales • Insufficient light to operate solar cell • If not solved, report to manager / Brentwood

2.4 Procedure for adults

1. Weigh the respondent on a hard and even surface if possible. Carpets may affect measurements.

2. Ask the respondent to remove shoes, heavy outer garments such as jackets and cardigans, heavy jewellery, and to empty their pockets of all items.

3. Switch on the scales and wait for 1888 to be momentarily displayed in the window. Do not attempt to weigh anyone at this point.

4. When the display reads 0.0, ask the respondent to stand with their feet together in the centre and their heels against the back edge of the scales. Their arms should be hanging loosely at their sides and their head should be facing forward. Having the respondent stand in this position means that the most accurate weight measurement can be obtained. Ensure that they keep looking ahead – it may be tempting for the respondent to look down at their weight reading. Ask them not to do this and assure them that you will tell them their weight afterwards if they want to know.

5. The scales will need to stabilise. If the respondent moves excessively while the scales are stabilising you may get a false reading. If you think this is the case reweigh the respondent.

6. The scales are calibrated in kilograms and 100 gram units (0.1 kg). Record the reading in CAPI before the respondent steps off the scales.

7. If the respondent wishes, record the reading on their measurement record card.

8. The scales should switch off automatically a few seconds after the respondent steps off them.

9. Before packing the scales away ensure the footplate is wiped again to reduce potential cross infection between households.

2.5 Procedure for children

1. You must get the co-operation of an adult household member. This will help the child to relax and children, especially small children are much more likely to be co-operative themselves if an adult known to them is involved in the procedure.

2. Children who wear nappies should be dry. If the nappy is wet, please ask the parent to change it for a dry one and explain that the wetness of the nappy will affect the weight measurement.

3. Weigh the child, following the same procedure for adults. Encourage the child to 'Be as still as a statue' for an accurate reading. If you think that the results are inaccurate, code this in CAPI.

For very young children who are unable to stand unaided or small children who find this difficult follow the procedure below you will need to ask for the assistance of an adult as the following procedure requires you to measure the adult and then the adult holding the child:

1. Explain to the adult what you are going to do and the reasons why.

2. Code in CAPI the procedure used to measure the weight of the child.

3. Weigh the adult as normal following the protocol as set out above. Enter this weight into CAPI.

4. Weigh the adult and child together and enter this into CAPI. CAPI will calculate the difference between the two weights to get the child's weight.
   1

5. If the respondent wishes record this reading on their measurement record card.

6. Before packing the scales away ensure the footplate is wiped again to reduce potential cross infection between households.

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3. RECORDING AMBIENT AIR TEMPERATURE

3.1 Introduction

Many of the physical measures taken fluctuate considerably due to air temperature. To be able to standardise the results that are obtained air temperature must be recorded. CAPI will tell you when to record the air temperature.

3.2 Equipment

You will need:

- A digital thermometer (there are a couple of styles in use that work in the same way)
- A probe
- Spare battery

3.2.1 Using the thermometer

1. This instrument is very sensitive to minor changes in air temperature and thus it is important that ambient air temperature be recorded at the appropriate times, as prompted by CAPI.

2. It can take a few minutes to settle down to a final reading if it is experiencing a large change in temperature.

3. When "LO BAT" is shown on the display the battery needs replacing, take no further readings.

4. To preserve battery power, the thermometer may switch itself off after 7 minutes.

5. The battery in the thermometer is a long-life battery and should last at least one year. However should it run low please purchase a new battery. Take the old one with you to ensure it is the same type. Claim in the usual way.

6. To remove an old battery and insert a new one, unscrew the screw on the back of the thermometer, insert the new battery and replace the cover.

3.3 Procedure

1. Set up the thermometer, usually on a surface near the Omron (blood pressure equipment), by plugging the probe into the socket at the top of the instrument. Do not let the probe touch anything and ensure that it is not near a radiator or in the sun. It is recommended that the probe hang over the edge of a table.

2. When prompted by CAPI to take a reading, turn on the thermometer by pressing the completely white circle.

3. Wait for the reading to stabilise and take a reading.

4. Record the air temperature in CAPI to one decimal place e.g. 21.4. Do not round this to a whole number.

5. To preserve battery life please ensure that after taking the reading the thermometer is switched off by pressing the white ring.

Figure 5a – Digital Thermometer (Digitron 20461)

4. BLOOD PRESSURE

4.1 Introduction

Blood pressure is the exertion that the blood applies to the arterial walls as it is pumped through the circulatory system by the heart. Having a high blood pressure is an important risk factor for cardiovascular disease and stroke. The exact cause(s) of high blood pressure is not completely known; however some factors known to affect blood pressure are smoking, family history, physical fitness and diet. It is important that we examine blood pressure using a standard method to see the distribution of blood pressure measurements across the population. This is vital for monitoring change over time.

4.2 Exclusion criteria

Respondents are excluded from the blood pressure measure if they are:

- Aged 4 years and below
- Pregnant

If a pregnant woman wishes to have her blood pressure measured, you may do so, but do not record the readings in CAPI.

4.3 Consent

In addition to the verbal consent required to conduct all NatCen procedures, written consent is required for the results to be sent to the respondent's GP. The appropriate form must be signed and dated by the respondent.

4.4 Equipment

You will need:

- An Omron HEM 907 blood pressure monitor
- Child/ small adult cuff (17-22 cm)
- Standard adult cuff (22-32 cm)
- Large adult cuff (32-42 cm)
- An AC adapter (for putting Monitor on charge at home)

You should ensure that the monitor surfaces are cleaned periodically with Milton wipes to reduce risks of cross infection and to ensure the cuffs are also cleaned with wipes. Should cuffs become soiled or damaged then the Equipment store at Brentwood should be informed for a new set to be sent out to you. The soiled set should be disposed of in your household waste.

4.4.1 Using the Omron HEM 907

Figure 1 shows the monitor of the Omron

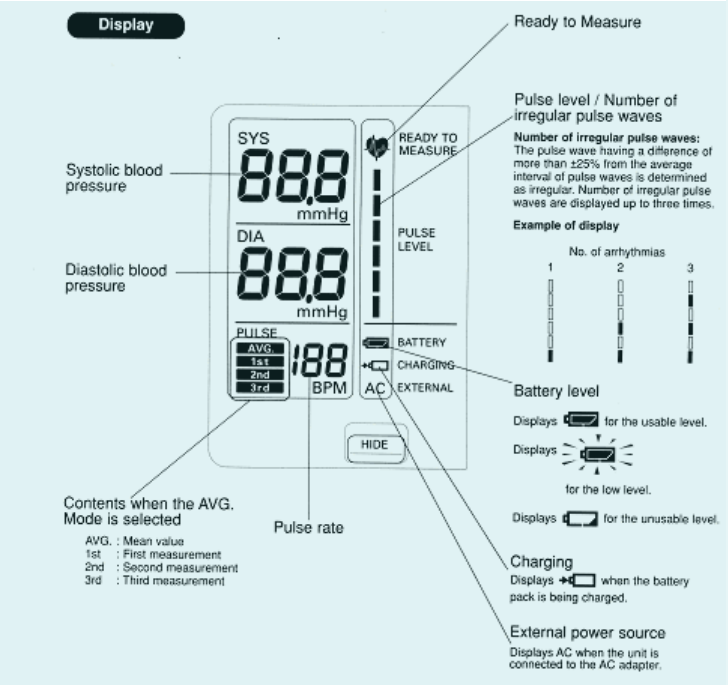

Figure 2 The Omron HEM 907 monitor

1. Switch the monitor on by pressing the ON/OFF button. Wait for the READY TO MEASURE symbol to light, indicating the monitor is ready to start the measurement (approximately 2 seconds).

2. Check that the MODE selector is set to AVG (average) and P-SET Volume (pressure setting) is set to auto.

3. Press the start button to begin the measurement. The cuff will start to inflate and take the first measurement. When the first measurement is complete, the LCD screen will show the systolic pressure, diastolic pressure and pulse rate. It will continue to do this at one minute intervals.

4. Press the ON/OFF button to turn it off.

5. If at any stage while you are taking the measurement you need to stop the monitor, press STOP and start the procedure again.

4.4.2 Charging the battery

The Omron HEM 907 is equipped with a rechargeable battery, which is usable for approximately 300 measurements when fully charged.

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When the battery symbol in the BATTERY display starts to flash there are 20-30 measurements left, you need to charge the battery soon. When a light battery symbol appears in the BATTERY display the battery needs to be put on charge immediately.

To recharge the battery:
Connect the monitor to the mains. A battery symbol will appear in the CHARGING display when the battery is charging. When ready to use the symbol will disappear. A dark battery symbol in the BATTERY display indicates that the battery is charged and the machine is usable. The battery can be charged in approximately 12 hours.

Connect the AC adapter to the DC jack of the main unit and the electric outlet.

NOTE: when the AC adapter is connected and the unit is turned off, the AC adapter charges the installed rechargeable battery. The Omron 907 is NOT designed to work off the mains adaptor, it should be run off the battery power pack. The mains adaptor should ONLY be used to charge the battery pack.

Figure 2 Charging the battery

4.4.3 Technical faults/error readings

Refer to table 1 when error readings appear on the LCD screen.

Table 1 Troubleshooting for the Omron HEM 907

Error No.	Action
Er1, Er2	• Check that the tube connecting the cuff to the monitor is properly inserted and is not bent • Check that the cuff is properly wrapped around the arm • Repeat the measure
Er3	• Check that the tube connecting the cuff to the monitor is not bent • Repeat the measure
Er4	• Ask the respondent to sit as still as possible • Repeat the measure • If it persists, it may be because the respondent has very high blood pressure • Reset the P-SET Volume to 260 and repeat the measure.
Er5, Er6	• Check that the cuff is properly wrapped around the arm • Repeat the measure
Er7, Er8	• Ask the respondent to sit as still as possible • Repeat the measure • If it persists, it may be because the respondent's pulse is irregular, record that it wasn't possible and explain that this sometimes happens.
Er9	• Technical fault – Contact Brentwood and report that fault

4.5 Preparing the respondent

During the initial interview, the respondent would have been informed not to eat, smoke, drink alcohol or participate in vigorous exercise 30 minutes before the nurse visit as this can cause blood pressure to be higher than normal. Before the procedure ask to see if they have carried out any of these activities and note their response in CAPI.

Select the right arm unless this is impossible. Ask the respondent to remove outer garment (e.g. jumper, cardigan, jacket) and expose their upper right arm by rolling up their sleeve. If the sleeve constricts the arm, restricting the circulation of blood, ask the respondent if they would mind taking their arm out of the sleeve for the measurement.

4.5.1 Selecting the correct cuff

Adults

Do **not** measure the upper arm circumference to determine which cuff size to use. Instead, choose the correct cuff size based on the acceptable range which is marked on the inside of the cuff. You will note that there is some overlap between the cuffs. If the respondent falls within this overlap range then use the **standard** cuff where possible.

Children

It is important to select the correct cuff size to obtain an accurate reading and avoid injuring the child. The appropriate cuff is the largest cuff which fits between the axilla (underarm) and the antecubital fossa (front of elbow) without obscuring the brachial pulse and so that the index line is within the range marked on the inside of the cuff. You will be provided with a child's cuff as well as the other adult cuffs. Many children will not need the children's cuff and instead will require an adult cuff. You should choose the cuff that is appropriate to the circumference of the arm.

4.6 Procedure

1. Check that the monitor is working.

2. Use the right arm, unless this is impossible. If the left arm is used, record this in CAPI.

3. Get the respondent to sit in a comfortable chair with a suitable support so that the **right arm** is resting at a level to bring the antecubital fossa (elbow) to approximately heart level. They should be seated in a comfortable position with legs uncrossed and feet flat on the floor.

4. Wrap the correct sized cuff round the upper **right arm** and check that the index line falls within the range lines. Do not put the cuff on too tightly as bruising may occur on inflation. Ideally it should be possible to insert two fingers between the cuff and the arm.

5. Locate the brachial pulse just medial to the biceps tendon and position the arrow on the cuff over the brachial artery. The lower edge should be about 1-2 cm above the cubital fossa (elbow crease).

6. Explain to the respondent that you need them to sit quietly for five minutes and that during that time they cannot eat, drink or smoke.

7. During this 'quiet time' follow the procedure for taking ambient air temperature and just before taking the blood pressure reading, make a note of the air temperature (this is not applicable for all surveys, refer to the project specific instructions).

8. After five minutes explain that you are starting the measurement, also explain that the cuff will inflate three times and each time they will feel some pressure on their arm. Ask them to relax, be seated in the position detailed in step 3 and not to speak until the measurement has been completed, as it may affect their reading.

9. Press start on the Omron HEM 907 to start the measurement. When the first measurement is complete it will be displayed on the LCD screen. Record this.

10. The unit will produce readings at one minute intervals thereafter; record the next two so you have three sets of readings in total. To check the readings press the 'Deflation' button. It is important that the three readings are recorded as the first reading is usually higher, and thus less accurate, than the other two readings as the respondent may be feeling nervous.

11. Press ON/OFF on the Omron to switch the unit off and remove the cuff from the respondent's arm.

12. If the respondent wishes, you should record details of their readings on the measurement record card.

4.7 Respondent feedback

When answering queries about a respondent's blood pressure it is very important to remember that it is NOT the purpose of the survey to provide respondents with medical advice, nor are you in a position to do so as you do not have the respondent's full medical history.

What you may say in each situation has been agreed with the Survey Doctor and CAPI will instruct you to read out the appropriate interpretations of the respondent's results. It is very important that the agreed script in the CAPI is read word for word and that personal interpretation is never offered.

The respondent feedback protocol should be strictly followed. It is very important that as little anxiety as possible is caused, but at the same time we have a duty to advise people to see their GP if the measurements indicate that blood pressure is raised.

4.7.1 Child respondents

Do not comment on a child's blood pressure readings to the child or parents. If they seek comment, state that you are not able to interpret a single blood pressure measurement without checking to see whether it is normal for the child's age and height. Reassure them that if it is found to be markedly abnormal, the Survey Doctor will get in touch with them or their GP and advise them to get it checked. This rule applies for all readings you obtain.

4.7.2 Adult respondents

As stated previously we have a duty to inform people that they need to see their GP if their blood pressure is high. It is important that the instructions below are carefully read and guidelines always followed precisely.

The computer tells you which readings your advice should be based on. This will be based on the **lowest** systolic and **lowest** diastolic reading from the last two readings (this is a change from previous practice when the highest readings were used). This will usually, but not always, be from the same reading. For example, occasionally it may be the systolic from the second reading and the diastolic from the third reading. Furthermore if the lowest systolic reading falls in one category and the lowest diastolic reading falls in another category, the higher of the two categories will be used to trigger the advice to respondents. For example the lowest systolic reading is 138 (normal) and the lowest diastolic is 96 (mildly raised) then the advice given will be based on a mildly raised reading. If the first reading is higher than the other two it should be explained that the first reading can be high because people are nervous of having their pressure taken.

Definitions of raised blood pressure differ slightly. The Survey Doctor has recommended the blood pressure ratings given below based on the most recent guidelines from the British Hypertension Society. It is important that you adhere to these definitions, so that all respondents are treated in an identical manner. These are shown in table 2.

Table 2 Definition of blood pressure ratings

ADULTS ONLY

SURVEY DEFINITION OF BLOOD PRESSURE RATINGS

For men and women aged 16+

Rating	Systolic		Diastolic
Normal	<140	and	<90
Mildly raised	140 - 159	or	90 – 99
Raised	160 - 179	or	100 – 114
Considerably raised	180 or more	or	115 or more

Points to make to a respondent about their blood pressure (given on screen):

Normal:

'Your blood pressure is normal.'

Mildly raised:

'Your blood pressure is a bit high today.'

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'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 one-off finding or not.'

Raised:

'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 one-off finding or not.'

Considerably raised:

'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 one-off finding or not.'

(For all of the above points, you can also advise the respondent to see their practice nurse, if this is who they would typically see in relation to their blood pressure.)

Note: If the respondent is elderly and has considerably raised blood pressure, amend your advice so that they are advised to contact their GP within the next week or so about this reading. This is because in many cases the GP will be well aware of their high blood pressure and we do not want to worry the respondent unduly. It is however important that they do contact their GP about the reading within 7 to 10 days. In the meantime, contact the Survey Doctor who will inform the respondent's GP of their result, providing the respondent has given their permission (refer to table 6).

4.8 Action to be taken by the nurse after the visit

If you need to contact the Survey Doctor, unless there is a hypertensive crisis, do not do this from the respondent's home - you may cause unnecessary distress.

4.8.1 Children

No further action is required after taking blood pressure readings on children. All high readings are viewed routinely by the Survey Doctor. However, in the rare event that you encounter a child with a very high blood pressure, i.e. systolic 160 or above or diastolic 100 or above please call the Survey Doctor.

4.8.2 Adults

Table 3 summarises what action to take based on the readings you have obtained for a respondent. For this purpose you should only take into account the last two of the three readings you take, as the first reading is prone to error.

Table 3Nurse action due to blood pressure readings

BLOOD PRESSURE	ACTION
Normal/mildly raised/raised BP Systolic less than 180 mmHg and Diastolic less than 115 mmHg	No further action necessary If you feel that the circumstances demand further action, inform the Survey Doctor who will then inform the respondent's GP immediately if she deems it necessary.*
Considerably raised BP Systolic at or greater than 180 mmHg or Diastolic at or greater than 115 mmHg	Contact the Survey Doctor at the earliest opportunity and she will inform the respondent's GP if written consent has been given, or the respondent if not.* If the respondent has any symptoms of a hypertensive crisis** contact the survey doctor immediately or call an ambulance. The Survey Doctor must be informed as soon as possible.

* You must still contact the Survey Doctor even if respondents tell you that their GP knows about their raised BP.

** A hypertensive crisis is an extremely rare complication of high blood pressure. Its signs and symptoms include diastolic bp > 135 mmHg, headache, confusion, sleepiness, stupor, visual loss, seizures, coma, cardiac failure, oliguria, nausea & vomiting.

The Survey Doctor will look at all high or unusual readings when they reach the office. If the reading is high, then the Survey Doctor will contact the respondent directly. The Survey Doctor will also routinely check fast and slow pulse rates so no further action is necessary regarding these.

Contact details for your Survey Doctor can be find in the project instructions. The Survey Doctor is generally available from 8.00-22.00. Calls outside these hours are either unnecessary or an emergency, in which case, the survey doctor is unlikely to be in a position to do anything practical and you should be using your professional judgement whether to call an ambulance or seek other urgent advice.

5. WAIST AND HIP CIRCUMFERENCES

5.1 Introduction

There has been increasing interest in the distribution of body fat as an important indicator of increased risk of cardiovascular disease. The waist and hip circumferences are measures of the distribution of body fat (both subcutaneous and intra-abdominal). Analyses suggest that waist circumference and waist-hip ratio are predictors of health risk like the body mass index (weight relative to height).

5.2 Exclusion criteria

Respondents are excluded from the waist and hip circumference measurement if they:

- Aged 10 years and below
- Are pregnant
- Are chairbound
- Have a colostomy / ileostomy

5.3 Equipment

You will need:

- An 'Easy Check Circumference Measurement' tape calibrated in millimetres
- Milton wipes

5.3.1 Using the Circumference Measurement tape

Pass the tape around the circumference and click the press button in place at the back of the plastic slider. To check the tape is horizontal you have to position the tape on the right flank and look round the participant's back from his/her left flank to check that it is level. This will be easier if you are kneeling or sitting on a chair to the side of the respondent. When taking the reading, be sure not to lift the tape, hold it flat against the body otherwise you will get an inaccurate measurement.

5.4 Preparing the respondent

The respondent needs to be wearing light clothing. Explain to the respondent the importance of this measurement and that clothing can substantially affect the reading. If possible the respondent needs to remove:

- All outer layers of clothing, such as jackets, heavy or baggy jumpers, cardigans and waistcoats
- Shoes with heels
- Tight garments intended to alter the shape of the body, such as corsets, lycra body suits and support tights/underwear
- Belts

Pockets should be emptied and if possible ask the respondent to empty their bladder before taking the measurement. If a urine sample is to be collected, this would be a good time to ask the respondent to provide it.

Explain to the respondent that the waist and hip measurements taken on NatCen surveys are taken at different points to where the respondent might think their waist and hips are. Therefore measurements may differ to those taken for clothing purposes.

Some respondents may be wearing religious or other symbols which they cannot remove and which may affect the measurement. Do not embarrass or offend the respondent by asking them to remove such items. Record in CAPI if the measurement is likely to be affected by this.

5.5 Procedure

Steps 1-3 apply to both waist measurement and hip measurement.

1. Ensure that the respondent is standing erect in a relaxed manner and breathing normally. Weight should be evenly balanced on both feet and the feet should be about 25-30cm (1 foot) apart. The arms should be hanging loosely at their sides. This position will provide the most accurate measurement of both the waist and the hip, and will allow for them to be measured easily.

2. If possible, kneel or sit on a chair to the side of the respondent.

3. With assistance from the respondent pass the tape around the respondent's body, or if they are able to, get them to pass the tape around themselves and check that it is not twisted. Click the press button in place at the back of the plastic slider.

5.5.1 Measuring waist circumference

4. The respondent's waist is located midway between the iliac crest and the costal margin (lower rib). To locate the levels of the costal margin and the iliac crest, ask the respondent if you can touch them, and use the fingers of your right hand held straight and pointing in front of the participant to slide upward over the iliac crest.

5. Position the tape at the respondent's waist, ensuring that it is horizontal.

6. Ask the respondent to breathe out gently and to look straight ahead. This is to prevent the respondent from contracting their muscles or holding their breath.

7. Take the measurement at the end of a normal expiration by holding the slider flat against the body and read the measurement from the red line.

8. Record the measurement in CAPI in centimetres and millimetres. Always record to a one decimal place. If the result falls between two millimetres, record to the **nearest even millimetre**.

9. Repeat steps 1-8 to record a second measurement. If the second reading differs significantly from the first, CAPI will report an error message. At this point check that you have entered the results into CAPI correctly. Otherwise take a third measurement, following the procedure above. Enter this result into CAPI, the computer will know which two results to use.

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5.5.2 Measuring hip circumference

9. The respondent's hip circumference is the widest circumference over the buttocks and below the iliac crest.

10. Position the tape in this area ensuring that the respondent is looking straight ahead and not contracting their gluteal muscles. Ensure the tape is horizontal.

11. Measure the circumference at several positions over the respondent's buttocks, by holding the slider flat against the body and read the measurement from the red line.

12. Record the widest circumference in CAPI. Always record to one decimal place. Report in centimetres and millimetres. If the result falls between two millimetres, record to the **nearest even millimetre**.

13. Repeat steps 1-3 and 9-12 to record a second measurement. If the second reading differs substantially from the first, CAPI will report an error message. At this point check that you have entered the results into CAPI correctly. Otherwise take a third measurement, following the procedure above. Enter this result into CAPI, the computer will know which two results to use.

14. If the respondent wishes, record the waist and hip measurement on their measurement record card.

5.6 Additional points

- If you have problems palpating the rib, ask the respondent to breathe in very deeply. Locate the rib and as the respondent breathes out, follow the rib as it moves down with your finger.

- The tape should be tight enough so that it doesn't slip but not tight enough to indent clothing.

- If the respondent is large, ask him/her to pass the tape around rather than 'hug' them. Remember to check that the tape is correctly placed to take the measurement and horizontal all the way around.

- Some respondents will be wearing clothing where the waistband of the trousers/skirt sits on the waist. Do not attempt to move the clothing or take the measurement at a different position. Measure the waist circumference over the waistband and make a note of this in CAPI. If the waistband is not horizontal all the way around the body i.e. it may be lower at the front, always ensure that the tape is horizontal which may mean that it passes over the waist band in some places and not in others. If there are belt loops, thread the tape through the loops so that they don't add to the measurement.

- We only want to record problems that will affect the measurement by more than would be expected when measuring over light clothing. As a rough guide only record a problem if you feel it affected the measurements by more than 0.5cm. We particularly want to know if waist and hip are affected differently.

- Before packing the tape away ensure the length of tape is wiped to reduce potential cross infection between households.

6 HEARING TEST PROTOCOL

Introduction

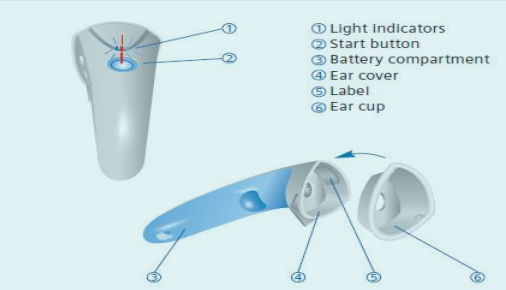
The hearing test is carried out using a hearing device, the HearCheck screener which provides an indication of hearing problems at a general population level. HearCheck tests for audibility of pure tone beeps as a measure of impairment. The results are screening results and should not be used as audiometric assessment,

Exclusion criteria

Respondents are excluded from the hearing test if the respondent has:

- a cochlear implant
- an ear infection in either ear

- ***Equipment***
- You will need:
- A HearCheck screening device
- Disposable ear-cups
- Milton wipes



Using the HearCheck Screener

The HearCheck Screener is a hearing screening device produced by Siemens. It is a hand held device which is held against the respondent's ear and emits beeps/tones at different frequencies.

There are two tests where a sequence of beeps are played at 1kHz and 3kHz frequencies at three different levels:

- First test at 1kHz - 55dBHL, 35dBHL, 20dBHL

- Second test at **3kHz** - 75dBHL, 55dBHL, 35dBHL

You will play 12 tones in total – 6 in the left ear and 6 in the right ear.

Preparing the respondent

The room must be quiet so you will need to ask the respondent to switch off any radios/televisions etc. Please make a note in the CAPI if you think the environment was particularly noisy and might have affected the test.

The test should be conducted with the respondent seated. Ask the respondent to raise a finger to indicate that they have heard a tone. It is important that the respondent does not talk during the test and does not know how many tones will be played.

If the respondent has a hearing aid or hearing aids they are eligible for the test but will need to remove these before administering the test. Don't forget to explain the test procedure before the respondent removes the hearing aids.

Procedure

1. The respondent should be sitting in an upright position so that you can easily test both ears and see the lights on the testing device.
2. You will need to ask the respondent to remove any item which will affect the hearing device making proper contact with the ear (e.g. Glasses, earrings, hairbands).
3. Insert a new disposable cardboard ear cup in the machine for each respondent. Used ear cups can be disposed of in normal recycling.

Hearing Screening

4. Gently place the cup of the device over the left ear making sure the edges of the cup are in contact with the respondent's head. Ensure that this is done steadily to avoid any noise being made from moving the cardboard ear-cup.
5. Press the button once to begin the first set of 3 tones (at 1khz). The device will signal that the test is ready to begin by all 3 lights flashing together 3 times.
6. The lights will flash in turn to indicate that tones are being played. Do not tell the respondent how many tones will be played. The respondent should indicate immediately by raising a finger if they hear the sound. Note that the tones are played in quick succession so look at the device throughout the test and record the whether the respondent heard the tones after the test has finished.
7. Place a tick in the relevant box(es) on the hearing test record sheet to indicate which tones the respondent heard. After all the tests are complete enter the results of the hearing test into CAPI.
8. After the first three tones are played (at 1khz) press the button again within 20 seconds to start the second test (at 3khz). You will see all 3 lights flash together 9 times. If you are delayed in pressing the button the device will restart the test from the beginning (at 1khz) so you will need to begin the test again.
9. Record whether the respondent heard each of the tones at 3khz on the hearing test record sheet. Enter the results from all the tests into CAPI. Note that if a respondent heard a quieter tone without hearing a louder one a check in CAPI will ask you to re-administer the test on that ear.
10. Repeat steps **4-9** for the **right** ear.
11. Between respondents, and before packing away, wipe the outer part of the hearcheck screener with a milton wipe.

7. BLOOD SAMPLING (NON FASTING)

The protocol for taking blood samples set out below is written in accordance with the Clinical Procedure Guidelines: Venepuncture. All nurses are to read this document before carrying out any venepuncture procedure.

7.1 Introduction

Blood samples are taken from respondents as they provide information on various analytes, giving a detailed description of the health of an individual. They are integral to the research NatCen undertakes as they give a comprehensive representation of the health of the population that cannot be obtained from any other source.

Table 1 shows information regarding the different analytes and what they measure.

Table 1 Blood analytes

ANALYTE	WHAT IT MEASURES
Glycated Haemoglobin	Glycated haemoglobin is a measure of the respondent's longer term glycaemic status. High levels are indicative of poor control of, or undiagnosed diabetes.
Total, LDL and HDL cholesterol	Total cholesterol and LDL cholesterol increase the risk of atherosclerosis ('furring' of the arteries). Raised levels are associated with higher risks of heart attacks, while HDL cholesterol has a protective role.

The blood will **not** be tested for any viruses, such as HIV (AIDS).

7.2 Exclusion criteria

All respondents with the following exceptions are eligible to give blood:

- Aged 15 and under
- Pregnant women
- Respondents who are HIV positive or who have hepatitis B or C
- People with clotting or bleeding disorder
  By clotting or bleeding disorders we mean conditions such as haemophilia and low platelets, i.e. thrombocytopenia. There are many different types of bleeding/clotting disorders but they are all quite rare. The reason these respondents are excluded from blood sampling is that:
  a) the integrity of their veins is extremely precious
  b) we do not wish to cause prolonged blood loss
  For the purposes of blood sampling, those who have had, for example, a past history of thrombophlebitis, a deep venous thrombosis, a stroke caused by a clot, a myocardial infarction or an embolus are NOT considered to have clotting disorders.
- Those aged 16 and over who have had a fit (e.g. epileptic fit or convulsion) in the **last 5 years** should not be asked to provide a blood sample.

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- People who are **currently** on anticoagulant drugs, e.g. Warfarin therapy
  Check if the respondent has a clotting or bleeding disorder or is on anticoagulant drugs, such as Warfarin, and record this in CAPI. These are very uncommon. If you find someone with these problems, do not attempt to take blood, even if the disorder is controlled.
  Aspirin therapy is **not** a contraindication to blood sampling. If you are uncertain whether a condition constitutes a contraindication to blood sampling, the Survey Doctor will be happy to answer your queries.
- Adults who are not willing or able to give their consent in writing.

7.3 Consent

As blood sampling is an invasive procedure we need to ensure that fully informed written consent is obtained from each respondent. Information on what they are consenting to is mainly given in the Stage 2 leaflet, and the respondent confirms that they have been provided with this information on the consent form.

The leaflet 'Giving a blood sample' also provides useful information about the risks around giving a sample and after-care. This is information that you should be giving verbally in any case, and you therefore do not need to ensure that the respondent has read this leaflet in advance as long as you make sure you have covered all the points yourself.

On **no** account should you ever take blood before you have obtained written consent to do so from the respondent.

There are two further written consents we wish to obtain in respect to blood sampling:

a. Consent to send the results to the GP (verbal consent only is required for results to be sent back to the respondent
b. Consent to store a small amount of the blood, anonymously, for future research purposes

You should seek to obtain all of the required consents before you take any blood.

Small quantities of blood are being stored in special freezers for further analysis in the future. Future analysis will definitely **not** involve tests for viruses (e.g. HIV (AIDS) test). Any future analysis will be unlinked which means that the researcher doing the analysis will not be able to link it back to the respondent. Respondents will therefore not receive the results of any tests done on their blood in the future.

The questions on the CAPI questionnaire will take you step by step through all the procedures for obtaining consents. Make sure you follow these carefully - recording consent codes as instructed and giving reasons for refusals, if applicable.

In summary:

- Ask the respondent if they would be willing to have a blood sample taken. Try to reassure respondents about the process, and be prepared to answer their concerns. You will need to explain the importance of written consent to the respondent
- Obtain written consents on the appropriate consent form (including initials **and full signature**).
- Remember to enter their name or serial number on each page of the form before asking the respondent to sign.
- Remember to enter your name in the qualified nurse space provided on each form.
- Check that you have circled the correct consent codes on the front of the consent booklet, and that this corresponds with the CAPI instructions on screen.

7.4 Equipment

The equipment required is listed in the Clinical Practice Guideline for Venepuncture (CPG).

7.5 Preparing the respondent

Protocol on preparing the respondent can be found in the Venepuncture CPG.

Further points to note include:

- Ask the respondent to remove any jackets, thick garments and/or roll their sleeves up.
- Instruct the respondent to remain as still as possible

7.6 Procedure

The procedure for taking the blood sample can be found in the Venepuncture CPG. This procedure is to be followed. It is to be used in conjunction with CAPI which will guide you through the blood sampling process.

- The vacutainer blood tubes should be filled to the specified capacity in turn (according to the order of draw specified in the project instructions) and inverted gently 5 times on removal to ensure complete mixing of blood and preservatives.

IMPORTANT WARNING – PREVENTING NEEDLESTICK INJURY

Never re-sheath a needle after use

Do not allow the sharps disposal box to become overfull as this can present a potential hazard

7.7 Labelling & packaging the sample(s)

Label the tubes according to your CAPI instructions, immediately after completing the venepuncture procedure. Refer to the project specific instructions for further guidance about labelling and packaging the blood samples.

It cannot be stressed enough the importance of correctly labelling each tube with the correct serial number for the person from whom the blood was obtained. Apart from the risk of matching up the blood analyses to the wrong person's data, we will be sending the GP the wrong results. Imagine the implications of an abnormal result being reported to the wrong respondent.

7.8 Other important points

7.8.1 'Giving a blood sample' leaflet

We need to be sure that each respondent is left with information about giving a blood sample, including information about who to contact should they experience any side effects as a result of the blood sample.

To provide them with this information, leave the respondent with the leaflet **'Giving a blood sample'.** The leaflet includes information on any possible side effects they may experience such as pain and bruising, and how to care for the puncture site. It is also a useful leaflet to leave behind to reassure the friends and family of the respondent of the procedure used should they have any concerns after your visit.

7.8.2 Venepuncture check questions

Always complete the Venepuncture checklist on CAPI for every respondent from whom you attempt to take blood. This shows that you have followed the correct procedure, and noted, where applicable, any abnormalities, and the action you took. The checklist is usually towards the end of the CAPI.

Please remember to check the respondent's venepuncture site just before you leave and note any changes in their physical appearance in CAPI.

7.8.3 Fainting respondents

If a respondent looks or feels faint during the venepuncture procedure, it should be discontinued. The respondent should be asked to lie down with feet elevated.

If they agree for the test to be continued after a suitable length of time, the procedure should be performed with the respondent lying down and the circumstances should be recorded in CAPI.

If a respondent fully faints, then you should apply the principles of first aid by:

- Calling for help / assistance, if there is another adult relative within the house
- Ensure the respondent is supported safely or eased into a position lying down on their side, where they can recover
- Remain with the respondent until they come round and feel able to slowly move to a sitting position.
- Discontinue the interview unless, in your professional opinion you and the respondent feels it is safe to continue.
- Ensure you submit a Special Report Form to the Freelance Resources Unit detailing what happened, what course of action you took and how the respondent appeared when leaving.
- **NB: - Should a respondent not recover as quickly as expected from a fainting episode then the course of action is to phone the Emergency Services and hand over the situation to them.**

7.8.4 Fitting respondents

It is rare for a respondent to experience a fit or experience a convulsion during the venepuncture procedure, especially as those with a declared history of fitting or convulsion within the previous 5 yrs will have been excluded.

If a respondent appears to have an episode of fitting or convulsion during or immediately after venepuncture procedure, then you should apply the principles of first aid by:

- Calling for help / assistance, if there is another adult relative within the house. **If there isn't any other person in the household to support / assist you, then you should call the emergency services.**
- Ensure the respondent is supported safely or eased into a position lying down on their side, with their airway supported open and where they can recover safely
- Remain with the respondent until they come round, monitor their level of response, pulse and breathing.
- Ensure you submit a Special Report Form to the Freelance Resources Unit detailing what happened, what course of action you took and how the respondent appeared when leaving.

7.8.5 Handling & disposal of needles and other materials

Safe disposal of needles is required to control the risk of injury from the disposed sharps. Without the safe disposal of needles there is an increased risk of needle stick injuries and/or psychological trauma due to fear of potential infection. NatCen's policy is that only safety sharps will be provided for use on projects and therefore the safety sharps should be used as a mater of course, within a nurse's field work.

Precautions

- Wear gloves at all times when performing the venepuncture procedure to reduce blood 'transmission load' if a needlestick injury occurs
- Sharps should be disposed of at the point of use
- Do not carry sharps unnecessarily
- Handling must be kept to a minimum
- Needles must not be passed directly from hand to hand
- Needles must not be bent or broken prior to use
- Needles should not be resheathed by hand
- Never lay sharps down on beds or work surfaces, or leave lying amongst paper towels or linen
- Never hand sharps to anyone

Disposal

Do's:

- Continue to wear gloves when disposing of sharps and related contaminated waste
- Sharps must always be disposed of in the approved orange top 1L 'sharps bins' provided by NatCen immediately after use
- A Sharps bin should be available beside you before opening and using the sharp
- Dispose of the sharp bin when the manufacturer's marked line has been reached or when it is three quarters full
- Check to ensure that the sharps bin lid is securely closed and sealed as per Sharps Disposal Policy

Don'ts:

- Overfill sharps bins
- Fill sharps containers above the manufacturer's marked line

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- Dispose of sharps with other clinical waste
- Put your hands into sharps bins
- Never return any used sharps bins by post or courier to the Operations Department or other member of the freelance nurse or interviewer panel by a postal / courier service.

Any non sharps venepuncture waste (e.g. gauze swab, gloves, plaster covering etc) can be disposed of in the respondent's household waste.

Needle stick injury
In the event of a Needlestick injury (by respondent or nurse) – follow NatCen's specific needlestick injury protocol.

7.8.6 Respondents who are HIV or Hepatitis B / C positive

If a respondent volunteers that they are HIV, Hepatitis B or Hepatitis C positive, **do not** take a blood sample. Record this as the reason for not taking a blood sample in the CAPI. You should never, of course, seek this information.

7.8.7 Respondents who declare they are HIV or Hepatitis B positive during or after venepuncture procedure

If a respondent volunteers this information whilst blood is actively being taken – then inform the respondent politely that you must stop the procedure, at that point, as any blood taken for research purposes cannot be sent to the laboratory for processing. Dispose of the tubes already filled into the sharps bin and once all sharps are within the bin, the bin should be fully sealed and disposed of according to the Sharps Disposal Procedure.

Record the relevant information into the CAPI – including completion of the venepuncture check questions.

Ensure you submit a Special Report Form to the Freelance Resources Unit detailing the situation, what course of action you took and how the respondent appeared when leaving.

7.9 Respondent feedback

Results from some blood tests (though not necessarily all) can be sent to the respondent. If the respondent gives written consent for the results of their blood sample to be sent to their GP then they are able to get feedback on the results.

8. SPOT URINE

8.1 Introduction

Urine, a waste product of human bodily functioning, can be analysed to provide information on various factors depending on the compound to be analysed (table 1). The information that is obtained is highly accurate and cannot be taken from any other source.

Table 1 Compounds in urine analysis

Chemical	Definition
Potassium	Potassium is both an electrolyte and a mineral which works to keep a balance in bodily fluids and has an important role in nerve and muscle functioning. Potassium is found in fruit and vegetables and thus also indicates the fruit and vegetable intake of individuals.
Sodium (salt)	Sodium is both an electrolyte and a mineral which works to keep a balance in bodily fluids and has an important role in nerve and muscle functioning. Sodium is found in most foods and has been shown to contribute to high blood pressure which is a major risk factor in the development of cardiovascular disease.

8.2 Exclusion criteria

Respondents are excluded from giving a urine sample if they:
- Aged 15 years and below
- Are pregnant
- Are HIV positive
- Have Hepatitis B or C

Do not ask for information regarding HIV and Hepatitis B or C, however if they volunteer it, record them as unable to give a sample and make a note.

Women who have their period are not excluded from giving a urine sample. Respondents with a catheter are also not excluded. If the sample is taken from a catheter bag, this should be recorded in CAPI. It does not matter how long the urine has been in the collection bag.

8.3 Consent

There is a separate consent form for the urine sample. This must be signed and dated by the respondent. Please make it clear to respondents that they will not receive results regarding their urine sample.

8.4 Equipment

You will need:
- A 100ml Polypropylene disposable beaker
- A 10ml Sarstedt urine collection syringe and extension tube containing a small amount of a preservative
- An instruction leaflet on how to use and fill the Sarstedt syringe

- Coloured labels
- Gloves
- A polythene bag to store the equipment in and can be used to discard the used equipment once the sample has been taken (optional).

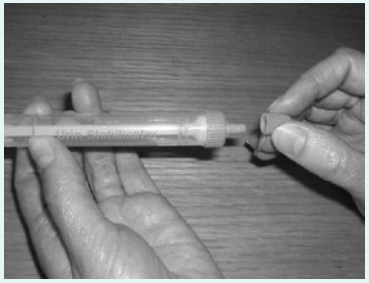
8.5 Preparing the respondent

Explain to the respondent that you need a urine sample and why it is important. Explain the equipment to them and show them how to use the Sarstedt syringe. A demonstration consisting of a syringe and a beaker filled with water can be used for this purpose. The instruction leaflet can be left with the respondent for easy reference while performing the urine collection in private, if required. Explain the procedure below to the respondent. Tell them that you need them to follow the procedure as carefully as possible.

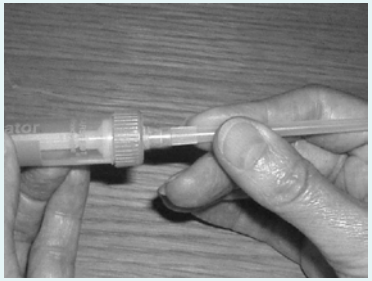
8.5.1 Urine sample syringe instruction leaflet

1. Collect your sample in the disposable pot.

2. Remove the small push cap.

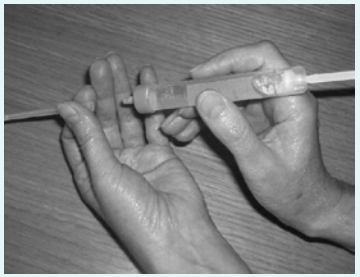


3. Push the extension tube on the syringe nozzle.



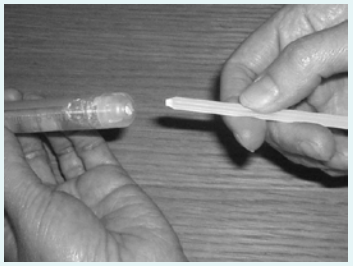
4. Put the end of the tube into the urine in the beaker and pull back the syringe to fill it.

5. Remove the extension tube.



6. Replace the cap.

7. Pull the syringe plunger until it clicks and break off the stalk.



8.6 Procedure

1. Respondents are to wash their hands with soap and water prior to voiding to avoid contaminating the sample with substances which may be on their hands. It is important that the inside of the urine collection beaker is not touched or allowed

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to come into contact with any part of the respondent's body, clothing or any external surfaces.

2. Ask the respondent to collect a mid flow sample of their urine in the disposable collection beaker.

3. Immediately after voiding they need to collect a sample of the urine by using the syringe as you have demonstrated to them and by following the instructions on the card. The collection of the urine sample needs to happen immediately after voiding to minimise specimen exposure to air.

4. Ask the respondent to wash the outside of the filled and sealed syringe and dry it using toilet roll, once the sample collection is complete.

5. If the respondent is unable to fill the syringe him/herself, or would rather not do so, you can do this for them. Emphasise that the sample needs to be taken from the sample straight away in order to minimise specimen exposure to air, so as soon as they have finished they need to bring it to you or leave it in the bathroom and notify you that the sample is ready. Please ensure that you are wearing gloves before attempting to fill the syringe for this respondent, you should wear gloves at all times when you come in contact with a urine sample.

6. Make sure that the plastic cap is securely sealed and the syringe plunger stalk snapped.

7. Label and package the sample according to the project specific instructions.

8. To dispose of the sample, pour the remaining urine in the toilet and throw the beaker and used equipment in the rubbish bin (if the respondent prefers, this can be put in a polythene bag first and then thrown in the rubbish bin).

9. SALIVA

9.1 Introduction

- Saliva samples are taken from respondents for analysis to detect Cotinine, a derivative of nicotine showing levels of exposure to tobacco smoke.

9.2 Exclusion criteria

Respondents are excluded from giving a saliva sample if they:

- Aged 3 and under
- Are pregnant
- Are HIV positive
- Have Hepatitis B or C

Do not ask for information regarding HIV and Hepatitis B or C, however if they volunteer it, record them as unable to give a sample and make a note.

9.3 Consent

There is a separate consent section for the saliva sample. This must be signed and dated by the parent or legal guardian of children aged 15 years and below. Please make it clear to respondents that they will not receive results regarding their saliva sample.

9.4 Preparing the respondent

Explain to the respondent what you will require them to do and the reasons behind why saliva samples are taken.

There are two procedures, one for children aged 4-15 using a tube, and one for adults, the procedure using the salivette and cotton swab.

9.5 Procedure One – dribbling into tube

9.5.1 Equipment

You will need:
- A plain 5ml tube
- A short wide bore straw
- Kitchen paper
- Gloves

9.5.2 Procedure

1. Remove the cap from the plain tube Give the straw to the respondent. Explain that you want him/her to collect their saliva in their mouth and then let it dribble down the straw into the tube. The saliva does not need to go through the straw, the straw is intended to direct the saliva into the tube. Ensure that you are not getting sputum i.e. they are not clearing their chest to collect their saliva.

2. Allow the respondent 3 minutes to do this, collecting as much as you can in this time. The saliva will be frothy and will look greater in volume than it actually is, so do not give up too soon. You need at least 0.5cm on depth in the tube, not including froth.

3. If respondents find it difficult to use the straw they may dribble into the tube directly. This is acceptable, but encourage them to use the straw where possible.

4. If a respondent's mouth is excessively dry and they cannot produce saliva allow them to have a drink of plain water. Wait for 5 minutes before collecting the sample to ensure that water is not retained when the sample is given.

5. Replace the cap on the tube and report any problems in CAPI. You should wear gloves at all times when you come in contact with a saliva sample.

6. Label and package as directed in the project specific instructions.

9.1 Procedure Two – using a salivette with cotton swab

9.1.1 Equipment

You will need:

- Salivettes
- Gloves

9.1.2 Procedure

1. Figure 10 is a picture of a salivette. 'A' shows the salivette correctly assembled and 'B' shows the four different parts that it consists of: the cap, absorbent swab, inner tube and outer tube.

2. To obtain the saliva sample, remove the inner tube from the outer tube. Remove the cap from the inner tube and instruct the respondent to take the absorbent swab from the inner tube, without touching it, by lifting the tube to their lips and letting the absorbent swab fall into their mouth. Further explain that they must leave it in their mouth until it is saturated with saliva.

3. Ask them to move it around in their mouth, gently biting on it, as this helps to ensure thorough wetting of the absorbent swab. It will vary from person to person, however 3 minutes will usually be ample.

4. If a respondent's mouth is excessively dry and they cannot produce saliva allow them to have a drink of plain water. Wait for 5 minutes before collecting the sample to ensure that water is not retained when the sample is given.

5. When the absorbent swab is sufficiently wet, ask the respondent to remove it from their mouth and put the absorbent swab back into the inner tube, avoiding touching it if they can.

6. Wearing gloves, check that the swab is saturated. The tube should feel noticeably heavier than an unused one. If the swab rattles around in the tube then it is not wet enough and you need to give it back to the respondent to put back in their mouth.

7. Once you are satisfied that it is saturated replace the cap on the inner tube and put the inner tube back in the outer one (the inner tube has a hole in the bottom so will leak in the post if not placed in the outer tube). Record in CAPI any problems you may have had. You should wear gloves at all times when you come in contact with a saliva sample.

8. Label and package as directed in the project specific instructions.

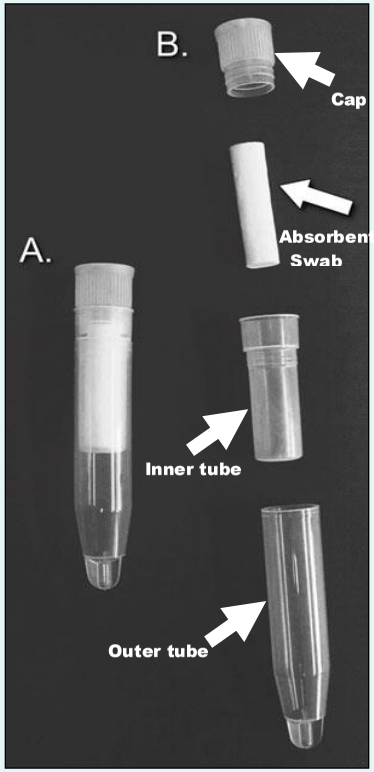

Figure 3 'A': an assembled salivette, 'B': the various components

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Appendix C

Glossary

C

This glossary explains terms used in the report; some definitions are also given in relevant chapters.

Acute sickness

A condition or illness that reduces an individual's ability to carry out day-to-day activities.

Age standardisation

Age standardisation has been used in order to enable different groups to be compared after adjusting for the effects of any differences in their age distributions.

When different sub-groups are compared in respect of a variable on which age has an important influence, any differences in age distributions between these sub-groups are likely to affect the observed differences in the proportions of interest.

Age standardisation was carried out for adults aged 16 and over, using the direct standardisation method. The standard population to which the age distribution of sub-groups was adjusted was the mid-year 2012 population estimates for England. All age standardisation has been undertaken separately within each sex. Age standardisation was carried out using the age groups: 16-24, 25-34, 35-44, 45-54, 55-64, 65-74 and 75 and over.

Most tables present age-standardised data. For region analysis, both observed and standardised data are provided, so that those who need results for a single region can look at the observed estimates. However, for any comparisons across regions the age-standardised estimates are recommended, and these are the results commented on in the report.

Anthropometric measurements

See **Body mass index (BMI), Waist circumference**

Arithmetic mean

See **Mean**

Blood analytes

Analysis of non fasting blood samples. See **Cholesterol (total and HDL), Glycated haemoglobin (HbA_{1C})**

Blood pressure

Systolic (SBP) and diastolic (DBP) blood pressure was measured in participants aged 5 and over using a standard method (see Appendix B for measurement protocol). In adults, hypertension is defined in this survey as SBP at least 140mmHg or DBP at least 90mmHg or on medication prescribed to control hypertension. See also **Diastolic blood pressure, Systolic blood pressure**

Body mass index (BMI)

Weight in kilograms divided by the square of height in metres. Adults (aged 16 and over) can be classified into the following BMI groups:

BMI (kg/m^2)	*Description*
Less than 18.5	Underweight
18.5 to less than 25	Normal

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25 to less than 30	Overweight
30 or more	Obese
40 or more	Morbidly obese

In children, although the BMI calculation method is the same, there are no fixed BMI cut-off points defining overweight and obesity. Instead, overweight and obesity may be defined using several other methods, including age and sex specific BMI cut-off points or BMI centile cut-offs based on reference populations. In this report, overweight and obesity prevalence for children have been estimated using the 85th and 95th BMI centiles of the 1990 UK reference curves as cut-offs respectively for overweight and obesity

Centile

Centiles are values of a distribution that divide it into 100 equal parts. For example, the 20th centile is the value of a distribution where 20% of the cases have values at or below the 20th centile and 80% have values above it. The 50th centile is the **median**. See also **Quintile, Tertile**

Cholesterol (total and HDL)

Measured in non-fasting blood samples. Cholesterol is a fat-like substance (lipid) that is present in cell membranes and is a precursor of bile acids and steroid hormones. Cholesterol is essential for the body in small amounts. It is made in the liver and some is obtained from the diet. Serum total cholesterol concentration is positively associated with the risk of coronary heart disease (CHD). In the 2011 HSE report, the most recent to examine blood analytes, the definition of raised total cholesterol used the NICE guidance 'audit level' of 5.0 mmol/L or above. For those at high risk of cardiovascular disease (CVD), or those with established CVD, the target of less than 4.0mmol/L was also examined.

In a normal individual, high density lipoprotein (HDL) constitutes approximately 20-30% of serum total cholesterol. HDL cholesterol carries cholesterol away from the arteries back to the liver and is considered to be beneficial or 'good' cholesterol'. Studies have demonstrated a strong direct relationship between coronary heart disease and low HDL cholesterol. In the 2011 HSE report, HDL cholesterol was defined as low at a level of less than 1.0 mmol/L.

Cotinine

Cotinine is a metabolite of nicotine. It is one of several biological markers that are indicators of smoking. In this survey, it was measured in saliva. It has a half-life in the body of between 16 and 20 hours, which means that it will detect regular smoking (or other tobacco use such as chewing) but may not detect occasional use if the last occasion was several days ago. Anyone with a salivary cotinine level of 15 nanograms per millilitre or more is highly likely to be a tobacco user; more recently a threshold of 12 nanograms per millilitre has been taken as indicative of personal tobacco use.

Decibel Hearing Level (dB HL)

Hearing loss is described using decibel Hearing Level (dB HL). This equates to the number of decibels by which a sound must be amplified for a person to be able to hear it reliably at least half the time. This will vary in an individual for sounds at different frequencies (i.e. sounds at a different pitch – high, low or medium). A Health Technology Assessment found that impairment in the better hearing ear to the level of 35 dB HL or more at a frequency of 3 kHz (high frequency) is the best marker for identifying people who are likely to benefit from hearing aids and other supportive interventions.

Reference: Davis A, Smith P, Ferguson M et al. *Acceptability, benefit and costs of early screening for hearing disability: a study of potential screening tests and models*. Health Technology Assessment 2007;11: No. 42.

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Diastolic blood pressure

When measuring blood pressure, the diastolic arterial pressure is the lowest pressure at the resting phase of the cardiac cycle. See also **Blood pressure, Systolic blood pressure**

Equivalised household income

Income has been included in the Health Survey Survey for England (HSE) series since 1997. Making precise estimates of household income, as is done for example in the Family Resources Survey, requires far more interview time than was available in the HSE. Household income was thus established by means of a card (see Appendix A) on which banded incomes were presented. Information was obtained from the household reference person (HRP) or their partner. Initially they were asked to state their own (HRP and partner) aggregate gross income, and were then asked to estimate the total household income including that of any other persons in the household. Household income can be used as an analysis variable, but there is interest in using measures of equivalised income that adjust income to take account of the number of persons in the household. Methods of doing this vary in detail: the starting point is usually an exact estimate of net income, rather than the banded estimate of gross income obtained in the HSE. The method used in the present report was as follows. It utilises the widely used McClemens scoring system, described below.

1. A score was allocated to each household member, and these were added together to produce an overall household McClemens score. Household members were given scores as follows.

First adult (HRP)	0.61
Spouse/partner of HRP	0.39
Other second adult	0.46
Third adult	0.42
Subsequent adults	0.36
Dependant aged 0-1	0.09
Dependant aged 2-4	0.18
Dependant aged 5-7	0.21
Dependant aged 8-10	0.23
Dependant aged 11-12	0.25
Dependant aged 13-15	0.27
Dependant aged 16+	0.36

2. The equivalised income was derived as the annual household income divided by the McClemens score.

3. This equivalised annual household income was attributed to all members of the household, including children.

4. Households were ranked by equivalised income, and quintiles q1 – q5 were identified. Because income was obtained in banded form, there were clumps of households with the same income spanning the quintiles. It was decided not to split clumps but to define the quintiles as 'households with equivalised income up to q1', 'over q1 up to q2' etc.

5. All individuals in each household were allocated to the equivalised household income quintile to which their household had been allocated.

Insofar as the mean number of persons per household may vary between quintiles, the numbers in the quintiles will be unequal. Inequalities in numbers are also introduced by the clumping referred to

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above, and by the fact that in any sub-group analysed the proportionate distribution across quintiles will differ from that of the total sample.

Reference: McClemens D. *Equivalence scales for children*. Journal of Public Economics 1977;**8**:191-210.

Geometric mean

The geometric mean is a measure of the central tendency of a distribution, which minimises the effects of extreme values. It is therefore useful in a skewed distribution (with most values at one end of the distribution), or a distribution that has a number of **very high** and/or **very low** values which can distort the arithmetic mean. For example, a geometric mean is useful in the distribution of cotinine values where most values (for non-smokers, the majority of the population) are below 12, but where the values for smokers are often in the hundreds.

The geometric mean is the mean of n numbers expressed as the n-th root of their product.

Glycated haemoglobin (HbA_{1c})

Measured from non fasting blood samples. The percentage of glycated haemoglobin indicates the percentage of haemoglobin in the circulation to which glucose is bound. Glycated haemoglobin (HbA_{1c}) concentration is an indicator of average blood glucose concentration over the previous three months and is therefore used to assess glycaemic control in people with diabetes. It is used as a diagnostic or screening tool for diabetes. Diabetic patients with elevated glycated haemoglobin are at increased risk of microvascular events (complications from diseased small blood vessels, such as eye and kidney problems) and macrovascular events (complications from diseased arteries, such as coronary heart disease including angina, heart attacks and heart failure). In the 2011 HSE report, the most recent where blood analytes were examined, raised glycated haemoglobin was taken as 48mmol/mol (6.5%) or above.

Government Office Region

Government Office Region (GOR) is a classification system used for regional statistics; it was used as the regional base for sampling and weighting in HSE 2009. However, Government Offices for the regions closed in March 2011, and from 2012 strategic health authorities (SHAs) were used for HSE sampling and weighting. Following the abolition of SHAs from April 2012, the sampling from 2013 onwards was based on the former GORs, now referred to as 'regions'. See **Region, Strategic health authority (SHA)**

High blood pressure

See **Blood pressure**

Household

A household is defined as one person or a group of people (not necessarily related) living at the same address who share cooking facilities AND share a living room or sitting room or dining area.

Household Reference Person

The household reference person (HRP) is defined as the householder (a person in whose name the property is owned or rented); if there is more than one such person in a household, it is defined as the person with the highest income. If there is more than one householder with equal income, then the household reference person is the oldest.

Hypertension

See **Blood pressure**

Income

See **Equivalised household income**

Index of Multiple Deprivation

The Index of Multiple Deprivation 2010 combines a number of indicators, chosen to cover a range of economic, social and housing

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issues, into a single deprivation score for each small area in England. This allows each area to be ranked relative to others according to their level of deprivation. Seven distinct domains have been identified in the English Indices of Deprivation:

- Income Deprivation
- Employment Deprivation
- Health Deprivation and Disability
- Education Skills and Training Deprivation
- Barriers to Housing and Services
- Living Environment Deprivation
- Crime.

Individual domains can be used in isolation as measures of each specific form of deprivation, as well as using the single overall Index of Multiple Deprivation (IMD).

The Index is used widely to analyse patterns of deprivation, identify areas that would benefit from special initiatives or programmes and as a tool to determine eligibility for specific funding streams. In HSE reports quintiles of IMD are used to give an area-level measure of socio-economic status, as opposed to household-level measures such as equivalised household income.

A new version of IMD was released in September 2015, too late for use in the 2014 report.

Reference: McLennan D, Barnes H, Noble M et al. *The English Indices of Deprivation 2010.* Department for Communities and Local Government, London, 2011.

Limiting longstanding illness

See **Longstanding illness**

Lipids

Fats in blood, such as cholesterol.

Logistic regression

Logistic regression was used to investigate the effect of two or more independent or predictor variables on a two-category (binary) outcome variable. The independent variables can be continuous or categorical (grouped) variables. The parameter estimates from a logistic regression model for each independent variable give an estimate of the effect of that variable on the outcome variable, adjusted for all other independent variables in the model.

Logistic regression models the log 'odds' of a binary outcome variable. The 'odds' of an outcome give the ratio of the probability of its occurring to the probability of its not occurring. The parameter estimates obtained from a logistic regression model have been presented as odds ratios for ease of interpretation.

For *continuous* independent variables (not used in the 2014 report), the odds ratio gives the change in the odds of the outcome occurring for a one unit change in the value of the independent variable.

Odds ratios for *categorical* independent variables (those where responses are divided into discrete categories) are calculated as follows. One category of the variable is selected as a reference category, and all other categories are compared to it. The reference category is given a value of 1, and the odds ratio for each of the other categories represents the probability of the outcome occurring for that category in relation to the probability of the outcome occurring in the reference category. For example, assume an independent variable for a particular outcome was marital status, with the 'single' group as the reference category with a value of 1. If the 'married' group had an odds ratio of 2.0, and the 'widowed' group had an odds ratio of 0.5, this

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would mean that those who were married were twice as likely as those who were single to experience the outcome, while those who were widowed were half as likely as those who were single. These odds ratios are calculated after adjustment for all other independent variables in the model.

The statistical significance of independent variables in models was assessed by the likelihood ratio test and its associated p value. 95% confidence intervals were also calculated for the odds ratios. These can be interpreted as meaning that there is a 95% chance that the given interval for the sample will contain the true population parameter of interest. In logistic regression a 95% confidence interval which does not include 1.0 indicates the given odds ratio is statistically significant.

Longstanding illness

Longstanding illness is defined as 'any physical or mental health condition or illness lasting or expected to last 12 months or more'. This definition changed in 2012; in previous years the question referred to 'an illness, disability or infirmity… that has troubled you over a period of time or that is likely to affect you over a period of time'. This change was to bring the HSE questions in line with harmonised disability questions for social surveys. The harmonised standards are designed to be consistent with a conceptual framework of disability, taking account of the needs of national and European administrations for data continuity and the definitions and guidelines contained in UK and EU legislation, including the Equality Act and the EU-SILC (EU-Statistics on Income and Living Conditions) regulation.

Longstanding illnesses were coded into categories defined in the International Classification of Diseases (ICD 10), but it should be noted that the ICD is used mostly to classify conditions according to the cause, whereas HSE classifies according to the reported symptoms.

A longstanding illness is defined as **limiting** if the participant reports that it reduces their ability to carry out day-to-day activities.

Mean

Means in this report are **arithmetic means** (the sum of the values for cases divided by the number of cases) unless stated otherwise. See also **Standard error of the mean**

Median

The value of a distribution which divides it into two equal parts such that half the cases have values below the median and half the cases have values above the median. See also **Centile**

Morbid obesity

See **Body mass index**

NS-SEC

The National Statistics Socio-economic Classification (NS-SEC) was introduced from April 2001, and replaced Social Class based on occupation and Socio-economic Groups (SEG). NS-SEC is a social classification system that attempts to classify groups on the basis of employment relations, based on characteristics such as career prospects, autonomy, mode of payment and period of notice. Full details can be found in 'The National Statistics Socio-economic Classification User Manual 2002', ONS 2002.

There are fourteen operational categories representing different groups of occupations (see below) and a further three 'residual' categories.

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NS-SEC categories	Descriptive definition
L1, L2	Large employers and higher managerial occupations
L3	Higher professional occupations
L4, L5, L6	Lower managerial and professional occupations
L7	Intermediate occupations
L8, L9	Small employers and own account workers
L10, L11	Lower supervisory and technical occupations
L12	Semi-routine occupations
L13	Routine occupations
L14	Never worked and long-term unemployed

There are three residual categories that are excluded when the classification is collapsed into its analytical classes:

L15	Full time students
L16	Occupation not stated or inadequately described
L17	Not classifiable for other reasons

The main differences between NS-SEC and SEG that users need to be aware of are:

- The introduction of SOC2000 which includes various new technology occupations not previously defined in SOC90,
- Definitional variations in employment status in particular with reference to the term 'supervisor',
- The inclusion of armed forces personnel in the appropriate occupation group,
- The separate classification of full-time students, whether or not they have been or are presently in paid employment, and
- The separate classification of long term unemployed who previously were classified by their most recent occupation.

This change has resulted in a discontinuity in time series data. The operational categories of NS-SEC can be aggregated to produce an approximated version of the previous Socio-economic Group. These approximations have been shown to achieve an overall continuity level of 87%.

The Health Survey for England generally uses the five category system of NS-SEC (when sample sizes allow) in which respondents are classified as managerial and professional, intermediate, small employers and own account workers, lower supervisory and technical, and semi-routine and routine occupations. This results in the exclusion of those who have never worked and the long term unemployed, in addition to the residual groups mentioned above. In analyses presented in this report it is the NS-SEC of the household reference person which is used.

Obesity See **Body mass index**

Odds ratio See **Logistic regression**

Overweight See **Body mass index**

Percentile An alternative term for **Centile**.

Personal care plan A personal care plan is a written agreement between a patient and their health professional about the care and support required to manage a long term condition. The plans enable people to manage the treatment of their illness and the services they receive by creating a personalised

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package of care. Personal care plans are initially developed and agreed with a health care professional, and are then reviewed annually to ensure that they still meet the requirements of the patient.

p value

A p value is the probability of the observed result occurring due to chance alone. A p value of less than 5% is conventionally taken to indicate a statistically significant result ($p<0.05$). It should be noted that the p value is dependent on the sample size, so that with large samples differences or associations which are very small may still be statistically significant. Results should therefore be assessed for their importance on the magnitude of the differences or associations as well as on the p value itself.

Quintile

A quintile is a statistical value of a data set that represents one fifth of a given population. Quintiles are used to create cut-off points to divide a distribution into five equal parts, i.e. the first quintile represents the lowest fifth of the data (1-20%), the next quintile represents 21-40% etc. See also **Centile, Tertile**

Region

The regions used in the 2012 and 2013 reports use the definitions of the former **Government Office Regions**. Previous reports have presented data analysed by **Strategic health authority**

Standard error of the mean

The standard error of the mean (SE) is a measure of the degree of sampling error associated with a mean. It quantifies the degree to which a mean is likely to vary over repeated samples of the same size. The larger the sample, the smaller the standard error for a given measure.

Standardisation

In this report, standardisation refers to standardisation (or 'adjustment') by age. See **Age standardisation**

Strategic health authority (SHA)

From July 2006, a new configuration of strategic health authorities (SHAs) was introduced in England, reducing the number from 28 to 10 SHAs. The boundaries were the same as those of the Government Office Regions with the exception of the South East, which was divided into South East Coast SHA and South Central SHA. SHAs ceased to exist at the time of the NHS reorganisation in April 2013.

SHAs were used for sampling and weighting in the 2010-2012 HSE, and in regional analyses in most recent HSE reports. Note that they cannot be used where sub-group sample sizes are not sufficient to allow robust regional analysis.

In 2011 and 2012, the smaller SHAs (the North East, South East Coast and South Central) were over-sampled to provide a minimum unweighted sample size of approximately 700 adults; the weighting process adjusted for this. See also **Region, Government Office Region**

Systolic blood pressure

When measuring blood pressure, the systolic arterial pressure is defined as the peak pressure in the arteries, which occurs near the beginning of the cardiac cycle. See also **Blood pressure, Diastolic blood pressure**

Tertile

A tertile is a statistical value of a data set that represents one third of a given population. Tertiles are used to create cut-off points to divide a distribution into three equal parts, i.e. the first tertile represents the lowest third of the data (1-33%), the middle tertile represents 34%-67% etc. See also **Centile, Quintile**

Unit of alcohol

Alcohol consumption is reported in terms of units of alcohol; one unit of

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alcohol is 10ml by volume of pure alcohol. Participants are asked about the alcoholic drinks they have had, and these are converted to units. This conversion was revised in 2006 and 2007; see the 2007 report, Volume 1 Chapter 7, for full details of the revised method and the conversion of drinks to units.
www.hscic.gov.uk/pubs/hse07healthylifestyles

Waist circumference

Waist circumference is a measure of deposition of abdominal fat i.e. central obesity. A raised waist circumference has been taken to be greater than 102cm in men and greater than 88cm in women. According to NICE guidelines, for men, waist circumference of less than 94cm is defined as 'low' waist measurement, between 94cm and 102cm is 'high' and more than 102cm is 'very high'. For women, waist circumference of less than 80cm is defined as 'low' waist measurement, between 80cm and 88cm is 'high' and more than 88cm is 'very high'. These waist circumference categories, in combination with BMI, have been used to identify categories of health risk.

References: Molarius A, Seidell JC. *Selection of anthropometric indicators for classification of abdominal fatness – a critical review*. Int J Obes 1998; **22**:719-727

National Institute of Health and Clinical Excellence. *Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children.* www.nice.org.uk/nicemedia/pdf/cg43niceguideline.pdf

Warwick-Edinburgh Mental Well-being Scale (WEMWBS)

The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) was developed by researchers at the Universities of Warwick and Edinburgh, with funding provided by NHS Health Scotland, to enable the measurement of mental well-being of adults in the UK. WEMWBS is a 14 item scale of mental well-being covering subjective well-being and psychological functioning, in which all items are worded positively and address aspects of positive mental health. The scale is scored by summing responses to each item answered on a 1 to 5 Likert scale. The minimum scale score is 14 and the maximum is 70. WEMWBS has been validated for use in the UK with those aged 16 and over. Validation involved both student and general population samples, and focus groups.

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Research Department of Epidemiology and Public Health, UCL

The Research Department of Epidemiology and Public Health, chaired by Professor Richard Watt, is a leading centre for research into the social determinants of health, and has a strong interdisciplinary structure. The Department houses 180 staff in 10 main research groups, including the Joint Health Surveys Unit, part of the Health and Social Surveys Research Group (HSSRG). The group is multidisciplinary, with epidemiology, sociology, statistics, public health, demography and geography all represented.

The **Joint Health Surveys Unit** has been created by NatCen Social Research and the Health and Social Surveys Research Group within the Research Department of Epidemiology and Public Health at UCL. The JHSU enables collaborative working, combining the strengths and talents of each organisation, to carry out major health surveys such as the Health Survey for England.

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