The Scottish Health Survey

A National Statistics Publication for Scotland
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Methodology and Response

Chapter 1
1.1 INTRODUCTION

1.1.1 The Scottish Health Survey series

The Scottish Health Survey (SHeS) series was established by the Scottish Office in 1995 to provide data about the health of the population living in private households in Scotland. The 1995 and 1998 surveys were carried out by the Joint Health Surveys Unit of the National Centre for Social Research and the Department of Epidemiology and Public Health, University College London Medical School (UCL). In 2003, a third organisation, the MRC Social and Public Health Sciences Unit at the University of Glasgow (MRC SPHSU) joined the consortium.

During 2005 and 2006 a comprehensive review of the survey was carried out by the then Scottish Executive. One of the key recommendations to emerge from the review was that the survey should be carried out on a more frequent basis. This recommendation was adopted and the survey began running continuously in 2008. The next section includes a summary of the other key recommendations that were implemented. A consortium made up of the Scottish Centre for Social Research (ScotCen), UCL and MRC SPHSU will be carrying out the 2008-2011 surveys.

Each survey in the series consists of main questions and measurements (for example, anthropometric and, if applicable, blood pressure measurements and analysis of blood and saliva samples), plus modules of questions on specific health conditions. As with the earlier surveys in the series, the principal focus of the 2008 survey was cardiovascular disease (CVD) and related risk factors. CVD is one of the leading contributors to the global disease burden. Its main components are ischemic heart disease (IHD) and stroke. IHD is the second most common cause of death in Scotland after cancer. The SHeS series means that there are now trend data going back for over a decade, and providing the time series is an important function of the survey.

1.1.2 Key changes to the survey methodology in 2008

A number of changes to the survey methodology were proposed during the series review and were adopted for the 2008 survey. The key changes to the survey methodology in 2008 are:

Move to a continuous format - Prior to 2008, the survey had been carried out on three occasions 1995, 1998 and 2003. The review recommended that the survey be carried out more frequently than this and is now being carried out continuously between 2008 and 2011.

Reduced Stage 2 nurse visit – Unlike the three previous surveys, only a sub-sample of adults are eligible to take part in the nurse visit in the 2008-11
surveys. No nurse visits are carried out with children, or with adults in the Health Board boost sample. The nurse sample is designed to allow for analysis of nurse data at the national level after one year. More detailed analysis of subgroups within the sample will be possible once two or more years of data have been aggregated (the format of the nurse visit and the measurements and samples taken will remain the same in the four years to permit this).

**Core and modular questionnaire structure** – The Stage 1 interviewer visit now has a core and modular structure with a core set of questions asked of the whole sample and two modules of questions which are asked of a proportion of the sample. Core questions will be included in the survey every year and these will be analysable by Health Board after four years. Module A is the ‘rotating’ biennial module. In 2008 it contained a range of questions on cardiovascular disease, asthma, eating habits for adults, and physical activity. It is anticipated that these questions will be asked again in 2010. A module with different topics is being included in 2009 and 2011. Module B contains questions on knowledge, attitudes and motivations to health and is a replacement for the Health Education Population Survey (HEPS) which was previously run by NHS Health Scotland. See Section 1.3 for a more detailed description of the Stage 1 and 2 questionnaire content.

**Unclustered sample design** – The sampling was constructed so that each year’s sample was clustered but the four-year sample 2008-2011 was unclustered. See Section 1.2 for a detailed description of the sample design.

**Optional NHS Health Board boost** – NHS Health Boards were given the option to boost their samples beyond the level which is funded centrally. In 2008, three Health Boards, Borders, Fife and Grampian chose to boost the number of adults interviewed in their area.

### 1.1.3 The 2008 survey

The 2008 Scottish Health Survey was designed to provide data at the national level about the population living in private households in Scotland. The age range for the survey in 2008 was those aged 0+.

An initial sample of 9,906 addresses was drawn from the Postcode Address File (PAF). These addresses were comprised of three sample types: 6,945 formed the main sample, at which adults and children were eligible to be selected for interview; 2,301 addresses formed an additional child boost sample at which only households containing children aged 0-15 were eligible to participate; the remaining 660 addresses formed the Health Board boost sample at which only adults were eligible for interview. The 9,906 addresses were grouped into 492 interviewer assignments, with around 45 assignments being issued each month to interviewers between February and December 2008.

Borders, Fife and Grampian Health Boards opted to boost the number of adults (16+) interviewed in their area in 2008. An additional sample of 220 addresses was drawn in each of these areas and were grouped into 11 interviewer assignments of 20 addresses each.
(Data table)

<table>
<thead>
<tr>
<th>Sample type</th>
<th>Number of addresses issued in 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main</td>
<td>6,945</td>
</tr>
<tr>
<td>Child Boost</td>
<td>2,301</td>
</tr>
<tr>
<td>Health Board Boost</td>
<td>660</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>9,906</strong></td>
</tr>
</tbody>
</table>

Data collection involved a Stage 1 interview, and if applicable, adults also had a follow-up visit from a specially trained nurse. Of the 6,945 main addresses issued, 1,859 were flagged as the 'nurse sample'. At these addresses all adults (16+) interviewed at Stage 1 were eligible to take part in the Stage 2 follow-up nurse visit. There were no nurse visits at the remaining addresses or for the child boost or health board boost samples. Due to a lower than anticipated response at the Stage 1 interview the number of addresses flagged as eligible for a nurse visit was increased in the last quarter of the year to ensure that the nurse sample contained sufficient cases.

### 1.1.4 The 2008 reports

This volume, which covers the methodology of the 2008 Scottish Health Survey, is one of two volumes based on the survey, published as a set as ‘The Scottish Health Survey 2008’:

1. Main Report
2. Technical Report

The report is available in both hard copy and on the web ([www.scotland.gov.uk/Topics/Statistics/Browse/Health/scottish-health-survey/Publications](www.scotland.gov.uk/Topics/Statistics/Browse/Health/scottish-health-survey/Publications)).

### 1.1.5 Comparisons with previous Scottish Health Surveys

Topic chapters in the main 2008 report make comparisons with the 1995, 1998 and 2003 Scottish Health Surveys where possible. The report always states in the text or table which years’ data form the basis for any comparisons.

### 1.1.6 Health Board level analysis

The first two SHeS reports included analysis by seven health regions based on amalgamations of the NHS Health Boards; this was discontinued in the 2003 report⁴. The sample for the 2008-11 surveys was designed to be representative at the Health Board level for all boards after four years of data collection have taken place. For this reason the 2008 report does not include any analysis by NHS Health Board or any other sub-national geography. Health Board level analysis will be published after completion of the 2011 survey.

### 1.1.7 Access to data

As with previous surveys in the series, a copy of the 2008 Scottish Health Survey data will be deposited at the Data Archive at the University of Essex. Copies of anonymised data files can be made available for specific research projects through the Archive ([www.data-archive.ac.uk](www.data-archive.ac.uk)).
1.2 SAMPLE DESIGN

1.2.1 Overview of the main sample

The 2008 Scottish Health Survey used a two-stage stratified probability sampling design with datazones selected at the first stage and addresses (delivery points) at the second. This differed from previous years of SHeS where postcode sectors rather than datazones were the primary sampling units (PSUs).

Three samples were selected for the survey:

1. a general population (main) sample in which all adults (16+) and up to two children (aged 0-15) were eligible to be selected in each household;
2. a child boost sample in which up to two children (aged 0-15) were eligible to be selected in each household; and,
3. a Health Board boost sample in which all adults (16+) were eligible to be selected in each household (in Borders, Grampian and Fife).

The sample of addresses was selected from the small user Postcode Address File (PAF). This is a list of nearly all the residential addresses in Scotland and is maintained by The Royal Mail. The population surveyed was therefore people living in private households in Scotland. People living in institutions, who are likely to be older and, on average, in poorer health than those in private households, were not covered. The very small proportion of households living at addresses not on the PAF was not covered.

All areas of Scotland where fieldwork could feasibly be carried out were covered, but some inhabited islands with very small populations were excluded. The inhabited islands that were included were mainland Orkney, mainland Shetland, Lewis, Harris, Skye, Bute, Islay, Mull and Arran.

1.2.2 Selecting the core sample

Prior to 2008 only NHS Health Boards were used as strata for sampling. A change in methodology was used for the Scottish Health Survey 2008 to include area deprivation. Twenty-five strata were created – each of the three island health boards (Orkney, Shetlands, and the Western Isles) was a stratum, and 22 other strata were constructed by dividing the 11 mainland Health Boards into separate strata containing “deprived” and “non-deprived” data zones. A deprived area was defined as being within the most deprived 15% of areas according to the 2006 Scottish Index of Multiple Deprivation. Having these separate strata allowed us to over-sample deprived areas.

The sampling was constructed so that each year’s sample is clustered but the four-year sample 2008-2011 is unclustered. This meant that the design of the four-year sample would need to be considered at the start of the four-year period. However, it was not possible to select a sample of addresses at the start of the period. Had this been done then it is likely that the sample in the later years would have had a high level of ex-residential addresses (i.e. demolitions and conversion to other uses), and any new residential properties built over the four-year period would not have been included. The solution was to sample
datazones for the four-year period and sample addresses each year. We used the following sampling procedure:

(i) Firstly, the numbers of addresses needed to be issued in each stratum over a four-year period were calculated.

(ii) Next, the number of addresses needed to be sampled in each datazone over the four-year period to achieve the numbers in (i) was calculated.

(iii) To ensure that each year’s sample was geographically clustered the datazones were put into batches, with each batch containing datazones geographically close to each other. A quarter of the batches (approximately) were randomly assigned to each of the four survey years.

(iv) The Year 1 (2008) addresses were selected from the batches assigned to the first year and once the addresses were chosen they were clustered into interviewer assignments. Each assignment consisted of approximately 20 addresses.

(v) Finally, each assignment was allocated at random to a quarter, and then to a survey month. (Year 1 consisted of 11 survey months – February to December – but years 2-4 will include all 12 months).

The random assignments (of batches of datazones to years, and of interviewer assignments to quarters and months) were not implemented using simple random samples, but by using systematic random list samples chosen after ordering the list by the SIMD 2006 variable. This ensured an even spread of addresses (by deprivation variable) among the four years, and within each year by month.

The next sections describe the process of (i) – (v) in more detail.

**(i) and (ii) Sample sizes**

The survey was designed to allow analysis at Health Board level and SIMD 15 level every four years. In order to do this the sampling fraction (the proportion of addresses sampled) varied by Health Board and SIMD15 area. Smaller Health Boards and the SIMD15 areas were oversampled. The sampling fraction also varied according to expected response rate (areas with an expected low response rate were oversampled).

The number of addresses initially planned to be issued over a four-year period is given below:
**Figure 1A: Number of main-sample addresses selected in each Health Board (initial 4-year allocation)**

<table>
<thead>
<tr>
<th>Health Board</th>
<th>Non-deprived datazone</th>
<th>Deprived datazone</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayrshire &amp; Arran</td>
<td>1285</td>
<td>298</td>
<td>1583</td>
</tr>
<tr>
<td>Borders</td>
<td>829</td>
<td>24</td>
<td>853</td>
</tr>
<tr>
<td>Dumfries &amp; Galloway</td>
<td>809</td>
<td>67</td>
<td>876</td>
</tr>
<tr>
<td>Fife</td>
<td>1547</td>
<td>246</td>
<td>1793</td>
</tr>
<tr>
<td>Forth Valley</td>
<td>1057</td>
<td>177</td>
<td>1234</td>
</tr>
<tr>
<td>Grampian</td>
<td>2296</td>
<td>149</td>
<td>2445</td>
</tr>
<tr>
<td>Greater Glasgow &amp; Clyde</td>
<td>4020</td>
<td>2652</td>
<td>6672</td>
</tr>
<tr>
<td>Highland</td>
<td>1296</td>
<td>115</td>
<td>1410</td>
</tr>
<tr>
<td>Lanarkshire</td>
<td>1981</td>
<td>548</td>
<td>2529</td>
</tr>
<tr>
<td>Lothian</td>
<td>3658</td>
<td>476</td>
<td>4134</td>
</tr>
<tr>
<td>Orkney</td>
<td>754</td>
<td>0</td>
<td>754</td>
</tr>
<tr>
<td>Shetland</td>
<td>762</td>
<td>0</td>
<td>762</td>
</tr>
<tr>
<td>Tayside</td>
<td>1623</td>
<td>368</td>
<td>1991</td>
</tr>
<tr>
<td>Western Isles</td>
<td>769</td>
<td>0</td>
<td>769</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>22685</strong></td>
<td><strong>5120</strong></td>
<td><strong>27805</strong></td>
</tr>
</tbody>
</table>

The number of addresses we needed to sample from each datazone was proportional to the size of the datazone. (Typically 3-5 addresses would be chosen in each datazone). Choosing the number proportional to the size ensured that within each stratum each address had an equal probability of being chosen. The selection probabilities varied by stratum.

*(iii) Assigning datazones to batches*

The datazones were then grouped into 1865 initial batches, each consisting of datazones geographically close to each other. Each batch was chosen so that it was small enough to form an assignment. The typical batch contained approximately 13-18 addresses (typically consisting of 3-5 datazones).

The mean SIMD 2006 score of the datazones in each batch was used as a measure of deprivation of the batch and within each Health Board the batches were ordered according to their deprivation measures and put into groups of four batches. One batch from each group was then randomly allocated to each of four years. This ensured that each year’s sample would be representative of Scotland as a whole.

The first year’s sample consisted of 6,945 addresses, allocated as shown in Figure 1B.
Figure 1B: Number of main-sample addresses selected in each Health Board (Year 1)

<table>
<thead>
<tr>
<th>Health Board</th>
<th>Non-deprived datazone</th>
<th>Deprived datazone</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayrshire &amp; Arran</td>
<td>313</td>
<td>76</td>
<td>389</td>
</tr>
<tr>
<td>Borders</td>
<td>209</td>
<td>0</td>
<td>209</td>
</tr>
<tr>
<td>Dumfries &amp; Galloway</td>
<td>205</td>
<td>14</td>
<td>219</td>
</tr>
<tr>
<td>Fife</td>
<td>394</td>
<td>57</td>
<td>451</td>
</tr>
<tr>
<td>Forth Valley</td>
<td>266</td>
<td>43</td>
<td>309</td>
</tr>
<tr>
<td>Grampian</td>
<td>581</td>
<td>31</td>
<td>612</td>
</tr>
<tr>
<td>Greater Glasgow &amp; Clyde</td>
<td>984</td>
<td>679</td>
<td>1663</td>
</tr>
<tr>
<td>Highland</td>
<td>321</td>
<td>36</td>
<td>357</td>
</tr>
<tr>
<td>Lanarkshire</td>
<td>494</td>
<td>143</td>
<td>637</td>
</tr>
<tr>
<td>Lothian</td>
<td>930</td>
<td>114</td>
<td>1044</td>
</tr>
<tr>
<td>Orkney</td>
<td>191</td>
<td>0</td>
<td>191</td>
</tr>
<tr>
<td>Shetland</td>
<td>182</td>
<td>0</td>
<td>182</td>
</tr>
<tr>
<td>Tayside</td>
<td>395</td>
<td>100</td>
<td>495</td>
</tr>
<tr>
<td>Western Isles</td>
<td>187</td>
<td>0</td>
<td>187</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5652</strong></td>
<td><strong>1293</strong></td>
<td><strong>6945</strong></td>
</tr>
</tbody>
</table>

(iv) Selection of addresses and assignments

Once the first year’s batches of datazones were chosen, a sample of addresses was selected from these datazones using the small user Postcode Address File (PAF). We then needed to combine addresses into interviewer assignments (points). It would have been possible to make each interviewer assignment a batch. However, this would have created interviewer assignments on the basis of the chosen datazones and it is more efficient to create them on the basis of the chosen addresses, so once the addresses had been obtained the interviewer assignments were created from the sampled addresses.

(v) Allocating assignments to months

The Year 1 assignments were then ordered according to their SIMD 2006 scores and randomly allocated to quarters of the year so that the sample for each quarter was representative of the population. The sample within each quarter was then randomly allocated to fieldwork months.

Sampling households

One issue when sampling addresses in Scotland is the presence of tenement blocks and other multi-residence buildings, some of which have only one address entry in the PAF but contain a number of different flats (dwelling units). Such addresses are identified in the PAF by the Multiple Occupancy Indicator (MOI) which is an estimate of the number of dwelling units at an address. To ensure that households in tenement blocks that do not have an individual entry in the PAF were given an equal chance of selection to other households the likelihood of selecting each address was increased in proportion to the MOI.

Where interviewers found more than one dwelling unit at an address they chose one dwelling unit at random. If the chosen dwelling unit contained four or more households they chose three of them at random.
for inclusion in the survey; if the dwelling unit contained three or fewer households all households would be chosen.

In most cases this meant that every household in a stratum had the same probability of selection – the exceptions being households at addresses with an incorrect MOI or at a dwelling unit containing four or more households. In these cases equal probability could be restored by applying a corrective weight at the analysis stage.

**Sampling individuals within households**

For the main sample all adults aged 16 years and over at each household were selected for the interview (up to a maximum of ten adults). However, in order to limit the burden on households with three or more children (aged 0-15), two of the children were randomly selected for inclusion in the survey. No interviews were attempted with the other children in the household.

### 1.2.3 Selecting the child boost sample

In addition to the main sample, a child boost sample of 2,301 addresses was issued. Whereas the main sample had been chosen to allow analysis of Health Boards in each four year period, the child sample is designed only to allow national estimates. Because of this, addresses were not issued in the smaller Health Boards that had been over-sampled in the main sample, but were issued in nine of the 14 Health Boards.

The following numbers of addresses were chosen:

**Figure 1C: Number of addresses selected for the child boost in each Health Board (Year 1)**

<table>
<thead>
<tr>
<th>Health Board</th>
<th>Non-deprived datazone</th>
<th>Deprived datazone</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayrshire &amp; Arran</td>
<td>150</td>
<td>30</td>
<td>180</td>
</tr>
<tr>
<td>Fife</td>
<td>158</td>
<td>24</td>
<td>182</td>
</tr>
<tr>
<td>Forth Valley</td>
<td>146</td>
<td>18</td>
<td>163</td>
</tr>
<tr>
<td>Grampian</td>
<td>238</td>
<td>10</td>
<td>249</td>
</tr>
<tr>
<td>Greater Glasgow &amp; Clyde</td>
<td>382</td>
<td>165</td>
<td>547</td>
</tr>
<tr>
<td>Highland</td>
<td>137</td>
<td>12</td>
<td>149</td>
</tr>
<tr>
<td>Lanarkshire</td>
<td>279</td>
<td>54</td>
<td>333</td>
</tr>
<tr>
<td>Lothian</td>
<td>284</td>
<td>43</td>
<td>327</td>
</tr>
<tr>
<td>Tayside</td>
<td>142</td>
<td>29</td>
<td>171</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1916</strong></td>
<td><strong>385</strong></td>
<td><strong>2301</strong></td>
</tr>
</tbody>
</table>

### 1.2.4 Selecting the Health Board boost sample

In addition to the main sample, three of the Health Boards (Borders, Fife and Grampian) had a Health Board boost. The sampling scheme for the Health Board boosts differed slightly from that of the main sample. In order to minimize fieldwork costs a two-stage system with postcode sectors selected in the first stage and addresses in the second was used. Eleven postcode sectors were chosen in each Health Board, these formed the primary sampling units, and 20 addresses selected from each postcode sector. Thus, the Health Board boost
consisted of 220 addresses in each of the Health Boards. In both Borders and Grampian the postcode sectors chosen for the Health Board boost were chosen by taking a simple random sample, but the sampling scheme in Fife differed slightly. Fife addresses were stratified by Community Health Partnership (CHP) before selection, and selection probabilities were chosen to enable analysis of data at the CHP level data at the end of the four-year period.

The method of selecting households and individuals within households followed that of the main sample.

1.2.5 Selecting the nurse sample

Some addresses from the main sample were selected as nurse addresses. Initially 1859 addresses were assigned to be nurse addresses. These were spread evenly throughout the year with approximately equal numbers of nurse addresses issued per month. However, because of a low initial response rate an additional 371 addresses were later assigned to have nurse visits. These additional addresses were not assigned to the island Health Boards, and were only assigned to the last three months of the year. As health measures are sensitive to seasonal effects this needed to be corrected for in the weighting.

Figure 1D: Number of addresses selected for nurse visits in each Health Board (Year 1)

<table>
<thead>
<tr>
<th>Area</th>
<th>Non-deprived datazone</th>
<th>Deprived datazone</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayrshire &amp; Arran</td>
<td>113</td>
<td>23</td>
<td>136</td>
</tr>
<tr>
<td>Borders</td>
<td>49</td>
<td>0</td>
<td>49</td>
</tr>
<tr>
<td>Dumfries &amp; Galloway</td>
<td>55</td>
<td>4</td>
<td>59</td>
</tr>
<tr>
<td>Fife</td>
<td>138</td>
<td>17</td>
<td>155</td>
</tr>
<tr>
<td>Forth Valley</td>
<td>92</td>
<td>15</td>
<td>107</td>
</tr>
<tr>
<td>Grampian</td>
<td>208</td>
<td>9</td>
<td>217</td>
</tr>
<tr>
<td>Greater Glasgow &amp; Clyde</td>
<td>377</td>
<td>213</td>
<td>590</td>
</tr>
<tr>
<td>Highland</td>
<td>117</td>
<td>8</td>
<td>125</td>
</tr>
<tr>
<td>Lanarkshire</td>
<td>177</td>
<td>46</td>
<td>223</td>
</tr>
<tr>
<td>Lothian</td>
<td>334</td>
<td>35</td>
<td>369</td>
</tr>
<tr>
<td>Orkney</td>
<td>6</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Shetland</td>
<td>7</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Tayside</td>
<td>149</td>
<td>30</td>
<td>179</td>
</tr>
<tr>
<td>Western Isles</td>
<td>8</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1830</strong></td>
<td><strong>400</strong></td>
<td><strong>2230</strong></td>
</tr>
</tbody>
</table>

The addresses chosen to be assigned to have a nurse visit were selected using the following randomization schemes.

- In the island Health Boards (Orkney, Shetland and the Western Isles) clustered samples were used. Two points (interviewer assignments) were chosen from each Health Board and addresses were selected at random from these points to have a nurse visit. The six points chosen were chosen at random while ensuring that each Health Board’s points had been assigned to consecutive months (this helped reduce costs), and the six points covered all seasons of the year.
- In mainland Scotland an unclustered sample of addresses was taken.

Every adult in these addresses that participated in the stage 1 interview was eligible for a nurse visit.
As the amount of clustering in the nurse sample is small (only 21 of the 2,230 addresses were clustered) the sample can be treated as an unclustered sample for analysis purpose.

1.2.6 Selecting the knowledge, attitudes and motivations to health (KAM) sample

The 6,945 addresses selected for the main sample were classified as being either version A, or version B (KAM) addresses – 2,708 were version A addresses, 4,237 were version B. Random allocation was used to choose the version assigned. Core questions were asked of each respondent, but each respondent in the version A addresses was also given Module A, while in version B addresses a single adult, chosen at random, was given the KAM module.

1.3 TOPIC COVERAGE

1.3.1 Introduction

As part of the SHeS review a consultation on which questions should be included in the survey was carried out in 2007. Many of the topics included in previous years have been included in the 2008 survey and, as with previous years, the survey had a focus on cardio-vascular disease (CVD) and its risk factors. However, as a result of the consultation exercise and extensive piloting of the questionnaire there have been some changes to both topics and questions within topics since the 2003 survey.

1.3.2 Documentation

Copies of all the survey data collection documents are included in Appendix A. Protocols for measurements and for the collection of saliva, urine and blood samples are included in Appendix B. Full copies of the Stage 1 and Stage 2 questionnaire documentation are included in Appendix A. A summary of the content of both stages is summarised below.

1.3.3 Stage 1 interview

Information was collected at household level and at individual level. The table that follows summarises the content of the household and individual level interviews for all participants, by age group.
Figure 1E: Content of the 2008 Stage 1 interview

<table>
<thead>
<tr>
<th>Stage 1 interview outline</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Version A</strong></td>
<td><strong>Version B</strong></td>
</tr>
<tr>
<td>Household questionnaire including household composition</td>
<td></td>
</tr>
<tr>
<td>General health including caring (0+)</td>
<td></td>
</tr>
<tr>
<td>Respiratory &amp; CVD symptoms (16+)</td>
<td>-</td>
</tr>
<tr>
<td>General CVD (16+) and use of services (0+)</td>
<td></td>
</tr>
<tr>
<td>Asthma (0+)</td>
<td>-</td>
</tr>
<tr>
<td>Physical activity adults (16+) and children (2-15)</td>
<td></td>
</tr>
<tr>
<td>TV viewing &amp; outdoor physical activity adults (16+) and children (2-15)</td>
<td>-</td>
</tr>
<tr>
<td>Eating habits children (2-15)</td>
<td></td>
</tr>
<tr>
<td>Eating habits adults (16+)</td>
<td>-</td>
</tr>
<tr>
<td>Fruit and veg consumption (2+)</td>
<td></td>
</tr>
<tr>
<td>Smoking and Drinking (16+) [16-19 in a self completion]</td>
<td></td>
</tr>
<tr>
<td>Dental health (16+)</td>
<td></td>
</tr>
<tr>
<td>Economic activity and education (16+)</td>
<td></td>
</tr>
<tr>
<td>Physical activity at work (16+)</td>
<td>-</td>
</tr>
<tr>
<td>Ethnicity, religion and family health background (16+)</td>
<td></td>
</tr>
<tr>
<td>Self-completions (13+ &amp; parents of 4-12 yr olds)</td>
<td></td>
</tr>
<tr>
<td>Height (2+) and Weight (0+)</td>
<td></td>
</tr>
<tr>
<td>Data linkage and follow-up research consents (0+)</td>
<td></td>
</tr>
<tr>
<td>-</td>
<td>1 adult per household</td>
</tr>
</tbody>
</table>

The questions on CVD were based on those used in 1995, 1998 and 2003. Previously used modules on asthma, physical activity, alcohol consumption, smoking, eating habits, fruit and vegetable consumption, economic activity and education, ethnicity, religion and family background were also included. A new module was introduced on adult dental health.

Children aged 13-15 were interviewed directly, and parents/guardians of children aged 0-12 were asked to answer on behalf of their children.

Participants aged 13 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 booklet for young adults aged 16-17 asked about smoking and drinking behaviour and interviewers also had the option of using the booklet for those aged 18-19 if they felt that it would be difficult for anyone in this age group.
group to give honest answers in the face to face interview with other household members present.

**Booklet for adults**

- CAGE questions on drinking experiences, GHQ12, Warwick Edinburgh Mental Well-being scale (WEMWBS), use of contraception and sexual orientation

**Booklet for young adults**

- Smoking, drinking, CAGE questions on drinking experiences, GHQ12, WEMWBS, use of contraception and sexual orientation

**Booklet for 13-15 year olds**

- GHQ12

**Booklet for parents of 4-12 year olds**

- Strengths and Difficulties Questionnaire (SDQ) designed to detect behavioural, emotional and relationship difficulties in children.

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

### 1.3.4 Stage 2 interview

Nurse visits were offered to adults (aged 16+) at a sub-sample of households in the main sample.

At the nurse visit, participants were asked about their use of prescribed medication, vitamin supplements, and nicotine replacement therapy, and about recent experiences of food poisoning. A new module of questions about depression, anxiety and self-harm (taken from the Psychiatric Morbidity Survey) was also included in the nurse visit. The nurse also took the following measurements: blood pressure; waist and hip circumference; and arm-length (demi-span) (age 65+). Lung function was measured via a spirometer. With written agreement, a small sample of blood was taken by venepuncture and was analysed for Total and HDL-cholesterol, C-reactive protein, Fibrinogen and Glycated haemoglobin. Nurses also sought agreement for the storage of a small sample of blood for possible future analysis. Written agreement was also sought to take samples of saliva (for the analysis of cotinine, a derivative of nicotine) and spot urine samples (for the analysis of dietary sodium).
1.4 FIELDWORK PROCEDURES

1.4.1 Advance letters

Each sampled address was sent an advance letter that introduced the survey and stated that an interviewer would be calling to seek permission to interview. There were two versions of the advance letter; one for the main and Health Board boost addresses in the sample and a separate version for the child boost addresses. A copy of the survey leaflet was included with every advance letter. The survey leaflet introduced the survey, described its purpose in more detail and included some summary findings from previous surveys.

1.4.2 Making contact

At initial contact, the interviewer established the number of dwelling units (DUs) and/or households at an address and made any selection necessary (see Section 1.2).

The interviewer then made contact with each household. In the main sample they attempted to interview all adults (up to a maximum of ten) and up to two children aged 0-15 (see Section 1.2). At child boost sample addresses, interviewers first screened for children aged 0-15 and within such households up to two children were selected for interview. The interviewer sought parents’ and children’s consent to interview selected children. Interviewers attempted to interview a maximum of ten adults at selected households in the Health Board boost sample.

---

**Figure 1F: Content of the 2008 Stage 2 nurse interview**

<table>
<thead>
<tr>
<th>Outline of Stage 2 nurse visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescribed medicines (age 16+)</td>
</tr>
<tr>
<td>Vitamin supplements (age 16+)</td>
</tr>
<tr>
<td>Nicotine replacement therapy (age 16+)</td>
</tr>
<tr>
<td>Blood pressure (age 16+)</td>
</tr>
<tr>
<td>Depression, anxiety and self-harm (age 16+)</td>
</tr>
<tr>
<td>Food poisoning (age 16+)</td>
</tr>
<tr>
<td>Waist and hip measurements (age 16+)</td>
</tr>
<tr>
<td>Demi-span (arm length) (age 65+)</td>
</tr>
<tr>
<td>Lung function (age 16+)</td>
</tr>
<tr>
<td>Blood sample (age 16+)</td>
</tr>
<tr>
<td>Saliva sample (age 16+)</td>
</tr>
<tr>
<td>Urine sample (age 16+)</td>
</tr>
</tbody>
</table>
1.4.3 Collecting data

Both interviewers and nurses used computer assisted interviewing.

At each co-operating eligible household in all sample types, the interviewer first completed a Household Questionnaire, information being obtained from the household reference person or their partner wherever possible. This questionnaire obtained information about all members of the household, regardless of age. The program created individual questionnaires for adults in the main and Health Board boost samples, and for selected children in the main and child boost samples.

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.

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

In addition to an advance letter and general survey leaflet, participants were also given a more detailed leaflet describing the contents and purpose of the Stage 1 interview. Adults in those main households eligible for a nurse visit were given a longer version of this leaflet which also included an explanation of the purpose of the Stage 2 nurse visit. There was a separate version of this leaflet for children in main and child boost households. Parents at child boost addresses were also given a leaflet containing background information on the survey. Stage 1 leaflets are included in Appendix A.

1.4.4 Introducing the Stage 2 nurse visit

Unlike the 1995, 1998 and 2003 surveys, only a sub-sample of adults in the main sample were eligible to take part in the Stage 2 nurse visit. At the end of the Stage 1 interview, adult participants at the main ‘nurse sample’ addresses were asked for their agreement to take part in the second stage of the survey. 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 1.3.4 and obtained the saliva, blood and urine samples from those adults eligible and willing to provide these samples.

Before blood, saliva and urine samples were taken, written consent was obtained from the participant. Nurses also asked participants for consent to store part of the blood sample for additional analyses at some future date. If the participant agreed, written consent was obtained.

1.4.5 Interviewing and measuring children

Children aged 13-15 were interviewed directly by interviewers, permission having first been 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 directly from a parent/guardian. Whenever possible, younger children were present while their parent/guardian answered questions about their health. This
was partly because the interviewer had to measure their height and weight and it also ensured that the child could contribute information where appropriate.

1.4.6 Feedback to participants

If participants wished, interviewers recorded height and weight measurements on their Stage 1 information leaflet.

At the Stage 2 nurse visit each participant was given a Measurement Record Card in which the nurse entered the participant’s waist and hip measurement, demi-span measurement (if applicable), blood pressure measurements and lung function results.

If they wished, participants were also sent the results of their blood sample analyses. They were also given the option of having their blood pressure, lung function readings and blood sample analyses also being sent to their GP. Written consent for results to be passed on to GPs was required for each of the measurements.

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. 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, lung function or blood sample results were abnormal. In the absence of permission to contact GPs, the Survey Doctor contacted participants directly if they had abnormal results.

1.5 FIELDWORK QUALITY CONTROL AND ETHICAL CLEARANCE

1.5.1 Training interviewers and nurses

Interviewers were fully briefed on the administration of the survey, including screening for households with children in the child boost sample. They were given training in measuring height and weight, including a practice session.

All nurses were professionally qualified and proficient in taking blood before joining the Health Survey team. They attended a one and a half 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, anthropometric and lung function measurements, and taking blood, saliva and urine samples.

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

All nurses and interviewers who had not previously worked on SHeS were accompanied by a nurse or interviewer supervisor during the early stages of
their work to ensure that interviews and protocols were being correctly administered.

1.5.2 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 productive households.

The computer program used by interviewers had in-built soft checks (which can be suppressed) and hard checks (which cannot be suppressed) which included messages querying uncommon or unlikely answers as well as answers outside 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. Some infants were weighed by having an adult hold them; the weight of the adult on their own was entered into the computer followed by the combined weight of the infant and adult. A hard check was used to ensure that the weight entered for the adult alone did not exceed the weight of the infant and adult combined.

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 by their supervisor.

1.5.3 Ethical clearance

Ethical approval for the 2008 survey was obtained from the Multi-Centre Research Ethics Committee for Wales (REC reference number: 07/MRE09/55).

1.6 SURVEY RESPONSE

1.6.1 Introduction to response analysis

This section looks at the response for sampled households (section 1.6.2), and then at the response of eligible individuals within those households, firstly for adults (section 1.6.3) and then for children (section 1.6.4). 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, height and weight measurements, and if applicable, progressing to a nurse visit and ending with requests for blood,
saliva and urine samples. Individual non-response 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 number of exclusions and the reasons for them are given at the start of each relevant chapter.

1.6.2 Household response

Tables 1.1 and 1.2 show household response by Health Board, for the main and Health Board boost samples combined (Sample A) and for the child boost sample (Sample B). The interviews conducted as part of the three Health Board boost samples have been integrated into the main 2008 datafile as they were not intended to form stand alone samples in their own right. For this reason separate analysis of their response rates is not being conducted. 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, up to three households when necessary).

Households described as ‘co-operating’ are those where at least one eligible person was interviewed at Stage 1, the interviewer stage. Households described as ‘all interviewed’ are those where all eligible persons were interviewed, and ‘fully co-operating’ are those where all eligible persons were interviewed, had height and weight measured and, if applicable, agreed to a 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.

61% of eligible households (4,139) in Sample A took part in the 2008 Scottish Health Survey. At 49% of households in this sample, all eligible adults and children were interviewed. In sample B, the child boost sample, 64% of eligible households (345) co-operated with the survey, and in all but four of these households, all eligible children were interviewed.

1.6.3 Individual response for adults

Overall response

There were 6,465 individual interviews with adults in the 2008 SHeS. A sub-sample of adults in the main sample were eligible to take part in the Stage 2 nurse visit. 1,123 adults saw a nurse and 903 gave a blood sample.

To calculate the response rate for individuals, rather than households, the total number of productive individual interviews, should be expressed as a proportion of the total number of adults in the sampled households. However, as not all sampled households participated in the survey 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 (7,357 adults in 4,139 households, average 1.78 per household),

Non co-operating households where information on the number of adults is known (2,529 adults in 1,460 households, average 1.73) and

Non co-operating households about which nothing is known (1,202 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 is known (the sum of the first two groups). This assumption gives an estimated total of 12,008 eligible adults, known as the ‘set’ sample.

Evidence suggests that unproductive households tend to be smaller on average than productive households, so this estimate of the total number of eligible adults is likely to be too large, and response rates based on it will therefore be underestimates.

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 4,139 co-operating households. The proportions are 46.9% men and 53.1% women. Applying these proportions to the estimated total of adults gives ‘set’ samples of 5,638 men and 6,371 women.

Using the estimated total number of adults in sampled households, the adult ‘set’ sample, as a denominator, minimum response rates for the various stages were as follows:

<table>
<thead>
<tr>
<th></th>
<th>Men %</th>
<th>Women %</th>
<th>All adults %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interviewed</td>
<td>50</td>
<td>57</td>
<td>54</td>
</tr>
<tr>
<td>Height measured</td>
<td>45</td>
<td>50</td>
<td>47</td>
</tr>
<tr>
<td>Weight measured</td>
<td>44</td>
<td>48</td>
<td>46</td>
</tr>
<tr>
<td>Saw a nurse</td>
<td>30</td>
<td>33</td>
<td>32</td>
</tr>
<tr>
<td>Waist and hip measured</td>
<td>30</td>
<td>32</td>
<td>31</td>
</tr>
<tr>
<td>Blood pressure measured</td>
<td>29</td>
<td>32</td>
<td>31</td>
</tr>
<tr>
<td>Agreed to give a blood sample</td>
<td>26</td>
<td>28</td>
<td>26</td>
</tr>
<tr>
<td>Blood sample obtained</td>
<td>25</td>
<td>26</td>
<td>25</td>
</tr>
</tbody>
</table>

Response to the interview was 57% among women and 50% among men.

**Table 1.3**

**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 1.4 and 1.5 show the proportion of men and women in co-operating households who participated in the key survey stages, by age. These are summarised below:

<table>
<thead>
<tr>
<th></th>
<th>Men %</th>
<th>Women %</th>
<th>All adults %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interviewed</td>
<td>82</td>
<td>93</td>
<td>88</td>
</tr>
<tr>
<td>Height measured</td>
<td>73</td>
<td>81</td>
<td>77</td>
</tr>
<tr>
<td>Weight measured</td>
<td>72</td>
<td>78</td>
<td>75</td>
</tr>
<tr>
<td>Saw a nurse</td>
<td>50</td>
<td>55</td>
<td>52</td>
</tr>
<tr>
<td>Waist-hip measured</td>
<td>49</td>
<td>53</td>
<td>51</td>
</tr>
<tr>
<td>Blood pressure measured</td>
<td>48</td>
<td>53</td>
<td>51</td>
</tr>
<tr>
<td>Blood sample obtained</td>
<td>41</td>
<td>43</td>
<td>42</td>
</tr>
<tr>
<td>Saliva sample given</td>
<td>47</td>
<td>50</td>
<td>49</td>
</tr>
<tr>
<td>Lung function measured</td>
<td>47</td>
<td>51</td>
<td>49</td>
</tr>
<tr>
<td>Urine sample given</td>
<td>47</td>
<td>50</td>
<td>49</td>
</tr>
</tbody>
</table>

In co-operating households, response was lowest among those aged 16-24 for both sexes though young men stand out as having particularly low cooperation rates, (59% for men and 74% for women aged 16-24). Response increased with age among men, to around 80% up to the 45-54 age group, and increased further to its highest rate among those aged 75 and over (97%). The pattern among women was a little more even across the age groups with a consistently high response rate of over 90% achieved among women aged 25 and over (ranging between 93% and 98%).

It should be noted that the lower levels of response to the height and weight measurements, and agreement to nurse visits, among men is largely a result of the fact that fewer men than women took part in the survey overall. Based on those participating, women’s refusal rates for participating in the height and weight measurements were actually slightly higher than men’s, while the same proportion of men and women who were interviewed refused a nurse visit or could not be contacted by the nurse (14%).

1.6.4 Individual response for children (0-15)

**Overall response among children**

Interviews were carried out with 1,750 children aged 0-15. This includes 1,239 children interviewed in the main sample, and 511 interviewed in the child boost sample.

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 the households where the numbers of children were not known had the same average number of boys and girls as those where it was known (and that the proportion of boys and girls was the same). This results in a ‘set’
sample of 3,206 children in total, comprising 2,403 in the main sample and 802 in the child boost. 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, like those for adults, are therefore conservative. Most non-responding children were in households where no-one (child or adult) co-operated with the survey. The total number of children in the sampled households would be slightly greater than the set sample as some households would have had more than two children.

In the main sample, response to the interview was 52% among boys and 51% among girls, while in the boost response was 64% and 63% respectively. Combining the two samples, this gives an overall response to the interview of 55% for boys and 54% 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, responses to these measurements were:

<table>
<thead>
<tr>
<th></th>
<th>Boys %</th>
<th>Girls %</th>
<th>All children %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interviewed</td>
<td>55</td>
<td>54</td>
<td>55</td>
</tr>
<tr>
<td>Height measured (aged 2 and over)</td>
<td>42</td>
<td>41</td>
<td>41</td>
</tr>
<tr>
<td>Weight measured</td>
<td>46</td>
<td>44</td>
<td>45</td>
</tr>
</tbody>
</table>

**Child response in co-operating households**

Child response rates, like adult response rates, have also been calculated on a co-operating household base. Among selected children aged 0-15 in co-operating households, the proportion who were interviewed was high at 94% of eligible boys and 95% of eligible girls. The proportion interviewed was slightly lower among children aged 11-15 (88% of boys and 92% of girls) than among those aged under 11. This may in part be accounted for by the fact that parents acted as proxy participants for all children aged 12 and under whereas from 13 onwards children were interviewed directly in person.

Tables 1.7 shows the proportion of boys and girls, by age, in co-operating households who participated in the key survey stages. These are summarised below:

<table>
<thead>
<tr>
<th></th>
<th>Boys %</th>
<th>Girls %</th>
<th>All children %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interviewed</td>
<td>94</td>
<td>95</td>
<td>95</td>
</tr>
<tr>
<td>Height measured (aged 2 and over)</td>
<td>81</td>
<td>84</td>
<td>82</td>
</tr>
<tr>
<td>Weight measured</td>
<td>79</td>
<td>78</td>
<td>78</td>
</tr>
</tbody>
</table>
1.6.5 Regional variations in survey response

As in previous years, response varied by Health Board. Household response was highest in the three island Boards (Shetland, Western Isles and Orkney). On the mainland it was highest in Dumfries and Galloway and Fife. Response was lowest in Lothian and Greater Glasgow and Clyde. Table 1.1, Table 1.2

1.6.6 Age and sex profile of the sample

Table 1.8 compares the age and sex profile of responding adults at the two survey stages (interview and nurse visit) with the mid-2008 household population estimates for Scotland.8

According to the 2008 household population estimates, men form 48% of all adults (aged 16 and over) in Scotland and women form 52%. While in the SHeS 2008 men form 44% of all interviewed adults and women form 56%. In SHeS 2008 men aged under 45 are slightly under-represented at both the interview and nurse visit relative to their proportions in the household population estimates. Men aged 45 and over are slightly over-represented. Women aged under 35 are under-represented at both stages, while women aged 55 and over are over-represented. The proportion of women aged 35-44 in SHeS 2008 was the same as in the household population estimates. Table 1.8

Table 1.9 compares the age and sex profile of responding children at the Stage 1 interviewer visit with the mid-2008 population estimates for Scotland (the estimates for children are based on the total population, not the household population as the two measures are very similar for children and more detailed breakdowns are available for the total population). According to the 2008 population estimates boys form 51% of all children aged 0-15 and girls form 49%. In the SHeS 2008 sample, boys and girls form 50% each. The age and sex profiles of the achieved SHeS sample are very close to the population estimates for this age group. Table 1.9

1.7 WEIGHTING THE DATA

1.7.1 Overview

The SHeS 2008 comprised a general population sample (main sample), a child boost sample of children screened from additional addresses and a Health Board boost sample in three Health Board areas. As a result, several different sets of weights have been provided for the survey. This section describes the 2008 weighting procedure in more detail.

1.7.2 Adult weights – summary

Weights are provided to allow analysis of adult responders (including responders from both the main sample and the Health Board boost sample). The weighting strategy for the adult sample was:

- calculate weights \((w_1)\) for the differential selection of addresses;
- calculate weights for the selection of dwelling units at each address \((w_2)\) and for the selection of households at each dwelling unit \((w_3)\);
1.7.3 Address, dwelling unit and household selection weights

*Address selection weights (w1)*

Selection weights were required to ensure that each area was in the correct proportion for national estimates. The selection weights varied between Health Boards (smaller Health Boards were over-sampled so had smaller selection weights), and within each Health Board they varied by SIMD area (areas in the most deprived 15% of areas based on the 2006 SIMD were over-sampled so also had smaller selection weights).

For each stratum the selection weights were calculated as the number of addresses in the PAF divided by the number of addresses issued.

*Dwelling unit and household selection weights (w2 and w3)*

In a very small number of addresses the number of dwelling units found was not the equal to the MOI. In these cases a dwelling unit weight was calculated to correct for this discrepancy. A household weight was also calculated to correct for the selection of households. Without these weights households at multi-occupied addresses would be under-represented in the sample.

1.7.4 Calibrating household weights (w4)

To generate the household weights the combined selection weights \(w_1 \times w_2 \times w_3\) were adjusted by using calibration weighting. Calibration weighting was used to ensure that the weighted achieved sample of households matched General Register Office Scotland’s (GROS’s) estimated age/sex distribution of the household population, while at the same time matching the Health Board totals.

The estimates of the household population were provided by GROS. The household population is the estimated population in private households, so excludes people living in institutions. The household population estimates used are given in Figure 1G and Figure 1H.

In addition to calibrating to the totals given in Figure 1G and Figure 1H, the weights were calibrated to ensure that the number of responding households in the deprivation areas matched the number of issued eligible households. This ensured that the SIMD15 areas were not under-represented because of non-response.
1.7.5 Adult non-response weights (w5)

It is likely that the characteristics of household members that do not take part in surveys are different from those that do. By using logistic regression it is possible to model the difference between responding and non-responding household members and, from that model, obtain weights to reduce the bias from the differential non-response.

Responding households that contained more than one adult were selected and the household weight (w4) was applied. A logistic regression model was then fitted using variables from the household interview to model whether a household member responded or not. The final model included the following variables: the Health Board; the age/sex of the household member; the number of adults in the household; an indicator for whether the household was in an SIMD15 area; an indicator for whether the household member was in paid employment or self-employed; and a variable for the person’s marital status.

The parameters in the model were used to estimate the probability of response for each individual. The adult non-response weight (w5) was simply the reciprocal of this probability. (The adult non-response weight in households in households containing only one adult was set to 1).

1.7.6 Adult interview weights (int08wt)

The final adult interview weights were calculated by combined the household weight with the adult non-response weight (w4×w5) and calibrating to the totals given in Figure 1G and Figure 1H.

Calibrating to these totals ensured that when national estimates are required the age/sex and regional distributions of the adult sample match those of the population. It does not ensure that age/sex proportions are correct within each Health Board. The sample was not designed to allow yearly estimates at Health Board level, but it is likely that it will be used for this in some of the larger Health Boards, so we investigated adjusting so that the age/sex distribution was correct in these large Health Boards. This proved to be possible only in Greater Glasgow and Clyde but it will be possible to calibrate the Health Board weights to age and sex totals after four years of data collection.
Figure 1G: 2008 Mid-year household population estimates for Scotland by Health Board\textsuperscript{a}

<table>
<thead>
<tr>
<th>Health Board</th>
<th>Children</th>
<th>Adults</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayrshire &amp; Arran</td>
<td>64,700</td>
<td>299,100</td>
<td>363,800</td>
</tr>
<tr>
<td>Borders</td>
<td>20,100</td>
<td>91,400</td>
<td>111,500</td>
</tr>
<tr>
<td>Dumfries &amp; Galloway</td>
<td>25,000</td>
<td>122,000</td>
<td>147,000</td>
</tr>
<tr>
<td>Fife</td>
<td>64,900</td>
<td>289,300</td>
<td>354,200</td>
</tr>
<tr>
<td>Forth Valley</td>
<td>53,900</td>
<td>230,100</td>
<td>283,900</td>
</tr>
<tr>
<td>Grampian</td>
<td>94,800</td>
<td>432,900</td>
<td>527,600</td>
</tr>
<tr>
<td>Greater Glasgow &amp; Clyde</td>
<td>208,200</td>
<td>966,200</td>
<td>1,174,400</td>
</tr>
<tr>
<td>Highland</td>
<td>53,800</td>
<td>250,800</td>
<td>304,600</td>
</tr>
<tr>
<td>Lanarkshire</td>
<td>106,300</td>
<td>450,000</td>
<td>556,300</td>
</tr>
<tr>
<td>Lothian</td>
<td>138,500</td>
<td>661,800</td>
<td>800,300</td>
</tr>
<tr>
<td>Orkney</td>
<td>3,400</td>
<td>16,300</td>
<td>19,700</td>
</tr>
<tr>
<td>Shetland</td>
<td>4,200</td>
<td>17,500</td>
<td>21,700</td>
</tr>
<tr>
<td>Tayside</td>
<td>67,700</td>
<td>321,000</td>
<td>388,700</td>
</tr>
<tr>
<td>Western Isles</td>
<td>4,500</td>
<td>21,400</td>
<td>25,900</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>910,100</strong></td>
<td><strong>4,169,700</strong></td>
<td><strong>5,079,800</strong></td>
</tr>
</tbody>
</table>

\textsuperscript{a} Total figures may not be exact due to rounding

Figure 1H: 2008 Mid-year household population estimates for Scotland by age and sex\textsuperscript{a}

<table>
<thead>
<tr>
<th>Age group</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-15</td>
<td>465,500</td>
<td>444,600</td>
<td>910,100</td>
</tr>
<tr>
<td>16-24</td>
<td>299,100</td>
<td>287,100</td>
<td>586,200</td>
</tr>
<tr>
<td>25-34</td>
<td>309,900</td>
<td>314,100</td>
<td>624,000</td>
</tr>
<tr>
<td>35-44</td>
<td>363,600</td>
<td>397,300</td>
<td>760,900</td>
</tr>
<tr>
<td>45-54</td>
<td>357,900</td>
<td>381,300</td>
<td>739,200</td>
</tr>
<tr>
<td>55-64</td>
<td>309,400</td>
<td>324,900</td>
<td>634,300</td>
</tr>
<tr>
<td>65-74</td>
<td>211,100</td>
<td>247,600</td>
<td>458,700</td>
</tr>
<tr>
<td>75+</td>
<td>140,700</td>
<td>225,600</td>
<td>366,300</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,457,200</strong></td>
<td><strong>2,622,500</strong></td>
<td><strong>5,079,800</strong></td>
</tr>
</tbody>
</table>

\textsuperscript{a} Total figures may not be exact due to rounding

1.7.7 Adult nurse visit weights

The sample of adults having a nurse visit was weighted to take account of differential probabilities of selection and non-response. Non-response weights were developed as the characteristics of interviewed household members that did not have a nurse visit are likely to be different from those who do. In addition, the nurse boost sample, described in Section 1.2.5 meant that the winter months would be over-represented in the sample without some form of selection weighting.

The resulting nurse weight, called nurse08wt, is a combination of selection and non-response weighting.

1.7.8 Adult blood weights

A similar method was used to generate the adult blood weights. A blood sample was not obtained from every adult who had a nurse visit so a weight was calculated to correct for non-response. The adult blood weights (blood08wt) is a combination of selection and non-response weighting.

1.7.9 Weights for the knowledge, attitudes and motivations to health (KAM) module

KAM weights were calculated in a similar way to the main adult weights in that they combined selection weights, non-response weights and calibration.
The difference occurred in the calculation of selection weights.

- Addresses chosen for the Health Board boosts were included in the main adult weighting, but not in the KAM weighting. This meant that different address selection weights were used for adult and KAM weighting. (The dwelling unit and household weights were the same).
- Only one adult in each household was chosen for KAM. This was taken into account by deriving an additional selection weight equal to the number of adults in the household.

With these two differences a weight was calculated for analysis of the KAM sample. This is called kam08wt.

1.7.10 Child weights – summary

The weighting strategy for the child sample was:
- calculate weights (cw1) for the differential selection of addresses;
- calculate weights for the selection of dwelling units at each address (cw2) and for the selection of households at each dwelling unit (cw3);
- calculate weights (cw4) for the selection of children within each household;
- calibrate the combined child selection weight \((cw1 \times cw2 \times cw3 \times cw4)\) so that the weighted sample of children matched population estimates for age/sex and Health Board. Scale this to give the final child interview weight, cint08wt.

1.7.11 The child interview weights

*Address selection weights, dwelling unit and household selection weights (cw1, cw2 and cw3)*

The selection weights for the addresses, dwelling units and households were generated in the same way as for the adult sample.

*Weights for the selection of children at each household (cw4)*

A maximum of two children were selected in each household so a selection weight (cw4) was calculated as the number of children in the household divided by the number of children selected. Without this selection weight children in larger households would have been under-represented in the final sample.

*Child interview weights (cint08wt)*

The final child interview weights were calculated by combined child selection weight \((cw1 \times cw2 \times cw3 \times cw4)\) and calibrating to the totals given in Figure 1I and Figure 1J. A high proportion of children in participating households participated in the survey so weighting for non-response was not needed. (93% of all children selected for interview participated in the survey). Therefore, the child weight was simply the scaled calibration weight.
Calibrating to these totals ensured that when national estimates are required, the age/sex and regional distributions of the child sample match those of the population. It does not ensure that age/sex proportions are correct within each Health Board. (The sample was not designed to allow yearly estimates at Health Board level).

**Figure 1I: 2008 Mid-year household population estimates for Scotland by Health Board**

<table>
<thead>
<tr>
<th>Health Board</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayrshire &amp; Arran</td>
<td>7.10%</td>
</tr>
<tr>
<td>Borders</td>
<td>2.20%</td>
</tr>
<tr>
<td>Dumfries &amp; Galloway</td>
<td>2.74%</td>
</tr>
<tr>
<td>Fife</td>
<td>7.12%</td>
</tr>
<tr>
<td>Forth Valley</td>
<td>5.93%</td>
</tr>
<tr>
<td>Grampian</td>
<td>10.4%</td>
</tr>
<tr>
<td>Greater Glasgow &amp; Clyde</td>
<td>22.84%</td>
</tr>
<tr>
<td>Highland</td>
<td>5.92%</td>
</tr>
<tr>
<td>Lanarkshire</td>
<td>11.65%</td>
</tr>
<tr>
<td>Lothian</td>
<td>15.25%</td>
</tr>
<tr>
<td>Orkney</td>
<td>0.38%</td>
</tr>
<tr>
<td>Shetland</td>
<td>0.47%</td>
</tr>
<tr>
<td>Tayside</td>
<td>7.48%</td>
</tr>
<tr>
<td>Western Isles</td>
<td>0.50%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100.00%</strong></td>
</tr>
</tbody>
</table>

**Figure 1J: 2008 Mid-year household population estimates for Scotland by age and sex (for children)**

<table>
<thead>
<tr>
<th>Age group</th>
<th>Boys</th>
<th>Girls</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>15.8</td>
<td>15.09</td>
<td>30.98</td>
</tr>
<tr>
<td>5-9</td>
<td>15.07</td>
<td>14.43</td>
<td>29.50</td>
</tr>
<tr>
<td>10-15</td>
<td>20.22</td>
<td>19.30</td>
<td>39.52</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>51.18</strong></td>
<td><strong>48.82</strong></td>
<td><strong>100.00</strong></td>
</tr>
</tbody>
</table>

### 1.8 DATA ANALYSIS AND REPORTING

#### 1.8.1 Introduction to response analysis

SHeS 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. Similarly, current behaviour may be influenced by advice or treatment for particular health conditions.

#### 1.8.2 Reporting age variables

**Defining age for data collection**

A considerable part of the data collected in the 2008 SHeS is age specific, with different questions directed to different age groups. During the interview 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 them later, treated them as being of the same age as at the interview, even if they had an intervening birthday.

**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 2008 and was interviewed on October 1 2008 would be classified as being aged 24.75 (24¾)).

The presentation of tabular data involves classifying 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 this report all references to age are age at last birthday.

**Age standardisation**

Adult data have been age-standardised throughout the 2008 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 age 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 2008 census household population estimates for Scotland. 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. The variance of the standardised proportion can be estimated by:

\[
var(p') = \frac{\sum_i (N_i P_i q_i / n_i)}{(\sum_i N_i)^2}
\]

where \( q_i = 1 - P_i \).
1.8.3 Standard analysis breakdowns

National Statistics Socio-Economic Classification (NS-SEC)

The 2008 survey measured socio-economic status using the National Statistics Socio-Economic Classification (NS-SEC) which was introduced in 2001. NS-SEC was introduced to SHeS in 2003 and replaced the social class measures used in the two previous rounds of survey, Registrar General’s Social Class (SC) and Socio-economic Group (SEG).9

NS-SEC was classified in two ways: on the basis of participants’ own current or most recent occupation, and on the basis of the occupation details of the household reference person. The household reference person (HRP) was defined as the householder (the person in whose name the property was owned or rented) with the highest income. If there was more than one householder and they had equal incomes, then the household reference person was the eldest. The identity of the HRP was established in the household questionnaire and details about their occupation were collected at this point. If the HRP occupational details were collected by proxy from another household member these were collected again directly from the HRP during their individual interview (if one took place). Children were assigned the NS-SEC value of the HRP.

NS-SEC is an occupational based classification that uses the Standard Occupational Classification 2000 (SOC 2000) which replaced the Standard Occupational Classification 1990 (SOC 90) schema. The combination of SOC 2000 and information collected about employment status (whether an employer, self-employed or employee; whether a supervisor; number of employees at the workplace) for current or last job generates the following NS-SEC analytic classes:

- Employers in large organisations, higher managerial and professional
- Lower professional and managerial; higher technical and supervisory
- Intermediate occupations
- Small employers and own account workers
- Lower supervisory and technical occupations
- Semi-routine occupations
- Routine occupations

The remaining categories include those who have never worked, or who gave no occupational details or whose information was inadequately described or unclassifiable for other reasons. Most of the analysis in the 2008 report was based on a five level version of this classification which combined the first two groups and the last two. Analysis is also possible using a three level classification which combines the intermediate and small employers and own account worker categories, and combines the lower supervisory group with the routine categories. All analysis was conducted using the NS-SEC of the HRP.
NS-SEC is a conceptually based schema which was developed from a sociological classification, the Goldthorpe Schema.\textsuperscript{10,11} The measure used in the 1995 and 1998 surveys, SC, used levels of occupation skill as the basis for its classification, whereas NS-SEC aims to differentiate between positions in the labour market in terms of aspects such as sources of income, job security, career advancement, authority and autonomy. A version of SC, derived from NS-SEC, has been produced by the Office for National Statistics and is available on the dataset.

**Household income**

The 2008 survey included questions designed to measure participants’ household income. While household income alone can be used as an analysis variable, the analysis conducted for this report used an adjusted measure which took account of the number of persons within the household. The McClements method was used to equivalise incomes; this is detailed in the Glossary at the end of this report. The equivalised income measure was divided into quintiles for the presentation of analysis within the report, but the full continuous data is available on the dataset.

**Scottish Index of Multiple Deprivation (SIMD)**

The analysis was based on the 2006 version of the Scottish Index of Multiple Deprivation.\textsuperscript{12} It is based on 31 indicators in six individual domains of current income, employment, housing, health, education, skills and training and geographic access to services and telecommunications. SIMD is calculated at data zone level, enabling small pockets of deprivation to be identified. The data zones are ranked from most deprived (1) to least deprived (6505) on the overall SIMD index. The result is a comprehensive picture of relative area deprivation across Scotland. The index was divided into quintiles for the presentation of analysis within the report, a version divided into deciles is also available on the dataset. The full index is not available on the archived dataset due to concerns about its potential for identifying individual respondents or households.

**1.8.4 Logistic regression**

Logistic regression modelling has been used in a number of chapters to examine the factors associated with selected outcome variables, after adjusting for other predictors. For instance in Chapter 1, regression analyses have been performed to examine the association between having poor self-assessed health and a variety of predictor variables including age, income, smoking status and alcohol consumption. Forward stepwise models have been used for men and women separately. A wide range of possible predictor variables were tested in each model. This gives an estimate 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. for reporting poor self-assessed health) for each category of the independent variable (e.g. quintiles of equivalised household 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. Missing values were included in the analyses, that is, people were included even if they did not have a valid answer, score or classification in one or more of the explanatory variables. Where this was a large number of people, the missing values were included as a separate category (e.g. income), and where there were few records with a missing value, these individuals were included with the category containing the largest number of cases (e.g. non-smokers). The treatment of missing values in the regression models is explained in the footnote section of the relevant tables.

1.8.5 Design effects and true standard errors

The SHeS 2008 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 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 SHeS 2008 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 1.11 to 1.18 for selected survey estimates presented in the main report.

Tables 1.11 to 1.18
References and notes

1. Further information on the Scottish Health Survey review and recommendations adopted as a result of the review can be found on the Scottish Government SHeS website: http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/scottish-health-survey

2. ScotCen is part of the National Centre for Social Research.


4. Analysis of the 2003 data by health region were subsequently published on the Scottish Government’s survey website.

5. A dwelling unit is defined as a living space with its own front door – this can be either a street door or a door within a house or block of flats.


7. The household reference person (HRP) is defined as the householder (a person in whose name the property is owned or rented) with the highest income. If there is more than one householder and they have equal income, then the household reference person is the eldest.

8. Source: General Register Office for Scotland (GROS).


12. www.scotland.gov.uk/Publications/2006/10/13142739/0
Chapter 1: Table list

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Table 1.16 True standard errors and 95% confidence intervals for physical activity
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Table 1.18 True standard errors and 95% confidence intervals for CVD variables and diabetes
<table>
<thead>
<tr>
<th>Address and household outcome</th>
<th>Health Board</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ayrshire &amp; Arran</td>
<td>Borders</td>
</tr>
<tr>
<td>Selected addresses</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Ineligible addresses type a</td>
<td>389</td>
<td>429</td>
</tr>
<tr>
<td>Addresses at which interview sought</td>
<td>25</td>
<td>50</td>
</tr>
<tr>
<td>Extra households sampled at multi-household addresses</td>
<td>364</td>
<td>379</td>
</tr>
<tr>
<td>Total eligible households</td>
<td>364</td>
<td>379</td>
</tr>
</tbody>
</table>

Continued…
### Table 1.1 - Continued

<table>
<thead>
<tr>
<th>Address and household outcome</th>
<th>Health Board</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ayrshire &amp; Arran</td>
<td>Borders</td>
</tr>
<tr>
<td>N %</td>
<td>N %</td>
<td>N %</td>
</tr>
<tr>
<td>Household response</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Co-operating households⁵</td>
<td>215</td>
<td>59</td>
</tr>
<tr>
<td>All interviewed¹</td>
<td>179</td>
<td>49</td>
</tr>
<tr>
<td>Fully co-operating</td>
<td>165</td>
<td>45</td>
</tr>
<tr>
<td>Non-responding households</td>
<td>149</td>
<td>41</td>
</tr>
<tr>
<td>Non-contact - eligible</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Non-contact – unknown eligible</td>
<td>11</td>
<td>3</td>
</tr>
<tr>
<td>Refusal</td>
<td>88</td>
<td>24</td>
</tr>
<tr>
<td>Other non-response - eligible</td>
<td>44</td>
<td>12</td>
</tr>
<tr>
<td>Other non-response - unknown eligibility</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

¹ This includes the Health Board boost household response
₂ Addresses where no private households were found
₃ Households where at least one person was interviewed
⁴ All eligible household members were interviewed, but not all had height and weight measured or agreed to a nurse visit if eligible
⁵ All eligible household members were interviewed, had height and weight measured and agreed to a nurse visit if eligible
Table 1.2  Child boost sample household response, by Health Board

<table>
<thead>
<tr>
<th>Address and household outcome</th>
<th>Health Board</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ayrshire &amp; Arran</td>
<td>Fife</td>
</tr>
<tr>
<td>Sample B (child boost)</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Selected addresses</td>
<td>180</td>
<td>182</td>
</tr>
<tr>
<td>Ineligible addresses – type a&lt;sup&gt;b&lt;/sup&gt;</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>Ineligible addresses – type b&lt;sup&gt;c&lt;/sup&gt;(screened out)</td>
<td>126</td>
<td>138</td>
</tr>
<tr>
<td>Addresses at which interview sought</td>
<td>41</td>
<td>31</td>
</tr>
<tr>
<td>Extra households sampled at multi-household addresses</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total eligible households</td>
<td>41</td>
<td>31</td>
</tr>
</tbody>
</table>

Continued…
Table 1.2 - Continued

Selected addresses/eligible households 2008

<table>
<thead>
<tr>
<th>Address and household outcome</th>
<th>Health Board</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ayrshire &amp; Arran</td>
<td>Fife</td>
</tr>
<tr>
<td>Household response</td>
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<td>Co-operating households¹</td>
<td>24 59</td>
<td>25 81</td>
</tr>
<tr>
<td>All interviewed²</td>
<td>24 59</td>
<td>23 74</td>
</tr>
<tr>
<td>Fully co-operating</td>
<td>23 56</td>
<td>22 71</td>
</tr>
<tr>
<td>Non-responding households</td>
<td>17 41</td>
<td>6 19</td>
</tr>
<tr>
<td>Non-contact - eligible</td>
<td>1 2</td>
<td>0 0</td>
</tr>
<tr>
<td>Non-contact - unknown eligibility</td>
<td>2 5</td>
<td>0 0</td>
</tr>
<tr>
<td>Refusal</td>
<td>14 34</td>
<td>5 16</td>
</tr>
<tr>
<td>Other non response</td>
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<td>0 0</td>
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<tr>
<td>- eligible</td>
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<td></td>
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<tr>
<td>Other non-response - unknown eligibility</td>
<td>0 0</td>
<td>1 3</td>
</tr>
</tbody>
</table>

¹ There were no Child Boost addresses issued in the following Health Boards: Borders, Orkney, Western Isles, Dumfries & Galloway and Shetland.
² Addresses where no private households were found.
³ Child boost sample addresses where no person aged 0-15 were found.
⁴ Households where at least one person was interviewed.
⁵ All eligible household members were interviewed, but not all had height and weight measured.
⁶ All eligible household members were interviewed, and had height and weight measured.
Table 1.3  Summary of adults’ individual response to the survey, by sex

*Estimated adult sample (‘set’ sample of adults aged 16 and over)*

2008

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<tr>
<th>Individual response</th>
<th>Men</th>
<th>Women</th>
<th>All adults</th>
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</thead>
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<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Interviewed</td>
<td>2842</td>
<td>50</td>
<td>3623</td>
<td>57</td>
</tr>
<tr>
<td>Non responders:</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>In co-operating households</td>
<td>612</td>
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<td>In non-responding households</td>
<td>2184</td>
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<td>2468</td>
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<td>47</td>
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<td>Eligible for nurse visit</td>
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<td>18</td>
<td>1135</td>
<td>18</td>
</tr>
<tr>
<td>Saw nurse</td>
<td>504</td>
<td>30</td>
<td>619</td>
<td>33</td>
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<td>Responded to:</td>
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<td>Waist/hip</td>
<td>500</td>
<td>30</td>
<td>604</td>
<td>32</td>
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<tr>
<td>Blood pressure</td>
<td>492</td>
<td>29</td>
<td>601</td>
<td>32</td>
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<tr>
<td>Blood sample</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Obtained</td>
<td>415</td>
<td>25</td>
<td>488</td>
<td>26</td>
</tr>
<tr>
<td>Attempted, not obtained</td>
<td>14</td>
<td>1</td>
<td>34</td>
<td>2</td>
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<td>Ineligible</td>
<td>33</td>
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<td>2</td>
</tr>
<tr>
<td>Lung function</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Obtained</td>
<td>475</td>
<td>28</td>
<td>577</td>
<td>31</td>
</tr>
<tr>
<td>Attempted, not obtained</td>
<td>11</td>
<td>1</td>
<td>14</td>
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</tr>
<tr>
<td>Saliva</td>
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<tr>
<td>Obtained</td>
<td>478</td>
<td>28</td>
<td>569</td>
<td>30</td>
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<tr>
<td>Attempted, not obtained</td>
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<td>0</td>
</tr>
<tr>
<td>Urine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obtained</td>
<td>474</td>
<td>28</td>
<td>571</td>
<td>30</td>
</tr>
<tr>
<td>Attempted, not obtained</td>
<td>4</td>
<td>0</td>
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</tr>
</tbody>
</table>

Base: set sample: all core and health board boost

5638  
6371  
12008

Set sample: nurse sample

1684  
1881  
3565

*For the method of estimating the adult ‘set’ sample, see section 1.6.3. Estimated bases have been rounded.*

*A sub-sample of main sample addresses was flagged as ‘nurse’ addresses. At these addresses all adults who participated in the Stage 1 interviewer visit were eligible to take part in the Stage 2 follow-up nurse visit. There were no Stage 2 visits for participants in the Health Board boost sample.*
Table 1.4  Men in co-operating households, response to the stages of the survey, by age

*Men aged 16 or over in co-operating households* 2008

<table>
<thead>
<tr>
<th>Individual response</th>
<th>Age</th>
<th>16-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
<th>65-74</th>
<th>75 +</th>
<th>Total</th>
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<tbody>
<tr>
<td>Interviewed</td>
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<td></td>
<td></td>
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<td></td>
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<td>87</td>
<td>93</td>
<td>97</td>
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</tr>
<tr>
<td>Not contacted/refused</td>
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<td>17</td>
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<td>3</td>
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<tr>
<td>Height</td>
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</tr>
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<td>Measured</td>
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<td>74</td>
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<td>83</td>
<td>77</td>
<td>73</td>
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<td>5</td>
<td>6</td>
<td>7</td>
<td>5</td>
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<tr>
<td>Measurement not attempted</td>
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<td>4</td>
<td>11</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Not contacted/not obtained</td>
<td>41</td>
<td>23</td>
<td>21</td>
<td>17</td>
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<td>8</td>
<td>5</td>
<td>18</td>
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<tr>
<td>Weight</td>
<td>%</td>
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<td></td>
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<td></td>
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<td>5</td>
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<tr>
<td>Nurse Visit</td>
<td>%</td>
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<td></td>
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<td>14</td>
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<td>4</td>
<td>7</td>
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<tr>
<td>Waist/Hip</td>
<td>%</td>
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<td>50</td>
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<tr>
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<td>54</td>
<td>60</td>
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<td>42</td>
<td>39</td>
<td>38</td>
<td>50</td>
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<td>Refused/not obtained</td>
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<td>54</td>
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<td>39</td>
<td>38</td>
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<td>Saliva sample</td>
<td>%</td>
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<td></td>
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<td></td>
</tr>
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<td>40</td>
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<td>55</td>
<td>58</td>
<td>56</td>
<td>47</td>
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</tr>
<tr>
<td>No nurse visit</td>
<td>71</td>
<td>54</td>
<td>60</td>
<td>49</td>
<td>42</td>
<td>39</td>
<td>38</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>Refused/not obtained</td>
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<td>3</td>
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<td>3</td>
<td>3</td>
<td>6</td>
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</tr>
<tr>
<td>Lung function</td>
<td>%</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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<td>49</td>
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<td>57</td>
<td>55</td>
<td>47</td>
<td></td>
</tr>
<tr>
<td>No nurse visit</td>
<td>71</td>
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<td>60</td>
<td>49</td>
<td>42</td>
<td>39</td>
<td>38</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>Refused/not obtained</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>3</td>
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<tr>
<td>Demi-span (65+)</td>
<td>%</td>
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<td></td>
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</tr>
<tr>
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<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>59</td>
<td>60</td>
<td>60</td>
<td></td>
</tr>
<tr>
<td>No nurse visit</td>
<td>n/a</td>
<td>39</td>
<td>38</td>
<td>39</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refused/not obtained</td>
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<td>2</td>
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*Continued…*
Table 1.4  - Continued

Men aged 16 or over in co-operating households 2008

<table>
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<th>Individual response</th>
<th>Age</th>
<th>Total</th>
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<tr>
<td></td>
<td>16-24</td>
<td>25-34</td>
</tr>
<tr>
<td>Urine</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Measured</td>
<td>24</td>
<td>43</td>
</tr>
<tr>
<td>No nurse visit$a$</td>
<td>71</td>
<td>54</td>
</tr>
<tr>
<td>Refused/not obtained</td>
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<td>2</td>
</tr>
</tbody>
</table>

Bases:

Men aged 16 or over in co-operating households

<table>
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<th>Age</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>416</td>
<td>406</td>
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<tr>
<td>581</td>
<td>645</td>
</tr>
<tr>
<td>603</td>
<td>489</td>
</tr>
<tr>
<td>314</td>
<td>3454</td>
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</tbody>
</table>

Men aged over 16 in co-operating household eligible for nurse interview

<table>
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<th>Age</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>115</td>
<td>123</td>
</tr>
<tr>
<td>183</td>
<td>174</td>
</tr>
<tr>
<td>183</td>
<td>143</td>
</tr>
<tr>
<td>95</td>
<td>1016</td>
</tr>
</tbody>
</table>

Men aged 65 or over in co-operating households eligible for nurse interview

<table>
<thead>
<tr>
<th>Age</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>143</td>
<td>95</td>
</tr>
<tr>
<td>457</td>
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</tbody>
</table>

$a$ Includes non-responders to interview
### Table 1.5  Women in co-operating households, response to the stages of the survey, by age

**Women aged 16 or over in co-operating households**

<table>
<thead>
<tr>
<th>Individual response</th>
<th>Age</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>16-24</td>
<td>25-34</td>
</tr>
<tr>
<td>Interviewed</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Interviewed</td>
<td>74</td>
<td>93</td>
</tr>
<tr>
<td>Not contacted/refused</td>
<td>26</td>
<td>7</td>
</tr>
<tr>
<td>Height</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Measured</td>
<td>67</td>
<td>85</td>
</tr>
<tr>
<td>Refused</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Measurement not attempted</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Not contacted/not obtained</td>
<td>26</td>
<td>7</td>
</tr>
<tr>
<td>Weight</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Measured</td>
<td>62</td>
<td>77</td>
</tr>
<tr>
<td>Refused</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Measurement not attempted</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td>Not contacted/not obtained</td>
<td>26</td>
<td>8</td>
</tr>
<tr>
<td>Nurse Visit</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Eligible for nurse visit</td>
<td>31</td>
<td>27</td>
</tr>
<tr>
<td>Of those eligible for nurse visit</td>
<td>43</td>
<td>47</td>
</tr>
<tr>
<td>Co-operated with nurse visit</td>
<td>40</td>
<td>32</td>
</tr>
<tr>
<td>Not interviewed</td>
<td>17</td>
<td>21</td>
</tr>
<tr>
<td>Refused/no contact at nurse visit</td>
<td>17</td>
<td>21</td>
</tr>
<tr>
<td>Waist/Hip</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Measured</td>
<td>41</td>
<td>44</td>
</tr>
<tr>
<td>No nurse visit</td>
<td>57</td>
<td>53</td>
</tr>
<tr>
<td>Refused/not obtained</td>
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<td>3</td>
</tr>
<tr>
<td>Blood pressure</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Measured</td>
<td>40</td>
<td>45</td>
</tr>
<tr>
<td>No nurse visit</td>
<td>57</td>
<td>53</td>
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<tr>
<td>Refused/not obtained</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Blood sample</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Blood sample taken</td>
<td>24</td>
<td>38</td>
</tr>
<tr>
<td>Unsuccessful attempts at sample</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Ineligible – medical grounds</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Refused</td>
<td>13</td>
<td>5</td>
</tr>
<tr>
<td>No nurse visit</td>
<td>57</td>
<td>53</td>
</tr>
<tr>
<td>Saliva sample</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Measured</td>
<td>40</td>
<td>42</td>
</tr>
<tr>
<td>No nurse visit</td>
<td>57</td>
<td>53</td>
</tr>
<tr>
<td>Refused/not obtained</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Lung function</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Measured</td>
<td>40</td>
<td>44</td>
</tr>
<tr>
<td>No nurse visit</td>
<td>57</td>
<td>53</td>
</tr>
<tr>
<td>Refused/not obtained</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Demi-span (65+)</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Measured</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>No nurse visit</td>
<td>37</td>
<td>47</td>
</tr>
<tr>
<td>Refused/not obtained</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>
Table 1.5 - Continued

**Women aged 16 or over in co-operating households**

<table>
<thead>
<tr>
<th>Individual response</th>
<th>Age</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>16-24</td>
<td>25-34</td>
</tr>
<tr>
<td>Urine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measured</td>
<td>38</td>
<td>42</td>
</tr>
<tr>
<td>No nurse visit&lt;sup&gt;a&lt;/sup&gt;</td>
<td>57</td>
<td>53</td>
</tr>
<tr>
<td>Refused/not obtained</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

**Bases:**

- **Women aged 16 or over in co-operating households**: 450 484 688 671 663 529 418 3903
- **Women aged over 16 in co-operating household eligible for nurse interview**: 141 133 206 185 189 147 134 1135
- **Women aged 65 or over in co-operating households eligible for nurse interview**: 147 134 565

<sup>a</sup> Includes non-responders to interview
Table 1.6  Summary of children’s individual response to the survey, by sample type and sex

*Estimated child sample aged 0-15 (‘set’ sample of children)*a  

<table>
<thead>
<tr>
<th>Individual response</th>
<th>Boys</th>
<th>Girls</th>
<th>All children</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td><strong>Sample A (main)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interviewed</td>
<td>611</td>
<td>52</td>
<td>628</td>
</tr>
<tr>
<td>Non responders:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In co-operating households</td>
<td>54</td>
<td>5</td>
<td>44</td>
</tr>
<tr>
<td>In non-responding households</td>
<td>517</td>
<td>44</td>
<td>549</td>
</tr>
<tr>
<td>Responded to:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heightb</td>
<td>448</td>
<td>38</td>
<td>463</td>
</tr>
<tr>
<td>Weight</td>
<td>489</td>
<td>41</td>
<td>501</td>
</tr>
<tr>
<td><strong>Sample B (child boost)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interviewed</td>
<td>261</td>
<td>64</td>
<td>250</td>
</tr>
<tr>
<td>Non responders:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In co-operating households</td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>In non-responding households</td>
<td>144</td>
<td>35</td>
<td>144</td>
</tr>
<tr>
<td>Responded to:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heightb</td>
<td>214</td>
<td>53</td>
<td>199</td>
</tr>
<tr>
<td>Weight</td>
<td>238</td>
<td>58</td>
<td>218</td>
</tr>
<tr>
<td><strong>All children</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interviewed</td>
<td>872</td>
<td>55</td>
<td>878</td>
</tr>
<tr>
<td>Non responders:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In co-operating households</td>
<td>57</td>
<td>4</td>
<td>45</td>
</tr>
<tr>
<td>In non-responding households</td>
<td>660</td>
<td>42</td>
<td>693</td>
</tr>
<tr>
<td>Responded to:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heightb</td>
<td>662</td>
<td>42</td>
<td>662</td>
</tr>
<tr>
<td>Weight</td>
<td>727</td>
<td>46</td>
<td>719</td>
</tr>
</tbody>
</table>

*Base: set sample*  

<table>
<thead>
<tr>
<th>Sample</th>
<th>N</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample A</td>
<td>1182</td>
<td>1221</td>
<td>2403</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sample B</td>
<td>408</td>
<td>395</td>
<td>802</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All children</td>
<td>1589</td>
<td>1616</td>
<td>3206</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*a For the method of estimating the child ‘set’ sample, see section 1.6.3. Estimated bases have been rounded

*b Height measurements were taken for children aged 2+*
Table 1.7  Children in co-operating households, response to the stages of the survey, by age and sex

**Eligible boys and girls aged 0-15 in co-operating households** 2008

<table>
<thead>
<tr>
<th>Individual response</th>
<th>Age</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0-1</td>
<td>2-4</td>
</tr>
<tr>
<td><strong>Boys</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interviewed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interviewed</td>
<td>97</td>
<td>99</td>
</tr>
<tr>
<td>Not contacted/refused</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td><strong>Height</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measured</td>
<td>n/a</td>
<td>82</td>
</tr>
<tr>
<td>Refused</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>Measurement not attempted</td>
<td>11</td>
<td>5</td>
</tr>
<tr>
<td>Not contacted/not obtaineda</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td><strong>Weight</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measured</td>
<td>58</td>
<td>84</td>
</tr>
<tr>
<td>Refused</td>
<td>14</td>
<td>6</td>
</tr>
<tr>
<td>Measurement not attempted</td>
<td>26</td>
<td>9</td>
</tr>
<tr>
<td>Not contacted/not obtained</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td><strong>Girls</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interviewed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interviewed</td>
<td>98</td>
<td>98</td>
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<td>2</td>
<td>2</td>
</tr>
<tr>
<td><strong>Height</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measured</td>
<td>n/a</td>
<td>83</td>
</tr>
<tr>
<td>Refused</td>
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<td>7</td>
</tr>
<tr>
<td>Not contacted/not obtained</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td><strong>Weight</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measured</td>
<td>56</td>
<td>83</td>
</tr>
<tr>
<td>Refused</td>
<td>13</td>
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<tr>
<td>Measurement not attempted</td>
<td>25</td>
<td>9</td>
</tr>
<tr>
<td>Not contacted/not obtained</td>
<td>5</td>
<td>4</td>
</tr>
</tbody>
</table>

**Bases:**
- All eligible boys in co-operating households 111 174 94 227 318 924
- All eligible boys aged 0-1 in co-operating households 111
- All eligible boys aged 2-15 in co-operating households 174 94 227 318 813
- All eligible girls in co-operating households 128 158 96 199 339 920
- All eligible girls aged 0-1 in co-operating households 128
- All eligible girls aged 2-15 in co-operating households 158 96 199 339 792

*a* Includes non-responders to interview
Table 1.8  Age distribution of responding adult sample compared with 2008 mid-year population estimates for Scotland, by sex

Responding adults aged 16 and over

<table>
<thead>
<tr>
<th>Age</th>
<th>Health survey responding adult sample</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>At interview</td>
<td>At nurse visit</td>
<td>Providing blood sample</td>
</tr>
<tr>
<td></td>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Men</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16-24</td>
<td></td>
<td>9</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>25-34</td>
<td></td>
<td>11</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>35-44</td>
<td></td>
<td>16</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>45-54</td>
<td></td>
<td>19</td>
<td>17</td>
<td>17</td>
</tr>
<tr>
<td>55-64</td>
<td></td>
<td>18</td>
<td>21</td>
<td>22</td>
</tr>
<tr>
<td>65-74</td>
<td></td>
<td>16</td>
<td>17</td>
<td>18</td>
</tr>
<tr>
<td>75+</td>
<td></td>
<td>11</td>
<td>12</td>
<td>11</td>
</tr>
<tr>
<td>All men</td>
<td></td>
<td>44</td>
<td>51</td>
<td>46</td>
</tr>
<tr>
<td>Women</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16-24</td>
<td></td>
<td>9</td>
<td>10</td>
<td>7</td>
</tr>
<tr>
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<td>10</td>
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<tr>
<td>35-44</td>
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<td>18</td>
<td>19</td>
<td>21</td>
</tr>
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<td>45-54</td>
<td></td>
<td>17</td>
<td>17</td>
<td>19</td>
</tr>
<tr>
<td>55-64</td>
<td></td>
<td>17</td>
<td>18</td>
<td>19</td>
</tr>
<tr>
<td>65-74</td>
<td></td>
<td>14</td>
<td>15</td>
<td>14</td>
</tr>
<tr>
<td>75+</td>
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<td>11</td>
<td>10</td>
</tr>
<tr>
<td>All women</td>
<td></td>
<td>56</td>
<td>49</td>
<td>54</td>
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Bases:

Men

<p>| | | | | |</p>
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<tbody>
<tr>
<td></td>
<td>2842</td>
<td>504</td>
<td>415</td>
<td>1992</td>
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</table>

Women

<p>| | | | | |</p>
<table>
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<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3623</td>
<td>488</td>
<td>488</td>
<td>2178</td>
</tr>
</tbody>
</table>

\(^a\) Only a sub-sample of adults in the main sample were eligible to take part in the Stage 2 nurse visit. There was no Stage 2 nurse visit for the Health Board boost sample.

\(^b\) 2008 private household population for Scotland (Source: GRO Scotland). Base shown in thousands.
Table 1.9  
Age distribution of responding child sample compared with 2008 mid-year population estimates for Scotland, by sex

Responding children aged 0-15 2008

<table>
<thead>
<tr>
<th>Age</th>
<th>Health survey responding child sample</th>
<th>2008 mid-year population estimatesa</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Responding children aged 0-15</td>
<td>%</td>
</tr>
<tr>
<td>Boys</td>
<td>At interview</td>
<td>Mid-2008 population estimatesa</td>
</tr>
<tr>
<td>0-1</td>
<td>12</td>
<td>13</td>
</tr>
<tr>
<td>2-3</td>
<td>14</td>
<td>12</td>
</tr>
<tr>
<td>4-5</td>
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</tr>
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<td>6-7</td>
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<td>11</td>
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<tr>
<td>8-9</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>10-11</td>
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<td>13</td>
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<td>12-13</td>
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<td>13</td>
</tr>
<tr>
<td>14-15</td>
<td>13</td>
<td>14</td>
</tr>
<tr>
<td>All boys</td>
<td>50</td>
<td>51</td>
</tr>
<tr>
<td>Girls</td>
<td>At interview</td>
<td>Mid-2008 population estimatesa</td>
</tr>
<tr>
<td>0-1</td>
<td>14</td>
<td>13</td>
</tr>
<tr>
<td>2-3</td>
<td>11</td>
<td>12</td>
</tr>
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<td>4-5</td>
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<td>6-7</td>
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<td>13</td>
</tr>
<tr>
<td>14-15</td>
<td>13</td>
<td>14</td>
</tr>
<tr>
<td>All girls</td>
<td>50</td>
<td>49</td>
</tr>
</tbody>
</table>

Bases:
- Boys: 872 469
- Girls: 878 446

a 2008 mid-year population estimates for Scotland (Source: GRO Scotland). Base shown in thousands.
### Table 1.10 Age distribution of responding adult sample compared with 2008 mid-population estimates for Scotland, by health board and sex

**Responding adults aged 16 and over 2008**

<table>
<thead>
<tr>
<th>Age</th>
<th>Health survey responding adult sample</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men</td>
</tr>
<tr>
<td></td>
<td>%</td>
</tr>
</tbody>
</table>

**Ayrshire & Arran**

<table>
<thead>
<tr>
<th>Age</th>
<th>16-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
<th>65-74</th>
<th>75+</th>
<th>All</th>
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</thead>
<tbody>
<tr>
<td>Men</td>
<td>9</td>
<td>15</td>
<td>9</td>
<td>13</td>
<td>16</td>
<td>18</td>
<td>7</td>
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<td>Women</td>
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<td>16</td>
<td>18</td>
<td>20</td>
<td>16</td>
<td>8</td>
<td>55</td>
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</table>

**Borders**

<table>
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<tr>
<th>Age</th>
<th>16-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
<th>65-74</th>
<th>75+</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>4</td>
<td>12</td>
<td>5</td>
<td>11</td>
<td>9</td>
<td>11</td>
<td>5</td>
<td>40</td>
</tr>
<tr>
<td>Women</td>
<td>12</td>
<td>11</td>
<td>15</td>
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**Dumfries and Galloway**

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**Base:**

- Ayrshire & Arran: 155, 141, 191, 158
- Borders: 148, 44, 226, 47
- Dumfries and Galloway: 105, 58, 124, 64

*Continued…*
Table 1.10  Continued

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Table 1.10  Continued

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*2008 private household population for Scotland (Source: GRO Scotland). Base shown in thousands.
Table 1.11  True standard errors and 95% confidence intervals for general health variables

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<tr>
<td>Very good/good</td>
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<tr>
<td>Fair</td>
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<td>3622</td>
<td>0.72</td>
<td>17.3-20.2</td>
<td>1.07</td>
</tr>
<tr>
<td>Bad/very bad</td>
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<tr>
<td>0</td>
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<td>2569</td>
<td>1.12</td>
<td>62.2-66.6</td>
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<td>2569</td>
<td>0.99</td>
<td>21.3-25.2</td>
<td>1.24</td>
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<td>4 or more</td>
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<td>2569</td>
<td>0.76</td>
<td>10.9-13.9</td>
<td>1.22</td>
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<td>0</td>
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<td>0.98</td>
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<td>3301</td>
<td>0.80</td>
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<td>1.02</td>
</tr>
<tr>
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<td>3301</td>
<td>0.72</td>
<td>15.7-18.5</td>
<td>1.05</td>
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<tr>
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<tr>
<td><strong>Men</strong></td>
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<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>50.2</td>
<td>2539</td>
<td>0.20</td>
<td>49.8-50.6</td>
<td>1.26</td>
</tr>
<tr>
<td><strong>Women</strong></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>49.7</td>
<td>3248</td>
<td>0.16</td>
<td>49.4-50.0</td>
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### Table 1.12  True standard errors and 95% confidence intervals for dental health variables

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</thead>
<tbody>
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<td></td>
<td>% (p) / Mean</td>
<td>Sample size (un-weighted)</td>
<td>True standard error</td>
<td>95% confidence interval</td>
<td>Deft</td>
</tr>
<tr>
<td><strong>Men</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toothache in the last month</td>
<td>13.0</td>
<td>2836</td>
<td>0.80</td>
<td>11.5-14.6</td>
<td>1.31</td>
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<tr>
<td>Think need dental treatment</td>
<td>35.4</td>
<td>2815</td>
<td>1.15</td>
<td>33.1-37.6</td>
<td>1.33</td>
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<tr>
<td><strong>Women</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Toothache in the last month</td>
<td>12.3</td>
<td>3609</td>
<td>0.67</td>
<td>10.9-13.6</td>
<td>1.19</td>
</tr>
<tr>
<td>Think need dental treatment</td>
<td>30.5</td>
<td>3592</td>
<td>0.95</td>
<td>28.7-32.4</td>
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### Table 1.13  True standard errors and 95% confidence intervals for alcohol variables

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<tbody>
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<td></td>
<td>% (p) / Mean</td>
<td>Sample size (un-weighted)</td>
<td>True standard error</td>
<td>95% confidence interval</td>
<td>Deft</td>
</tr>
<tr>
<td><strong>Men</strong></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Mean number of alcohol units usually consumed per week</td>
<td>18.0</td>
<td>2796</td>
<td>0.53</td>
<td>17.0-19.0</td>
<td>1.21</td>
</tr>
<tr>
<td>Drinks more than 21 units per week (%)</td>
<td>30.2</td>
<td>2796</td>
<td>1.06</td>
<td>28.1-32.3</td>
<td>1.28</td>
</tr>
<tr>
<td>Drinks more than 4 units on heaviest drinking day</td>
<td>62.7</td>
<td>1942</td>
<td>1.23</td>
<td>60.3-65.1</td>
<td>1.16</td>
</tr>
<tr>
<td>More than 8 units on heaviest drinking day</td>
<td>38.3</td>
<td>1942</td>
<td>1.41</td>
<td>35.5-41.1</td>
<td>1.32</td>
</tr>
<tr>
<td><strong>Women</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean number of alcohol units usually consumed per week</td>
<td>8.6</td>
<td>3579</td>
<td>0.34</td>
<td>7.9-9.3</td>
<td>1.38</td>
</tr>
<tr>
<td>Drinks more than 14 units per week (%)</td>
<td>20.3</td>
<td>3579</td>
<td>0.86</td>
<td>18.6-22.0</td>
<td>1.23</td>
</tr>
<tr>
<td>Drinks more than 3 units on heaviest drinking day</td>
<td>62.8</td>
<td>2033</td>
<td>1.34</td>
<td>60.2-65.4</td>
<td>1.20</td>
</tr>
<tr>
<td>More than 6 units on heaviest drinking day</td>
<td>30.7</td>
<td>2033</td>
<td>1.32</td>
<td>28.1-33.3</td>
<td>1.24</td>
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### Table 1.14 True standard errors and 95% confidence intervals for cigarette smoking variables

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<th>% (p) / Mean</th>
<th>Sample size (un-weighted)</th>
<th>True standard error</th>
<th>95% confidence interval</th>
<th>Deft</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Men</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never smoked cigarettes at all (%)</td>
<td>45.0</td>
<td>2829</td>
<td>1.23</td>
<td>42.6-47.4</td>
</tr>
<tr>
<td>Used to smoke occasionally (%)</td>
<td>3.8</td>
<td>2829</td>
<td>0.45</td>
<td>2.9-4.7</td>
</tr>
<tr>
<td>Used to smoke cigarettes regularly (%)</td>
<td>24.4</td>
<td>2829</td>
<td>0.94</td>
<td>22.6-26.3</td>
</tr>
<tr>
<td>Current cigarette smoker (%)</td>
<td>26.8</td>
<td>2829</td>
<td>1.06</td>
<td>24.7-28.8</td>
</tr>
<tr>
<td>Mean number of cigarettes smoked per smoker per day</td>
<td>15.7</td>
<td>654</td>
<td>0.46</td>
<td>14.8-16.6</td>
</tr>
<tr>
<td><strong>Women</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never smoked cigarettes at all (%)</td>
<td>47.5</td>
<td>3600</td>
<td>0.98</td>
<td>45.6-49.5</td>
</tr>
<tr>
<td>Used to smoke occasionally (%)</td>
<td>5.3</td>
<td>3600</td>
<td>0.44</td>
<td>4.4-6.2</td>
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<tr>
<td>Used to smoke cigarettes regularly (%)</td>
<td>22.4</td>
<td>3600</td>
<td>0.76</td>
<td>20.9-23.9</td>
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<tr>
<td>Current cigarette smoker (%)</td>
<td>24.7</td>
<td>3600</td>
<td>0.87</td>
<td>23.0-26.4</td>
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<tr>
<td>Mean number of cigarettes smoked per smoker per day</td>
<td>13.7</td>
<td>856</td>
<td>0.31</td>
<td>13.1-14.3</td>
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</table>

### Table 1.15 True standard errors and 95% confidence intervals for fruit and vegetable variables

<table>
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<th>% (p) / Mean</th>
<th>Sample size (un-weighted)</th>
<th>True standard error</th>
<th>95% confidence interval</th>
<th>Deft</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Men</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean portions of fruit and vegetables eaten per day</td>
<td>3.1</td>
<td>2840</td>
<td>0.07</td>
<td>2.9-3.2</td>
</tr>
<tr>
<td>Proportion eating 5 or more portions a day (%)</td>
<td>20.0</td>
<td>2840</td>
<td>0.99</td>
<td>18.1-22.0</td>
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<tr>
<td><strong>Women</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean portions of fruit and vegetables eaten per day</td>
<td>3.4</td>
<td>3621</td>
<td>0.06</td>
<td>3.3-3.5</td>
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<td>Proportion eating 5 or more portions a day (%)</td>
<td>23.8</td>
<td>3621</td>
<td>0.90</td>
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Table 1.16  True standard errors and 95% confidence intervals for physical activity variables

<table>
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<th>% (p) / Mean</th>
<th>Sample size (un-weighted)</th>
<th>True standard error</th>
<th>95% confidence interval</th>
<th>Deft</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Men</strong></td>
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<tr>
<td>Low(^a)</td>
<td>28.3</td>
<td>2837</td>
<td>1.07</td>
<td>26.2-30.4</td>
<td>1.32</td>
</tr>
<tr>
<td>Medium</td>
<td>26.9</td>
<td>2837</td>
<td>1.01</td>
<td>24.9-28.9</td>
<td>1.26</td>
</tr>
<tr>
<td>High</td>
<td>44.8</td>
<td>2837</td>
<td>1.20</td>
<td>42.5-47.2</td>
<td>1.34</td>
</tr>
<tr>
<td><strong>Women</strong></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Low(^a)</td>
<td>33.3</td>
<td>3615</td>
<td>1.01</td>
<td>31.3-35.3</td>
<td>1.24</td>
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<tr>
<td>Medium</td>
<td>33.7</td>
<td>3615</td>
<td>0.93</td>
<td>31.9-35.5</td>
<td>1.14</td>
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<tr>
<td>High</td>
<td>33.0</td>
<td>3615</td>
<td>0.96</td>
<td>31.1-34.9</td>
<td>1.19</td>
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\(^a\) Low = fewer than 30 minutes of moderate or vigorous activity a week; Medium = 30 minutes or more on 1 to 4 days a week; High = 30 minutes or more on at least 5 days a week (this group represents those who meet the current physical activity target)

Table 1.17  True standard errors and 95% confidence intervals for anthropometric measurement variables

<table>
<thead>
<tr>
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<th>% (p) / Mean</th>
<th>Sample size (un-weighted)</th>
<th>True standard error</th>
<th>95% confidence interval</th>
<th>Deft</th>
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<tbody>
<tr>
<td><strong>Men</strong></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Height</td>
<td>Mean height (cm)</td>
<td>175.0</td>
<td>2512</td>
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<tr>
<td>Weight</td>
<td>Mean weight (kg)</td>
<td>83.9</td>
<td>2474</td>
<td>0.41</td>
<td>83.1-84.7</td>
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<tr>
<td>Body mass index</td>
<td>Mean body mass index (kg/m(^2))</td>
<td>27.4</td>
<td>2454</td>
<td>0.19</td>
<td>27.1-27.6</td>
</tr>
<tr>
<td>Less than 18.5</td>
<td>2.0</td>
<td>2454</td>
<td>0.43</td>
<td>1.1-2.8</td>
<td>1.60</td>
</tr>
<tr>
<td>18.5 to less than 25</td>
<td>29.6</td>
<td>2454</td>
<td>1.15</td>
<td>27.3-31.8</td>
<td>1.30</td>
</tr>
<tr>
<td>25 to less than 30</td>
<td>42.4</td>
<td>2454</td>
<td>1.21</td>
<td>40.0-44.8</td>
<td>1.27</td>
</tr>
<tr>
<td>30 to less than 40</td>
<td>24.7</td>
<td>2454</td>
<td>0.92</td>
<td>22.9-26.5</td>
<td>1.10</td>
</tr>
<tr>
<td>40+</td>
<td>1.4</td>
<td>2454</td>
<td>0.25</td>
<td>0.9-1.9</td>
<td>1.12</td>
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<tr>
<td><strong>Women</strong></td>
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<tr>
<td>Height</td>
<td>Mean height (cm)</td>
<td>161.3</td>
<td>3180</td>
<td>0.15</td>
<td>161.0-161.6</td>
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<tr>
<td>Weight</td>
<td>Mean weight (kg)</td>
<td>71.3</td>
<td>3035</td>
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<td>70.6-71.9</td>
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<tr>
<td>Body mass index</td>
<td>Mean body mass index (kg/m(^2))</td>
<td>27.4</td>
<td>3019</td>
<td>0.13</td>
<td>27.2-27.7</td>
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<tr>
<td>Less than 18.5</td>
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<td>3019</td>
<td>0.33</td>
<td>1.3-2.5</td>
<td>1.28</td>
</tr>
<tr>
<td>18.5 to less than 25</td>
<td>36.3</td>
<td>3019</td>
<td>1.03</td>
<td>34.3-38.3</td>
<td>1.13</td>
</tr>
<tr>
<td>25 to less than 30</td>
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<td>0.97</td>
<td>32.4-36.2</td>
<td>1.08</td>
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<tr>
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<td>0.89</td>
<td>22.4-25.9</td>
<td>1.10</td>
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<td>3019</td>
<td>0.37</td>
<td>2.6-4.1</td>
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Table 1.18  True standard errors and 95% confidence intervals for CVD variables and diabetes

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<th>95% confidence interval</th>
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</thead>
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<td>% (p) / Mean</td>
<td>Sample size (un-weighted)</td>
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<td><strong>Men</strong></td>
<td></td>
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<tr>
<td>Ever had angina</td>
<td>4.9</td>
<td>2841</td>
<td>0.40</td>
<td>4.1-5.7</td>
<td>1.03</td>
</tr>
<tr>
<td>Ever had heart attack</td>
<td>4.0</td>
<td>2842</td>
<td>0.38</td>
<td>3.3-4.8</td>
<td>1.07</td>
</tr>
<tr>
<td>Ever had abnormal heart rhythm</td>
<td>5.3</td>
<td>2842</td>
<td>0.43</td>
<td>4.4-6.1</td>
<td>1.08</td>
</tr>
<tr>
<td>Ever had murmur</td>
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<td>2842</td>
<td>0.40</td>
<td>2.3-3.9</td>
<td>1.27</td>
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<tr>
<td>Ever had other heart trouble</td>
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<td>2841</td>
<td>0.27</td>
<td>1.6-2.6</td>
<td>1.05</td>
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<tr>
<td>Ever had stroke</td>
<td>2.5</td>
<td>2842</td>
<td>0.30</td>
<td>1.9-3.1</td>
<td>1.08</td>
</tr>
<tr>
<td>Ever had diabetes</td>
<td>5.3</td>
<td>2842</td>
<td>0.41</td>
<td>4.4-6.1</td>
<td>1.02</td>
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<tr>
<td><strong>Women</strong></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Ever had angina</td>
<td>4.6</td>
<td>3622</td>
<td>0.37</td>
<td>3.9-5.3</td>
<td>1.03</td>
</tr>
<tr>
<td>Ever had heart attack</td>
<td>2.4</td>
<td>3623</td>
<td>0.26</td>
<td>1.9-2.9</td>
<td>0.96</td>
</tr>
<tr>
<td>Ever had abnormal heart rhythm</td>
<td>6.0</td>
<td>3622</td>
<td>0.45</td>
<td>5.1-6.9</td>
<td>1.11</td>
</tr>
<tr>
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<td>4.6</td>
<td>3620</td>
<td>0.38</td>
<td>3.8-5.3</td>
<td>1.07</td>
</tr>
<tr>
<td>Ever had other heart trouble</td>
<td>2.1</td>
<td>3623</td>
<td>0.26</td>
<td>1.6-2.6</td>
<td>1.04</td>
</tr>
<tr>
<td>Ever had stroke</td>
<td>2.8</td>
<td>3623</td>
<td>0.28</td>
<td>2.3-3.4</td>
<td>0.98</td>
</tr>
<tr>
<td>Ever had diabetes</td>
<td>4.1</td>
<td>3623</td>
<td>0.36</td>
<td>3.4-4.8</td>
<td>1.05</td>
</tr>
<tr>
<td><strong>Men</strong></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Had any cardiovascular condition</td>
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<td>2840</td>
<td>0.73</td>
<td>13.7-16.6</td>
<td>1.1</td>
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CHAPTER 2: QUALITY CONTROL OF BLOOD, URINE AND SALIVA ANALYTES

Catherine Bromley and Martine Miller

2.1 Introduction and key conclusions

This section describes the assay of analytes, quality control and quality assessment 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 about the data provided in this chapter is that the methods and equipment used for the measurement of blood, saliva, and urine analytes produced internal quality control (IQC) and external quality assessment (EQA) results within expected limits. The results of the analyses for each of the main blood and urine analytes, and saliva cotinine levels were acceptable for the 2008 SHeS.

2.2 Analysing laboratory

As in 1998 and 2003, the Royal Victoria Infirmary (RVI) in Newcastle upon Tyne was the main analysing laboratory used in the 2008 Scottish Health Survey for the blood and urine samples analysis. Cotinine analysis for the 2008 Scottish Health Survey was conducted by ABS Laboratories, London, as it has been in previous years.

2.3 Samples collected

2.3.1 Non-fasting blood samples

Following written consent from eligible participants, three non-fasting blood samples were collected for adults 16 and over (one 6 ml plain, a 4 ml EDTA and a 4.5 ml citrate tube). Children were not eligible to take part in nurse visits so no blood samples were collected for those aged under 16. The order of priority for collecting samples was firstly into the 6 ml plain tube (no anticoagulant) followed by the 4 ml EDTA tube and the 4.5 ml citrate tube. After collection the tubes were despatched to the Department of Clinical Biochemistry at RVI who acted as the co-ordinating department for transport of samples to the individual departments undertaking the analysis.
Samples collected in the 6 ml plain tube for serum
This provided the sample for total cholesterol, high density lipid (HDL)-cholesterol, and C-reactive protein analysis. If written consent was given by the informant, a minimum of 0.5 ml of the remaining serum was stored in a freezer at -70°C (±5°C) for possible future analysis.

Samples collected in the 4 ml EDTA (ethylene diamine tetra-acetic acid) tube
This provided the sample for the glycated haemoglobin analysis. If written consent was given by the informant, approximately 1 ml of whole blood was stored in a freezer at -20°C (±5°C) for possible future analysis.

Samples collected in the 4.5 ml citrate tube
This provided the sample for fibrinogen analysis.

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

2.3.3 Saliva
A saliva sample was obtained from participants aged 16 and over. Saliva samples were collected for analysis of cotinine (a derivative of nicotine that shows recent exposure to tobacco smoke). A saliva collection tube was used for this purpose. Participants were also offered the option to provide the saliva sample using a dental roll that they could saturate with their saliva before it was placed in the tube.

2.4 Methodology

2.4.1 Laboratory procedures
The Department of Clinical Biochemistry at the RVI acted as the coordinating department for the transport of samples to a variety of individual departments within the RVI undertaking analysis for the 2008 Scottish Health Survey as well as ABS Laboratories in the case of saliva samples. 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 immediately reported to the Survey Doctor.
Where prior consent had been obtained, the Survey Doctor notified and advised the informant and 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 2.1 shows reference ranges used for each of the analytes measured in the 2008 Scottish Health Survey. 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). There are no reference ranges for urinary sodium, potassium and creatinine in spot urines, or for saliva cotinine.

### 2.4.2 Non-fasting blood sample

#### Total cholesterol

Measurement of total cholesterol was carried out in the Biochemistry Department at RVI using a Cholesterol Oxidase assay method on an Olympus 640 analyser calibrated to Centre for Disease Control (CDC) guidelines.

#### HDL-cholesterol

HDL-cholesterol analysis was carried out in the Biochemistry Department at RVI using a direct method (no precipitation) on an Olympus 640 analyser, as it was in 2003. In 1998 the HDL-cholesterol analysis was carried out after PTA precipitation, the 2003 and 2008 data are therefore not directly comparable with those in 1998.

#### C-reactive Protein (CRP)

Measurement of CRP was carried out in the Biochemistry Department at RVI using the N Latex CRP mono Immunoassay on the Behring Nephelometer II Analyzer.

#### Glycated haemoglobin

The measurement of total glycated haemoglobin (HbA1c) was carried out in the Biochemistry Department at RVI using the Tosoh G7 analyser, which was calibrated using Diabetes Control and Complications Trial (DCCT) standards.
**Fibrinogen**

Fibrinogen analysis was carried out in the Department of Haematology at RVI using the Auto Coagulation lab (TOP) CTS analyser. The 2003 fibrinogen samples were analysed using the Organon Teknika MDA 180 analyser. However, the methodological principle remains the same. The modification of the Clauss thrombin clotting method was used. Analysis carried out in 2007 for the Health Survey for England (which uses the same laboratory) showed the correlation between results from the two analysers to be 0.96, therefore the results can be regarded as comparable.¹

### 2.4.3 Urine sample

**Urine sodium, potassium, and creatinine**

All urine analytes were assayed on an Olympus 640 analyser. Urine sodium and potassium were analysed using the indirect ISE method. Urine Creatinine was analysed using the Jaffe method.

### 2.4.4 Saliva sample

**Cotinine**

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

Prior to the 2008 study, the analysis method used a specific assay using liquid extraction and gas chromatography with nitrogen phosphorous detection (the technique known as GC-NPD).² A new method was introduced for the 2008 study onwards using high performance liquid chromatography coupled to tandem mass spectrometry with multiple reaction monitoring (LC-MS/MS).³ The Tomtec Quadra was used with the LC-MS/MS to allow for the automation of some of the sample preparation, where volume of reagents was non-critical; this was validated before use.

To ensure that the LC-MS/MS technique provided results which were comparable with the old GC-NPD2 method, these two techniques were cross-validated. This involved the analysis of previously analysed samples from more than one study using both techniques. As the results obtained for individual samples from both techniques were within ±30% of each other (equivalent to a
coefficient of variation of ±15% for mean values, the quality control standard), this showed that both analytical techniques produce similar results. Therefore either method can be used to produce cotinine results\(^3\), and the results from the two methods are interchangeable. In addition the samples supplied from the latest International inter-laboratory study were also analysed on both methods.\(^3\)

One benefit of the LC-MS/MS assay is that it is less prone to non-specific interference when assaying low levels of cotinine as seen due to passive smoking, and so is preferable for samples from non-smokers. Under the previous method, some saliva samples were too contaminated to allow accurate measurement of low cotinine levels, whereas with LC-MS/MS fewer samples do not yield results. Therefore, once cross-validation was complete, samples from smokers were assayed either by GC-NPD or LC-MS/MS depending on the availability of equipment and the number of samples to be analysed, while samples from non-smokers were analysed solely by LC-MS/MS.

Initially the LC-MS/MS method used a low range of assays from 0.1 to 100ng/mL, with samples for smokers being re-assayed using the original GC-NPD method. Later in the year, a high calibration range was introduced for the LC-MS/MS method, first measuring from 1 to 1,000ng/mL, and later adjusted to measure from 10 to 1,000ng/mL.

Analyses of cotinine were suspended between April and August 2008 while the laboratory moved premises.

### 2.5 Internal quality control (IQC)

#### 2.5.1 Explanation of IQC

The purpose of IQC is to ensure reliability of an analytical run. IQC also 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 quality control materials, usually at more than one concentration of analyte. Target (mean) value 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 standard deviation (SD) and the coefficient of variation (CV) are measures of imprecision and are presented here.
Internal QC values are assessed against an acceptable range and samples are re-analysed if any of the Westgard rules have been violated.4,5,6

2.5.2 Non-fasting blood sample

Total cholesterol
Low, Medium and High control materials are assayed at two hourly intervals. Table 2.2 shows the monthly internal quality control results for total cholesterol. Table 2.2

HDL-cholesterol
Table 2.3 shows the monthly internal quality control results for HDL-cholesterol. Table 2.3

C-reactive protein
Based on materials in use in the department, the Biochemistry department at RVI aim to achieve levels of reproducibility comparable to company literature, with a coefficient of variation (CV) of <3%. However, realistically the imprecision at the low end of the analytical range leads to a CV of about 6%. Table 2.4 shows the monthly internal quality control results for C-reactive protein. Table 2.4

Glycated Haemoglobin
The analytical methods used for Glycated Haemoglobin measurement in the United Kingdom are required to be traceable to the work carried out on the Diabetes Control and Complications Trial (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 internal quality control results for Glycated Haemoglobin are DCCT standardised, and are shown in Table 2.5. Table 2.5

Fibrinogen
Control plasmas are assayed at regular intervals and instrument function tests are monitored continuously for fibrinogen with the control interval specified as every 4 hours or 100 specimens. Significant deviations from specified limits are flagged and must be acknowledged by the operator. Table 2.6 shows the monthly internal quality control results for two fibrinogen levels. Table 2.6
2.5.3 Urine sample

*Sodium, potassium, creatinine*

Urine samples were assayed twice a day (am and pm). The IQC results for sodium, potassium, and creatinine are shown in Tables 2.7 to 2.9.

2.5.4 Saliva sample

*Cotinine*

16 non-zero calibration standards were run for each batch of the low range assay (0.1-100ng/ml), and 12 for the high range assay (10-1,000ng/ml). Six Quality Control Samples, two each at a set concentration, to represent Low, Medium and High levels for the calibration range being 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 where the bias must be no greater than ±20%. A summary of these monthly results for six levels of cotinine is presented in table 2.10.

2.6 External quality assessment (EQA)

2.6.1 Explanation of EQA

The RVI Biochemistry and Haematology Departments and ABS Laboratories both participate in external quality assessment (EQA) schemes.

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 United Kingdom National External Quality Assessment Schemes (UKNEQAS) is a network of EQA schemes run by UK clinical laboratories. The Welsh External Quality Assessment Schemes (WEQAS), the Coulter Interlaboratory QA programme, National External Quality Assessment Scheme for Haematology, The Cambridge External Quality Assessment Schemes (EQAS) and the Central Quality Assessment Schemes (QAS) are all schemes in which the laboratories participate on a routine basis. RIQAS is an EQA scheme run by Randox Laboratories.

Each of the figures presented in Tables 2.11-2.18 corresponds with an individual EQA sample.

### 2.6.2 Non-fasting blood sample

**Total cholesterol**

The Clinical Biochemistry laboratory participates in UKNEQAS and WEQAS schemes. Table 2.11 shows the monthly external quality assessment results for total cholesterol. The target and achieved values are shown.

| Table 2.11 |

**HDL-cholesterol**

The Clinical Biochemistry laboratory participates in the WEQAS scheme. Table 2.12 shows the monthly external quality assessment results for HDL-cholesterol. The target and achieved values are shown.

| Table 2.12 |
**C-reactive protein**

Table 2.13 shows the monthly external quality assessment results for C-reactive protein. The target and achieved values are shown.  
Table 2.13

**Glycated Haemoglobin**

Table 2.14 shows the monthly external quality assessment results for glycated haemoglobin.  
Table 2.14

**Fibrinogen**

The Haematology laboratory participates in Central QAS schemes fortnightly. Table 2.15 shows the monthly external quality assessment results for fibrinogen.  
Table 2.15

2.6.3 **Urine sample**

The Clinical Biochemistry laboratory participates in the WEQAS scheme for the urine analytes (sodium, potassium, and creatinine). Tables 2.16 to 2.18 show the monthly external quality assessment results for sodium, potassium, and creatinine.  
Tables 2.16-2.18

2.6.4 **Saliva sample**

**Cotinine**

There was no external quality control scheme available in 2008 to analyse cotinine but ABS Laboratories participates in world-wide inter-laboratory split analyses when performed to ensure comparable results.
References and notes


4 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 (rather than 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 analysed, which is common for applications in haematology. More detail is available at www.westgard.com/mltrule.htm#westgard.


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### Table 2.1 Reference intervals for analytes

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Table 2.2 Internal quality control results for total cholesterol

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### Table 2.3 Internal quality control results for HDL-cholesterol

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### Table 2.4 Internal quality control results for C-reactive protein

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Table 2.6  Internal quality control results for fibrinogen

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Table 2.10  **Internal quality control results for cotinine**

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* In 2008 a new method for the analysis of cotinine using high performance liquid chromatography coupled to tandem mass spectrometry with multiple reaction monitoring (LC-MS/MS) was introduced. It is the results from this analysis that are included in this table. To ensure that the LC-MS/MS technique provided results which were comparable with the old GC-NPD method, these two techniques were cross-validated. The results from the GC-NPD2 analysis are available from ScotCen on request.
Table 2.11 External quality assessment results for total cholesterol

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* All laboratory trimmed mean.
Table 2.14  External quality assessment results for glycated haemoglobin

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*Overall mean.
### Table 2.15  External quality assessment results for fibrinogen

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Fieldwork Documents
APPENDIX A: FIELDWORK DOCUMENTS

Respondent Information Leaflet
Advance Letters
Stage 1 Leaflets - Interviewer
Stage 2 Leaflet - Nurse
Measurement Record Card
Household questionnaire, individual and nurse questionnaires
Stage 1 Show cards - Interviewer
Stage 2 Show cards - Nurse
Self-completion booklet for parents of 4-12 year olds
Self-completion booklet for 13-15 year olds
Self-completion booklet for young adults
Self-completion booklet for adults
Self-completion booklet for parents of 4-12 year olds
Consent Booklet
NHS record linkage consent forms for adults and children
SG Follow-up consent forms for adults and children
How does the Scottish Government use the information?

The information is used to help plan health policy and see if it is effective. The Scottish Government sets targets for health improvement that cover areas such as heart disease, cancer and exercise. The Scottish Health Survey will be used to help measure progress towards these targets.

“The Scottish Health Survey contains a wealth of valuable information to allow us to monitor health trends, identify risk factors associated with particular health conditions and investigate variations between geographical areas.”

Deputy Chief Medical Officer Professor Peter Donnelly

The Scottish Government will also use this information to help plan health services and to identify inequalities in health.

“The Scottish Health Survey is a vital source of information to support the Scottish Government’s commitment to make a real improvement in the health of people and to reduce the unacceptable variations in health between different communities in Scotland.”

Kevin Woods
Director General – Health, Scottish Government
& Chief Executive, NHSScotland

Who else uses the information?

The survey is not just used by the Scottish Government and NHS Scotland. For example:

- The University of Aberdeen is using the Health Survey to look at patterns in hospital admissions.
- The Scottish Public Health Observatory is using the findings to compare people’s health in different parts of Scotland.
- The Glasgow Centre for Population Health is examining the health of people in Glasgow using the survey’s data.
- The Food Standards Agency uses the survey to monitor the diets of people in Scotland.
- The Royal College of Nursing Scotland used the survey data on adult and child health to inform their “Nutrition Now” campaign.
- The media often uses the information collected in the survey when reporting about Scotland’s health.

ScottCen
Scottish Centre for Social Research
73 Lothian Road Edinburgh EH3 9AW
E-mail: info@scotcen.org.uk www.scotcen.org.uk

NatCen
National Centre for Social Research
35 Northampton Square London EC1V 0AX
E-mail: info@natcen.ac.uk www.natcen.ac.uk

Operations Department
Kings House 101-135 Kings Road Brentwood Essex CM14 4LX

We hope that you find this leaflet interesting, and that it shows the importance of the survey.

If you would like to talk to someone about this study please telephone the Scottish Centre for Social Research on freephone 0800 652 4569 and ask for the Scottish Health Survey team.

You can also contact the Scottish Government:
Scottish Health Survey Team
St Andrew’s House, Regent Road
Edinburgh EH1 3DG
E-mail: scottishhealthsurvey@scotland.gsi.gov.uk
www.scottishhealthsurvey.org

On behalf of the Scottish Government and NHS Scotland
What is the Scottish Health Survey?
The Scottish Health Survey is a study of the health of people in Scotland. It is commissioned by the Scottish Government and NHS Health Scotland. It has been carried out before in 1995, 1998 and 2003. From 2008 it will take place every year. It is the only source of information about the health of Scotland’s population as a whole.

Who takes part in the survey?
Each year around 6,000 adults and 2,000 children living in households all over Scotland will take part. Participation is entirely voluntary.

We hope that you will take part in the Scottish Health Survey and help us to continue monitoring the country’s health.

What are the questions about?
Key topics such as general health, heart disease, exercise, smoking, drinking, and diet are included every year.

Some people will also be asked questions about their awareness of health messages and their views on health.

The questions are all about your health and lifestyle, so they are interesting and easy to answer.

Did you know…?

- A third of men and women think that their general health is ‘very good’.
- Around 1 in 5 men and women and just over 1 in 10 children eat five or more portions of fruit and vegetables a day.
- Around 3 in 10 men and women smoke cigarettes, smoking rates have been steadily declining since 1995.
- Younger adults are more likely to smoke, but older people who smoke tend to smoke more cigarettes per day.
- About 1 in 4 men drink more than 21 units of alcohol a week and about 1 in 6 women drink more than 14 units.
- Men spend an average of 7 hours per week being physically active and women spend an average of 5 hours.
- Men are more likely than women to take part in sport while women are more likely than men to do heavy housework.
- Three quarters of boys and nearly two-thirds of girls aged 2-15 spend at least an hour a day doing physical activities.
- About 2 in 5 men and women have a long-standing illness, this rises to 2 in 3 of those aged 75 and over.

Where can I find out more about the Scottish Health Survey?

The report is also available on the internet at: www.scottishhealthsurvey.org

Your local library can help with accessing the report in this way. The results of the 2008 survey will be published in 2009.
Dear Sir or Madam

We would like to invite you to take part in the **Scottish Health Survey**.

This important study collects information about the health and lifestyles of people in Scotland and the things that can affect people’s health. This study is the only way the Scottish Government and NHS Health Scotland can get this valuable information.

Many organisations use the information from the study including the Scottish Government, NHS Health Scotland, local Health Boards, universities and charities. They use it to:

- help plan health services
- look at ways of improving people’s health
- look at changes in the nation’s health over time

In the next few days an interviewer from the **Scottish Centre for Social Research** (ScotCen) will call at your address to invite you to take part. They will also be able to explain more about the study. All our interviewers carry an identity card with a photograph that you should ask to see. The study will take place over a number of weeks so if the interviewer calls at a time which does not suit you please let them know and they will call back at a better time.

The name of the interviewer who will be calling is: _________________________________

We hope you will be willing to help us with this important study. We rely on the goodwill and voluntary co-operation of those invited to take part to make the study a success. People who have taken part in the past have found it an enjoyable and interesting experience.

On the back of this letter we have answered some of the questions you may have about the study. If you would like to talk to someone about the study, please use the freephone number 0800 652 4569 and ask for Karen Hawkes.

Thank you for your help.

Karen Hawkes
Project Supervisor
How did you choose my address?

We chose your address from the Postcode Address File using random selection procedures. This file is held by the Post Office and is available to the public.

What will happen to any information I give?

The Scottish Government and NHS Health Scotland will treat information you give in strict confidence. The results of the study will never include any names or addresses. The information collected is used for statistical and research purposes only and will be dealt with according to the principles of the 1998 Data Protection Act.

How long will it take?

The interview length will vary depending upon a number of factors such as how many people live in your household and how old they are. When the interviewer calls he or she can give you an idea of how long your interview might take, and can then book an appointment at a time that suits you best.

Who is carrying out the study?

The Scottish Government and NHS Health Scotland have asked the Scottish Centre for Social Research (ScotCen), in collaboration with the Department of Epidemiology and Public Health at University College London (UCL) and the MRC Social and Public Health Sciences Unit at the University of Glasgow, to carry out the survey.

The Scottish Centre for Social Research is a registered charity (Registered Charity No. 1091768). ScotCen, UCL and the MRC Social and Public Health Sciences Unit at the University of Glasgow are independent of all government departments and political parties.

Where can I find out more about the study?

The leaflet that came with this letter has some more information about what the survey is for and who uses it. For example it has some findings from surveys in previous years. We hope you find this useful.

Contact number and contact names

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As a way of saying thank you, we have enclosed a £5 voucher which can be spent in a number of different high street shops.

On the back of this letter we have answered some of the questions you may have about the study. If you would like to talk to someone about the study, please use the freephone number 0800 652 4569 (9.30am to 5.30pm) and ask for Karen Hawkes.

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As a way of saying thank you, all participating households will be given a £5 voucher which can be spent in a number of different high street shops.

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Your measurements:

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

NAME: 

HEIGHT: ______________________ cm
______________________ ft/ins

WEIGHT: ______________________ kg
______________________ st/lbs

For adults, height and weight information can be used to calculate Body Mass Index (BMI). For further information on this calculation or for any other advice on healthy living please contact Healthy Living Scotland:

Telephone: 0845 2 78 88 78
Website: www.healthyliving.gov.uk/howhealthy/

The 2008 Scottish Health Survey

This survey is being carried out for the Scottish Government and NHS Health Scotland by the Scottish Centre for Social Research (ScotCen), an independent research institute, the Department of Epidemiology and Public Health at University College London (UCL), and the MRC Social and Public Health Sciences Unit (MRC SPHSU), University of Glasgow.

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

What is it about?

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

The 2008 survey has questions about your general health, and about behaviour that can affect your health such as eating habits, physical activity, smoking and drinking. There are also some questions about diseases of the heart, lungs and chest. The Scottish Government and NHS Health Scotland are particularly interested in having this information because at present the rates of heart disease in Scotland are among the highest in the world.

The survey also collects, if you agree, some physical measurements such as height and weight. Some personal details such as age, sex and employment are also included to help interpret this information.
Why have we come to your household?
To visit every household in Scotland would take too long and cost too much money. Instead we select a sample of addresses in such a way that all addresses in the country have a chance of being chosen. Yours is one of those chosen for the 2008 survey.

Who will we want to speak to?
We would like to interview every adult (aged 16 and over) who lives in your household, and if there are any children aged 0-15 we would like to interview two of them. Parents or guardians will answer questions on behalf of children aged under 12.

Is the survey confidential?
Yes. We take very great care to protect the confidentiality of the information we are given. The Scottish Government, NHS Health Scotland and ScotCen guarantee that the survey results will not be published in a form that can reveal your identity and that no attempts will be made to identify individuals from their answers. Your name and address will only be known to the ScotCen research team unless you give your consent for it to be passed to The Scottish Government, for example so they could invite you to take part in a further study about health.

If you agree and give us your written consent, the information you provide in this survey may be linked to other data held on you by the Information and Statistics Division of NHS Scotland, e.g. data on in-patient or out-patient visits or diagnosis. This increases the value of the information you provide. This is done confidentially and no data which can identify you or any other individual is released.

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

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

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

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

Your co-operation is very much appreciated.

Thank you very much for your help with this survey.

Lisa Given or Dr Andy MacGregor
Scottish Centre for Social Research
73 Lothian Road
Edinburgh
EH3 9AW

Tel: 0131 228 2167

www.scottishhealthsurvey.org
Thank you for agreeing to take part in the next stage of our survey. A qualified nurse ________________________________ will call on _______________________ at ______________. She will be able to give you more information about the measurements. If for any reason you cannot keep this appointment, please call our freephone on 0800 652 4569 so you can make another appointment.

- For 30 minutes before the nurse arrives, if possible could you:
  - not eat
  - not smoke
  - not drink alcohol
  - avoid vigorous exercise
  as this could affect your blood pressure readings.

It would also be very helpful if you could wear light clothing.

Please do not wear clothing which is tight (e.g. lycra, tight jeans) or has a thick belt; otherwise your waist and hip measurements will not be accurate.

The nurse needs to record the prescribed medicines that you may be taking as some medicines may affect the measurements. If you are taking any prescribed medicines it would be very helpful if you could have the containers ready for the nurse.

If you wish to have a record of your measurements the nurse will write these down for you.

Your measurements:

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

NAME: ____________________________

SN: ____________________________

HEIGHT: __________ cm

          ______ ft/ins

WEIGHT: __________ kg

          ______ st/lbs

For adults, height and weight information can be used to calculate Body Mass Index (BMI). For further information on this calculation, or for any other advice on healthy living please contact Healthy Living Scotland:

  Telephone: 0845 2 78 88 78
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This leaflet tells you more about the survey and why it is being done.

What is it about?

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

The 2008 survey has questions about your general health, and about behaviour that can affect your health such as eating habits, physical activity, smoking and drinking. There are also some questions about diseases of the heart, lungs and chest. The Scottish Government and NHS Health Scotland is particularly interested in having this information because at present the rates of heart disease in Scotland are among the highest in the world.

The survey also collects, if you agree, some physical measurements such as height, weight, blood pressure, a saliva sample and a urine sample. Some personal details such as age, sex and employment are also included to help interpret this information.
Why have we come to your household?
To visit every household in Scotland would take too long and cost too much money. Instead we select a sample of addresses in such a way that all addresses in the country have a chance of being chosen. Yours is one of those chosen for the 2008 survey.

Who will we want to speak to?
We would like to interview every adult (aged 16 and over) who lives in your household, and if there are any children aged 0-15 we would like to interview two of them. Parents or guardians will answer questions on behalf of children aged under 12.

Is the survey confidential?
Yes. We take very great care to protect the confidentiality of the information we are given. The Scottish Government, NHS Health Scotland and ScotCen guarantee that the survey results will not be published in a form that can reveal your identity and that no attempts will be made to identify individuals from their answers. Your name and address will only be known to the ScotCen research team (including the Survey Doctor), unless you give your consent for it to be passed to The Scottish Government, for example so they could invite you to take part in a further study about health.

If you agree and give us your written consent, the information you provide in this survey may be linked to other data held on you by the Information and Statistics Division of NHS Scotland, e.g. data on in-patient or out-patient visits or diagnosis. This increases the value of the information you provide. This is done confidentially and no data which can identify you or any other individual is released.

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

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

What will happen after the interview?
After the interview, if you agree, the interviewer will arrange for a qualified nurse to visit - at a time convenient for you - so that some measurements can be taken from the adults (aged 16 and over) who took part in the survey. We will not be asking any children to take part in the nurse visit.

The nurse will measure blood pressure, waist and hip circumferences and lung function. If you are aged 65 or over the nurse will ask to measure the length of your arm. The nurse will also ask all adults for consent to take a sample of saliva (spit), a sample of urine and a small sample of blood.

The nurse will have to get your written permission before saliva, urine or blood samples 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 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.

Do I get anything from the survey?
If you wish, you may have a record of your measurements. Also, if you wish, your blood pressure, lung function and blood sample results will 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 in due course will come from any improvements in health and in health services which result from the survey.

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

Your co-operation is very much appreciated.

Thank you very much for your help with this survey.

Lisa Given or Dr Andy MacGregor
Scottish Centre for Social Research
73 Lothian Road
Edinburgh
EH3 9AW
Tel: 0131 228 2167
www.scottishhealthsurvey.org
Your measurements:

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

Name:

HEIGHT: ______________________ cm
              ______________________ ft/ins

WEIGHT: ______________________ kg
              ______________________ st/lbs

The 2008 Scottish Health Survey

Information for Children

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

Every year around 2,000 children and 6,000 adults take part in the study.

This leaflet tells you more about the study and why it is being done.
**What are the questions about?**
The interviewer will ask you some questions about your general health and illness. The interviewer will also ask about things that can affect your health like the kinds of food you eat and what kinds of sports and activities you do.

**What are the measurements?**
If you agree, the interviewer will also measure your height and weight. If you want, the interviewer will write down your height and weight for you.

**Who will see my answers?**
The interviewer will not tell anyone you know about the answers you give. Only the research team at ScotCen will see the information about you.

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

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

**Do I have to be measured and weighed?**
No, not if you don’t want to. The interviewer will ask you if it’s okay to measure your height and weight before he or she takes your measurements.

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

scottishhealthsurvey@scotcen.org.uk

Thank you for your help with this study.
What if I have any other questions?

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

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

Your co-operation is very much appreciated.

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www.scottishhealthsurvey.org

For further information and advice on healthy living please contact Healthy Living Scotland:

Telephone: 0845 2 78 88 78
Website: www.healthyliving.gov.uk

The 2008 Scottish Health Survey

Information for Parents

This survey is being carried out for the Scottish Government and NHS Health Scotland by the Scottish Centre for Social Research (ScotCen), an independent research institute, the Department of Epidemiology and Public Health at University College London (UCL), and the MRC Social and Public Health Sciences Unit (MRC SPHSU), University of Glasgow.

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

What is it about?

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

The 2008 survey will collect information about a range of health conditions and about behaviour that can affect health such as eating habits and physical activity. The Scottish Government and NHS Health Scotland would like better information about the health of children and so each year extra children are interviewed.
What is involved?
For children, the survey has questions about general health and about behaviour that can affect health such as eating habits and physical activity. Parents or guardians will be asked to answer on behalf of children up to the age of 12 – with help from the child when possible. Children aged 13-15 will be interviewed in person – with their parent or guardian present in the home.

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

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

Why have we come to your household?
To visit every household in Scotland would take too long and cost too much money. Instead we select a sample of addresses and ask the people at each address to take part in the Scottish Health Survey. For this part of the survey we would like to invite up to two children aged 0-15 to take part.

Is the survey confidential?
Yes. We take very great care to protect the confidentiality of the information we are given. The Scottish Government, NHS Health Scotland and ScotCen guarantee that the survey results will not be published in a form that can reveal anyone’s identity and that no attempts will be made to identify individuals from their answers. Your name and address will only be known to the ScotCen research team unless you give your written consent for it to be passed to The Scottish Government, for example so they could invite you to take part in a further study about health.

If you agree and give us your written consent, the information provided in this survey about your child may be linked to other data held on them by the Information and Statistics Division of NHS Scotland, e.g. data on in-patient or out-patient visits or diagnosis. This increases the value of the information provided. This is done confidentially and no data which can identify your child or any other individual is released.

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

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

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

What if I have any other questions?

We hope this leaflet answers the questions you may have, and that it shows the importance of the survey. If you have any other questions about the nurse measurements, results or samples please do not hesitate to ring one of the contacts listed below, or look at the survey’s website.

Lisa Given or Dr Andy MacGregor
Scottish Centre for Social Research
73 Lothian Road
Edinburgh
EH3 9AW
Tel: 0131 228 2167
www.scottishhealthsurvey.org

Thank you very much for your help with this important survey.

The 2008 Scottish Health Survey

This survey is being carried out for the Scottish Government and NHS Health Scotland by the Scottish Centre for Social Research (ScotCen), the Department of Epidemiology and Public Health at University College London (UCL), and the MRC Social and Public Health Sciences Unit (MRC SPHSU), University of Glasgow.

You have already taken part in the first stage of the survey which consisted of an interview and some measurements (height and weight).

This leaflet tells you more about the second stage of the survey.

The Second Stage Nurse Visit for Adults

A registered nurse will ask you some further questions and will ask permission to take some measurements. The measurements are described overleaf. You need not have any measurements taken if you do not wish 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 to the Scottish Government and NHS Health Scotland, we need information from all types of people in all states of health. As with information obtained in the first part of the survey, we take great care to protect the confidentiality of all information and test results.
The measurements for adults aged 16 and over

- **Blood pressure**
  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. Although the nurse will tell you your blood pressure along with an indication of its meaning, a diagnosis cannot be made on a measurement taken on a single occasion. Blood pressure is measured using an inflatable cuff that goes around the upper arm.

- **Waist-to-hip ratio**
  Lately there has been much discussion about the relationship between weight and health. We have already recorded your weight and height but another important factor is thought to be the distribution of weight over the body. The ratio of your waist to hip measurements is most useful for assessing this. This simply involves the nurse passing a tape measure around your waist and hips.

- **Arm length (only for people aged 65 and over)**
  The length of a person's arm is known as the "demi-span". It is the length of the arm stretching from the bottom of the middle finger and ring finger to the gap between the collar bones. It is strongly related to a person's height and is particularly useful if height cannot be measured easily. It simply involves measuring the length of the arm with a tape measure.

- **Lung function**
  We would like to measure the amount of air you can breathe out of your lungs (this is called "FVC") and how quickly you can get it out (this is called "FEV"). This involves blowing into a tube. The amount of air you are able to breathe out depends partly on your height, your age, and how fit you are. Your result can only be interpreted in light of these factors.

- **Blood sample**
  We would be very grateful if you would agree to provide us with a sample of blood. This is an important part of the survey, as the analysis of the 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. The nurse will ask for your written permission before a blood sample is taken, and will give you a copy of your written consent to keep.
  This part of the survey involves a small amount of blood (no more than 15ml or three teaspoons) being taken from your arm by a qualified nurse. The blood sample will be sent to a medical laboratory for testing total cholesterol, HDL cholesterol, glycated haemoglobin, fibrinogen and c-reactive protein. **Cholesterol** is a type of fat present in the blood, related to diet. Too much cholesterol in the blood increases the risk of heart disease. **Glycated haemoglobin** is an indicator of diabetes risk. **Fibrinogen** is a protein necessary for blood clotting. The level of **c-reactive protein** in the blood gives information on changes in the body, like inflammation and swelling, that can occur with illness and is also associated with risk of heart disease.
  We would like to store a small amount of blood. Medical tests of blood samples are becoming more advanced and specialised. This means that we may be able to learn more about the health of the population by re-testing blood in the future. We will ask separately for your written permission to store blood. The blood samples will not be tested for the HIV (Aids) virus and there are no plans to use the sample for DNA analysis.

- **Saliva sample**
  We would like to take a sample of saliva (spit). This simply involves dribbling saliva down a straw into a tube, or sucking on a piece of cotton wool. 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.

- **Urine Sample**
  Adults aged 16 and over will be asked to provide a sample of their urine. Analysis of urine samples will tell us how much sodium (salt) there is in people's diets. This is useful information for assessing the health of the population, as high salt levels are related to health-related conditions such as high blood pressure. This sample will only measure salt levels and will not be tested for drug or alcohol use.

Letting your GP know the results
With your agreement we would like to send your lung function, blood pressure, and your blood sample results to your GP because we believe that this may help you to take steps to keep in good health. Your GP can interpret the results in the light of your medical history. We believe that this may help to improve your health.

If the GP considers your results to be satisfactory, then nothing further will be done. If your results showed, for example, that your blood pressure was above what is usual for someone of your sex and age, your GP may wish to measure it again. Often it is possible to reduce blood pressure by treatment or by changing your diet. It is for you and your GP to decide what is the best action to take, if any.
Nurse: Name ____________________________
Date of visit __________________________

Your co-operation is very much appreciated.
Thank you very much for your help with this survey.

Lisa Given or Dr Andy MacGregor
Scottish Centre for Social Research
73 Lothian Road
Edinburgh
EH3 9AW
Tel: 0131 228 2167

www.scottishhealthsurvey.org
WAIST AND HIP MEASUREMENT

<table>
<thead>
<tr>
<th>First measurement</th>
<th>Second measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waist cms</td>
<td>Waist cms</td>
</tr>
<tr>
<td>Hip cms</td>
<td>Hip cms</td>
</tr>
</tbody>
</table>

DEMI-SPAN (age 65 and over):

<table>
<thead>
<tr>
<th>First measurement</th>
<th>Second measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

BLOOD PRESSURE

<table>
<thead>
<tr>
<th></th>
<th>Systolic (mmHg)</th>
<th>Diastolic (mmHg)</th>
<th>Pulse (bpm)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(ii)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(iii)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Blood pressure interpretation:

- Normal
- Raised
- Mildly raised
- Considerably raised

Summary of advice given by nurse:
Visit your GP to have your blood pressure checked within:

LUNG FUNCTION

<table>
<thead>
<tr>
<th></th>
<th>FVC</th>
<th>FEV₁</th>
<th>PF</th>
</tr>
</thead>
<tbody>
<tr>
<td>litres</td>
<td></td>
<td></td>
<td>litres per minute</td>
</tr>
</tbody>
</table>

Please refer to the leaflet given to you by the nurse for information about measuring and interpreting blood pressure and lung function.
### Scottish Health Survey 2008 – Questionnaire documentation

#### Notes

1. This is an edited documentation of the computer programmes used in the SHeS household, individual and nurse interviews. Instead of being numbered each question has a variable name; these are identified here in square brackets, e.g.: `[varname]`.

2. Not all variables that appear here will be on the final data file (those that are not are marked with a `*`). Similarly, not all derived variables that will be on the data file are mentioned here. There will be a separate documentation of derived variables when the data is released.

3. Routeing instructions appear above the questions. A routeing instruction should be considered to stay in force until the next routeing instruction.

4. Sections of text in brackets and italics were filled in as appropriate on the interviewers’ and nurses’ computers.

5. Individual codes marked ‘EDIT ONLY’ were used by the editors to recategorize ‘other’ answers and are not visible during the main interviews.

6. For some questions respondents could give a different answer to the main options they were presented with. Such answers are recorded verbatim and were examined during the editing process to see whether they could be ‘back-coded’ to one of the existing answer categories. These will not be available on the data file and have been indicated within this documentation with a `*`.

7. Some questions allowed respondents to give more than one answer (indicated within this documentation with the instruction: ‘CODE ALL THAT APPLY’). In these cases each individual answer option will have its own variable name which is shown in square brackets to the right of the answer. Some new multi-coded questions have not been assigned these individual variable names yet.

---

<table>
<thead>
<tr>
<th>Section</th>
<th>Page numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notes on how to use this documentation</td>
<td>2</td>
</tr>
<tr>
<td>Survey outline</td>
<td>3-5</td>
</tr>
<tr>
<td>Household interview</td>
<td>6-17</td>
</tr>
<tr>
<td>Individual interview</td>
<td>18-132</td>
</tr>
<tr>
<td>Nurse interview</td>
<td>133-174</td>
</tr>
</tbody>
</table>

* = not on the datafile
Scottish Health Survey 2008 – Survey outline

There were two main stages to the survey in 2008:

Stage 1
- A household interview with the household reference person (HRP) or their spouse or partner
- An individual interview with eligible participants. Eligibility criteria for each of the three sample types were as follows:
  - **Main sample** - up to ten adults and two children per household
  - **Child boost sample** - up to two children (0-15) per household
  - **Health Board boost sample** - up to ten adults per household

Stage 2
- Participating adults (age 16+) at a sub-sample of main sample addresses were also eligible to participate in the Stage 2 nurse visit.

Questionnaire content

**Household questionnaire**
There was only one version of the household questionnaire across all three sample types in 2008. The household questionnaire documentation begins on page 6 of this documentation.

**Individual questionnaire**
Stage 1 questionnaire content varied depending firstly on the sample type, and then the age of the participants being interviewed. The questionnaire documentation details exactly who was eligible to answer particular modules and questions within these modules.

- **Main sample** - there were two versions of the Stage 1 individual interview questionnaire for the main sample: version A and version B. The content and order of the individual interview differed depending on which version a household was selected to go through. Some topics were asked in both versions of the questionnaire, e.g. ‘general health including caring’ and ‘eating habits for children’ while other topics are only asked in one of the versions, e.g. ‘asthma’ in version A and ‘knowledge, attitudes and motivations to health’ in version B. The below table outlines which topics are asked in which version of the questionnaire.

- **Child Boost sample** – The individual questionnaire at child boost households followed the same format as a main version A individual questionnaire (see table below).

- **Health Board Boost sample** – Adults in the Health Board boost sample were only asked questions on those topics that appeared in both version A and version B of the individual interview, for example, *general health* and *physical activity*.

<table>
<thead>
<tr>
<th><strong>Outline of Stage 1 interviewer visit</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Version A</strong></td>
</tr>
<tr>
<td>Household questionnaire (including household composition and HRP occupation details)</td>
</tr>
<tr>
<td>General health including caring (0+)</td>
</tr>
<tr>
<td>Respiratory &amp; CVD symptoms (16+)</td>
</tr>
<tr>
<td>General CVD (16+) and use of services (0+)</td>
</tr>
<tr>
<td>Asthma (0+)</td>
</tr>
<tr>
<td>Physical activity adults (16+) and children (2-15)</td>
</tr>
<tr>
<td>TV viewing &amp; outdoor physical activity adults (16+) and children (2-15)</td>
</tr>
<tr>
<td>Eating habits children (2-15)</td>
</tr>
<tr>
<td>Eating habits adults (16+)</td>
</tr>
<tr>
<td>Fruit and veg consumption (2+)</td>
</tr>
<tr>
<td>Smoking and Drinking (16+) [16-19 in a self completion]</td>
</tr>
<tr>
<td>Dental health (16+)</td>
</tr>
<tr>
<td>Economic activity and education (16+)</td>
</tr>
<tr>
<td>Physical activity at work (16+)</td>
</tr>
<tr>
<td>Ethnicity, religion and family health background (16+)</td>
</tr>
<tr>
<td>Self-completions (13+ &amp; parents of 4-12 yr olds)</td>
</tr>
<tr>
<td>Height (2+) and Weight (0+)</td>
</tr>
<tr>
<td>Data linkage and follow-up research consents (0+)</td>
</tr>
<tr>
<td>Knowledge, attitudes and motivations (KAM) to Health (16+)</td>
</tr>
<tr>
<td>- 1 random adult per household</td>
</tr>
</tbody>
</table>

* = not on the datafile
Some adults in the main sample who took part in the Stage 1 interviewer visit were also eligible to take part in the Stage 2 follow-up nurse visit. There was only version of the nurse questionnaire; its contents are outlined in the table below and the nurse questionnaire documentation begins on page 133 of this documentation.

### Outline of Stage 2 nurse visit

<table>
<thead>
<tr>
<th>Prescribed medicines (age 16+)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vitamin supplements (age 16+)</td>
</tr>
<tr>
<td>Nicotine replacement therapy (age 16+)</td>
</tr>
<tr>
<td>Blood pressure (age 16+)</td>
</tr>
<tr>
<td>Depression, anxiety and self-harm (age 16+)</td>
</tr>
<tr>
<td>Food poisoning (age 16+)</td>
</tr>
<tr>
<td>Waist and hip measurements (age 16+)</td>
</tr>
<tr>
<td>Demi-span (arm length) (age 65+)</td>
</tr>
<tr>
<td>Lung function (age 16+)</td>
</tr>
<tr>
<td>Blood sample (age 16+)</td>
</tr>
<tr>
<td>Saliva sample (age 16+)</td>
</tr>
<tr>
<td>Urine sample (age 16+)</td>
</tr>
</tbody>
</table>

* = not on the datafile 5

# Household Questionnaire (All sample types)

[Point]*
SAMPLE POINT NUMBER:
Range: 1.997

[Address]*
ADDRESS NUMBER:
Range: 1.97

[Hhold]*
HOUSEHOLD NUMBER:
Range: 1.3

[AdrField]*
PLEASE ENTER THE FIRST TEN CHARACTERS OF THE FIRST LINE OF THE ADDRESS TAKEN FROM A.R.F. ADDRESS LABEL. MAKE SURE TO TYPE IT EXACTLY AS IT IS PRINTED.

Text: Maximum 10 characters

[First]*
INTERVIEWER: For information, you are in the questionnaire for:
Point no: (Point number)
Address no: (Address number)
Household no: (Household number)
Strand: (Core Version A or B)

- TO COMPLETE A STARTED INDIVIDUAL SESSION, PRESS <CTRL, ENTER>.
- TO OPEN A NEW INDIVIDUAL SESSION, PRESS <CTRL, ENTER>.
- TO GO DIRECTLY TO ‘ADMIN,’ PRESS <CTRL, ENTER>.
- OTHERWISE PRESS 1 AND <ENTER> TO CONTINUE.

[DateOk]*
INTERVIEWER: TODAY’S DATE ACCORDING TO THE LAPTOP IS (day of interviewer date inserted). IS THIS THE CORRECT START DATE OF THIS INTERVIEW?

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

IF First person in household OR More=Yes THEN
[Name]*
What is the name of (person number)?

[More]*
Is there anyone else in this household?
1 Yes
2 No

(Name and More repeated for up to 12 household members)
So, can I check, altogether there are \((x)\) people in your household?

1. Yes
2. No, more than \((x)\)
3. No, less than \((x)\)

HOUSEHOLD COMPOSITION GRID FOR ALL HOUSEHOLD MEMBERS (MAXIMUM 12)

[Person]
Person number in Household Grid.
Range: 0..12

[Name]*
First name from WhoHere

[Sex]
ASK: Is \(\text{name of respondent}\) male or female?
1. Male
2. Female

[DoB]*
What is \(\text{name of respondent's}\) date of birth?

Enter Day of month in numbers, Name of month in numbers, Year in numbers, Eg. 02/01/1972.

[AgeOf]
Can I check, what was \(\text{name of respondent's}\) age last birthday?
Range: 0..120

IF AgeOf=Dk/Ref THEN

[AgeEst]*
INTERVIEWER CODE: ASK IF NECESSARY ARE YOU (IS HE/SHE), AGED UNDER 2 YEARS, AT LEAST 2 UP TO 15 YEARS, OR 16 YEARS OR OLDER? IF NOT KNOWN, TRY TO GET BEST ESTIMATE.
1. Under 2 years
2. 2 to 15 years
3. 16-64 years
4. 65 years or older

IF Age of Respondent is 16 or over THEN

[MaritalStatus]*
SHOWCARD A1.
Are you (is he/she)...
INTERVIEWER: CODE FIRST THAT APPLIES.
1. single, that is never married or never formed a legally recognised civil partnership
2. married and living with \(\text{husband/wife}\),
3. a civil partner in a legally recognised civil partnership
4. married and separated from \(\text{husband/wife}\),
5. in a legally recognised civil partnership and separated from your civil partner,
6. divorced,
7. formerly a civil partner, the civil partnership now legally dissolved,
8. widowed,
9. or, a surviving civil partner, your partner having since died?

IF more than one person aged 16+ in household AND marital status=code 1, 4, 5, 6, 7, 8 or 9 THEN

[Couple]
May I just check, \(\text{are you/is he}\) living with anyone in this household as a couple?
1. Yes
2. No
3. SPONTANEOUS ONLY - same sex couple

IF Age of Respondent is 16-17 years THEN

[LegPar]
Can I check, do either of \(\text{name of respondent's}\) parents, or someone who has legal parental responsibility for \(\text{him/her}\), live in this household?
1. Yes
2. No

[Par1]
Which of the people in this household are \(\text{name of respondent's}\) parents or have legal parental responsibility for \(\text{him/her}\) on a permanent basis?
CODE FIRST PERSON AT THIS QUESTION. IF Not a household member/dead, CODE 97 Range: 1..12, 97

IF Par1 IN [1..12] THEN

[Par2]
Which other person in this household is \(\text{name of respondent's}\) parent or has legal parental responsibility for \(\text{him/her}\) on a permanent basis?
CODE SECOND PERSON AT THIS QUESTION. IF No-one else in the household, CODE 97 Range: 1..14, 97

[SelCh]
INTERVIEWER: Is this child selected for an individual interview?
1. Yes
2. No

1 Prior to 2008 the interviewer could enter this information without asking the participant. In 2008 it was amended and is now explicitly asked of every household member.

2 The answer categories in this question changed in 2008 to include civil partnerships.

* = not on the datafile
### Relationship Between Household Members Collected for All

If Person > 1 THEN

1. [R] SHOW CARD A2.

   What is (name of respondent's) relationship to (name)? Just tell me the number on this card.

1. husband/wife
2. legally recognised civil partner
3. natural (son/daughter)
4. adopted (son/daughter)
5. foster child
6. step(son/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

**END OF HOUSEHOLD COMPOSITION GRID**

**ASK ALL**

<table>
<thead>
<tr>
<th>HHldr</th>
<th>In whose name is the accommodation owned or rented? Anyone else? CODE ALL THAT APPLY.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-12</td>
<td>Person numbers of household members</td>
</tr>
<tr>
<td>97</td>
<td>Not a household member</td>
</tr>
</tbody>
</table>

**[HHRsp]**

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

---

*A new answer category was added in 2008 'legally recognised civil partner'
Now, I’d like to get some general information about your household. In which of these ways do you occupy this accommodation?

1. Buying it with the help of a mortgage or loan
2. Own it outright
3. Pay part rent and part mortgage (shared ownership)
4. Rent it
5. Tied accommodation (e.g. where the accommodation goes with your job)
6. Live here rent free (including rent-free in relative’s/friend’s property)

If Own/Rent = Rent OR Free THEN

Who is your landlord?

INTERVIEWER: Code first that applies.

1. Organisations:
   - the local authority / council / Scottish Homes
   - housing association, charitable trust or Local Housing Company
   - employer (organisation) of a household member
   - another organisation
2. Individuals:
   - relative/friend (before you lived here) of a household member
   - employer (individual) of a household member
   - another individual private landlord

Is there a car or van normally available for use by you or any members of your household?

INTERVIEWER: INCLUDE ANY PROVIDED BY EMPLOYERS IF NORMALLY AVAILABLE FOR PRIVATE USE BY RESPONDENT OR MEMBERS OF HOUSEHOLD.

ASK ALL

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.

IF >1 person in household

How many times in the last week, that is the seven days ending (date last Sunday), did all or most of the people who live in this household eat a main meal together not including breakfast?

ASK ALL

SHOW CARD A3.

Please look at this card. There has been a lot of talk about health and income. We would like to get some idea of your household’s income. This card shows various possible sources of income. Can you please tell me which kinds of these you (and your husband/wife/partner) receive?

PROBE FOR ALL SOURCES.

CODE ALL THAT APPLY

Earnings from employment or self-employment
State retirement pension
Pension from former employer
Jobseeker’s Allowance
Employment Support Allowance
Working Tax Credit, Child Tax Credit or any other Tax Credit
Income Support
Other state benefits
Interest from savings and investments (eg stocks & shares)
Other kinds of regular allowance from outside your household
No source of income

SHOW CARD A4

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 or your income.

ENTER BAND NUMBER. DON’T KNOW = 96, REFUSED = 97.

Range: 1..97

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

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

1. Yes
2. No

If Householder is in household who are not spouse/partner, or 3 or more adults in household THEN

CD or credit, does anyone else in the household have an income from any source?

1. Yes
2. No

Children’s credit has been added in 2008.
IF OthInc = Yes THEN

[HHInc]
SHOW CARD A4 AGAIN
Thinking of the income of your household as a whole, which of the groups on this card represents
the total income of the whole household before deductions for income tax, National Insurance, etc.
ENTER BAND NUMBER. DON'T KNOW = 96, REFUSED = 97.
Range: 1..97

EMPLOYMENT DETAILS OF HOUSEHOLD REFERENCE PERSON

[HRPActiv]
SHOW CARD A5.
Which of these descriptions applies to what (you/name of Household Reference Person) (were/was)
doing last week, that is in the seven days ending (date last Sunday)?
INTERVIEWER: CODE FIRST TO APPLY.
1 Going to school or college full-time (including on vacation)
2 In paid employment or self-employed (or temporarily away)
3 On a Government scheme for employment training
4 Doing unpaid work for a business that you own, or that a relative owns
5 Waiting to take up paid work already obtained
6 Looking for paid work or a Government training scheme
7 Intending to look for work but prevented by temporary sickness or injury (CHECK MAX 28
DAYS)
8 Permanently unable to work because of long-term sickness or disability (USE ONLY FOR
MEN AGED 16-64 OR WOMEN AGED 16-59)
9 Retired from paid work
10 Looking after home or family
11 Doing something else (SPECIFY)
IF HRPActiv = Doing something else THEN

[HRPActivO]*
OTHER: PLEASE SPECIFY.
Text: Maximum 60 characters

IF HRPActiv = Going to school or college full-time THEN

[HStWork]
Did (you/name of 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 (HRPActiv = Intending to look for work but prevented by temporary sickness or injury, Retired
from paid work, Looking after the home or family or Doing something else) OR (HStWork = No) AND
(Household Reference Person aged under 65 (men)/60 (women)) THEN

[H4WkLook]
Thinking now of the 4 weeks ending (date last Sunday), were (you/name of Household Reference
Person) looking for any paid work or Government training scheme at any time in those four
weeks?
1 Yes
2 No

IF HRPActiv = (Looking for paid work or a government training scheme) OR H4WkLook = Yes
THEN

[H2WkStrt]
If a job or a place on a Government training scheme had been available in the (7 days/four
weeks) ending (date last Sunday), would you/name (Household Reference Person) have been
able to start within two weeks?
1 Yes
2 No

IF HRPActiv = (Looking for work or a government training scheme . . .) OR
(HStWork = No) THEN

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

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

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

IF [HEverJob = Yes THEN

[HPayLst]
Which year did you/name (Household Reference Person) leave your/his/her last paid job?
WRITE IN.
Numeric: 1920..2001 Decimals: 0

IF HPayLast <= 8 years ago THEN

[HPayMon]
Which month in that year did you/she/he 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 (HRPActiv = In paid employment or self-employment . . Waiting to take up a
job already obtained) OR (HStWork = Yes) THEN

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

* = not on the datafile
** = not on the datafile
[Hfpttime]
(Is/Were/Are/Will) (you/name of 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

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

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

[Hskillnee]*
What skills or qualifications are (were) needed for the job?
Text: Maximum 120 characters

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

IF Hemploye = self-employed THEN
[Hdirct]
Can I just check, in this job are/were/will you/name (Household Reference Person) be a... READ OUT...
1  Yes
2  No

IF (Hemploye = Employee) OR (Hdirct = Yes) THEN
[Hepronemploye]
Including yourself/name (Household Reference Person), about how many people are/were/will be employed at the place where you/name usually work(s)/usually worked/will work? 
1  1 or 2
2  3-24
3  25-499
4  500+

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

ELSE IF (Hemploye = SelfEmp) AND (Hdirct = No) THEN
[Hepronemple]
Do/Did/Will you/name (Household Reference Person) have any employees?
1  None
2  1 -24
3  25-499
4  500+

[Hsitwork]
When (you/name) are/is at work are/is (you/he/she) mainly sitting down, standing up or walking about?
CODE ONE ONLY.
1  Sitting down
2  Standing up
3  Walking about
4  Equal time spent doing 2 or more of these

[HMovFlor]
Does (your/his/her) work involve (you/him/her) moving between floors?
1  Yes
2  No

IF HMovFlor=Yes

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

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

[HLiftClimb]
Does (you/he/she) do any other climbing in the course of your/his/her work(ladders, scaffolding etc.)?
1  Yes
2  No

[HLiftWrk]
Do (does) (you/he/she) usually have to lift or carry things at work which (you/he/she) find(s) heavy?
IF YES, PROMPT: Is that just lifting or lifting and carrying?
1  Lift heavy loads
2  Lift and carry heavy loads

* = not on the datafile
[HDemand]
So overall, would you say that in terms of physical effort (your/his/her) work is...READ OUT...
1...very demanding,
2 fairly demanding,
3 or not very demanding?

[HRPOcc]
INTERVIEWER: Did (name of HRP) answer the occupation questions (himself/herself)? If you code 2 here you will also need to ask (name of HRP) about (his/her) job details when you interview (him/her) in person.
1 Yes
2 No

---

**Individual Questionnaire (All samples)**

[DBCheck]*
Can I just check that (your/name of child’s) date of birth is: (date of birth from HHGrid)
INTERVIEWER: Code 1 if the date of birth is correct.
Code 2 if it is wrong.
Code 3 if the date of birth was not collected at the household grid.

IF DBCheck = Code 2 or 3 THEN
[ODoBD]*
What is (your/name of child’s) date of birth?
INTERVIEWER: Enter day, month and year of (name/child’s name)’s date of birth separately.
If (name) does not know (his/her) date of birth, enter Don’t know <Ctrl K> and get an estimate.
Range: 1..31

[ODoBM]*
INTERVIEWER: Code the month of (name/child’s name)’s date of birth.
1 January
2 February
3 March
4 April
5 May
6 June
7 July
8 August
9 September
10 October
11 November
12 December

[ODoBY]*
INTERVIEWER: Enter year of (name/child’s name)’s date of birth.
Range: 1890..2100

[OwnAge]*
Can I just check, is (your/child’s name’s) age (respondent’s age)?
1 Yes
2 No

* In the final dataset the participant’s age can be found in the variable [age]

* = not on the datafile
IF RESPONDENT'S AGE HAS CHANGED SINCE THE HOUSEHOLD QUESTIONNAIRE (DUE TO A BIRTHDAY)

[Birthday]*
INTERVIEWER FOR YOUR INFORMATION:
This respondent has had a birthday since you started the household questionnaire.
For survey reasons the age used in this individual session is based on that date, not today's date. That is, this person will be treated as being (age at HH Questionnaire) years old and not (current age) years old.
Now press <Enter> to continue.

IF 'don't know' at ODobD, THEN

[OwnAgeE]*
Can you tell me (your/name of child)’s age last birthday?
IF NECESSARY: What do you estimate (your/name of child)’s age to be?

IF 'don't know' at OwnAgeE AND AGE <16

[AgeCEst]*
INTERVIEWER: Estimate nearest age:
1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9

IF 'don't know' at OwnAgeE AND AGE 16+

[AgeAEst]*
INTERVIEWER: Estimate nearest age:
1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9
10 10

General Health module (All Versions)

ASK ALL (0+)

[GenHelf]*
How is your health in general? Would you say it was ...READ OUT...
1 ...very good, 2 good, 3 fair, 4 bad, or 5 very bad?

[LongIl08]*
Do you have a long-standing physical or mental condition or disability that has troubled you for at least 12 months, or that is likely to affect you for at least 12 months?
1 Yes
2 No

IF LongIl08=Yes OR More=Yes THEN

[IllsM] *
What (else) is the matter with you?
INTERVIEWER: RECORD FULLY. PROBE FOR DETAIL.
IF MORE THAN ONE MENTIONED, ENTER ONE HERE ONLY.
Text: Maximum 60 characters

[LimitAct]
Does (name of condition) limit your activities in any way?
1 Yes
2 No

[More08]
(Can I check) do you have any other long-standing physical or mental condition or disability?
1 Yes
2 No

(Upto six long-standing illnesses are recorded in the program)

ASK ALL 16+

RG15 (New in 2008)
Do you provide any regular help or care for any sick, disabled or frail person? Please include any regular help or care you provide within or outside your household.
INTERVIEWER: Exclude any help provided in the course of employment.
1 Yes
2 No

IF RG15 = Yes THEN

RG16a (New in 2008)
Who is it that you provide regular help or care for?
INTERVIEWER: Up to two people cared for.
Code the first person here.
1-12 Person numbers of household members
13 Other (WRITE IN)
97 Someone outside the household

The wording of this question changed in 2008
The wording of this question changed in 2008
IF RG15=1-12 THEN
RG16b (New in 2008)
Who is it that you provide regular help or care for?
INTERVIEWER: Code the second person here.
1-12 Person numbers of household members
13 Other (WRITE1N)
97 Someone outside the household
98 No one else

RG17 (New)
SHOWCARD A6
In total, how many hours do you spend each week providing help or unpaid care for (him/her/them)?
INTERVIEWER: Include care both inside and outside the household.
Continuous care would be if the person needs to have someone with them at all times of the day and night.
1 1 - 4 hours per week
2 5 - 9 hours per week
3 10-14 hours per week
4 15-19 hours per week
5 20-34 hours per week
6 35-49 hours per week
7 50+ hours per week
8 Continuous care
9 Varies

ASK ALL 16+
LifeSat
SHOWCARD A7
All things considered, how satisfied are you with your life as a whole nowadays?
0 0 – Extremely dissatisfied
1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9
10 10 – Extremely satisfied

Rose Angina/Claudication/MRC Respiratory Module (CORE Version A only)

ASK ALL AGED 16+
[Chespain]
I am now going to ask you some questions mainly about symptoms of the chest. Have you ever had any pain or discomfort in your chest?
1 Yes
2 No

IF Chespain = Yes THEN
[UpHillw]
Do you get it when you walk uphill or hurry?
1 Yes
2 No
3 Sometimes/ Occasionally
4 Never walks uphill or hurries
5 (Cannot walk)

IF UpHillw = Sometimes/Occasionally THEN
[Occas1]
Does this happen on most occasions?
1 Yes
2 No

IF UpHillw = Yes, Sometimes/Occasionally or Never walks uphill or hurries THEN
[Levelw]
Do you get it when you walk at an ordinary pace on the level?
1 Yes
2 No
3 Sometimes/Occasionally
4 Never walks at an ordinary pace on the level

IF Levelw= Sometimes/Occasionally THEN
[Occas2]
Does this happen on most occasions?
1 Yes
2 No

IF (UpHillw=Yes) OR (Levelw=Yes) OR (Occas1=Yes) OR (Occas2=Yes) THEN
[Walking]
What do you do if you get it while you are walking? Do you stop, slow down or carry on?
IF RESPONDENT UNSURE, PROBE: What do you do on most occasions?
1 Stop
2 Slow down
3 Carry on

* = not on the datafile
IF Walking = Stop or SlowDown THEN
   [StopWalk]
   If you stand still does the pain go away or not?
   IF RESPONDENT UNSURE, PROBE: What happens to the pain on most occasions?
   1 Pain goes away
   2 Pain doesn't go away

IF StopWalk = Pain goes away THEN
   [HowSoon]
   How soon does the pain go away? does it go in ...READ OUT...
   1 ...10 minutes or less,
   2 or more than 10 minutes?

IF HowSoon = 10 minutes or less THEN
   [Pansitc]*
   SHOWCARD B1
   Will you show me where you get this pain or discomfort?
   INTERVIEWER: USE SHOW CARD B1 TO HELP CODE POSITION OF PAIN OR DISCOMFORT. CODE ALL THAT APPLY. PROBE: Where else?
   1 Sternum (upper or middle) [Pansitc1]
   2 Sternum lower [Pansitc2]
   3 Left anterior chest [Pansitc3]
   4 Left arm [Pansitc4]
   5 Right anterior chest [Pansitc5]
   6 Right arm [Pansitc6]
   7 (Somewhere else) [Pansitc7]

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

IF EverPain =Yes THEN
   [DocPain]
   Did you see a doctor because of this pain?
   1 Yes
   2 No

IF DocPain = Yes THEN
   [DocSay] *
   What did the doctor say it was?
   CODE ALL THAT APPLY
   1 Angina [Docsayc1]
   2 Heart attack [Docsayc2]
   3 Did not say [Docsayc3]
   4 Other [Docsayc4]

ASK ALL AGED 16+
   [ECGB]
   Have you ever had an electrical recording of your heart (ECG) performed?
   1 Yes
   2 No

IF ECGB = Yes THEN
   [ECG]*
   Where did you have it?
   CODE ALL THAT APPLY. PROBE: Where else?
   1 Hospital (inpatient) [ECGC1]
   2 Hospital (outpatient) [ECGC2]
   3 GP Surgery [ECGC3]
   4 Other [ECGC4]

   [WhenECG]
   How long ago was this?
   TYPE IN NUMBER OF YEARS AGO. IF MORE THAN ONE, TAKE LAST OCCASION.
   LESS THAN ONE YEAR = 0
   Range: 0..110

ASK ALL AGED 16+
   [Flemwint]
   Do you usually bring up any phlegm from your chest, first thing in the morning in winter?
   1 Yes
   2 No

IF Flemwint = No or Don't know THEN
   [Flemdawn]
   Do you usually bring up any phlegm from your chest, during the day or at night in the winter?
   1 Yes
   2 No

IF Flemwint=Yes OR FlemDawn=Yes THEN
   [Flemreg]
   Do you bring up phlegm like this on most days for as much as three months each year?
   1 Yes
   2 No

IF Uphillw <> Cannot walk THEN
   [Windhila]
   Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?
   1 Yes
   2 No
   3 Never walks uphill or hurries
   4 Cannot walk

IF Windhila = Yes, Never walks uphill or hurries or Don't know THEN
   [WindPeer]
   Do you get short of breath walking with other people of your own age on level ground?
   1 Yes
   2 No
   3 Never walks with people of own age on level ground

* = not on the datafile
IF Windpeer = Yes or No THEN

[Windpace]
Do you have to stop for breath when walking at your own pace on level ground?
1 Yes
2 No

ASK ALL AGED 16+

[Windwizz]
Have you had attacks of wheezing or whistling in your chest at any time in the last 12 months?
1 Yes
2 No

[Windwake]
Have you at any time in the past 12 months been woken at night by an attack of shortness of breath?
1 Yes
2 No

[Windweez]
Have you ever had attacks of shortness of breath with wheezing?
1 Yes
2 No

IF Windweez = Yes THEN

[Windnorm]
Is/Was your breathing absolutely normal between attacks?
1 Yes
2 No

ASK ALL 16+ WHO CAN WALK (IF Uphilw <> Cannot Walk AND Windhila <> Cannot Walk)

[LegPain]
Do you get a pain or discomfort in either of your legs which comes on when you walk?
INTERVIEWER: EXCLUDE NON-CARDIOVASCULAR PROBLEMS SUCH AS RHEUMATISM AND SCIATICA
1 Yes
2 No
3 Cannot walk

IF LegPain = Yes

[StanSit]
Does this pain ever begin when you are standing still or sitting?
1 Yes
2 No

[WalkUp]
Do you get it if you walk uphill or hurry?
1 Yes
2 No
3 Never walks uphill or hurries

[LevelOrd]
Do you get it when you walk at an ordinary pace on the level?
1 Yes
2 No
3 Never walks at an ordinary pace on the level

[Still]
What happens if you stand still? Does the pain usually ...
1 ...continue for more than 10 minutes,
2 or disappear in 10 minutes or less?

[WhereP]*
Where do you get this pain or discomfort?
CODE ALL THAT APPLY.
1 Calf muscle
2 Thigh or buttocks
3 Other area

* = not on the datafile
Cardiovascular Disease and Use of Services (All Versions)

ASK ALL AGED 16+

[IntroCVD]
INTERVIEWER READ OUT: I would now like to talk in more detail about some particular conditions. (They may include some of the things you have already mentioned.)

[Everbp]
Do you now have, or have you ever had...READ OUT ...high blood pressure (sometimes called hypertension)?
1 Yes
2 No

[Everangi]
Have you ever had angina?
1 Yes
2 No

[Everhart]
Have you ever had a heart attack (including myocardial infarction or coronary thrombosis)?
1 Yes
2 No

[Evermur]
And do you now have, or have you ever had...READ OUT ...a heart murmur?
1 Yes
2 No

[Everireg]
...abnormal heart rhythm?
1 Yes
2 No

[Everoht]
...any other heart trouble?
1 Yes
2 No

IF Everoht = Yes THEN

[CVDOth]*
What is that condition? INTERVIEWER: RECORD FULLY. PROBE FOR DETAIL.
Text: Maximum 50 characters

ASK ALL AGED 16+

[Everdi]
Do you now have, or have you ever had diabetes?
1 Yes
2 No

ASK ALL 16+ WITH A CVD CONDITION, DIABETES OR HIGH BLOOD PRESSURE (IF Yes at any of: Everpp - Everdi)

[DocTalk]
During the 2 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?
EXCLUDE CONSULTATIONS MADE ON BEHALF OF OTHERS
1 Yes
2 No

IF DocTalk = Yes THEN

[DocNum]
How many times have you talked to a doctor in these 2 weeks?
Range: 0..14

[Consul]*
(Were any of these consultations/Was this consultation) about your (heart condition or stroke)...READ OUT...
CODE ALL THAT APPLY
1 No [Consul1]
2 Yes, about: high blood pressure [Consul2]
3 Angina [Consul3]
4 Heart attack [Consul4]
5 Heart murmur [Consul5]
6 Abnormal heart rhythm [Consul6]
7 Other heart trouble [Consul7]
8 Stroke [Consul8]
9 Diabetes [Consul9]

IF DocTalk = No

[LastDoc]
Apart from any visit to a hospital, when was the last time you talked to a doctor on your own behalf?
PROMPT
1 Less than two weeks ago
2 2 weeks ago but less than a month ago
3 1 month ago but less than 3 months ago
4 3 months ago but less than 6 months ago
5 6 months ago but less than a year ago
6 A year or more ago
7 Never consulted a doctor

* = not on the datafile
If LastDoc=2 weeks ... A year ago or more

[ConCon]*
Was that consultation about your (heart condition or stroke)

CODE ALL THAT APPLY
1 No
2 Yes, about: high blood pressure
3 Angina
4 Heart attack
5 Heart murmur
6 Abnormal heart rhythm
7 Other heart trouble
8 Stroke
9 Diabetes

ASK ALL 16+ WITH A CV Condition, Diabetes OR High Blood Pressure (IF Yes at any of: EverBp-EverDi)

[OutPat]
During the last 12 months, that is since (date a year ago), did you attend hospital as an out-patient, day-patient or casualty?

INTERVIEWER: If asked, COPD stands for Chronic Obstructive Pulmonary Disease

1 Yes
2 No

IF OutPat=Yes THEN

[WhyOutp]
Was this because of your (heart condition or stroke)?

1 Yes
2 No

ASK ALL 16+ WITH A CV Condition, Diabetes OR High Blood Pressure (IF Yes at any of: EverBp-EverDi)

[InPat]
During the last 12 months, that is since (date a year ago), have you been in hospital as an in-patient, overnight or longer?

1 Yes
2 No

IF InPat=Yes THEN

[WhyInp]
Was this because of your (heart condition or stroke)?

1 Yes
2 No

ASK ALL 16+ WHO DO NOT HAVE A CV Condition, Diabetes OR High Blood Pressure (IF No at ALL of: EverBp - EverDi)

[BPMeas]
May I just check, have you ever had your blood pressure measured by a doctor or nurse?

1 Yes
2 No

IF BPMeas=Yes THEN

[MeasLast]
When was the last time your blood pressure was measured by a doctor or nurse? Was it ...

READ OUT.

INTERVIEWER: CODES 1,2,3 = TOLD WITH OR WITHOUT RESPONDENT ASKING

1 normal (alright/fine),
2 higher than normal,
3 lower than normal,
4 or were you not told anything?

* = not on the datafile
IF (Levelbp = Higher than normal) AND (Everbp = No / Don’t know) THEN
[Onlybp]
Is this the only time your blood pressure has been higher than normal or has it been higher than normal
a number of times?
1 Only time
2 A number of times

ASK ALL AGED 16+ VERSION A ONLY
[Chlest]
Have you ever had your blood cholesterol level measured by a doctor or nurse?
1 Yes
2 No

IF Chlest = Yes THEN
[LastChol]
When was the last time your blood cholesterol level was measured by a doctor or nurse? Was it ...
READ OUT ...
1 ...during the last 12 months,
2 at least a year but less than 3 years ago,
3 at least 3 years but less than 5 years ago
4 or five years ago or more?

[ChoLevel]
Thinking about the last time your blood cholesterol level was measured, were you told it was ...
READ OUT ....
INTERVIEWER: CODES 1,2,3 = TOLD WITH OR WITHOUT RESPONDENT ASKING.
1 normal (alright/fine),
2 higher than normal,
3 lower than normal,
4 or were you not told anything?

[COPD]
Have you ever had COPD, chronic bronchitis or emphysema?
1 Yes
2 No

IF Everangi = Yes THEN
[DocAngi]
You said that you had angina. Were you told by a doctor that you had angina?
1 Yes
2 No

IF DocAngi = Yes THEN
[RecAngi]
Have you had angina during the past 12 months?
1 Yes
2 No

IF EverHart = Yes THEN
[DocHeart]
Were you told by a doctor that you had a heart attack (including myocardial infarction or coronary
thrombosis)?
1 Yes
2 No

IF DocHeart = Yes THEN
[RecHeart]
Have you had a heart attack (including myocardial infarction and coronary thrombosis) during the past
12 months?
1 Yes
2 No

IF EverIreg = Yes THEN
[DocIreg]
Were you told by a doctor that you had abnormal heart rhythm?
1 Yes
2 No

IF DocIreg = Yes THEN
[RecIreg]
Have you had abnormal heart rhythm during the past 12 months?
1 Yes
2 No

IF EverOht = Yes THEN
[DocOht]
Were you told by a doctor that you had (name of 'other heart condition')?
1 Yes
2 No

IF DocOht = Yes THEN
[RecOht]
Have you had (name of 'other heart condition') during the past 12 months?
1 Yes
2 No

IF EverStro = Yes THEN
[DocStro]
Were you told by a doctor that you had a stroke?
1 Yes
2 No

IF DocStro = Yes THEN
[RecStro]
Have you had a stroke during the past 12 months?
1 Yes
2 No

* = not on the datafile
ASK ALL 16+ WITH A HEART CONDITION OR HAS HAD A STROKE (IF everangi / everhart / everireg / everoth / everstro = Yes) THEN

[MedHeart]
Are you currently taking any medicines, tablets or pills because of your heart condition or stroke?
1 Yes
2 No

ASK ALL 16+ WITH A HEART CONDITION (IF everangi / everhart / everireg / everoth = Yes) THEN

[Surgery]
Have you ever undergone any surgery or operation because of your heart condition?
INTERVIEWER: If the respondent has had a stent fitted this should be included. Do not include angiograms.
1 Yes
2 No

IF (Surgery = Yes) THEN

[WhenSurg]
How long ago was this?
TYPE IN NUMBER OF YEARS AGO. IF MORE THAN ONE OPERATION, TAKE LAST OCCASION. LESS THAN ONE YEAR = 0
Range: 0..110

ASK ALL 16+ WITH A HEART CONDITION (IF everangi / everhart / everireg / everoth = Yes) THEN

[oplist]
Can I just check, are you currently on a waiting list for any such surgery or operation?
1 Yes
2 No

ASK ALL 16+ WITH A HEART CONDITION OR HAS HAD A STROKE (IF everangi / everhart / everireg / everoth = Yes) THEN

[OthTrt]
Are you currently receiving any other treatment or advice because of your heart condition or stroke?
INCLUDE REGULAR CHECK-UPS
1 Yes
2 No

IF OthTrt = Yes THEN

[Adchdc]*
What other treatment or advice are you currently receiving because of your heart condition or stroke?
PROBE: Whatche? CODE ALL THAT APPLY
1 Special diet [Adchdc1]
2 Regular check-up with GP/hospital/clinic [Adchdc2]
3 Taking medication [Adchdc3]
4 Other (RECORD AT NEXT QUESTION) [Adchdc4]

IF Adchdc = Other THEN

[WhatOSp]*
PLEASE SPECIFY...
Text: Maximum 60 characters

IF everbp = Yes THEN

[docnurbp]
You mentioned that you have had high blood pressure. Were you told by a doctor or nurse that you had high blood pressure?
1 Yes
2 No

IF (docnurbp = Yes) AND (Sex = Female) THEN

[pregbp]
Can I just check, were you pregnant when you were told that you had high blood pressure?
1 Yes
2 No

IF pregbp = Yes THEN

[nopregbb]
Have you ever had high blood pressure apart from when you were pregnant?
1 Yes
2 No

ASK ALL 16+ WITH DOCTOR-DIAGNOSED HIGH BLOOD PRESSURE [EXCEPT WHEN PREGNANT] (IF docnurbp = Yes AND nopregbb <> No) THEN

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

IF medcinbp = No, Don’t know or refused THEN

[stillbp]
ASK OR RECORD: Do you still have high blood pressure?
1 Yes
2 No

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

IF Adchdc = Yes THEN

[fintabc]*
Why did you stop taking (medicines/tablets/pills) for high blood pressure?
PROBE: What other reason? TAKE LAST OCCASION. CODE ALL THAT APPLY
1 Doctor advised me to stop due to: improvement [fintabc1]
2 lack of improvement [fintabc2]
3 other problem [fintabc3]
4 Respondent decided to stop: because felt better [fintabc4]
5 ... for other reason [fintabc5]
6 Other reason [fintabc6]

ASK ALL WITH DOCTOR-DIAGNOSED HIGH BLOOD PRESSURE [EXCEPT WHEN PREGNANT] (IF docnurbp = Yes AND nopregbp <> No) THEN

[advicebp]

* = not on the datafile
Are you receiving any (other) treatment or advice because of your high blood pressure? INCLUDE REGULAR CHECK-UPS

1 Yes
2 No

IF advbpc = Yes THEN
  [adbpc]*
  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/nurse [adbpc1]
  2 Advice or treatment to lose weight [adbpc2]
  3 Blood tests [adbpc3]
  4 Change diet [adbpc4]
  5 Stop smoking [adbpc5]
  6 Reduce stress [adbpc6]
  7 Other (RECORD AT NEXT QUESTION) [adbpc7]
  8 EDIT ONLY: Lifestyle in general [adbpc8]

IF adbpc7 = Other THEN
  [WhatTSp]*
  PLEASE SPECIFY...
  Text: Maximum 50 characters

ASK ALL 16+ WITH DIABETES (IF everdi = Yes THEN)
[docinfo1]
Were you told by a doctor that you had diabetes?
1 Yes
2 No

IF (docinfo1 = Yes) AND (Sex = Female) THEN
  [pregdi]
  Can I just check, were you pregnant when you were told that you had diabetes?
  1 Yes
  2 No

IF pregdi = Yes THEN
  [nopregdi]
  Have you ever had diabetes apart from when you were pregnant?
  1 Yes
  2 No

ASK ALL 16+ WITH DOCTOR-DIAGNOSED DIABETES [EXCEPT WHEN PREGNANT]
(IF docinfo1 = Yes AND nopregdi <> No)
[ageinfo1]
(adapt from when you were pregnant, approximately) How old were you when you were first told by a doctor that you had diabetes? ENTER AGE IN YEARS
Range: 0..110

[insulin]
Do you currently inject insulin for diabetes?
1 Yes
2 No

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

[advicecindi]
ARE you currently receiving any (other) treatment or advice for diabetes? INCLUDE REGULAR CHECK-UPS.
1 Yes
2 No

IF (advicecindi = Yes) THEN
  [Addic]*
  What (other) treatment or advice are you currently receiving for diabetes?
  PROBE: What else? CODE ALL THAT APPLY
  1 Special diet [Addic1]
  2 Regular check-up with GP/hospital/clinic [Addic2]
  3 Other (RECORD AT NEXT QUESTION) [Addic3]

IF Addic = Other THEN
  [WhatDSp]*
  PLEASE SPECIFY...
  Text: Maximum 50 characters

ASK ALL 16+ WITH A HEART MURMUR (IF evermur = Yes)
[murdoc]
You mentioned that you have had a heart murmur. Were you told by a doctor that you had a heart murmur?
1 Yes
2 No

IF (murdoc = Yes) AND (Sex = Female) THEN
  [pregmur]
  Can I just check, were you pregnant when you were told that you had a heart murmur?
  1 Yes
  2 No

IF (murdoc = Yes) AND (Sex = Female) THEN
  [pregmur1]
  Have you ever had a heart murmur apart from when you were pregnant?
  1 Yes
  2 No

ASK ALL 16+ WITH DOCTOR-DIAGNOSED HEART MURMUR [EXCEPT WHEN PREGNANT]
(IF murdoc = Yes AND pregmur1 <> No)
[murrec]
Have you had a heart murmur during the past twelve months?
Are you currently taking any medicines, tablets or pills because of your heart murmur?
1 Yes
2 No

Have you ever undergone any surgery or operation because of your heart murmur?
1 Yes
2 No

IF mursurg = Yes THEN

How long ago was this?
ENTER NUMBER OF YEARS AGO. IF MORE THAN ONE OPERATION, TAKE LAST OCCASION. LESS THAN ONE YEAR AGO = 0
Range: 0..110

ASK ALL 16+ WITH DOCTOR-DIAGNOSED HEART MURMUR [EXCEPT WHEN PREGNANT]
(IF murdoc = Yes AND pregmur1 <> No)

Can I just check, are you currently on a waiting list for any such surgery or operation?
1 Yes
2 No

Are you currently receiving any (other) treatment or advice because of your heart murmur?
INCLUDE REGULAR CHECK-UPS
1 Yes
2 No

IF admur = Yes THEN

What other treatment or advice are you currently receiving because of your heart murmur?
CODE ALL THAT APPLY.

IF COPDDoct=Yes

Are you currently receiving any treatment or advice because of your COPD, chronic bronchitis or emphysema? Please include regular check-ups.
1 Yes
2 No

IF COPDTrt = Yes

What treatment or advice are you currently receiving because of your COPD, chronic bronchitis or emphysema?

IF COPDDoct=YES

You mentioned that you had COPD, chronic bronchitis or emphysema. Did a doctor tell you that you had this?
INTERVIEWER: If asked, COPD stands for Chronic Obstructive Pulmonary Disease.
1 Yes
2 No

IF COPDDoct = Yes

Did your doctor do a spirometry test (a test measuring how much air you could blow into a machine)?
1 Yes
2 No
ASK ALL 16+
[HNotAsk]
Can I check, do you have any other health problems that I have not asked you about?
1 Yes
2 No

IF HnotAsk=Yes THEN
[HNotWhat] *
What are these health problems?
DO NOT PROBE
Text: 100 characters

ASTHMA MODULE (VERSION A only)

ASK ALL AGED 0+
[EverW]
I am now going to ask you some questions about your breathing.
Have you ever had wheezing or whistling in the chest at any time, either now or in the past?
1 Yes
2 No

ASK ALL 0+ WHO HAVE EVER WHEEZED (IF EverW = Yes)
[NoCol]
Have you ever had this wheezing or whistling when you did not have a cold?
1 Yes
2 No

[BrWhy]
Have you ever been at all breathless when the wheezing or whistling noise was present?
1 Yes
2 No

[TweWz]
Have you ever had wheezing or whistling in the chest in the last 12 months?
1 Yes
2 No

ASK ALL AGED 0+ WHO'VE WHEEZED IN THE LAST 12 MONTHS (IF TweWz=Yes)
[Attak]
How many attacks of wheezing/whistling have you had in the last 12 months?
IF DON'T KNOW, OBTAIN ESTIMATE.
PROMPT IF REQUIRED:
1 1 to 3
2 4 to 12
3 More than 12 attacks

[SleTw]
In the last 12 months, how often on average has your sleep been disturbed due to wheezing/whistling?
Have you ...READ OUT...
INTERVIEWER: If DK obtain estimate.
1 never woken with wheezing,
2 woken less than 1 night per week,
3 woken one or more nights per week?

[Speke]
In the last 12 months, has the wheezing/whistling ever been severe enough to limit your speech to only one or two words at a time between breaths?
1 Yes
2 No

* = not on the datafile
In the last 12 months, how much did wheezing/whistling interfere with your normal daily activities... READ OUT...

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

ASK ALL 0+ WHO HAVE EVER WHEEZED (IF EverW = Yes)
[RecAtW]
When was your most recent attack of wheezing/whistling?
PROMPT IF NECESSARY.
1 Less than 4 weeks ago
2 More than 4 weeks but within the last 12 months
3 One to five years ago
4 More than 5 years ago

ASK ALL 0+
[ConDr]
Did a doctor ever tell you that you had asthma?
PLEASE EXCLUDE ADVICE FROM HOMEOPATHS, ETC.
1 Yes
2 No

ASK IF: DIAGNOSED WITH ASTHMA AND HAVE NOT WHEEZED IN THE LAST 12 MONTHS OR HAVE NEVER WHEEZED (IF (ConDr = Yes AND (EverW = No OR EverW = Don’t Know)) OR (EverW = Yes AND TweWz = No or Don’t Know))
[AsTwe]
When was your most recent attack of asthma?
PROMPT IF NECESSARY.
1 Less than 4 weeks ago
2 More than 4 weeks but within the last 12 months
3 One to five years ago
4 More than 5 years ago

ASK IF: EVER WHEEZED OR DIAGNOSED WITH ASTHMA AND HAD AN ATTACK IN THE PAST FIVE YEARS ((EverW = Yes OR ConDr = Yes) AND (AstWe OR RecAtW = between less than 4 weeks ago...One to Five years ago))
[TrtWze]
SHOW CARD C1
Have you received any treatment or advice for your (asthma/wheezing or whistling) from any of the people on this card?
1 Yes
2 No

IF TrtWze = Yes
[TrtWh]*
Which ones? PROBE: Any others? CODE ALL THAT APPLY
1 A general practitioner (GP) [TrtWh1]
2 Nurse at GP surgery/Health centre [TrtWh2]
3 Community, School or District Nurse [TrtWh3]
4 Hospital casualty/Accident and Emergency department [TrtWh4]
5 Consultant/Specialist or other doctor at hospital outpatients [TrtWh5]
6 Consultant/Specialist or other doctor elsewhere [TrtWh6]
7 Homeopath [TrtWh7]
8 Acupuncturist [TrtWh8]
9 Other alternative medicine professional [TrtWh9]
ASK ALL WHO HAVE EVER RECEIVED TREATMENT FOR WHEEZING / ASTHMA

[AdvTyp]*
SHOW CARD C2
Now I’d like to talk about the type of treatment and advice you have received from these people. What treatment or advice have you received for your asthma?
CODE ALL THAT APPLY

1. Take appropriate exercise [AdvTyp1]
2. Avoid known allergens or triggers (e.g. pollen, animals, other people’s cigarette smoke) [AdvTyp2]
3. Advice or treatment to stop smoking [AdvTyp3]
5. Medication (including inhaler) use [AdvTyp5]
6. Advice or treatment to lose weight [AdvTyp6]
7. Other [AdvTyp7]
8. None of these [AdvTyp8]

IF AdvTyp IS NOT ‘NONE OF THESE / DON’T KNOW’

[AsPlan]
Has this treatment or advice included a personal asthma action plan?
1. Yes
2. No

Adult physical activity module (16+) (All Versions)

ASK ALL

[Work]
I’d like to ask you about some of the things you have done in the past four weeks that involve physical activity, this could be at work (school) college or in your free time. (Can I just check) were you in paid employment or self-employed in the past four weeks?
1. Yes
2. No

IF Work = Yes THEN

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

ASK ALL AGED 16+

[Housewrk]
I’d like you to think about the physical activities you have done in the last few weeks (when you were not doing your paid job.) Have you done any housework in the past four weeks, that is from (date four weeks ago) up to yesterday?
1. Yes
2. No

IF Housewrk = Yes THEN

[HWrkList]
SHOW CARD E1
Have you done any housework listed on this card?
1. Yes
2. No

[HevyHWrk]
SHOW CARD E2
Some kinds of housework are heavier than others. This card gives some examples of heavy housework. It does not include everything, these are just examples. Was any of the housework you did in the last four weeks this kind of heavy housework?
1. Yes
2. No

IF HevyHWrk = Yes THEN

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

* = not on the datafile
On the days you did heavy housework, how long did you usually spend?
RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION; Range: 0..12

RECORD MINUTES SPENT ON HEAVY HOUSEWORK.
Range: 0..59

ASK ALL AGED 16+
Have you done any gardening, DIY or building work in the past four weeks, that is since (date four weeks ago)?
1 Yes
2 No

IF Garden = Yes THEN
SHOW CARD E3
Have you done any gardening, DIY or building work listed on this card?
1 Yes
2 No

IF ManWork = Yes THEN
SHOW CARD E4
Have you done any gardening, DIY or building work from this other card, or any similar heavy manual work?
1 Yes
2 No

During the past 4 weeks on how many days have you done this kind of heavy manual gardening or DIY?
Range: 1..28

On the days you did heavy manual gardening or DIY, how long did you usually spend?
RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.
Range: 0..12

RECORD MINUTES SPENT ON GARDENING OR DIY.
Range: 0..59

I'd like you to think about all the walking you have done in the past 4 weeks either locally or away from here. Please include any country walks, walking to and from work and any other walks that you have done. In the past four weeks, that is since (date four weeks ago), have you done a continuous walk that lasted at least 5 minutes?
1 Yes
2 No
3 Can't walk at all

(NOTE CHANGE OF TIME REFERENCE TO 10 MINUTES)

IF Wlk5Int = Yes THEN
In the past four weeks, have you done a continuous walk that lasted at least 10 minutes? (That is since (date four weeks ago))
1 Yes
2 No

IF Wlk10M = Yes THEN
During the past four weeks, on how many days did you do a continuous walk of at least 10 minutes? (That is since (date four weeks ago))
INTERVIEWER: If they have walked every day enter 28
Range: 1..28

On that day, did you do more than one continuous walk lasting at least 10 minutes?
1 Yes, more than one walk of 10+ mins (on at least one day)
2 No, only one walk of 10+ mins a day

IF (DayWlk10 in 2..28) AND (Day1Wk10 = Yes) THEN
On how many days in the last four weeks did you do more than one walk that lasted at least 10 minutes?
INTERVIEWER: If they have done more than one walk every day enter 28
Range: 1..28

How long did you usually spend walking each time you did a continuous walk for 10 minutes or more?
INTERVIEWER: IF VERY DIFFERENT LENGTHS, PROBE FOR MOST REGULAR. RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.
Range: 0..12

INTERVIEWER: RECORD HERE MINUTES SPENT WALKING.
Range: 0..59
[WalkPace]
Which of the following best describes your usual walking pace...READ OUT...
1. ...a slow pace,
2. ...a steady average pace,
3. ...a fairly brisk pace,
4. ...or, a fast pace - at least 4 mph?
5. (none of these)

ASK ALL
(NOTE CHANGE OF TIME REFERENCE TO 10 MINUTES)

[ActPhy]
SHOW CARD E5
Can you tell me if you have done any activities on this card during the last 4 weeks, that is since (date four weeks ago)? Include teaching, coaching, training and practice sessions.
1. Yes
2. No

IF ActPhy = Yes THEN

[WhAct]*
Which have you done in the last four weeks? PROBE: Any others?
CODE ALL THAT APPLY.
1. Swimming [Whact01]
2. Cycling [Whact02]
3. Workout at a gym/Exercise bike/ Weight training [Whact03]
4. Aerobics/Keep fit/Gymnastics/ Dance for fitness [Whact04]
5. Any other type of dancing [Whact05]
6. Running/ Jogging [Whact06]
7. Football/ Rugby [Whact07]
8. Badminton/ Tennis [Whact08]
9. Squash [Whact09]
10. Exercises (e.g. press-ups, sit ups) [Whact10]

REPEAT FOR UP TO 6 ADDITIONAL SPORTS
[OActQ1] to [OActQ16]
Have you done any other sport or exercise not listed on the card?
1. Yes
2. No

IF OActQ = Yes THEN

[WhAct]*
PROBE FOR NAME OF SPORT OR EXERCISE. WRITE IN.

DayExc to ExcSwt repeated for each sport/exercise coded at WhAct or mentioned at OthAct

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

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

ExcMin*
[swimmn] to [actdmn]
INTERVIEWER: RECORD MINUTES HERE.
Range: 0..59

ExcSwt*
[swime] to [actdef]
During the past four weeks, was the effort of (name of activity) usually enough to make you out of breath or sweaty?
1. Yes
2. No

* = not on the datafile
ENVIRONMENT AND HEALTH: ASK STRAND A ONLY (NEW)

PAWhere*
SHOW CARD E6
In the past 4 weeks have you made use of any of the places listed on this card for any of the physical activities you have just told me about, for example for walking, cycling, sports or doing any heavy housework or gardening?

1. A woodland, forest or tree covered park [PaWhere1]
2. An open space or park [PaWhere2]
3. Country paths (not on tarmac) [PaWhere3]
4. A beach/seashore/loch/river or canal [PaWhere4]
5. Sports fields or outdoor courts (e.g. tennis, 5-a-side) [PaWhere5]
6. A swimming pool [PaWhere6]
7. A gym or sports centre [PaWhere7]
8. Pavements or streets in your local area [PaWhere8]
9. Your home or garden [PaWhere9]
10. Somewhere else [PaWhere10]
11. No - not used any of these [PaWhere11]

IF PAWhere = 1 TO 10 THEN ASKED FOR EACH PLACE MENTIONED [PAOfte01] to [PAOfte10] SHOW CARD E7
How often in the past 4 weeks have you made use of (name of place) for physical activity?

1. Every day
2. 4-6 days a week
3. 2-3 days a week
4. Once a week
5. 2-3 times in the last 4 weeks
6. Once in the last 4 weeks
7. (Varies too much to say)

TIME AT SCREEN: ASK STRAND A ONLY (NEW)

ASK ALL STRAND A AGE 16+

[TVWeek] Thinking first of weekdays, that is Monday to Friday, how much time on an average day do you spend watching TV or another type of screen such as a computer, game boy, or video game? Please do not include any time spent in front of a screen while at nursery or school.
RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR OR NEVER WATCHES SCREEN. RECORD MINUTES AT NEXT QUESTION.
Range: 0..12

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

[TVWkEnd] Now thinking of the weekend, that is Saturday and Sunday, how much time on an average day do you spend watching TV or another type of screen (such as a computer, game boy, or video game)? Again, please do not include any time spent in front of a screen while at nursery or school.
RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR OR NEVER WATCHES SCREEN. RECORD MINUTES AT NEXT QUESTION.
Range: 0..12

[MinTvWe] RECORD MINUTES HERE.
Range: 0..59
Child physical activity module (Age 2-15) (All Versions)

ASK IF RESPONDENT IS 4 YEARS OLD

[ChSch]
Can I just check, is (name of child) at school in Primary 1 yet?
1 Yes
2 No

ASK ALL AGED 2-15

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

IF Wlk5Ch = Yes THEN

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

[DayWlkT]
SHOW CARD F1
On each day that (you/name of child) did a walk like this for at least 5 minutes, how long did (you/he/she) spend walking altogether? Please give an answer from this card
INTERVIEWER NOTE: COUNT TOTAL TIME SPENT WALKING. SO TWO WALKS OF 10 MINUTES EACH = 20 MINUTES WALKING
1 Less than five minutes
2 5 minutes, less than 15 minutes
3 15 minutes, less than 30 minutes
4 30 minutes, less than 1 hour
5 1 hour, less than 1½ hours
6 1½ hours, less than 2 hours
7 2 hours, less than 2½ hours
8 2½ hours, less than 3 hours
9 3 hours, less than 3½ hours
10 3½ hours, less than 4 hours
11 4 hours or more (please specify how long)

(The answer options used at DayWlkT, on show card F1, are used repeatedly in the child physical activity module. Further mentions of show card F1 will not, therefore, list out the options in full).

IF DayWlkT = 4 hours or more THEN

[WlkHrs]
How long did (you/name of child) spend walking on each day?
RECORD HOURS SPENT BELOW. RECORD MINUTES AT NEXT QUESTION
Range: 4..12

[WlkMin]
RECORD HERE MINUTES SPENT WALKING.
Range: 0..59

IF Wlk5Ch = Yes AND AGE 13-15

[ChPace]
Which of the following describes your usual walking pace ...
READ OUT ...
1 a slow pace,
2 ... a steady average pace,
3 ... a fairly brisk pace,
4 ... or, a fast pace - at least 4 mph?
5 (None of these)

ASK ALL AGED 8-15

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

IF HWkCh = Yes THEN

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

[THWk] (See question [DayWlkT] for full listing of answer options on card F1)
SHOW CARD F1
On each day that (you/name of child) did any housework or gardening of this type for at least 15 minutes a time, how long did (you/he/she) spend?
Please give an answer from this card.

IF THWk = 4 hours or more THEN

[HWkHrs]
How long did you spend doing housework or gardening on each day?
RECORD HOURS SPEND BELOW. RECORD MINUTES AT NEXT QUESTION. Range: 4.12

[HWkMin]
RECORD HERE MINUTES SPENT DOING HOUSEWORK/GARDENING.

* = not on the datafile

51

150

* = not on the datafile

52
I would now like to ask you about any sports or exercise activities that you have done. I will then go on to ask about other active things you may have done like running about, riding a bike, kicking a ball around and things like that. For the following questions please (include any activities done at a nursery or playgroup/don’t count any activities done as part of school lessons).

SHOW CARD F2
In the last week, that is last (day 7 days ago) up to yesterday, have/has (you/name of child) done any sports or exercise activities (not counting things done as part of school lessons)? This card shows some of the things (you/he/she) might have done; please also include any other sports or exercise activities like these.

INTERVIEWER: DO NOT COUNT ANYTHING DONE TODAY.

1 Yes
2 No

ASK ALL AGED 2-15 WHO DID SOME SPORT IN THE PAST 7 DAYS (IF Spt1Ch = Yes)
[WEspDo]
Did you do any of these sports or exercise activities at the weekend, that is last Saturday and Sunday (yesterday and last Sunday)?

1 Yes
2 No

IF WEspDo = Yes THEN
[DWESpCh]
Was that on Saturday or Sunday or on both days?

1 Saturday only
2 Sunday only
3 Both Saturday and Sunday

[WEspM] (See question [DayWlkT] for full listing of answer options on card F1)
SHOW CARD F1
On (Saturday/Sunday/Saturday and Sunday) when (you/name of child) did these sports or exercise activities, how long did (you/he/she) spend (on each day)? Please give an answer from this card.

INTERVIEWER: IF IT VARIED, TAKE AVERAGE

IF LWkSp = 4 hours or more THEN
[WkSpH]
How long did you spend doing these sports or exercise activities on each weekday?
RECORD HOURS SPENT BELOW. RECORD MINUTES AT NEXT QUESTION
Range: 4..12

[WkSpM]
RECORD HERE MINUTES SPENT DOING SPORTS OR EXERCISE ACTIVITIES
Range: 0..59

ASK ALL AGE 2-15
[WeActCh]
SHOW CARD F3
Now I would like to know about when (you/name of child) do does active things, like the things on this card or other activities like these. Did (you/he/she) do any active things like these at the weekend, that is last Saturday and Sunday (yesterday and last Sunday)?

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

1 Yes
2 No

IF WeActCh = Yes THEN
[DWActCh]
Was that on Saturday or Sunday or on both days?

1 Saturday only
2 Sunday only
3 Both Saturday and Sunday

[WeSpM]
RECORD HERE MINUTES SPEND DOING SPORTS OR EXERCISE ACTIVITIES.
Range: 0..59

ASK ALL AGED 2-15 WHO DID SOME SPORT IN THE PAST 7 DAYS (IF Spt1Ch = Yes)
[DayspCh]
Still thinking about last week. On how many of the weekdays did (you/name of child) any of these sports or exercise activities? (Please remember not to count things done as part of school lessons)

0 None in last week
1 1 day
2 2 days
3 3 days
4 4 days
5 5 days

IF DayspCh = 1 day to 5 days THEN
[LWkSp]
On each weekday that you did these sports or exercise activities, how long did you spend? Please give an answer from this card.

IF LWkSp = 4 hours or more THEN
[WkSpH]
How long did you spend doing these sports or exercise activities on each weekday?
RECORD HOURS SPENT BELOW. RECORD MINUTES AT NEXT QUESTION
Range: 4..12

[LWkSpM]
RECORD HERE MINUTES SPENT DOING SPORTS OR EXERCISE ACTIVITIES
Range: 0..59

* = not on the datafile
SHOW CARD F1

On (Saturday/Sunday/Saturday and Sunday) when (you/name of child) did active things like these, how long did (you/he/she) spend (on each day)? Please give an answer from this card.

INTERVIEWER: IF IT VARIED, TAKE AVERAGE

IF LWAct = 4 hours or more THEN

[WeActH]
How long did (you/name of child) spend doing active things like these?
RECORD HOURS SPENT BELOW. RECORD MINUTES AT NEXT QUESTION.
Range: 4..12

[WeActM]
RECORD HERE MINUTES SPENT DOING ACTIVE THINGS LIKE THESE
Range: 0..59

ASK ALL AGE 2-15

[WkActCh]
SHOW CARD F3
Still thinking about last week. On how many of the weekdays did (you/name of child) do active things, like the things on this card or other activities like these (not counting things done as part of school lessons)?
INTERVIEWER NOTE: DO NOT INCLUDE ANY ACTIVITIES ALREADY COVERED UNDER SPORTS AND EXERCISE ACTIVITIES

0 None in last week
1 1 day
2 2 days
3 3 days
4 4 days
5 5 days

IF WkActCh = 1 day to 5 days THEN

[LWkAct]
SHOW CARD F1
On each weekday that (you/name of child) did active things like these, how long did (you/he/she) spend? Please give an answer from this card.

IF LWAct = 4 hours or more THEN

[WkActH]
How long did (you/name of child) spend doing active things like these on each weekday?
RECORD HOURS SPENT BELOW. RECORD MINUTES AT NEXT QUESTION
Range: 4..12

[WkActM]
RECORD HERE MINUTES SPENT DOING ACTIVE THINGS LIKE THESE.
Range: 0..59

ASK ALL AGE 2-15

[DaysTot]
Now thinking about all the activities during the past week you have just told me about including any walking, (gardening, housework) sports or other active things. On how many days in the last week in total did (you/name of child) do any of these activities (not counting things done as part of school lessons)?

0 None
1 One day
2 Two days
3 Three days
4 Four days
5 Five days
6 Six days
7 Every day

SCHOOL BASED PHYSICAL ACTIVITY: ALL STRANDS (NEW)

ASK IF AGED 5-15 OR IF AGED 4 AND IS AT SCHOOL

[SchAct]
I would now like to ask about any activities such as walking, sports, exercise or other active things that (you/child's name) have/has done in the last week whilst in a lesson at school.
Did (you/child's name) do any activities (walking, sports, exercise or other active things) in any lessons whilst at school last week?

1 Yes
2 No

IF SchAct=Yes THEN

[SchDays]
On how many days in the last week did (you/child's name) do any activities (walking, sports, exercise or other active things) in lessons at school?

1 1 day
2 2 days
3 3 days
4 4 days
5 5 days
6 6 days
7 7 days

* = not on the datafile
On each day that (you/child’s name) did something active (walking, sports, exercise or other active things) in lessons at school, how long did (you/he/she) spend doing it?

Please give an answer from this card.

1. Less than 5 minutes
2. 5 minutes, less than 15 minutes
3. 15 minutes, less than 30 minutes
4. 30 minutes, less than 1 hour
5. 1 hour, less than 1 ½ hours
6. 1 ½ hours, less than 2 hours
7. 2 hours, less than 2 ½ hours
8. 2 ½ hours, less than 3 hours
9. 3 hours, less than 3 ½ hours
10. 3 ½ hours, less than 4 hours
11. 4 hours or more (please say how long)

IF SchTime = 11 THEN

posalable: RECORD HOURS SPENT BELOW
RECORD MINUTES AT THE NEXT QUESTION
Range: 4..12

INTERVIEWER: RECORD MINUTES SPENT DOING ACTIVE THINGS IN LESSONS AT SCHOOL
Range: 0..59

ASK ALL AGE 2-15
[Usual]
Were the activities (you/child’s name) did last week different from what (you/he/she) would usually do for any reason?

IF YES PROBE: Would (you/child’s name) usually do more physical activity or less?
1. NO - same as usual
2. YES DIFFERENT - usually do MORE
3. YES DIFFERENT - usually do LESS

ENVIROMENT AND HEALTH: ASK STRAND A ONLY (NEW)
ASK IF AGED 2-15
[PWHere]
In the past 4 weeks have/has (you/child’s name) made use of any of the places listed on this card for any of the physical activities you have just told me about, for example for walking, cycling, or doing any sport?

1. A woodland, forest or tree covered park
2. An open space or park
3. Country paths (not on tarmac)
4. A beach, sea shore, loch, or canal
5. A swimming pool
6. A gym or sports centre
7. Pavements or streets in your local area
8. A playground or playpark
9. Your home or garden
10. Somewhere else
11. No - not used any of these

FOR EACH PLACE MENTIONED
[PAOfte]
How often in the past 4 weeks have/has (you/child’s name) made use of (name of place) for physical activity?

1. Every day
2. 4-6 days a week
3. 2-3 days a week
4. Once a week
5. 2-3 times in the last 4 weeks
6. Once in the last 4 weeks
7. (Varies too much to say)

TIME AT SCREEN: ASK STRAND A ONLY (NEW)
ASK ALL AGED 2-15
[TVWeek]
Thinking first of weekdays, that is Monday to Friday, how much time on an average day do/does (you/child’s name) spend watching TV or another type of screen such as a computer, game boy, or video game? Please do not include any time spent in front of a screen while at nursery or school.

RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR OR NEVER WATCHES SCREEN. RECORD MINUTES AT NEXT QUESTION.
Range: 0..12

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

[TVWeekEnd]
Now thinking of the weekend, that is Saturday and Sunday, how much time on an average day do/does (you/child’s name) spend watching TV or another type of screen (such as a computer, game

* Problem with routing in CAPI programme meant this was only asked of children at school until v15 of questionnaire

* = not on the datafile
boy, or video game)? Again, please do not include any time spent in front of a screen while at nursery or school. RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR OR NEVER WATCHES SCREEN. RECORD MINUTES AT NEXT QUESTION. Range: 0..12

[MinTvWe2] RECORD MINUTES HERE.
Range: :0..59

Eating habits module (Version A - 2 +), (Version B - 2-15)

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

[UsBred08] What kind of bread do you usually eat? Is it... READ OUT... CODE ONE ONLY
INTERVIEWER: Soda Bread, Chollah = CODE 1;
Wheatgerm, Wheatmeal, Granary, Rye, German, Highbran = CODE 2
1 white
2 brown, granary, wheatmeal,
3 wholemeal
4 SPONTANEOUS: (Wholemeal/white mixture e.g. 'Best of Both')
5 SPONTANEOUS: (Does not have usual type)
6 (Does not eat any type of bread)
7 (Other type of bread that does not fit above codes)

If UsBread=Other type of bread
[BreadOth] # INTERVIEWER: PLEASE SPECIFY...
Text: Maximum [90] characters

ASK ALL WHO EAT BREAD (AT UsBread)
[BrSlice] SHOW CARD G1
Now looking at this card, how many slices of bread, or how many rolls, do you usually eat on any one day?
INTERVIEWER: If varies, ask for an average
1 6 a day or more
2 4-5 a day
3 2-3 a day
4 One a day
5 Less than one per day

ASK ALL
[Milk08] What kind of milk do you usually use for drinks, in tea or coffee and on cereals? Is it... READ OUT...
CODE ONE ONLY
1 ...whole milk,
2 semi-skimmed,
3 skimmed,
4 or, some other kind of milk? (TRY TO USE CODES BELOW)
5 (Soya-Rice/Oat-based milk)
6 (Goat’s milk)
7 (Infant formula milk)
8 (Does not have usual type)
9 (Does not drink milk)

* = not on the datafile

10 The question wording and answer categories changed in 2008.
11 The question wording and answer categories changed in 2008.
At the table do you ... READ OUT...
CODE ONE ONLY
1 ...generally add salt to your food without tasting it first,
2 taste the food, but then generally add salt,
3 taste the food, but only occasionally add salt,
4 rarely, or never, add salt at the table?

[Cereal08]¹²
Which type of breakfast cereal, including porridge, do you normally eat?
CODE ONE ONLY FROM CODING LIST 1
1 High fibre & high sugar
2 High fibre & low or no sugar
3 Low fibre & high sugar
4 Low fibre & low or no sugar
5 Other cereal not on coding list
6 SPONTANEOUS: (Does not have usual type)
7 (Does not eat breakfast cereal)

IF [Cereal] = 7 DO NOT ASK [CerOth]

IF Cereal = Code 5 THEN
[CerOth]*
PLEASE SPECIFY

IF CEREAL=1 to 6 OR DON'T KNOW

[Cereals]
SHOW CARD G2
How often do you eat breakfast cereals, including porridge?
DO NOT COUNT BREAKFAST CEREAL BARS
1 6 or more times a day
2 4 or 5 times a day
3 2 to 3 times a day
4 Once a day
5 5 or 6 times a week
6 2 to 4 times a week
7 Once a week
8 1 to 3 times per month
9 Less often or never

(The answer options used at Cereals, on show card G2, are used repeatedly in the eating habits module. Further mentions of show card G2 will not, therefore, list out the options in full).

¹²The question wording and answer categories changed in 2008.

ASK ALL

[Chips]
SHOW CARD G2
How often do you eat chips?
1 6 or more times a day
2 4 or 5 times a day
3 2 to 3 times a day
4 Once a day
5 5 or 6 times a week
6 2 to 4 times a week
7 Once a week
8 1 to 3 times per month
9 Less often or never

[Potatoes]
SHOW CARD G2
Other than chips, how often do you eat potatoes, pasta or rice?

[Meat]
SHOW CARD G2
How often do you eat meat such as beef, lamb, pork etc, not including poultry?

[MeatProd]
SHOW CARD G2
How often do you eat meat products such as sausages, meat pies, bridies, corned beef, or burgers?
INTERVIEWER: INCLUDE LORNE, SLICED, AND LINKS SAUSAGES

[Poultry]
SHOW CARD G2
How often do you eat poultry such as chicken or turkey?

[TFish]
SHOW CARD G2
How often do you eat canned tuna fish? Please don't count fresh or frozen tuna.

[WFish]
SHOW CARD G2
How often do you eat white fish such as cod, haddock, whiting, sole or plaice, including fresh or frozen fish?

[FishOil]
SHOW CARD G2
How often do you eat other types of fish such as herring, mackerel, salmon or kippers, including fresh, frozen or canned fish?
INTERVIEWER: If asked, include fresh or frozen tuna here.

[Cheese]
SHOW CARD G2
How often do you eat cheese not including cottage cheese and other reduced fat cheeses?

* = not on the datafile
[Confec]
SHOW CARD G2
How often do you eat sweets or chocolates?

[IceCream]
SHOW CARD G2
How often do you eat ice cream?

[Crisps]
SHOW CARD G2
How often do you eat crisps or other savoury snacks?

[SoftDr]  (New instruction re: flavoured water/diluting drinks)
SHOW CARD G2
How often do you drink soft drinks, not including diet or low-calorie drinks?
INTERVIEWER: Include cans, bottles, mixers. Include flavoured water and diluting drinks as long as they are not diet or low-calorie. Do not include fresh fruit juice.

[DietDr]  (New question)
SHOW CARD G2
How often do you drink diet or low-calorie soft drinks?
INTERVIEWER: Include cans, bottles, mixers. Include diet or low-cal flavoured water or diluting drinks here. Do not include fresh fruit juice or plain water.

ASK ALL AGED 2-15

[MilkDr] (New question)
SHOW CARD G2
How often do you drink milk, not including milk used for tea, coffee and cereals, or in milkshakes or other flavoured milks?
INTERVIEWER: Include soya / goat’s milk.

ASK ALL

[Water]  (New question)
SHOW CARD G2
How often do you drink plain water, for example from the tap, a water cooler or a bottle of water?
INTERVIEWER: If asked, include carbonated/fizzy water.

[CakesEtc]
SHOWCARD G2
How often do you eat cakes, scones, sweet pies or pastries?

[Biscuits]
SHOWCARD G2
How often do you eat biscuits?

ASK ALL WHO EAT BISCUITS AT LEAST ONCE A DAY

[Biscuit]
SHOW CARD G1 AGAIN
How many biscuits do you usually eat on any one day?
INTERVIEWER: If varies, ask for an average
1 6 a day or more
2 4-5 a day
3 2-3 a day
4 One a day
5 Less than one per day

ASK ALL WHO EAT CAKES / SCONES / PIES ETC AT LEAST ONCE A DAY

[CakeScon]
SHOW CARD G1 AGAIN
How many cakes, scones, sweet pies or pastries do you usually eat on any one day?
INTERVIEWER: If varies, ask for an average
1 6 a day or more
2 4-5 a day
3 2-3 a day
4 One a day
5 Less than one per day

* = not on the datafile
Fruit and vegetable module (All Versions)

ASK ALL AGED 2+
[VFInt]* I'd like to ask you a few questions about some of the things you ate and drank yesterday. By yesterday I mean 24 hours from midnight to midnight. First I'd like to ask you some questions about the amount of fruit and vegetables you have eaten.

1 Continue

[VegSal]
Did you eat any salad yesterday? Don't count potato, pasta or rice salad or salad in a sandwich.
INTERVIEWER: Salads made mainly from beans can either be included here or at the next question.

1 Yes
2 No

IF VegSal = Yes THEN

[VegSalQ]
How many cereal bowlsful of salad did you eat yesterday?
IF ASKED: 'Think about an average-sized cereal bowl'.
Range: 0.5 .. 50.0

ASK ALL AGED 2+
[VegPul]
Did you eat any pulses yesterday? By pulses I mean lentils and all kinds of peas and beans, including chickpeas and baked beans. Don't count pulses in foods like Chilli con carne.

1 Yes
2 No

IF VegPul = Yes THEN

[VegPulQ] (NEW SHOW CARD WITH SPOON PICTURES)
SHOW CARD G3
How many tablespoons of pulses did you eat yesterday?
IF ASKED: 'Think about a heaped or full tablespoon'.
FOR INFO: An average sized can of baked beans = 10 tablespoons.
Range: 0.5 .. 50.0

ASK ALL AGED 2+
[VegVeg]
Not counting potatoes, did you eat any vegetables yesterday? Include fresh, raw, tinned and frozen vegetables.

1 Yes
2 No

IF VegVeg = Yes THEN

[VegVegQ] (NEW SHOW CARD WITH SPOON PICTURES)
SHOW CARD G3
How many tablespoons of vegetables did you eat yesterday?
IF ASKED: 'Think about a heaped or full tablespoon'.
Range: 0.5 .. 50.0

ASK ALL AGED 2+
[VegDish]
(Apart from anything you have already told me about, did you eat any (other) dishes made mainly from vegetables or pulses yesterday, such as vegetable lasagne or vegetable curry?)

1 Yes
2 No

IF VegDish = Yes THEN

[VegDishQ] (NEW SHOW CARD WITH SPOON PICTURES)
SHOW CARD G3
How many tablespoons of vegetables or pulses did you eat (in these kinds of dishes) yesterday?
IF ASKED: 'Think about a heaped or full tablespoon'.
Range: 0.5 - 50.0

ASK ALL AGED 2+
[VegUsual]
Compared with the amount of vegetables, salads and pulses you usually eat, would you say that yesterday you ate...

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

[FrtDrk08]*
Did you drink any pure fruit juice yesterday? Don't count diluting juice, squashes, cordials or fruit-drinks.
INTERVIEWER: Include pure fruit juice from concentrate.

1 Yes
2 No

IF FrtDrk08 = Yes THEN

[FrtDrnkQ]
How many small glasses of pure fruit juice did you drink yesterday?
IF ASKED: 'A small glass is about a quarter of a pint'.
Range: 0.5 - 50.0

ASK ALL AGED 2+
[Frt]
Did you eat any fresh fruit yesterday? Don't count fruit salads, fruit pies, etc.

1 Yes
2 No

* = not on the datafile

13 The question wording changed slightly in 2008.
What kind of fresh fruit did you eat yesterday?

INTERVIEWER: Use the Fresh Fruit Size list in the coding booklet to code the size of this fruit (common examples listed below, if in doubt use the coding booklet).

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

1 Very large fruit (e.g., melon (all types), pineapple)
2 Large fruit (e.g., grapefruit, mango)
3 Medium-sized fruit (e.g., apple, banana, orange, peach)
4 Small fruit (e.g., kiwi, plum, apricot)
5 Very small fruit (e.g., strawberry, grapes (all types))
6 Not on coding list

IF (FrtC = Very large fruit ... Very small fruit)

[FrtQ]* (Variable names: FrtQ01-FrtQ08)

IF FrtC = ‘Very large fruit’: How many average slices of this fruit did you eat yesterday?
IF FrtC = ‘Large / Medium / Small fruit’: How much of this fruit did you eat yesterday?
IF FrtC = ‘Very small fruit’: How many average handfuls of this fruit did you eat yesterday?
Range: 0.5 - 50.0

IF (FrtC = Not on coding list)

[FrtOth]*

What was the name of this fruit?
Text: Maximum 50 characters

[FrtNotQ]* (Variable names: FrtNot01-FrtNot05)

How much of this fruit did you eat?
Text: Maximum 50 characters

REPEAT FOR UP TO 15 ADDITIONAL FRUITS

[FrtMor]* (Variable names: FrtMor01-FrtMor08)

Did you eat any other fresh fruit yesterday?
1 Yes
2 No

ASK ALL AGED 2+

[FrtDry]

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

IF FrtDry = Yes THEN

[FrtDryQ] (NEW SHOW CARD WITH SPOON PICTURES)
SHOW CARD G3

How many tablespoons of dried fruit did you eat yesterday?
IF ASKED: ‘Think about a heaped or full tablespoon’.
Range: 0.5 - 50.0

[FrtFroz]

Did you eat any frozen or tinned fruit yesterday?
1 Yes
2 No

IF FrtFroz = Yes THEN

[FrtFrozQ] (NEW SHOW CARD WITH SPOON PICTURES)
SHOW CARD G3

How many tablespoons of frozen or tinned fruit did you eat yesterday?
IF ASKED: ‘Think about a heaped or full tablespoon’.
Range: 0.5 - 50.0

[FrtDish]

(Apart from anything you have already told me about) Did you eat any (other) dishes mainly from fruit yesterday, such as fruit salad or fruit pie? Don’t count fruit in yoghurts.
1 Yes
2 No

IF FrtDish = Yes THEN

[FrtDishQ] (NEW SHOW CARD WITH SPOON PICTURES)
SHOW CARD G3

How many tablespoons of fruit did you eat (in these kinds of dishes) yesterday?
IF ASKED: ‘Think about a heaped or full tablespoon’.
Range: 0.5 - 50.0

[FrtUsual]

Compared with the amount of fruit and fruit juice you usually eat and drink, would you say that yesterday you ate and drank...

1 less than usual,
2 more than usual,
3 or about the same as usual?
Smoking module (All Versions)

IF Age of Respondent is 18 or 19 years THEN
[BookChk]
INTERVIEWER CHECK: (Name of respondent) IS AGED (age of respondent). RESPONDENT TO BE...
1. Asked Smoking/Drinking questions
2. Given LILAC SELF-COMPLETION BOOKLET FOR YOUNG ADULTS

ASK ALL AGED 20+ (OR AGED 18-19 IF BEING ASKED IN MAIN INTERVIEW)
[SmokEv]*
May I just check, have you ever smoked a cigarette, a cigar or a pipe?
CODE ALL THAT APPLY.
1. Yes: cigarette [SMOKEV08]$14
2. Yes: cigars [SMOKEV09]$
3. Yes: pipe [SMOKEV10]$
4. No [SMOKEV11]$

New derived variable:
IF ANY SmokEv08 - SmokEv10 = 1 SmokEver= Yes; IF SmokEv11 = 1 THEN SmokEver = No

DV: Have you ever smoked a cigarette, a cigar or a pipe?
1. Yes
2. No

IF SmokEver = Yes THEN
[SmokeNow]$5
Do you smoke cigarettes at all nowadays?
1. Yes
2. No

IF SmokeNow = Yes THEN
[DlySmoke]$5
About how many cigarettes a day do you usually smoke on weekdays?
IF RESPONDENT CAN ONLY GIVE RANGE, TAKE THE MID-POINT.
IF LESS THAN ONE A DAY, ENTER 0
IF SMOKES ROLL-UPS AND CANNOT GIVE CIGARETTE NO., CODE 97.
Range: 0..97

IF DlySmoke = 97 THEN
[DlyEst]
How much tobacco do you usually smoke on weekdays?
CODE HERE WHETHER THE AMOUNT IS TO BE CODED IN GRAMS OR OUNCES.
ENTER THE AMOUNT AT THE NEXT QUESTION:
1. Grams
2. Ounces

IF DlyEst= Grams THEN
[WkndSmok]
And about how many cigarettes a day do you usually smoke at weekends?
IF RESPONDENT CAN ONLY GIVE RANGE, TAKE THE MID-POINT.
IF LESS THAN ONE A DAY, ENTER 0
IF SMOKES ROLL-UPS AND CANNOT GIVE CIGARETTE NO., CODE 97.
Range : 0.97

IF WkndSmok = 97 THEN
[WkndEst]
How much tobacco do you usually smoke on weekends?
CODE HERE WHETHER THE AMOUNT IS TO BE CODED IN GRAMS OR OUNCES.
ENTER THE AMOUNT AT THE NEXT QUESTION:
1. Grams
2. Ounces

IF WkndEst= Grams THEN
[NumSmok]
About how many cigarettes did you smoke in a day?
IF RESPONDENT CAN ONLY GIVE RANGE, TAKE THE MID-POINT.
IF LESS THAN ONE A DAY, ENTER 0
IF SMOKES ROLL-UPS, AND CANNOT GIVE CIGARETTE NO., CODE 97.
Range : 0..97

* = not on the datafile

14 18 and 19 year olds were either asked the smoking and drinking questions in the main interview or the self-completion booklet for young people, at the interviewers' discretion. Variables marked with S are combined with data from the self-completion booklet for 16-17 year olds in the final dataset to allow analysis of all age 16+.
IF NumSmok = 97 THEN
[NumEst]
About how much tobacco did you smoke a day?
CODE HERE WHETHER THE AMOUNT IS TO BE CODED IN GRAMS OR OUNCES.
ENTER THE AMOUNT AT THE NEXT QUESTION
1 Grams
2 Ounces

IF NumEst = Grams THEN
[Numg]
ENTER AMOUNT IN GRAMS
Range: 0..100

IF Numest = Ounces THEN
[Numoz]
ENTER AMOUNT IN OUNCES
Range: 0.00..100.00

IF SmokeReg = Smoked cigarettes regularly THEN
[SmokYrs]
And for approximately how many years did you smoke regularly?
INTERVIEWER: IF LESS THAN ONE YEAR, CODE 0.
Range: 0..64

IF SmokeReg = Smoked cigarettes regularly OR Smoked them only occasionally THEN
[EndSmoke]
How long ago did you stop smoking cigarettes regularly?
INTERVIEWER: ENTER NO. OF YEARS. IF LESS THAN ONE YEAR AGO, CODE 0.
Range: 0.64

IF EndSmoke = 0 THEN
[LongEnd]
How many months ago was that?
1 Less than six months ago
2 Six months, but less than one year

IF (SmokeNow = Yes) OR (SmokeReg = Smoked cigarettes regularly) THEN
[StartSmk]
How old were you when you started to smoke cigarettes regularly?
INTERVIEWER: IF 'Never smoked regularly', CODE 97.
Range: 0..97

IF (SmokeNow = Yes) OR (SmokeReg = Smoked cigarettes regularly OR Smoked them only occasionally) THEN
[DrSmoke]
Has a medical person (e.g. doctor/nurse) ever advised you to stop smoking altogether because of your health?
1 Yes
2 No

IF DrSmoke = Yes THEN
[DrSmoke1]
How long ago was that?
1 Within the last twelve months
2 Over twelve months ago

ASK ALL 18/20+ WHO CURRENTLY SMOKE (IF SmokeNow = Yes)
[SmokStop]
Can I check, how many times, if any, have you tried to give up smoking?
1 Never tried to stop smoking
2 Once or twice
3 Three times or more

[StopWant]
Would you like to give up smoking?
1 Yes
2 No

ASK ALL AGED 20+ (OR AGED 18-19 IF BEING ASKED IN MAIN INTERVIEW)
[Passive]
SHOW CARD H1
Are you regularly exposed to other people's tobacco smoke in any of these places?
PROBE: Where else?
CODE ALL THAT APPLY
At own home [Passive1]
At work [Passive2]
In other people's homes [Passive3]
On public transport [Passive4]
In pubs [Passive5]
In other public places [Passive6]
No, none of these [Passive7]

IF EXPOSED TO SMOKE IN ANY PLACES
[Bother]
Does this bother you at all?
1 Yes
2 No

* = not on the datafile
Drinking module (All Versions)

IF (Age of Respondent is 18 years or over) OR (BookChk = Asked)
[Drink]*
I am now going to ask you a few questions about what you drink - that is if you drink. Do you ever
drink alcohol nowadays, including drinks you brew or make at home?
1 Yes
2 No

IF Drink = No THEN
[DrinkAny]*
Could I just check, does that mean you never have an alcoholic drink nowadays, or do you have an
alcoholic drink very occasionally, perhaps for medicinal purposes or on special occasions like
Christmas and New Year?
1 Very occasionally
2 Never

ASK ALL 18/20+ WHO DRINK ALCOHOL (IF (Drink = Yes) OR (DrinkAny = Very occasionally))
[Intro]*
INTERVIEWER - READ OUT: I'd like to ask you (all) whether you have drunk different types of
alcoholic drink in the last 12 months. I do not need to know about non-alcoholic or low alcohol drinks.

[NBeer]*
SHOW CARD J1
I'd like to ask you first about normal strength beer or cider which has less than 6% alcohol. How
often have you had a drink of normal strength BEER, LAGER, STOUT, CIDER or SHANDY
(excluding cans and bottles of shandy) during the last 12 months? (NORMAL = less than 6% Alcohol
by volume)
INTERVIEWER: IF RESPONDENT DOES NOT KNOW WHETHER BEER ETC DRUNK IS STRONG OR NORMAL, INCLUDE HERE AS NORMAL.
1 Almost every day
2 Five or six days a week
3 Three or four days a week
4 Once or twice a week
5 Once or twice a month
6 Once every couple of months
7 Once or twice a year
8 Not at all in the last 12 months

(The answer options used at NBeer, on show card J1, are used repeatedly in the drinking module. Further
mentions of show card J1 will not, therefore, list out the options in full).

IF (Nbeer = Almost every day...Once or twice a year) THEN
[NBeerM]*
How much NORMAL STRENGTH BEER, LAGER, STOUT, CIDER or SHANDY (excluding cans
and bottles of shandy) have you usually drunk on any one day?
INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.
1 Half pints
2 Small cans
3 Large cans
4 Bottles

IF NbeerM = Half pints THEN
[NBeerQ1]
ASK OR CODE: How many half pints of NORMAL STRENGTH BEER, LAGER, STOUT, CIDER
OR SHANDY (excluding cans and bottles of shandy) have you usually drunk on any one day?
Range: 1..97

IF NbeerM = Small cans THEN
[NBeerQ2]
ASK OR CODE: How many small cans of NORMAL STRENGTH BEER, LAGER, STOUT or
CIDER have you usually drunk on any one day?
Range: 1..97

IF NbeerM = Large cans THEN
[NBeerQ3]
ASK OR CODE: How many large cans of NORMAL STRENGTH BEER, LAGER, STOUT or
CIDER have you usually drunk on any one day?
Range: 1..97

IF NbeerM = Bottles THEN
[nbeerqbt]*
ASK OR CODE: How many bottles of NORMAL STRENGTH BEER, LAGER, STOUT or CIDER
have you usually drunk on any one day?
Range: 1..97

[NBottle]*
ASK OR CODE: What make of NORMAL STRENGTH BEER, LAGER, STOUT or CIDER do you
usually drink from bottles?
INTERVIEWER: IF RESPONDENT DOES NOT KNOW WHAT MAKE, OR RESPONDENT
DRINKS DIFFERENT MAKES OF NORMAL STRENGTH BEER, LAGER, STOUT OR CIDER,
PROBE: What make have you drunk most frequently or most recently?
Text: Maximum 21 characters

[NCodeEq]
EDIT ONLY:
PLEASE LOOK UP AND ENTER PINT EQUIVALENT OF A BOTTLE OF (Name of Bottle)
VALID ENTRIES ARE 0.00, 0.32, 0.35, 0.44, 0.48, 0.50, 0.58, 0.77, 0.88, 0.97 AND 1.00.

* = not on the datafile

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ASK ALL 18/20+ WHO DRINK ALCOHOL (IF (Drink = Yes) OR (DrinkAny = Very occasionally))

[SBeer] SHOW CARD J1
Now I'd like to ask you about strong beer or cider which has 6% or more alcohol (e.g. Tennant's Super, Special Brew, White Lightening). How often have you had a drink of STRONG BEER, LAGER, STOUT or CIDER during the last 12 months? (STRONG=6% and over Alcohol by volume) INTERVIEWER: IF RESPONDENT DOES NOT KNOW WHETHER BEER ETC DRUNK IS STRONG OR NORMAL, INCLUDE AS NORMAL STRENGTH AT NBeer ABOVE.

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

[SBeerM]*
How much STRONG BEER, LAGER, STOUT or CIDER have you usually drunk on any one day?
INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.
1 Half pints [SBeerM1]
2 Small cans [SBeerM2]
3 Large cans [SBeerM3]
4 Bottles [SBeerM4] 17

IF SBeerM = Half pints THEN

[SBeerQ1]*
ASK OR CODE: How many half pints of STRONG BEER, LAGER, STOUT or CIDER have you usually drunk on any one day?
Range: 1..97

IF SBeerM = Small cans THEN

[SBeerQ2]*
ASK OR CODE: How many small cans of STRONG BEER, LAGER, STOUT or CIDER have you usually drunk on any one day?
Range: 1..97

IF SBeerM = Large cans THEN

[SBeerQ3]*
ASK OR CODE: How many large cans of STRONG BEER, LAGER, STOUT or CIDER have you usually drunk on any one day?
Range: 1..97

IF SBeerM = Bottles THEN

[SBeerQ4]*
ASK OR CODE: How many bottles of STRONG BEER, LAGER, STOUT or CIDER have you usually drunk on any one day?
Range: 1..97

[SCodeEq]
EDIT ONLY:
PLEASE LOOK UP AND ENTER PINT EQUIVALENT OF A BOTTLE OF (Name of Bottle) VALID ENTRIES ARE 0.00, 0.32, 0.35, 0.44, 0.48, 0.50, 0.58, 0.77, 0.88, 0.97 AND 1.00.

ASK ALL 18/20+ WHO DRINK ALCOHOL (IF (Drink = Yes) OR (DrinkAny = Very occasionally))

[Spirits]
SHOW CARD J1
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?

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

[SpiritsQ]
How much spirits or liqueurs (such as gin, whisky, brandy, rum, vodka, advocaat or cocktails) have you usually drunk on any one day? CODE THE NUMBER OF SINGLES - COUNT DOUBLES AS TWO SINGLES.
Range: 1..97

ASK ALL 18/20+ WHO DRINK ALCOHOL (IF (Drink = Yes) OR (DrinkAny = Very occasionally))

[Sherry]
SHOW CARD J1
How often have you had a drink of sherry or martini, including port, vermouth, Cinzano, Dubonnet or Buckfast during the last 12 months?

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

[SherryQ]
How much sherry or martini, including port, vermouth, Cinzano, Dubonnet or Buckfast have you usually drunk on any one day? CODE THE NUMBER OF GLASSES
Range: 1..97

ASK ALL 18/20+ WHO DRINK ALCOHOL (IF (Drink = Yes) OR (DrinkAny = Very occasionally))

[Wine]
SHOW CARD J1
How often have you had a drink of wine, including Babycham and champagne, during the last 12 months?

17 No equivalent in self-completion questionnaire

* = not on the datafile 75
18 Buckfast was added to this question in 2008
19 Buckfast was added to this question in 2008

* = not on the datafile 76
IF (Wine=Almost every day...Once or twice a year) THEN  
WineQ "How much wine, including Babycham and champagne, have you usually drunk on any one day?"
INTERVIEWER: Code the measure the respondent used. Please note that respondent may give answer in bottles and glasses.
Code small bottles (eg. 250ml, 175ml) as glasses, not bottles.
Please code the relevant option.
1 Bottle or parts of bottle
2 Glasses
3 Both bottles or parts of bottle, and glasses

IF WineQ = Bottle or parts of bottle OR Both bottles and glasses  
WQBt (NEW)  
INTERVIEWER: Code the number of 125ml glasses usually drunk from the bottle by the respondent.
E.g. If they usually drank half a bottle, code 3 glasses.
Press <F9> for more information.
Range: 1.0..97.9

IF WineQ = Glasses OR Both bottles and glasses  
WQGl (NEW)  
INTERVIEWER: Code the number of glasses (drunk as glasses).
Range: 1.0..97.9

WQGlz (NEW)  
Do you usually drink from a large, standard, or small glass?
INTERVIEWER: If respondent drinks from two or three different size glasses, please code all that apply.
Please note that if respondent usually drinks in a pub or wine bar and had a small glass, this would usually be 175ml.
1 Large glass (250ml)
2 Standard glass (175ml)
3 Small glass (125ml)

IF WQGlz = large THEN  
Q250Glz $ (NEW)  
How many large glasses (250ml) have you usually drunk?
Range: 1..97

IF WQGlz = standard THEN  
Q175Glz $ (NEW)  
How many standard glasses (175ml) have you usually drunk?
Range: 1..97

IF WQGlz = small THEN  
Q125Glz $ (NEW)  
How many small glasses (125ml) have you usually drunk?
Range: 1..97

ASK ALL 18/20+ WHO DRINK ALCOHOL (IF (Drink = Yes) OR (DrinkAny = Very occasionally))  
Pops03$  
SHOW CARD J1
How often have you had a drink of alcoholic soft drink ('alcopop'), or a pre-mixed alcoholic drink such as WKD, Smirnoff Ice, Bacardi Breezer etc, in the last 12 months?

IF (Pops03=Almost every day...Once or twice a year) THEN  
PopsM03$  
How much alcoholic soft drink ('alcopop') or pre-mixed alcoholic drink have you usually drunk on any one day?
INTERVIEWER CODE THE MEASURE(S) THAT YOU ARE GOING TO USE.
1 Small cans  
2 Standard Bottles (275ml)  
3 Large Bottles (700ml)

IF PopsM03 = Small cans THEN  
PopsQ031$  
ASK OR CODE: How many small cans of alcoholic soft drink ('alcopop') or pre-mixed alcoholic drink have you usually drunk on any one day?
Range: 1..97

IF PopsM03 = Standard Bottles THEN  
PopsQ032$  
ASK OR CODE: How many standard bottles of alcoholic soft drink ('alcopop') or pre-mixed alcoholic drink have you usually drunk on any one day?
Range: 1..97

IF PopsM03 = Large Bottles THEN  
PopsQ033$  
ASK OR CODE: How many large bottles of alcoholic soft drink ('alcopop') or pre-mixed alcoholic drink have you usually drunk on any one day?
Range: 1..97

ASK ALL 18/20+ WHO DRINK ALCOHOL (IF (Drink = Yes) OR (DrinkAny = Very occasionally))  
AlcotA$  
SHOW CARD J1
Have you drunk any other types of alcoholic drink in the last 12 months?
1 Yes 2 No

IF AlcotA = Yes THEN  
OthDrnkA$  
What other type of alcoholic drink have you drunk in the last 12 months?
CODE FIRST MENTIONED ONLY.
Text: Maximum 30 characters
FreqA$  
SHOW CARD J1
How often have you had a drink of (name of 'other' alcoholic drink) in the last 12 months?

* = not on the datafile
IF FreqA IN [Almost every day...Once or twice a year] THEN
    [OthQMA]*
    How much (name of 'other' alcoholic drink) have you usually drunk on any one day?
INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.
1 Half pints
2 Singles
3 Glasses
4 Bottles
5 Other

IF OthQMA = Other THEN
    [OthQOA]*
    WHAT OTHER MEASURE?
    Text: Maximum 12 characters

    [OthQAO]*
    ASK OR CODE: How many (half pints/singles/glasses/bottles/other measures) of (name of 'other' alcoholic drink) have you usually drunk on any one day?
    Range: 0..97
    Note: All drinks recorded under OthDrnkA backcoded into Nbeer-Pops03

[AlcotB]*
Have you drunk any other types of alcoholic drink in the last 12 months?
1 Yes
2 No

IF AlcotB = Yes THEN
    [OthDrnkB]*
    What other type of alcoholic drink have you drunk in the last 12 months?
    CODE FIRST MENTIONED ONLY.
    Text: Maximum 30 characters

    [FreqB]*
    SHOW CARD J1
    How often have you had a drink of (name of 'other' alcoholic drink) in the last 12 months?
    IF FreqB IN [Almost every day...Once or twice a year] THEN
        [OthQMB]*
        How much (name of 'other' alcoholic drink) have you usually drunk on any one day?
        INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.
        1 Half pints
        2 Singles
        3 Glasses
        4 Bottles
        5 Other

    IF OthQMB = Other THEN
        [OthQOB]*
        WHAT OTHER MEASURE?
        Text: Maximum 12 characters

        [OthQA]*
        ASK OR CODE: How many (half pints/singles/glasses/bottles/other measures) of (name of 'other' alcoholic drink) have you usually drunk on any one day?
        Range: 0..97
        Note: All drinks recorded under OthDrnkB backcoded into Nbeer-Pops03

[AlcotC]*
Have you drunk any other types of alcoholic drink in the last 12 months?
1 Yes
2 No

IF AlcotC = Yes THEN
    [OthDrnkC]*
    What other type of alcoholic drink have you drunk in the last 12 months?
    CODE FIRST MENTIONED ONLY.
    Text: Maximum 30 characters

    [FreqC]*
    SHOW CARD S
    How often have you had a drink of (name of 'other' alcoholic drink) in the last 12 months?
    IF FreqC IN [Almost every day...Once or twice a year] THEN
        [OthQMC]*
        How much (name of 'other' alcoholic drink) have you usually drunk on any one day?
        INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.
        1 Half pints
        2 Singles
        3 Glasses
        4 Bottles
        5 Other

    IF OthQMC = Other THEN
        [OthQOC]*
        WHAT OTHER MEASURE?
        Text: Maximum 12 characters

        [OthQC]*
        ASK OR CODE: How many (half pints/singles/glasses/bottles/other measures) of (name of 'other' alcoholic drink) have you usually drunk on any one day?
        Range: 0..97
        Note: All drinks recorded under OthDrnkC backcoded into Nbeer-Pops03

ASK ALL 18/20+ WHO DRINK ALCOHOL (IF (Drink = Yes) OR (DrinkAny = Very occasionally))
[DrinkOft]  $
SHOW CARD J1
Thinking now about all kinds of drinks, how often have you had an alcoholic drink of any kind during the last 12 months?
ASK ALL 18/20+ WHO DRANK ALCOHOL IN THE PAST YEAR (IF DrinkOft <> NotYr)

[DrinkL7]  $

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

1 Yes
2 No

IF DrinkL7=Yes THEN

[DrnkDay]

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

Range: 1..7

IF DrnkDay = 2 to 7 days THEN

[DrnkSame]

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

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

[WhichDay]

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

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

[DrnkType] 22* $

SHOW CARD J2

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

CODE ALL THAT APPLY.

1 Normal strength beer/lager/cider/shandy [DrkTy103]
2 Strong beer/lager [DrkTy203]
3 Spirits or liqueurs [DrkTy303]
4 Sherry, martini or buckfast [DrkTy403]
5 Wine [DrkTy503]
6 Alcopops/Pre-mixed alcoholic drinks [DrkTy603]
7 Other alcoholic drinks [DrkTy703]
8 Low alcohol drinks [DrkTy803]

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

[NBrL7] 22*

Still thinking about last (answer to WhichDay), how much NORMAL STRENGTH BEER, LAGER, STOUT, CIDER or SHANDY (excluding cans and bottles of shandy) did you drink that day?

INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

1 Half pints [NBrL71]
2 Small cans [NBrL72]
3 Large cans [NBrL73]
4 Bottles [NBrL74]

IF NBrL7=Half pints THEN

[NBrL7Q1] 23

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

Range: 1..97

IF NBrL7=Small cans THEN

[NBrL7Q2] 23

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

Range: 1..97

IF NBrL7=Large cans THEN

[NBrL7Q3] 23

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

Range: 1..97

IF NBrL7=Bottles THEN

[nberqbt7] 23

ASK OR CODE: How many bottles of NORMAL STRENGTH BEER, LAGER, STOUT or CIDER did you drink that day?

Range: 1..97

[NBrL7]*

ASK OR CODE: What make of NORMAL STRENGTH BEER, LAGER, STOUT or CIDER did you drink from bottles on that day?

INTERVIEWER: IF RESPONDENT DRANK DIFFERENT MAKES CODE WHICH THEY DRANK MOST.

Text: Maximum 21 characters

[L7NcodEq]

EDIT ONLY.

PLEASE LOOK UP AND ENTER PINT EQUIVALENT OF A BOTTLE OF (Name of Bottle)

VALID ENTRIES ARE 0.00, 0.32, 0.35, 0.44, 0.48, 0.50, 0.58, 0.77, 0.88, 0.97 AND 1.00.

IF DrnkType=Strong beer/lager/cider THEN

[SBrL7]*

Still thinking about last (answer to WhichDay), how much STRONG BEER, LAGER, STOUT or CIDER did you drink that day?

INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

1 Half pints [SBrL71]
2 Small cans [SBrL72]
3 Large cans [SBrL73]
4 Bottles [SBrL74]

IF SBrL7=Half pints THEN

[SBrL7Q1] 23

ASK OR CODE: How many half pints of STRONG BEER, LAGER, STOUT, CIDER or SHANDY did you drink that day?

Range: 1..97

* = not on the datafile

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22* Buckfast added to DrkTy403 in 2008
23 No equivalent in self-completion questionnaire
[SBrL7Q1]  
ASK OR CODE: How many half pints of STRONG BEER, LAGER, STOUT or CIDER did you drink on that day?  
Range: 1.97

IF SBrL7=Small cans THEN  
[SBrL7Q2]  
ASK OR CODE: How many small cans of STRONG BEER, LAGER, STOUT or CIDER did you drink on that day?  
Range: 1.97

IF SBrL7=Large cans THEN  
[SBrL7Q3]  
ASK OR CODE: How many large cans of STRONG BEER, LAGER, STOUT or CIDER did you drink on that day?  
Range: 1.97

IF SBrL7=Bottles THEN  
[bberqbt7]  
ASK OR CODE: How many bottles of STRONG BEER, LAGER, STOUT or CIDER did you drink on that day?  
Range: 1.97

IF DrnkType=Spirits THEN  
[SpirL7]  
Still thinking about last (name of day) 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.  
INTERVIEWER: Code the measure the respondent used.  
Please note that respondent may give answer in bottles and glasses.  
Code small bottles (e.g. 250ml, 175ml) as glasses, not bottles.  
Please code the relevant option.  
1 Bottle or parts of bottle  
2 Glasses  
3 Both bottles or parts of bottle, and glasses

IF DrnkType=Wine THEN  
[WineL7]  
Still thinking about last (name of day) how much wine, including Babycham and champagne, did you drink on that day?  
INTERVIEWER: Code the measure the respondent used.  
Please note that respondent may give answer in bottles and glasses.  
Code small bottles (e.g. 250ml, 175ml) as glasses, not bottles.  
Please code the relevant option.  
1 Bottle or parts of bottle OR Both bottles and glasses  
2 Glasses  
3 Both bottles or parts of bottle, and glasses

IF WIneL7 = Bottle or parts of bottle OR Both bottles and glasses  
[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 more information.

IF WIneL7 = Glasses OR Both bottles and glasses  
[WL7Gl]  
INTERVIEWER: Code the number of glasses (drunk as glasses).  
Range: 1.0..97.9

IF WL7Gl=large THEN  
[ml250Glz]  
How many large glasses (250ml) did you drink?  
Range: 1.0..97.9

IF WL7Gl=standard THEN  
[ml175Glz]  
How many standard glasses (175ml) did you drink?  
Range: 1.0..97.9

IF WL7Gl=small THEN  
[ml125Glz]  
How many small glasses (125ml) did you drink?  
Range: 1.0..97.9

[L7S CodEq]  
PLEASE LOOK UP AND ENTER PINT EQUIVALENT OF A BOTTLE OF (Name of Bottle)  
VALID ENTRIES ARE 0.00, 0.32, 0.35, 0.44, 0.48, 0.50, 0.58, 0.77, 0.88, 0.97 AND 1.00.

IF DrnkType=Sherry THEN  
[ShryL7]  
Still thinking about last (answer to WhichDay), how much sherry or martini, including port, vermouth, Cinzano, Dubonnet or Buckfast did you drink on that day?  
CODE THE NUMBER OF GLASSES.  
INTERVIEWER: If respondent drank from two or three different size glasses, please code all that apply.  
Please note that if respondent was drinking in a pub or wine bar and had a small glass, this would usually be 175ml.  
1 Large glass (250ml)  
2 Standard glass (175ml)  
3 Small glass (125ml)

[*] = not on the datafile

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24 No equivalent in self-completion questionnaire  
25 Buckfast added in 2008
IF DrinkType=Alcoholic lemonades/colas THEN

[DrnkType]=Alcoholic lemonades/colas

Still thinking about last (answer to Which Day), how much ALCOPOPS or PRE-MIXED ALCOHOLIC DRINK such as WKD, Smirnoff Ice, Bacardi Breezer etc. did you drink on that day?

INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

1 Small cans [PopsL7]
2 Standard bottles (275ml) [PopsL72]
3 Large bottles (700ml) [PopsL73]

IF PopsL703=Small cans THEN

[PopsL7Q1] $ ASK OR CODE: How many small cans of ALCOPOP or PRE-MIXED ALCOHOLIC DRINK did you drink on that day?

Range: 1..97

IF PopsL703=Standard Bottles THEN

[PopsL7Q2] $ ASK OR CODE: How many standard bottles of ALCOPOP or PRE-MIXED ALCOHOLIC DRINK did you drink on that day?

Range: 1..97

IF PopsL703=Large Bottles THEN

[PopsL7Q3] $ ASK OR CODE: How many large bottles of ALCOPOP or PRE-MIXED ALCOHOLIC DRINK did you drink on that day?

Range: 1..97

IF DrinkType=Other THEN

[OthL7TA] $ Still thinking about last (answer to Which Day), what other type of alcoholic drink did you drink on that day?

CODE FIRST MENTIONED ONLY.

Text: Maximum 30 characters

[OthL7QB] $ How much (name of ‘other’ alcoholic drink) did you drink on that day?

WRITE IN HOW MUCH. REMEMBER TO SPECIFY HALF PINTS/ SINGLES/GLASSES/ BOTTLES.

Text: Maximum 30 characters

[OthL7B] $ Did you drink any other type of alcoholic drink on that day?

1 Yes
2 No

IF OthL7C=Yes THEN

[OthL7TC] $ Still thinking about last (answer to Which Day), what other type of alcoholic drink did you drink on that day?

CODE FIRST MENTIONED ONLY.

Text: Maximum 30 characters

[OthL7QC] $ How much (name of ‘other’ alcoholic drink) did you drink on that day?

WRITE IN HOW MUCH. REMEMBER TO SPECIFY HALF PINTS/ SINGLES/GLASSES/ BOTTLES.

Text: Maximum 30 characters

[OthL7B] $ Did you drink any other type of alcoholic drink on that day?

1 Yes
2 No

Note: All drinks recorded under OthL7A- OthL7C backcoded into NBrL7- PopsL703.

* = not on the datafile

Prior to 2008 the alcopop measures were small cans or bottles. In 2008 the measures were changed to small cans, standard bottles (275ml) or large bottles (700ml).

CODE FIRST MENTIONED ONLY.

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

[DrWher1] $ (Revised wording)

SHOW CARD J3

In which of these places on this card would you say you drink the most alcohol?

CODE ONE ONLY.

1 In a pub or bar
2 In a restaurant
3 In a club or disco
4 At a party with friends
5 At my home
6 At someone else’s home
7 Out on the street, in a park or other outdoor area
8 Somewhere else (WRITE IN)

In 2008 the question was revised to only allow for the place where most alcohol was drunk, with a follow-up question for the next place.

* = not on the datafile
In which place do you drink the most alcohol?

ENTER PLACE

ASK ALL REGULAR DRINKERS

What is the next place where you drink the most alcohol?

ENTER NAME

ASK ALL REGULAR DRINKERS

Who are you usually with when you drink the most alcohol?

ASK ALL 18/20+ WHO NEVER DRINK ALCOHOL (IF DrinkAny = Never)

Prior to 2008 participants were asked who they usually drink with when they drink alcohol. In 2008 the wording was revised and participants were asked who they are usually with when they drink the most alcohol and who next.
Dental Health (16+) (Main and Health Board Boost Sample – versions A and B)

ASK ALL AGED 16+

[NatTeeth]
SHOW CARD K1
Adults can have up to 32 natural teeth but over time people lose some of them. How many natural teeth, including crowns have you got?
1 No natural teeth
2 Fewer than 10 natural teeth
3 Between 10 and 19 natural teeth
4 20 or more natural teeth

IF NatTeeth = ‘Fewer than 10’ … ‘20 or more’ THEN
[TthApp]
SHOW CARD K2
How happy or unhappy are you with the appearance of your teeth at present?
1 Very happy
2 Fairly happy
3 Fairly unhappy
4 Very unhappy

[TthPain]
Have you had any toothache or pain in your mouth within the last month, or are you having any at present?
1 Yes
2 No

[TthProb]
SHOW CARD K3
Do you have any problems or difficulties biting or chewing food? IF ASKED: include problems with biting or chewing food because of sensitive teeth.
1 Yes, often
2 Yes, occasionally
3 No, never

[GumBld]
SHOW CARD K3 AGAIN
Do your gums bleed when you eat, brush your teeth or floss?
1 Yes, often
2 Yes, occasionally
3 No, never

[DenTreat]
If you went to the dentist tomorrow, do you think you would need treatment?
1 Yes
2 No

[Denture]
Have you ever had any kind of denture? (False teeth which you can take out)
1 Yes
2 No

IF DENTURE=Yes THEN
[DenType]
SHOW CARD K4
What kind of denture do you have?
CODE ALL THAT APPLY
1 Full upper denture
2 Full lower denture
3 Partial upper denture
4 Partial lower denture

[DenWear]
Do you wear your denture?
1 Yes
2 No

* = not on the datafile

29 The questions in this module were introduced to SHeS in 2008.
Economic Activity module (All Versions) (16+)

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

[NActiv]
SHOW CARD P1
Which of these descriptions applies to what you were doing last week, that is in the seven days ending (date last Sunday)?
CODE FIRST TO APPLY
1 Going to school or college full-time (including on vacation)
2 In paid employment or self-employment (or temporarily away)
3 On a Government scheme for employment training
4 Doing unpaid work for a business that you own, or that a relative owns
5 Waiting to take up paid work already obtained
6 Looking for paid work or a Government training scheme
7 Intending to look for work but prevented by temporary sickness or injury (CHECK 28 DAYS OR LESS)
8 Permanently unable to work because of long-term sickness or disability (USE ONLY FOR MEN AGED 16-64 OR WOMEN AGED 16-59)
9 Retired from paid work
10 Looking after the home or family
11 Doing something else (SPECIFY)

IF NActiv=Doing something else THEN
[NActivO]*
OTHER: PLEASE SPECIFY
Text: Maximum 60 characters

ASK ALL IN FULL TIME EDUCATION (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

ASK ALL MEN AGED 16-64 AND WOMEN AGED 16-59 INTENDING TO LOOK FOR WORK, RETIRED FROM WORK, LOOKING AFTER HOME, OR DOING SOMETHING ELSE (AT NActiv): AND STUDENTS IN FULL TIME EDUCATION WHO DID NOT WORK IN PAST WEEK (StWork=No)
[IWk4Look]
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

ASK ALL LOOKING FOR PAID WORK IN THE LAST WEEK (AT Activ) OR LOOKING FOR PAID WORK IN THE LAST MONTH (WkLook=Yes)
[IWk2Sort]
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) THEN
[IWk2Strt]
Have you ever been in paid employment or self-employed?
1 Yes
2 No

IF (EverJob=Yes) THEN
[PayLast]
Which year did you leave your last paid job? WRITE IN.
Range: 1920..2001

IF Last paid job less than or equal to 8 years ago (from PayLast) THEN
[PayMon]
Which month in that year did you leave?
1 January
2 February
3 March
4 April
5 May
6 June
7 July
8 August
9 September
10 October
11 November
12 December
98 Can’t remember

[PayAge]
Computed: Age when last had a paid job.

* = not on the datafile
ASK ALL WHO HAVE EVER WORKED (AT EverJob), OR CURRENTLY IN PAID WORK / SELF-EMPLOYED / ON A GOVERNMENT SCHEME / WORKING UNPAID IN OWN OR RELATIVE’S BUSINESS / WAITING TO TAKE UP PAID WORK ALREADY OBTAINED (At NActiv), OR WORKED IN PAST WEEK (AT StWork)

[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

[FiPTime]
Are you (were you/will you be) working full-time or part-time?
(FULL-TIME = MORE THAN 30 HOURS, PART-TIME = 30 HOURS OR LESS)
1 Full-time
2 Part-time

[WtWork]*
What kind of work do (did/will) you do most of the time?
Text: Maximum 50 characters

[MatUsed]*
IF RELEVANT: What materials or machinery do (did/will) you use?
IF NONE USED, WRITE IN 'NONE'.
Text: Maximum 50 characters

[SkilNee]*
What skills or qualifications are (were) needed for the job?
Text: Maximum 120 characters

[Employe]
Are you (were you/will you be) ...READ OUT...
1 an employee,
2 or, self-employed
IF IN DOUBT, CHECK HOW THIS EMPLOYMENT IS TREATED FOR TAX & NI PURPOSES.

IF Employe = Self-employed AND Dirctr=No THEN
[SNEmplee]
Do (did/will) you have any employees?
1 None
2 1-24
3 25-499
4 500+

IF Employe=Employee THEN
[Ind]*
Can I just check, in this job are you (were you/will you be) a Director of a limited company?
1 Yes
2 No

IF Employe=an employee OR Dirctr=Yes THEN
[MainStat]
Are you (were you/will you be) a ...READ OUT...
1 manager,
2 foreman or supervisor,
3 or other employee?

[MovFlor2]
Does your work involve you moving between floors?
1 Yes
2 No

IF MovFlor2 <> No THEN
[LftCl2]
Do you mainly take the lift or climb the stairs?
1 Lift
2 Stairs
3 Lift up/stairs down

* = not on the datafile
IF NActiv = In paid employment or self-employment (or away temporarily) THEN

[Climb2]
Do you do any (other) climbing in the course of your work (ladders, scaffolding etc.)?
1 Yes
2 No

[LiftWrk2]
Do you usually have to lift or carry things at work which you find heavy?
IF YES, PROMPT: Is that just lifting or lifting and carrying?
1 Lift heavy loads
2 Lift and carry heavy loads
3 No

[Demand2]
So overall, would you say that in terms of physical effort your work is…READ OUT…
1 …very demanding,
2 fairly demanding,
3 or, not very demanding?

(The following variables are derived from the questions in the employment module: SOC2000, ES2000, NSSEC, SEG, SC, SOC90, SIC92)

Education module (All Versions) (16+)

ASK ALL AGED 16+
[EdcEnd]
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

[TopQua1] SHOW CARD Q1
Please look at this card and tell me which, if any, of the following educational qualifications you have. CODE ALL THAT APPLY.

None of these qualifications = Code 12

1 School Leaving Certificate, NQ Unit [TopQua1]
2 O Grade, Standard Grade, GCSE, GCE O Level, CSE, National Qualification [TopQua2]
3 GNVQ/GSVQ Foundation or Intermediate, SVQ Level 1 or 2, SCOTVEC/National Certificate Module, City and Guilds Craft, RSA Diploma or equivalent [TopQua3]
4 Higher grade, Advanced Higher, CSYS, A level, AS Level, Advanced Senior Certificate or equivalent [TopQua4]
5 GNVQ/GSVQ Advanced, SVQ Level 3, ONC, OND, SCOTVEC National Diploma, City and Guilds Advanced Craft, RSA Advanced Diploma or equivalent [TopQua5]
6 HNC, HND, SVQ Level 4, RSA Higher Diploma or equivalent [TopQua6]
7 First Degree, Higher degree, SVQ Level 5 or equivalent [TopQua7]
8 Professional qualifications e.g. teaching, accounting [TopQua8]
9 Other school examination not already mentioned [TopQua9]
10 Other post-school but pre Higher education examinations not already mentioned [TopQua10]
11 Other Higher education qualifications not already mentioned [TopQua11]
12 No qualifications [TopQua12]

* Qualification categories were revised in 2008
Ethnic background and religion module (All Versions)

ASK ALL AGED 0+
[Ethnic1]
SHOW CARD Q2
Can I check, to which of the groups on this card do you consider you belong?
CODE ONE ONLY
1 White: Scottish
2 White: Other British
3 White: Irish
4 White: Any other white background (WRITE IN)
5 Mixed: Any mixed background
6 Asian, Asian Scottish or Asian British: Indian
7 Asian, Asian Scottish or Asian British: Pakistani
8 Asian, Asian Scottish or Asian British: Bangladeshi
9 Asian, Asian Scottish or Asian British: Chinese
10 Asian, Asian Scottish or Asian British: Any other Asian background (WRITE IN)
11 Black, Black Scottish or Black British: Caribbean
12 Black, Black Scottish or Black British: African
13 Black, Black Scottish or Black British: Any other black background (WRITE IN)
14 Any other ethnic group (WRITE IN)

IF Ethnic1=Other white background
[WhiteOth]*
How would you describe your ethnic group?
INTERVIEWER: Write in.
Text: Maximum 60 characters

IF Ethnic1=Other Asian background
[AsianOth]*
How would you describe your ethnic group?
INTERVIEWER: Write in.
Text: Maximum 60 characters

IF Ethnic1=Other Black background
[BlackOth]*
How would you describe your ethnic group?
INTERVIEWER: Write in.
Text: Maximum 60 characters

IF Ethnic1=Other
[EthOther]*
How would you describe your ethnic group?
INTERVIEWER: Write in.
Text: Maximum 60 characters

Note: All other ethnic group answers recorded under WhiteOth-EthOther backcoded into Ethnic1

ASK ALL AGED 16+
[ReligioS]
Do you regard yourself as belonging to any particular religion?
IF YES: Which?
DO NOT PROMPT
0 No religion
1 Christian - no denomination
2 Roman Catholic
3 Church of England/ Anglican/ Episcopal/ Church in Wales
4 Presbyterian - Church of Scotland
5 Presbyterian - Welsh Calvinistic Methodists
6 Free Presbyterian
7 Methodist - including Wesleyan
8 Baptist
9 United Reformed Church/ Congregational
10 Brethren
11 Other Protestant (WRITE IN)
12 Other Christian (WRITE IN)
13 Jewish
14 Hindu
15 Islam/Muslim
16 Sikh
17 Buddhist
18 Other non-Christian (WRITE IN)
97 Refused

IF ReligioS=Other Protestant
[OthProt]*
How would you describe you religion?
INTERVIEWER: Write in.
Text: Maximum 60 characters

IF Religion=Other Christian
[OthXian]*
How would you describe you religion?
INTERVIEWER: Write in.
Text: Maximum 60 characters

IF Religion=Other non-Christian
[OthNXian]*
How would you describe you religion?
INTERVIEWER: Write in.
Text: Maximum 60 characters

Note: All other religion answers recorded under OthProt-OthNXian backcoded into ReligioS

* = not on the datafile
Parental History

ASK ALL AGED 25+ OR ALL AGED 16-24 NOT LIVING WITH THEIR MOTHER AND FATHER

[Palintro] *
There has been a lot of talk about health and people's family background. If you wouldn't mind, I would now like to ask some more general questions about what your parents did when you were a child. If you were not living with, and had no contact with one or both of your parents at that time, please tell me about the people who did care for you. But if you did have even occasional contact with your parents, please tell me about them. Press '1' and Enter to continue.

[FathOcc]
What was the name or title of the job your father did, when you were about 14 years old? This would have been in the year (year respondent was 14).
INTERVIEWER CODE 1 IF FATHER'S JOB TITLE IS KNOWN.
1 FATHER'S JOB TITLE KNOWN
2 Did not know father / no contact with father at the time
3 Father was dead
4 Caring for home / not working
5 Don't know

IF FathOcc = Job title known THEN
[FathTitl]*
PROBE FULLY AND WRITE IN FATHER'S JOB TITLE.
Text: Maximum 60 characters
[FathSup]
CARD Q3
And which of the descriptions on this card best describes the responsibility he had for staff at that time?
CODE ONE ONLY
1 Self-employed, with a business with 25 or more employees
2 Self-employed, with a business with fewer than 25 employees
3 Self-employed, in a business with no employees
4 A manager of 25 or more staff
5 A manager of fewer than 25 staff
6 Foreman/supervisor
7 An employee, not manager

ASK ALL AGED 16+
[MothOcc]
What was the name or title of the job your mother did, when you were about 14 years old? This would have been in the year (year respondent was 14).
INTERVIEWER CODE 1 IF MOTHER'S JOB TITLE IS KNOWN.
1 MOTHER'S JOB TITLE KNOWN
2 Did not know mother / no contact with mother at the time
3 Mother was dead
4 Caring for home / not working
5 Don't know

IF MothOcc = Job title known THEN
[MothTitl]*
PROBE FULLY AND WRITE IN MOTHER'S JOB TITLE.
Text: Maximum 60 characters
[MothSup]
CARD Q3
And which of the descriptions on this card best describes the responsibility she had for staff at that time?
CODE ONE ONLY
1 Self-employed, with a business with 25 or more employees
2 Self-employed, with a business with fewer than 25 employees
3 Self-employed, in a business with no employees
4 A manager of 25 or more staff
5 A manager of fewer than 25 staff
6 Foreman/supervisor
7 An employee, not manager

ASK ALL AGED 16+
[LiveMaB]
(Can I just check), is your natural mother still alive?
1 Yes
2 No

IF (LiveMaB = Yes) THEN
[AgeMA]
How old is your natural mother?
Range: 1..120

IF (LiveMaB = No) THEN
[ConsMaB]
SHOW CARD Q4
Did your mother die from any of the conditions on the card?
CODE ONE ONLY
1 High blood pressure (sometimes called hypertension)
2 Angina
3 Heart attack (including myocardial infarction and coronary thrombosis)
4 Stroke
5 Other heart trouble (incl. heart murmur, damaged heart valves, tachycardia or rapid heart)
6 Diabetes
7 None of the above conditions
[AgeMaB]
How old was your mother when she died?
Range: 10..120

ASK ALL AGED 16+
[LivePaB]
Is your natural father still alive?
1 Yes
2 No

* = not on the datafile
IF (LivePaB=Yes) THEN
   [AgePa]
   How old is your natural father?
   Range: 10..120

IF (LivePaB=No) THEN
   [ConsPaB]
   SHOW CARD Q4
   Did your father die from any of the conditions on the card?
   CODE ONE ONLY
   1 High blood pressure (sometimes called hypertension)
   2 Angina
   3 Heart attack (including myocardial infarction and coronary thrombosis)
   4 Stroke
   5 Other heart trouble (incl. heart murmur, damaged heart valves, tachycardia or rapid heart)
   6 Diabetes
   7 None of the above conditions

   [AgePaB]
   How old was your father when he died?
   Range: 1..120

* = not on the datafile

Self-completion booklets (All Versions)
(13+ & Parents of 4-12 yr olds)

IF Age of Respondent is 13 years or over THEN
   [SCIntro]*
   PREPARE (PINK/BLUE/LILAC) SELF-COMPLETION BOOKLET BY ENTERING SERIAL NUMBERS. CHECK YOU HAVE CORRECT PERSON NUMBER.

IF Age of Respondent is 18 to 120 years AND IF (DrinkAny = Never) OR (DrinkOft=Once or twice a year OR Not at all in the last twelve months) (From Drinking module)
   [PagEx]*
   INTERVIEWER NOTE: This respondent does not drink (or drinks once or twice a year or less).
   Cross out the Drinking Experiences questions before handing over the self-completion booklet.

IF Age of Respondent is 13 years or over THEN
   [SCmp2]*
   I would now like you to answer some questions by completing this booklet on your own. The questions cover smoking, (and) drinking (and some about your) general health.
   EXPLAIN HOW TO COMPLETE BOOKLET. REMEMBER TO USE A BLACK PEN:

IF Age of any respondent in household = 4-12 years
   [ParSDQ]
   INTERVIEWER: Ask parent to complete mint green booklet for parents of children 4-12.
   This child's parent(s) are: (Names of parents)
   Code person number of the parent who is completing the booklet, or enter code:
   95 = Parent not present at time of interview
   96 = Booklet refused

   [PrepSDQ]*
   INTERVIEWER: Prepare booklet for parents of children 4-12 by entering serial numbers. Check you have the correct person number.
   Explain how to complete the booklet.
   Press <1> and <Enter> to continue.

IF Age of respondent is 13 years or over THEN
   [SCCheck]*
   INTERVIEWER: WAIT UNTIL RESPONDENT(S) HAVE FINISHED AND THEN CHECK EACH BOOKLET COMPLETED. IF NOT, ASK IF QUESTIONS MISSED IN ERROR. IF IN ERROR, ASK RESPONDENT TO COMPLETE.
   INTERVIEWER: Now would be a good time to set up your heights and weights equipment.

   [SComp3]
   INTERVIEWER CHECK: WAS THE (PINK/LILIC/BLUE) BOOKLET (13-15/for young adults/for adults) COMPLETED?
   1 Fully completed
   2 Partially completed
   3 Not completed

* = not on the datafile
Measurements module (All Versions)
(Height 2+ & Weight 0+)

ASK ALL AGED 0+
[Intro]*
PREAMBLE: I would now like to measure height and weight. There is interest in how people's weight, given their height, is associated with their health.
INTERVIEWER: Select appropriate information leaflet and fill in.
Adults in nurse sample: yellow stage 1 leaflet
All other adults: lilac stage 1 leaflet
Children (0-15): mint green stage 1 leaflet
Press <1> to continue

ASK ALL AGED 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 THEN
[Height] ENTER HEIGHT.
Range: 60.0..244.0

[RelHite] INTERVIEWER CODE ONE ONLY
1 No problems experienced reliable height measurement obtained
Problems experienced - measurement likely to be:
2 Reliable
3 Unreliable

IF RelHite = Unreliable THEN
[HiNRel] WHAT CAUSED THE HEIGHT MEASUREMENT TO BE UNRELIABLE?
1 Hairstyle or wig
2 Turban or other religious headgear
3 Respondent stooped
4 Child respondent refused stretching
5 Respondent would not stand still
6 Respondent wore shoes
7 Other, please specify
8 Difficulty standing

IF HiNRel = Other THEN
[OHiNRel]* PLEASE SPECIFY WHAT CAUSED UNRELIABLE HEIGHT MEASUREMENT.
Text: Maximum 49 characters

* = not on the datafile
INTERVIEWER: CHECK HEIGHT RECORDED ON THE (YELLOW STAGE 1 NURSE VISIT LEAFLET / LILAC STAGE 1 LEAFLET / MINT GREEN STAGE 1 LEAFLET).
HEIGHT: (x) cm OR (x) feet (x) inches.

IF RespHts = Height refused THEN

[ResNH]
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/tired
4 Considered intrusive information
5 Respondent too anxious/nervous/shy/embarrassed
6 Refused (no other reason given)
7 Other

IF RespHts = Height attempted, not obtained OR Height not attempted THEN

[NoHitM]*
CODE REASON FOR NOT OBTAINING HEIGHT. CODE ALL THAT APPLY.
1 Child: away from home during fieldwork period (specify in a Note) [NoHitM1]
2 Respondent is unsteady on feet [NoHitM2]
3 Respondent cannot stand upright/too stooped [NoHitM3]
4 Respondent is chairbound [NoHitM4]
5 Child: subject would not stand still [NoHitM5]
6 Ill or in pain [NoHitM6]
7 Stadiometer faulty or not available [NoHitM7]
8 Other – specify [NoHitM8]

IF (NoHitM = Other) THEN

[NoHitMO]*
PLEASE SPECIFY OTHER REASON.
Text: Maximum 60 characters

IF RespHts=Height refused, Height attempted, not obtained OR Height not attempted THEN

[EHtCh]
INTERVIEWER: ASK (respondent) FOR AN ESTIMATED HEIGHT. WILL IT BE GIVEN IN METRES OR IN FEET AND INCHES?
1 Metres
2 Feet and inches

IF EHtCh = Metres THEN

[EHtm]
PLEASE RECORD ESTIMATED HEIGHT IN METRES.
Range: 0.01..2.44

IF EHtCh = Feet and inches THEN

[EHtFt]
PLEASE RECORD ESTIMATED HEIGHT. ENTER FEET.
Range: 0..7

[EHtIn]
PLEASE RECORD ESTIMATED HEIGHT. ENTER INCHES.
Range: 0..11

[EMHeight] Final measured or estimated height (cm).

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

[PregNowB]
May I check, are you pregnant now?
1 Yes
2 No

ASK ALL AGED 0+ UNLESS AGED 16-49 AND PREGNANT

[RespWts]
MEASURE WEIGHT AND CODE. (INTERVIEWER: IF RESPONDENT WEIGHS MORE THAN 190KG (20 ½ STONES) DO NOT WEIGH. CODE AS 'WEIGHT NOT ATTEMPTED') INCLUDE 'DISGUISED' REFUSALS SUCH AS 'IT WILL TAKE TOO LONG', 'I HAVE TO GO OUT' ETC. AT CODE 2: WEIGHT REFUSED.

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

IF RespWts=Weight obtained (subject on own) THEN

[Weight]
RECORD WEIGHT.
Range: 10.0..130.0

IF RespWts = Weight obtained (child held by adult) THEN

[WtAdult]
ENTER WEIGHT OF ADULT ON HIS/HER OWN.
Range: 15.0..130.0

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

[FWeight]
Measured weight, either Weight or WtChAd-WtAdult
Range: 0.0..140.0

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

[FloorM]*
INTERVIEWER: Were the scales placed on...*
1 ...uneven floor, [FloorM1]
2 carpet, [FloorM2]
3 or neither? [FloorM3]

* = not on the datafile
INTERVIEWER CODE ONE ONLY.

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

INTERVIEWER: CHECK WEIGHT RECORDED ON (YELLOW STAGE 1 NURSE VISIT LEAFLET /
LILAC STAGE 1 LEAFLET / MINT GREEN STAGE 1 LEAFLET).
WEIGHT: (x) kg OR (x) stones (x) pounds. IF WEIGHT LOOKS WRONG, GO BACK TO 'Weight'
AND REWEIGH.

IF RespWts = Weight refused THEN
[ResNWt]*
GIVE REASONS FOR REFUSAL.
1 Cannot see point/Weight already known/Doctor has measurement
2 Too busy/Taken long enough already/No time
3 Respondent too ill/ill/tired
4 Considered intrusive information
5 Respondent too anxious/nervous/shy/embarrassed
6 Child refused to be held by parent
7 Parent refused to hold child
8 Refused (no other reason given)
9 Other

IF RespWts = Weight attempted, not obtained OR Weight not attempted THEN
[NoWaitM]*
CODE REASON FOR NOT OBTAINING WEIGHT. CODE ALL THAT APPLY.
1 Child: away from home during fieldwork period (specify in a Note) [NoWtb01]
2 Respondent is unsteady on feet [NoWtb02]
3 Respondent cannot stand upright [NoWtb03]
4 Respondent is chairbound [NoWtb04]
5 Respondent weighs more than 130 kg [NoWtb07]
6 Ill or in pain [NoWtb08]
7 Scales not working [NoWtb09]
8 Parent unable to hold child [NoWtb10]
9 Other – specify [NoWtb09]

IF NoWaitM = Other THEN
[NoWaitMO]*
PLEASE SPECIFY OTHER REASON.
Text: Maximum 60 characters

IF RespWts = Weight refused OR Weight attempted, not obtained OR Weight not attempted THEN
[EWtCh]
INTERVIEWER: ASK (respondent) FOR AN ESTIMATED WEIGHT. WILL IT BE GIVEN IN
KILOGRAMS OR IN STONES AND POUNDS?
1 Kilograms
2 Stones and pounds

IF EWtCh = Kilograms THEN
[EWtkg]
PLEASE RECORD ESTIMATED WEIGHT IN KILOGRAMS.
Range: 1.0..210.0

IF EWtCh = Stones and pounds THEN
[EWtSt]
PLEASE RECORD ESTIMATED WEIGHT. ENTER STONES.
Range: 1..32

[EWtL]
PLEASE RECORD ESTIMATED WEIGHT. ENTER POUNDS.
Range: 0..13

[EMWeight] Final measured or estimated weight (kg), computed
Consents (All Versions)

ASK ALL AGED 16+ IN CORE NURSE SAMPLE

[Nurse]

There are two parts to this survey. You have just helped us with the first part. We hope you will also help us with the second part, which is a visit by a qualified nurse to collect more medical information and carry out some measurements.

I would like to make an appointment for the nurse to come round and explain some more about what is required. May I suggest some dates and times and see when you are free?

IF ASKED FOR DETAILS: for example, to make some general measurements, take your blood pressure and measure your lung capacity.

1 Agreed nurse could contact
2 Refused nurse contact

IF Nurse = Refused nurse contact THEN

RECORD REASON WHY RESPONDENT REFUSED NURSE CONTACT. CODE BELOW AND RECORD AT G1 ON A.R.F

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

IF NurseRef=Other reason THEN

PLEASE SPECIFY OTHER REASON FOR REFUSAL. CODE BELOW AND RECORD AT G1 ON A.R.F.

Text: Maximum 60 characters

IF Nurse=Agreed nurse contact THEN

[AptRec]*

INTERVIEWER: Record details of the nurse appointment on the inside back page of the Stage 1 Nurse visit leaflet. For your info when booking appointments: A nurse visit for a person of this age will take about 60 mins.

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

ASK ALL AGED 13-15

[NHSCanA]*

We would like your consent for us to send your name, address and date of birth to the Information Services Division of NHS Scotland so they can link it with their health records. These records hold data on you about medical diagnoses and in-patient and out-patient visits to hospital. They are linked with other information about cancer registration, GP registration and mortality. Please note that we are not asking to look at your medical records, such as those held by your GP.

Please read this form, it explains more about what is involved.

INTERVIEWER: Give the child/children the lemon consent form (Scottish Health Records) and allow them time to read the information.

ASK ALL AGED 0-13

[NHSCanY]*

We would like your consent for us to send (child/children’s name(s)) name, address and date of birth to the Information Services Division of NHS Scotland so they can link it with their health records. These records hold data on you about medical diagnoses and in-patient and out-patient visits to hospital. They are linked with other information about cancer registration, GP registration and mortality. Please note that we are not asking to look at your medical records, such as those held by your GP.

Please read this form, it explains more about what is involved.

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

[NHSCan]

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

1 Consent given
2 Consent not given

IF NHSCon = Consent given THEN

[NHSCon]

Before I can pass on (your /name of child’s) details, I have to obtain written consent from you.

INTERVIEWER: Enter the respondents serial number on the top of both copies of the consent form. Ask the (respondent/parent/guardian) to sign and date the form. Give the (respondent/parent/guardian) the top copy of the form to keep, you keep the white copy. Code whether signed consents obtained.

1 Scottish Health records consent signed
2 No signed consents
ASK ALL AGED 16+

[RelInterA]*(New in 2008)
In the future, the Scottish Government may want to commission follow-up research among particular
groups of the public to improve health or health services. Please be assured that any information you
provide for this purpose will only be released for bona fide social research carried out by reputable
research organisations and that your confidentiality will be protected in the publication of any results
given.
Would you be willing to have your name, contact details and relevant answers you have given during
the interview passed on to the Scottish Government or other research agencies acting on behalf of, or
in collaboration with, the Scottish Government for this purpose?
Please read this form, it explains more about what is involved.
INTERVIEWER: Give the respondent the pale blue consent form (Scottish Government follow up
research) and allow them time to read the information.

ASK ALL AGED 13-15

[RelInterY]* (New in 2008)
(In the future, the Scottish Government may want to commission follow-up research among particular
groups of the public to improve health or health services. Please be assured that any information you
provide for this purpose will only be released for bona fide social research carried out by reputable
research organisations and that your confidentiality will be protected in the publication of any results
given).
Would you be willing to have your name, contact details and relevant answers you have given during
the interview passed on to the Scottish Government or other research agencies acting on behalf of, or
in collaboration with, the Scottish Government for this purpose?
Please read this form, it explains more about what is involved.
INTERVIEWER: Give the child/children the pink consent form (Scottish Government follow up
research) and allow them time to read the information.

ASK ALL AGED 0-13

[RelInterC]* (New in 2008)
And would you be willing to have (child’s name)’s name, contact details and relevant answers you
have given during the interview passed on to the Scottish Government or other research agencies
acting on behalf of, or in collaboration with, the Scottish Government for this purpose?
Please read this form, it explains more about what is involved.
INTERVIEWER: Give the parent/guardian the pink consent form (Scottish Government follow up
research) and allow them time to read the information.

[RelCon] (New in 2008)
INTERVIEWER: Did respondent give consent (on behalf of child’s name/children’s names)?
1  Consent given
2  Consent not given

IF RelCon = Consent given THEN

[RelSig] (New in 2008)
Before I can pass on (your name of child’s/children’s) details, I have to obtain written consent from
you.
INTERVIEWER: Enter the respondent’s serial number on the top of the consent form.
Ask (respondent / parent / guardian) to sign and date the form.
Give the respondent the dark blue consent forms. You keep the white copy. Code whether signed
consents obtained.
1  Signed consents obtained
3  No signed consents

ASK ALL AGED 0+ IN VERSION A

[TPhone]*
Some interviews in a survey are checked to make sure that people like yourself are satisfied with the
way the interview was carried out. Just in case yours is one of the interviews that is checked, it would
be helpful if we could have your telephone number.
INTERVIEWER: IF GIVEN, ENTER TELEPHONE NUMBER ON FRONT OF ARF.
1  Number given
2  Number refused
3  No telephone
4  Number unknown

[Thank]*
That is the end of the interview. Thank you for your help.

IF HEIGHT OR WEIGHT MEASURED IN INTERVIEW THEN

[StadNo]
INTERVIEWER- PLEASE RECORD SERIAL NUMBER OF STADIOMETER USED FOR THIS
INTERVIEW.
Range: 0….997

[SclNo]
INTERVIEWER- PLEASE RECORD SERIAL NUMBER OF SCALES USED FOR THIS
INTERVIEW.
Range: 0….997
Attitudes to Health (Version B only, 1 adult per H’Hold) (16+)

ASK ALL AGED 0+ IN VERSION B

[ThankC]* That is the end of the interview for (names of rest of household). Thank you for your help. You are now free to leave.

INTERVIEWER: Press <1> and <Enter> to continue with (name of adult selected for Attitudes to Health module)

ASK SELECTED ADULT 16+ IN VERSION B

[AttIntr]* As I mentioned earlier, I'm now going to ask you a few extra questions about your own health and lifestyle. This is an important part of the study and it won't take very long.

IF ASKED: We are only asking one person in each household to answer these questions and I can't ask anyone else to take part in this section.

1 Respondent agrees to continue now
2 Respondent agrees to answer these at another time
3 Respondent does not want to continue

IF AtIntr = continue THEN

[AttEnt]* INTERVIEWER: Now enter the attitudes module and interview (name of adult selected for Attitudes to Health module) Press <1> and <Enter> to go into the module for this person.

[Intro]* I'd like to ask you a few general questions about your own health and lifestyle.

(Continue)

[Qghan]
SHOW CARD S1 How much influence do you think you have on your own health, by the way you choose to live your life?
1 A great deal
2 Quite a lot
3 A little
4 None at all

[Qghbe]
SHOW CARD S2 Which of the following best describes the life you lead?
1 Very healthy
2 Fairly healthy
3 Fairly unhealthy
4 Very unhealthy

IF Qghan = No THEN

[Qghcant]*
SHOW CARD S3 Which of the following statements best describes why you don't feel there is anything you can do to make your own life healthier?
1 I already lead a healthy life
2 I don't want to make any changes to my life
3 It's just too difficult for me to do anything to make my life healthier

IF Qghcant = too difficult THEN

[Qghcantr]*
Please tell me why you feel it's too difficult for you to do anything to make your life healthier.

INTERVIEWER PROBE: What else?

Enter Reason

Health reasons [QghcniE1]
Mobility reasons [QghcniE2]
Old age [QghcniE3]
Lack of time due to work/family commitments [QghcniE4]
Lack of money [QghcniE5]
Lack of will [QghcniE6]
Don’t feel able to change [QghcniE7]
Living environment (home or neighbourhood) [QghcniE8]
Other people [QghcniE9]
Bereavement [Qghcni10]
Other [Qghcni11]

IF Qghan = Yes or DK THEN

[Qghfe]*
SHOW CARD S4 Which, if any, of the things on this card do you feel you can do to make your life healthier? You can choose up to three answers.

CODE UP TO THREE ANSWERS

1 Cut down smoking [Qghfe_1]
2 Stop smoking [Qghfe_2]
3 Cut down the amount of alcohol I drink [Qghfe_3]
4 Stop drinking alcohol [Qghfe_4]
5 Be more physically active [Qghfe_5]
6 Control weight [Qghfe_6]
7 Eat more healthily [Qghfe_7]
8 Reduce the amount of stress in my life [Qghfe_8]
9 None of these [Qghfe_9]
ASK IF PARENT/GUARDIAN OF CHILD 15 or under

[Qghan2]
Do you feel there is anything you can do to make your child's life / children's lives healthier?
1 Yes
2 No

IF Qghan2 = NO THEN

[Qghcant2]
SHOW CARD S5
Which of the statements on this card best describes why you don't feel there is anything you can do to make your child's life / children's lives healthier?
1 They already lead a healthy life/lives
2 I don't want to make any changes to their life/lives
3 It's just too difficult for me to do anything to make their life/lives healthier

IF Qghcant2 = too difficult THEN

[Qghcant2r]*
Please tell me why you feel it's too difficult for you to do anything to make your child's life/children's lives healthier.
INTERVIEWER PROBE: What else?

ENTER REASON
Health reasons [Qghcnt21]
Mobility reasons [Qghcnt22]
Old age [Qghcnt23]
Lack of time due to work/family commitments [Qghcnt24]
Lack of money [Qghcnt25]
Lack of will [Qghcnt26]
Don't feel able to change [Qghcnt27]
Living environment (home or neighbourhood) [Qghcnt28]
Other people [Qghcnt29]
Bereavement [Qghcnt12]
Other [Qghcnt13]

IF Qghan2 = Yes or DK THEN

[Qghfe2]
SHOW CARD S6
Which, if any, of the things on this card do you feel you can do to make your child's life / children's lives healthier? You can choose up to three answers.
CODE UP TO THREE ANSWERS
1 Cut down or stop my smoking [Qghfe21]
2 Discourage them from smoking [Qghfe22]
3 Help them to develop a sensible attitude to drinking [Qghfe23]
4 Help them to be more physically active [Qghfe24]
5 Watch their weight [Qghfe25]
6 Help them to eat more healthily [Qghfe26]
7 Make sure they get lots of praise and encouragement [Qghfe27]
8 None of these [Qghfe28]
9 Other

IF QGHFE2 = Other THEN

[Qghfe2o]*
INTERVIEWER: Enter other answer

[Qghpa1]*
SHOW CARD S7
Thinking back over the past year, that is since (date one year ago), have you tried to make any of the following changes in your lifestyle to improve your health, even if only for a short time?
1 Cut down smoking [Qghpa11]
2 Stop smoking [Qghpa12]
3 Cut down the amount of alcohol I drink [Qghpa13]
4 Stop drinking alcohol [Qghpa14]
5 Be more physically active [Qghpa15]
6 Control weight [Qghpa16]
7 Eat more healthily [Qghpa17]
8 Reduce the amount of stress in my life [Qghpa18]
9 None of these [Qghpa19]

[Qghpa1Q]
Count of codes 1-8 at Qghpa1
Range: 0..8

IF Qghpa1 = Codes 1 – 8 THEN

[Qghma1]*
SHOW CARD S7 AGAIN
And which, if any, have you managed to maintain?
1 Cut down smoking [Qghma11]
2 Stop smoking [Qghma12]
3 Cut down the amount of alcohol I drink [Qghma13]
4 Stop drinking alcohol [Qghma14]
5 Be more physically active [Qghma15]
6 Control weight [Qghma16]
7 Eat more healthily [Qghma17]
8 Reduce the amount of stress in my life [Qghma18]
9 None of these [Qghma19]

* = not on the datafile
ASK ALL

[Qghli1]*
SHOW CARD S7 AGAIN
Which of these changes, if any, would you like to make?
1 Cut down smoking
2 Stop smoking
3 Cut down the amount of alcohol I drink
4 Stop drinking alcohol
5 Be more physically active
6 Control weight
7 Eat more healthily
8 Reduce the amount of stress in my life
9 None of these

[Qghli1Q]
Count of codes 1-8 at Qghli1
Range: 0..8

IF Qghli1 = Codes 1 – 8 THEN

[Qghth1]*
SHOW CARD S7 AGAIN
Of the changes you would LIKE to make which are you thinking of making in the next six months?
1 Cut down smoking
2 Stop smoking
3 Cut down the amount of alcohol I drink
4 Stop drinking alcohol
5 Be more physically active
6 Control weight
7 Eat more healthily
8 Reduce the amount of stress in my life
9 None of these

[Qghth1Q]
Count of codes 1-8 at Qghth1
Range: 0..8

IF Qghth1 = Codes 1 – 8 THEN

[Qghli1]*
SHOW CARD S7 AGAIN
Which of these changes, if any, would you like to make?
1 Cut down smoking
2 Stop smoking
3 Cut down the amount of alcohol I drink
4 Stop drinking alcohol
5 Be more physically active
6 Control weight
7 Eat more healthily
8 Reduce the amount of stress in my life
9 None of these

[Qathl1]*
SHOW CARD S9
Which of these is the most important source of information for you about how to live a healthier life?
1 Strongly agree
2 Tend to agree
3 Tend to disagree
4 Strongly disagree

[Qathl1Q]
Count of codes 1-4 at Qathl1
Range: 0..4

IF Qathl1 = Other THEN

[Qathlim]*
SHOW CARD S9
Which of these is the most important source of information for you about how to live a healthier life?
1 Strongly agree
2 Tend to agree
3 Tend to disagree
4 Strongly disagree

[Qathlimo]*
INTERVIEWER: Enter other answer

[Intro]*
Now I'd like to ask you some questions about food and nutrition.

[Qhereas]*
SHOW CARD S10
Which of these reasons, if any, was the main reason you decided to eat more healthily or control your weight?
1 To feel better / fitter
2 To lose weight
3 To improve my general appearance
4 To improve my overall health
5 To help reduce the risk of a particular illness or disease
6 To save money
7 To make meals more tasty and enjoyable
8 Suggested by doctor / health professional
9 None of these
10 Other

IF Qhereas = Other THEN

[Qhereaso]*
INTERVIEWER: Enter other answer

* = not on the datafile
Thinking overall about the things you eat, which of these best describes the kind of food you eat nowadays.
1. Very healthy
2. Fairly healthy
3. Fairly unhealthy
4. Very unhealthy

Here are some reasons why people find it difficult to eat more healthily. Which, if any, prevent you from eating more healthily? You can choose up to three answers.

1. Family discouraging or unsupportive
2. Friends discouraging or unsupportive
3. People at work discouraging or unsupportive
4. Not knowing what changes to make
5. Not knowing how to cook more healthy foods
6. Lack of choice of healthy foods in canteens and restaurants
7. Lack of choice of healthy foods in places where you do your main shop
8. Healthy foods are too expensive
9. Healthy foods take too long to prepare
10. Healthy foods too boring
11. Lack of willpower
12. Don’t like the taste do not enjoy healthy foods
13. None of these – nothing prevents me from eating more healthily
14. Other

The government advises people to eat a certain number of portions of fruit, vegetables and salad every day as part of a healthy diet. At least how many portions do you think people are advised to eat EVERY DAY?

If less than one a day, but more than none, then please enter as 1
If range given, code maximum
Range: 0..97

Now I would like to ask you some questions about your views on breastfeeding.

The following statements are things some people have said about breastfeeding. How much do you agree or disagree with each one?

1. Women should be made to feel comfortable breastfeeding their babies in public?
   1. Strongly agree
   2. Tend to agree
   3. Tend to disagree
   4. Strongly disagree

Women should only breastfeed their babies at home or in private. (How much do you agree or disagree with this statement?)

1. Strongly agree
2. Tend to agree
3. Tend to disagree
4. Strongly disagree

I would feel embarrassed seeing a woman breastfeeding her baby. How much do you agree or disagree with this statement?

1. Strongly agree
2. Tend to agree
3. Tend to disagree
4. Strongly disagree

The government advises people to spend a certain amount of time doing moderate physical activity to help them stay healthy. This includes brisk walking, heavy gardening or any other activity that makes you breathe slightly faster than usual.

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

Enter time in minutes
1 HOUR = 60 MINS, 2 HOURS = 120 MINS, 3 HOURS = 180 MINS, 4 HOURS = 240 MINS, 5 HOURS = 300 MINS, 6 HOURS = 360 MINS

Range: 0..360

Now I'd like to ask you some questions about physical activity.

The government advises people to spend a certain amount of time doing moderate physical activity to help them stay healthy. This includes brisk walking, heavy gardening or any other activity that makes you breathe slightly faster than usual.

How much time per week do you think people are advised to spend doing this?

Enter time in minutes
1 HOUR = 60 MINS, 2 HOURS = 120 MINS, 3 HOURS = 180 MINS, 4 HOURS = 240 MINS, 5 HOURS = 300 MINS, 6 HOURS = 360 MINS

Range: 0..360

ASK unless DK or Refused at Qpam0
For your age, do you think you do enough physical activity to stay healthy?  
1 Yes  
2 No  
3 Not mobile  

IF Qghpa1 OR Qghll1 OR Qghth1 = 5 (Be more physically active) THEN  

Which of these reasons, if any, was the main reason for you to decide to be more physically active?  
CODE ONE ANSWER ONLY.  
1 To reduce stress  
2 To feel better generally  
3 To lose weight  
4 To prevent disease or ill health  
5 To feel healthier and fitter  
6 To look better/improve shape  
7 To enjoy myself  
8 Advised to do so  
9 None of these  
10 Other  

IF Qpareas = other THEN  
INTERVIEWER: Enter other answer  

Here are a number of reasons why people find it difficult to do more physical activity. Which, if any, prevent you from being more physically active? You can choose up to three answers.  
CODE UP TO THREE ANSWERS  
1 Lack of time due to other commitments  
2 Prefer to do other things  
3 Ill health, injury or disability  
4 I feel too fat/overweight  
5 I do not enjoy exercise  
6 Lack of suitable local facilities  
7 I am too old  
8 Lack of money  
9 Lack of transport  
10 I have nobody to go with  
11 Traffic, road safety or the environment puts me off  
12 The weather puts me off  
13 I don't have the skills or confidence to do it  
14 None of these - nothing prevents me from being more active  
15 Other (Please say what)  

IF Qpabarr = Other THEN  
INTERVIEWER: Enter other answer  

Here is a list of health conditions. Which do you think a person is less likely to get if they are regularly physically active?  
1 Heart disease  
2 Some cancers  
3 Diabetes  
4 High blood pressure  
5 Overweight and obesity  
6 Mental health problems  
7 Brittle bones (osteoporosis)  
8 Injuries and accidents  
9 Stomach ulcer  
10 (All of these)  
11 (None of these)  
12 Other (Please say what)  

IF Qpaheal = Other THEN  
INTERVIEWER: Enter other answer  

Here is a list of health conditions. Which do you think a person is less likely to get if they are regularly physically active?  
1 Heart disease  
2 Some cancers  
3 Diabetes  
4 High blood pressure  
5 Overweight and obesity  
6 Mental health problems  
7 Brittle bones (osteoporosis)  
8 Injuries and accidents  
9 Stomach ulcer  
10 (All of these)  
11 (None of these)  
12 Other (Please say what)  

ASK FOR EACH CHILD SELECTED TO TAKE PART IN THE MAIN SHES INTERVIEW (UP TO 2)  

Which of these words best describes (name of child's) weight at the moment? Again, just tell me the letter beside the word that applies to him/her.  
1 B (Underweight)  
2 L (About right)  
3 J (Overweight)  
4 H (Very overweight)  

ASK FOR EACH CHILD SELECTED TO TAKE PART IN THE MAIN SHES INTERVIEW (UP TO 2)  

Which of these words best describes (name of child's) weight at the moment? Again, just tell me the letter beside the word that applies to him/her.  
1 B (Underweight)  
2 L (About right)  
3 J (Overweight)  
4 H (Very overweight)  

Child person number
SHOW CARD S18
Here is a list of health conditions. Which do you think a person is more likely to get if they’re very overweight.

1. Heart disease
2. Some cancers
3. Diabetes
4. High blood pressure
5. Stroke
6. Gallbladder disease
7. Arthritis (pain / swelling in the joints)
8. Gout
9. Stomach ulcer
10. (All of these)
11. (None of these)
12. Other

IF Qorisk = Other THEN
{QoriskO}*
INTERVIEWER: Enter other answer

[Qorisk] = Other THEN
{Intro}*
Now I would like to ask you some questions about drinking alcohol.

[Qalal] As you might know, some drinks contain more alcohol than others. The amount is sometimes measured in terms of ‘units of alcohol’. Have you heard about measuring alcohol in units?
1. Yes
2. No

IF Qalal = Yes THEN
[Qalcr]
The government advises people not to regularly drink more than a certain number of units of alcohol a day. Have you heard of this advice?
1. Yes
2. No

IF Qalal = Yes THEN
[Qalmbd]
Experts advise people not to drink more than a certain number of units in a single session, for example over one lunchtime or in an evening. Have you heard of this advice?
1. Yes
2. No

IF Qalbd = Yes THEN
[Qalmd]
What do you think is the current recommended maximum number of units in a single session for men? INTERVIEWER: IF GIVEN A RANGE PROBE FOR MAXIMUM
Range: 1-97

[Qalwbd]
And for women? (What do you think the current recommended maximum number of units in a single session is for them?)
INTERVIEWER: IF GIVEN A RANGE PROBE FOR MAXIMUM
Range: 1-97

[Qalfd]
The government advises people to have a certain number of alcohol-free days each week. Have you heard of this advice?
1. Yes
2. No

IF Qalfd = Yes THEN
[Qalfdn]
SHOW CARD S19
How many alcohol-free days do you think adults are advised to have each week? (Choose your answer from the card)
1. 0-1 days
2. 1-2 days
3. 2-3 days
4. 3-4 days
5. 4-5 days
6. 5-6 days
7. 6-7 days

[Qalvl]
SHOW CARD S20
Which of the phrases on this card best describes the amount of alcohol you drink now? Just tell me the letter beside the phrase that applies to you.
1. Q (A very light or occasional drinker)
2. T (A light but regular drinker)
3. K (A moderate drinker)
4. O (Quite a heavy drinker)
5. G (A very heavy drinker)
6. (Do not drink alcohol nowadays)

* = not on the datafile
IF SMOKING OR SMOKENOW = YES THEN

[Qspadul] If you are in a room with adults who don't smoke, do you... READ OUT...
1 Smoke the same number of cigarettes as usual
2 smoke fewer cigarettes,
3 stay in the room and not smoke at all,
4 or, leave the room to smoke?
5 Other

IF Qspadul = Other THEN

[QspadulO]* INTERVIEWER: Enter other answer

[Qapchil] And if you are in a room with children, do you... READ OUT...
1 Smoke the same number of cigarettes as usual
2 smoke fewer cigarettes,
3 stay in the room and not smoke at all,
4 or, leave the room to smoke?
5 Other

IF Qapchil = Other THEN

[QapchilO]* INTERVIEWER: Enter other answer

[Intro]* Now I would like to ask you some questions about cancer

[Qcan] SHOW CARD S21 Some kinds of cancer can be caused by a virus. Which, if any, of the following do you think is mainly caused by a virus?
CODE UP TO TWO ANSWERS ONLY.
1 Skin cancer
2 Bowel cancer
3 Breast cancer
4 Cervical cancer
5 (All of these)
6 (None of these)
7 Other

IF Qcan = Other THEN

[QcanO]* INTERVIEWER: Enter other answer

[Qcan2] SHOW CARD S22 What are the main ways a woman can protect herself against cervical cancer?
CODE UP TO TWO ANSWERS ONLY.
1 Vaccination
2 Screening (a smear test)
3 Taking more exercise
4 Losing weight
5 (None of these)
6 Other

IF Qcan2 = Other THEN

[Qcan2O]* INTERVIEWER: Enter other answer
Attitudes to Health – CASI Self completion

ASK SELECTED ADULT 16 + IN VERSION B

[CASIInt]
I now have some questions for you to answer yourself, on the computer. The questions cover topics to
do with sexual health.
When you have finished the computer will lock away your answers and no one else will be able to see
them, including me.
Instructions about which keys to press will be shown on the computer screen. If you press the wrong
key I can tell you how to change the answer.
When you get to the end, please tell me and we will complete the rest of the interview with me asking
you questions again.
INTERVIEWER: Only where necessary, ask respondent if they would like you to read the questions
out to them.
Please code whether the self-completion is accepted or not.
[CASIInt]
1 Self-completion accepted by respondent
2 Self-completion to be read out by interviewer
3 Self-completion refused

IF CASIInt = Refused THEN
[SCompNH]*
INTERVIEWER: Record why the computer self-completion was not completed.
CODE ALL THAT APPLY.
1 Eyesight problems [ScompNH1]
2 Language problems [ScompNH2]
3 Reading/writing/comprehension problems [ScompNH3]
4 Doesn’t like computers [ScompNH4]
5 Questions too sensitive/invasion of privacy [ScompNH5]
6 Too long/too busy/taken long enough already [ScompNH6]
7 Refused to complete self-completion (no other reason given) [ScompNH7]
8 Other (SPECIFY) [ScompNH8]

IF CASIInt <> Refused THEN
[CASIInst]*
INTERVIEWER: If the respondent is happy to do the self-completion themselves - hand over the
computer now.
Otherwise keep interviewing.
(Continue)
[Shu1]*
The next questions are for you to answer yourself. They all ask you to choose an answer from those
listed on the screen.
Please choose your answer by pressing the number next to the answer you want to give and then press
the large key with the red sticker (the enter key). You don’t have to answer every question - if you
want to skip one the interviewer will tell you how to do this.
Please ask the interviewer if you want any help. Now press 1 and then the key with the red sticker to
continue.

Please code whether the self-completion is accepted or not.
[CASIInt]
1 Self-completion accepted by respondent
2 Self-completion to be read out by interviewer
3 Self-completion refused

IF CASIInt = Refused THEN
[SCompNH]*
INTERVIEWER: Record why the computer self-completion was not completed.
CODE ALL THAT APPLY.
1 Eyesight problems [ScompNH1]
2 Language problems [ScompNH2]
3 Reading/writing/comprehension problems [ScompNH3]
4 Doesn’t like computers [ScompNH4]
5 Questions too sensitive/invasion of privacy [ScompNH5]
6 Too long/too busy/taken long enough already [ScompNH6]
7 Refused to complete self-completion (no other reason given) [ScompNH7]
8 Other (SPECIFY) [ScompNH8]

IF CASIInt <> Refused THEN
[CASIInst]*
INTERVIEWER: If the respondent is happy to do the self-completion themselves - hand over the
computer now.
Otherwise keep interviewing.
(Continue)
[Shu1]*
The next questions are for you to answer yourself. They all ask you to choose an answer from those
listed on the screen.
Please choose your answer by pressing the number next to the answer you want to give and then press
the large key with the red sticker (the enter key). You don’t have to answer every question - if you
want to skip one the interviewer will tell you how to do this.
Please ask the interviewer if you want any help. Now press 1 and then the key with the red sticker to
continue.

* = not on the datafile
It is necessary to use a condom with a new partner to help protect against sexually transmitted infections (STIs), including HIV, even if you are using some other method of contraception. (Please indicate how much you agree or disagree with this).

1. Agree strongly
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Disagree strongly
6. Don't know
7. Does not apply to me

Once a new sexual partner has become a regular partner, we would both get tested for STIs before stopping using condoms. (Please indicate how much you agree or disagree with this).

1. Agree strongly
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Disagree strongly
6. Don't know
7. Does not apply to me

A woman who is known to be carrying condoms would not have a good image. (Please indicate how much you agree or disagree with this).

1. Agree strongly
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Disagree strongly
6. Don't know
7. Does not apply to me

In a relationship between a man and a woman, it is the man's responsibility to carry condoms. (Please indicate how much you agree or disagree with this). *

1. Agree strongly
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Disagree strongly
6. Don't know
7. Does not apply to me

Sometimes people need to get emergency contraception, also known as the 'morning after' pill. Please have a look at the following list and pick out any that you think would provide the 'morning after' pill. Please type the numbers of all the places you think provide this.

If you want to pick more than one, please press the space bar (the long button) between each number and then press when you are ready to move to the next question.

1. GP
2. Pharmacist / chemist
3. Accident and emergency department
4. Sexual Health / GUM (Genito-Urinary Medicine) clinic
5. Family Planning Clinic
6. Young people's drop in centre
7. All of these
8. None of these
9. Don't know
10. Does not apply to me

Chlamydia (klam-id-ia) is one of the most common sexually transmitted infections. There are often no symptoms and this is a problem as it can cause infertility, ectopic pregnancy and other infections. Please have a look at the following list and pick out the places where you think people can be tested for chlamydia.

Please type the numbers of all the places you think provide this.

If you want to pick more than one please press the space bar (the long button) between each number and then press when you are ready to move to the next question.

1. GP
2. Accident and emergency department
3. Sexual Health / GUM (Genito-Urinary Medicine) clinic
4. Family Planning Clinic
5. Young people's drop in centre
6. All of these
7. None of these
8. Don't know
9. Does not apply to me

Have you had a vasectomy (male sterilisation)? If your vasectomy has been reversed please code 'yes'.

1. Yes
2. No
3. Don't know
4. Refuse to say

Would you consider having a vasectomy (male sterilisation) if you didn't want to have additional children, or any children?

1. Definitely would
2. Probably would
3. Probably would not
4. Definitely would not
5. Don't know / would need more information
6. Does not apply to me

The next questions are about long-acting reversible methods of contraception.
Has your GP ever suggested you consider using long-acting reversible methods of contraception?
For example:  
- contraceptive injection (Depo-Provera)
- contraceptive implant (Implanon)
- intrauterine device (the coil)
- intrauterine system (Mirena)

1 Yes  
2 No  
3 Don’t know  
4 Refuse to say

IF Long1=YES, SKIP IF DK/REF THEN

[Long2]
Are you currently using one of these methods?

1 Yes  
2 No  
3 Don’t know  
4 Refuse to say

IF Long1=No, SKIP IF DK/REF THEN

[Long3]
Would you consider using one of these methods of contraception?
For example:  
- contraceptive injection (Depo-Provera)
- contraceptive implant (Implanon)
- intrauterine device (the coil)
- intrauterine system (Mirena)

1 Yes  
2 No  
3 Don’t know  
4 Refuse to say

ASK ALL COMPETING CASI

[EndCASIX]*
Thank you very much for answering these questions.
Type in ‘1’ and press ‘enter’ to continue.
(Continue)

[EndCASIXY]*
Type in ‘1’ and press ‘enter’ again to lock up your answers.
(Continue)

[EndCASIZ]*
Please hand the computer back to the interviewer.
INTERVIEWER: Please press <1> and <Enter> to continue.
(Continue)

[TPhone]*
Some interviews in a survey are checked to make sure that people like yourself are satisfied with the way the interview was carried out. Just in case yours is one of the interviews that is checked, it would be helpful if we could have your telephone number.
INTERVIEWER: IF GIVEN, ENTER TELEPHONE NUMBER ON FRONT OF ARF.

* = not on the datafile 131  
* = not on the datafile 132
Scottish Health Survey 2008 – Nurse Interview

Household grid

Person to interview at stage 2 are usually transmitted directly from the interview data to the nurse CAPI program. There is also a facility for nurses to key this information directly from the Nurse Record Form, for example if the nurse visit follows too quickly from the interview to allow the automatic transmission to take place.

[Person]*
Person number of person who was interviewed
Range 01..12

[Name]*
Name of person who was interviewed

[Sex]*
Sex of person who was interviewed
1 Male
2 Female

[Age]*
Age of person who was interviewed
Range 2..120

[OC]*
Interview outcome of person who was interviewed
1 Agreed Nurse Visit
2 Refused Nurse Visit

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

[HHDate]*
NURSE: ENTER THE DATE OF THE ORIGINAL HOUSEHOLD INTERVIEW FROM Q2 ON THE NRF (OR INTERIM APPOINTMENT RECORD).

[Introduction]*
TO INTERVIEW EACH PERSON, PRESS <Ctrl+Enter> AND SELECT THE CORRESPONDING NURSE SCHEDULE AS LISTED BELOW.

<table>
<thead>
<tr>
<th>Person</th>
<th>Name</th>
<th>Sex</th>
<th>Age</th>
<th>OC</th>
<th>AdrField</th>
<th>HHDate</th>
</tr>
</thead>
<tbody>
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</table>

No Name Sex Age Nurse Schedule
PRESS <Ctrl+Enter> TO SELECT A NURSE SCHEDULE FOR THE PERSON YOU WANT TO INTERVIEW, OR TO QUIT THIS FORM.

NURSE: Please point out to respondents that there are a few questions that some people might find sensitive. You will be pointing this out again to respondents at the beginning of the section but give people the option to complete the whole session in private if they wish.

[OpenDisp]*
HERE ARE THE PEOPLE AT THIS HOUSEHOLD WHO HAVE BEEN SEEN BY THE INTERVIEWER (NB. N/Y UNDER Nurse MEANS ‘Not yet interviewed’, N/E MEANS ‘Not eligible for nurse visit’)
No Name Sex Age Nurse
PRESS 1 AND <Enter> TO SEE WHICH NURSE SCHEDULE TO SELECT FOR EACH PERSON.

[SchDisp]*
TO INTERVIEW EACH PERSON, PRESS <Ctrl+Enter> AND SELECT THE CORRESPONDING NURSE SCHEDULE AS LISTED BELOW.

[Infol]*
You are in the Nurse Schedule for...
Person Number:
Name:
Age:
Sex:
Can you interview this person? TO LEAVE THIS SCHEDULE FOR NOW, PRESS <Ctrl Enter>
1 Yes, I will do the interview now
2 No, I will not be able to do this interview

[RefInfo]
NURSE: (Name of respondent) IS RECORDED AS HAVING REFUSED A NURSE VISIT. PLEASE CHECK IF (he/she) HAS CHANGED (his/her) MIND.
1 Yes, (now/this person) agrees nurse visit
2 No, (still refuses/this person will not have a) nurse visit

ASK ALL WITH A NURSE VISIT (Info = Yes OR RefInfo = Yes, agrees nurse visit)

[StrtNur]*
ENTER THE START TIME OF THE INTERVIEW IN HOURS AND MINUTES USING THE 24-HOUR CLOCK (E.G. 17:30)

[DateOK]*
NURSE: TODAY’S DATE ACCORDING TO THE LAPTOP IS (DATE)
IS THIS THE CORRECT DATE?
I am going to be asking some questions and taking some measurements during my visit which some people may find sensitive, or might prefer to be carried out in private. Nurse: You do not need to insist that the visit takes place in private but where practical it is better for the respondent to see you on (his/her) own.
Press <1> and <Enter> to continue.

Can I just check your date of birth?
Nurse: Enter day, month and year of respondent’s date of birth separately.

Nurse: Enter the month of respondent’s date of birth.
1 January
2 February
3 March
4 April
5 May
6 June
7 July
8 August
9 September
10 October
11 November
12 December

Nurse: Enter the year of respondent’s date of birth.

Age of respondent based on nurse entered date of birth and date at time of household interview. Range: 0...120

Check with respondent: So your age is (computed age)?
1 Yes
2 No

If (Age of respondent is 16 to 49 years) AND (Sex = Female) THEN
Can I check, are you pregnant at the moment?
1 Yes
2 No

If (Pregnant = Yes) THEN
Respondent is pregnant. No measurements to be done. Enter ‘1’ to continue.
1 Continue

Prescribed Medicines and Drug Coding

Ask all with a nurse visit
Are you taking or using any medicines, pills, syrups, ointments, puffers or injections prescribed for you by a doctor or a nurse?
1 Yes
2 No

If (MedCNJD = Yes) THEN
Could I take down the names of the medicines, including pills, syrups, ointments, puffers or injections, prescribed for you by a doctor?
Nurse: Include the contraceptive pill
1 Continue

Questions MedB1-MedBIC repeated for up to 22 drugs

If (MedCNJD = Yes) OR (MedBIC = Yes) THEN
Nurse: Enter name of drug number (number).
Ask if you can see the containers for all prescribed medicines currently being taken.
If aspirin, record dosage as well as name.
Text: maximum 50 characters

Have you taken or used (name of drug) in the last 7 days?
1 Yes
2 No

If MedCNJD = Yes THEN
Nurse: To do the drug coding now, press <Ctrl + Enter>, select DrugCode[schedule no] with the highlight bar and press <Enter>.
Else, enter ‘1’ to continue.
1 Continue
**Drug coding block**

[Intro]*

NURSE: PLEASE COMPLETE DRUG CODING FOR
Person (person no.) (person name).
PRESS 1 AND <Enter> TO CONTINUE.
1 Continue

Repeat for up to 22 drugs coded, variable names DrCd – DrCd18

[DrC1]*

NURSE: ENTER CODE FOR (name of drug) ENTER 999999 IF UNABLE TO CODE
Text: Maximum 6 characters

IF Drug code begins 02 THEN

[Take1]*

Do you take (name of drug) because of a heart problem, high blood pressure or for some other reason?
1 Heart problem [YTake011-YTake181]
2 High blood pressure [YTake012-YTake182]
3 Other reason [YTake013-YTake183]

IF YTake1 = Other THEN

[TakeOth1]*

NURSE: GIVE FULL DETAILS OF REASON(S) FOR TAKING (name of drug):
Text: Maximum 255 characters

**Vitamin supplements**

ASK ALL WITH A NURSE VISIT

[VitTake]

At present, are you taking any vitamins, fish oils, iron supplements, calcium, other minerals or anything else to supplement your diet or improve your health, other than those prescribed by your doctor?
NURSE: ONLY INCLUDE SUPPLEMENTS WHICH ARE TAKEN OVER A LONG PERIOD OF TIME. DO NOT INCLUDE ANYTHING TAKEN ON A MORE TEMPORARY BASIS. E.G. TO CURE A COLD.

1 Yes
2 No

IF VitTake=Yes THEN

[Vitamin]

What are you taking?
NURSE: CODE ALL THAT APPLY.

1 Vitamins
2 Fish oils
3 Iron supplements
4 Calcium
5 Other minerals
6 Other supplements

IF AGE 18-49 AND SEX= female THEN

[Folic]

At present, are you taking any folic acid supplements such as Solgar folic acid, Pregnacare tablets, Sanatogen Pronatal, or Healthy Start, to supplement your diet or improve your health?

1 Yes
2 No

IF PreNTJ = Yes AND Folic = Yes THEN

[FolPreg]

Did you start taking folic acid supplements before becoming pregnant?

1 Yes
2 No

IF PreNTJ = No AND Folic = Yes THEN

[FolHelp]

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
**Nictine Replacements**

ASK ALL WITH A NURSE VISIT

**[Smoke]**
Can I ask, do you smoke cigarettes, cigars or a pipe at all these days?
CODE ALL THAT APPLY.
IF RESPONDENT USED TO SMOKE BUT DOES NOT ANY MORE, CODE 'NO'.
1 Yes, cigarettes
2 Yes, cigars
3 Yes, pipe
4 No

IF (Smoke = Yes, cigarettes) OR (Smoke = Yes, cigars) OR (Smoke = Yes, pipe) THEN

**[LastSmok]**
How long is it since you last smoked a (cigarette, (and/or a) cigar, (and/or a) pipe)?
1 Within the last 30 minutes
2 Within the last 31-60 minutes
3 Over an hour ago, but within the last 2 hours
4 Over two hours ago, but within the last 24 hours
5 More than 24 hours ago

IF (Smoke = No) THEN

**[SmokeYr]**
Have you smoked in the last 12 months?
1 Yes
2 No

ASK ALL CURRENT CIGARETTE/CIGAR/PIPE SMOKERS AND EX-SMOKERS WHO HAVE SMOKE IN PAST 12 MONTHS

**[UseNRT]**
SHOWCARD A
We are also interested in whether people use any of the nicotine replacement products that are now available, such as nicotine chewing gum or patches. First, in the last seven days have you used any of the following nicotine replacement products?
CODE ALL THAT APPLY
1 Yes, nicotine gum
2 Yes, nicotine patches that you stick on your skin
3 Yes, nasal spray/ nicotine inhaler
4 Yes, other
5 No

IF UseNRT = Yes, Other THEN

**[NRTOth]**
What other nicotine product did you use?

IF UseNRT = Yes, gum, patches, nasal spray or other THEN

**[NRTSupp]**
Was this accompanied by smoking cessation support?
NURSE: IF YES: From Whom?
1 Yes, pharmacy
2 Yes, GP practice nurse
3 Yes, other
4 No

IF NRTSupp = Yes, other THEN

**[SuppOth]**
What other type of support did you receive?

* = not on the datafile
Blood Pressure

ALL WITH NURSE VISIT
IF (PregNTJ = Yes) THEN
[NoCodeB]*
NURSE: NO MEASUREMENTS REQUIRING CONSENTS TO BE TAKEN
CIRCLE CODES 02, 04, 06, 08, 10, 12, 14 AND 16 ON THE FRONT OF THE CONSENT BOOKLET.
1 Continue

ALL WITH NURSE VISIT (EXCEPT PREGNANT WOMEN)
[BPMod]
NURSE: NOW Follows the blood Pressure module. Enter '1' to continue:
1 Continue

[BPIintro]
(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.
Enter '1' to continue
1 Continue

[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 THEN
[ConSubX]
May I just check, have you eaten, smoked, drunk alcohol or done any vigorous exercise in the past 30 minutes?
CODE ALL THAT APPLY.
1 Eaten
2 Smoked
3 Drunk alcohol
4 Done vigorous exercise
5 (None of these)

[BPclear]
NURSE: Once respondent has sat still for 5 minutes you are ready to take the measurements.
Press M and start on the OMRON at the same time to clear the memory
1 Continue

Sys to BPWait repeated for up to 3 blood pressure measurements
[Sys]
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

[Dias]
Enter (first/second/third) diastolic reading (mmHg).
If reading not obtained, enter 999.
Range:001..999

[Pulse]
Enter (first/second/third) pulse reading (bpm).
If reading not obtained, enter 999.
Range:001..999

[BPWait]
NURSE: Wait for 1 minute then take the next reading.
Press enter to continue.

IF NO FULL MEASUREMENT OBTAINED (at least one ‘999’ reading in all 3 sets of 3 readings)
THEN
[YNBp]
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

[BPConst = No, refuses THEN

[BPair]
Enter ambient air temperature in celsius.
Range: 00.0..40.0

[CufSize]
SELECT CUFF AND ATTACH TO THE RESPONDENT’S RIGHT ARM. ASK THE RESPONDENT TO SIT STILL FOR FIVE MINUTES.
RECORD CUFF SIZE CHOSEN.
1 Small adult (17-25 cm)
2 Adult (22-32 cm)
3 Large adult (32-42 cm)

* = not on the datafile 141

* = not on the datafile 142
IF BLOOD PRESSURE MEASUREMENT REFUSED OR NOT ATTEMPTED, OR FEWER THAN THREE FULL READINGS OBTAINED THEN

- [NattBP]
  RECORD WHY (ONLY TWO READINGS OBTAINED;ONLY ONE READING OBTAINED;READING NOT OBTAINED;READING NOT ATTEMPTED;READING REFUSED;UNABLE TO TAKE READING).
  CODE ALL THAT APPLY.
  - 0 Problems with PC
  - 1 Respondent upset/anxious/nervous
  - 2 Error reading
  - 5 Other reason(s) (specify at next question)
  - 6 Problems with cuff fitting/painful
  - 7 Problems with equipment (not error reading)

IF NattBP = Other THEN

- [OthNBP]*
  ENTER FULL DETAILS OF OTHER REASON(S) FOR NOT OBTAINING/ATTEMPTING THREE BP READINGS:
  Text: Maximum 140 characters

- [Code023]*
  NURSE: Circle consent code 02 on the front of the Consent Booklet

IF ONE, TWO OR THREE FULL BLOOD PRESSURE READINGS OBTAINED THEN

- [DiBPC]
  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 Other problems (SPECIFY AT NEXT QUESTION)
  - 5 Problems with cuff fitting/painful
  - 6 Problems with equipment (not error reading)
  - 7 Error reading

IF DiBPC=Other THEN

- [OthDiBPC]*
  NURSE: RECORD FULL DETAILS OF OTHER PROBLEM(S) TAKING READINGS.
  Text: Maximum 140 characters

- [BPOffer]
  NURSE OFFER BLOOD PRESSURE RESULTS TO RESPONDENT
  Systolic    Diastolic    Pulse
  i) (First Systolic reading)    (First Diastolic reading)    (First Pulse reading)
  ii) (Second Systolic reading)    (Second Diastolic reading)    (Second Pulse reading)
  iii) (Third Systolic reading)    (Third Diastolic reading)    (Third Pulse reading)
  ENTER THESE ON RESPONDENT'S MEASUREMENT RECORD CARD (COMPLETE NEW RECORD CARD IF REQUIRED).

ADVICE TO RESPONDENTS ON BLOOD PRESSURE READING:

IF Systolic reading >179 OR Diastolic reading >114 THEN:

- TICK THE CONSIDERABLY RAISED BOX AND READ OUT TO RESPONDENT: Your blood pressure is high today. Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure. You are strongly advised to visit your GP within 5 days to have a further blood pressure reading to see whether this is a once-off finding or not.

- NURSE: IF RESPONDENT IS ELDERLY, ADVISE HIM/HER TO CONTACT GP WITHIN NEXT 7-10 DAYS.

IF Systolic reading 160-179 OR Diastolic reading 100-114 THEN:

- TICK THE RAISED BOX AND READ OUT TO RESPONDENT: Your blood pressure is a bit high today. Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure. You are advised to visit your GP within 2-3 weeks to have a further blood pressure reading to see whether this is a once-off finding or not.

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

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

IF Systolic reading <140 AND Diastolic reading <85 THEN:

- TICK THE NORMAL BOX AND READ OUT TO RESPONDENT: Your blood pressure is normal.

IF ONE, TWO OR THREE FULL BLOOD PRESSURE READINGS OBTAINED THEN

- [GPRegB]
  Are you registered with a GP?
  - 1 Yes
  - 2 No

IF GPRegB = Yes THEN

- [GSPsend]
  May we send your blood pressure readings to your GP?
  - 1 Yes
  - 2 No
IF GPSend = No THEN
  [GPRefM]
  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
  4 Other (SPECIFY AT NEXT QUESTION)

IF GPRefM = Other THEN
  [OthRefM]*
  NURSE: GIVE FULL DETAILS OF REASON(S) FOR REFUSAL
  Text: Maximum 140 characters

IF (GPRegB = No) OR (GPSend = No) THEN
  [Code022]*
  CIRCLE CONSENT CODE 02 ON THE FRONT OF THE CONSENT BOOKLET.
  ENTER '1' TO CONTINUE
  1 Continue

IF GPSend = Yes THEN
  [ConsFrm1]*
  a) COMPLETE 'BLOOD PRESSURE TO GP CONSENT FORM (FORM BP (A))'
  b) ASK RESPONDENT TO READ, SIGN AND DATE IT.
  c) CHECK GP NAME, ADDRESS AND PHONE NO. ARE RECORDED ON CONSENT FORM.
  d) CHECK NAME BY WHICH GP KNOWS RESPONDENT.
  e) CIRCLE CONSENT CODE 01 ON FRONT OF CONSENT BOOKLET.
  ENTER '1' TO CONTINUE.
  1 Continue

Depression

ASK ALL WITH NURSE VISIT
  [AnxInt]*
  I'm now going to ask you some questions about how you've been feeling lately and if you've been feeling depressed, worried or anxious.
  NURSE: This is the start of the anxiety, depression and self-harm questions. Some people might be uncomfortable answering some of the questions or might find them difficult.
  If the respondent is uncomfortable answering any question or appears distressed at any point you might need to give them some time to compose themselves before carrying on with the rest of the visit.
  If you need to skip a question just press <Ctrl R>. If they don't wish to answer any further questions in this section press <Ctrl R> at each question until you get to the next set of questions.
  Press <1> and <Enter> to continue.

  [G1]
  Almost everyone becomes sad, miserable or depressed at times.
  Have you had a spell of feeling sad, miserable or depressed in the past month?
  1 Yes
  2 No

  [G2]
  During the past month, have you been able to enjoy or take an interest in things as much as you usually do?
  1 Yes
  2 No

IF G1 = Yes THEN
  [G4]
  NURSE: PLEASE USE INFORMANTS OWN WORDS IF POSSIBLE
  In the past week have you had a spell of feeling sad, miserable or depressed?
  1 Yes
  2 No

IF G2 = No THEN
  [G5]
  NURSE: PLEASE USE INFORMANTS OWN WORDS IF POSSIBLE
  In the past week have you been able to enjoy or take an interest in things as much as usual?
  1 Yes
  2 No

IF (G4 = Yes) OR (G5 = No) THEN
  [G6]
  Since last [Sunday / Monday / Tuesday / Wednesday / Thursday / Friday / Saturday] on how many days have you felt [depressed or unable to take an interest in things / sad, miserable or depressed / unable to enjoy or take an interest in things]?
  1 4 days or more
  2 1 to 3 days
  3 None

* = not on the datafile
IF (G4 = Yes) OR IF (G5 = No/no enjoyment or interest) THEN

Have you felt [depressed or unable to take an interest in things / sad, miserable or depressed / unable to enjoy or take an interest in things] for more than 3 hours in total (on any day in the past week)?

1 Yes
2 No

IF (G4 = Yes) OR IF (G5 = No/no enjoyment) THEN

In the past week when you felt sad, miserable or depressed/unable to enjoy or take an interest in things, did you ever become happier when something nice happened, or when you were in company?

1 Yes, at least once
2 No

IF (G4 = Yes) OR IF (G5 = No/no enjoyment) THEN

SHOW CARD B

How long have you been feeling sad, miserable or depressed/unable to enjoy or take an interest in things as you have described?

1 less than 2 weeks
2 2 weeks but less than 6 months
3 6 months but less than 1 year
4 1 year but less than 2 years
5 2 years but less than 5 years
6 5 years but less than 10 years
7 10 years or more

Anxiety

ASK ALL WITH NURSE VISIT

Have you been feeling anxious or nervous in the past month?

1 Yes, anxious or nervous
2 No

IF J1 = No THEN

In the past month, did you ever find your muscles felt tense or that you couldn't relax?

1 Yes
2 No

ASK ALL

Some people have phobias; they get nervous or uncomfortable about specific things or situations when there is no real danger. For instance they may get extremely anxious when in confined spaces, or they may have a fear of heights. Others become nervous at the sight of things like blood or spiders. In the past month have you felt anxious, nervous or tense about any specific things when there was no real danger?

1 Yes
2 No

IF RESPONDENT HAS EXPERIENCED ANXIETY AND PHOBIA THEN

In the past month, when you felt anxious/nervous/tense, was this always brought on by the phobia about some specific situation or thing or did you sometimes feel generally anxious/nervous/tense?

1 Always brought on by phobia
2 Sometimes generally anxious

IF RESPONDENT HAS EXPERIENCED GENERAL ANXIETY AND PHOBIA AND IF J5 = Sometimes generally anxious THEN

The next questions are concerned with general anxiety/nervousness/tension only. I will ask you about the anxiety which is brought on by the phobia about specific things or situations later.

On how many of the past seven days have you felt generally anxious/nervous/tense?

1 4 days or more
2 1 to 3 days
3 None

IF RESPONDENT HAS EXPERIENCED GENERAL ANXIETY ONLY THEN

On how many of the past seven days have you felt generally anxious/nervous/tense?

1 4 days or more
2 1 to 3 days
3 None

* = not on the datafile
IF RESPONDENT HAS EXPERIENCED ANXIETY FOR AT LEAST 1 DAY (AT J6 OR J7) THEN

[J8]
In the past week, has your anxiety/nervousness/tension been:
RUNNING PROMPT
1 ...very unpleasant
2 ...a little unpleasant
3 ...or not unpleasant?

[J9]
SHOW CARD C
In the past week, when you've been anxious/nervous/tense, have you had any of the symptoms shown on this card?
1 Yes
2 No

IF RESPONDENT HAS EXPERIENCED ANY OF THE SYMPTOMS LISTED ON SHOWCARD C

[J9A]
SHOW CARD C
Which of these symptoms did you have when you felt anxious/nervous/tense?
CODE ALL THAT APPLY
1 Heart racing or pounding
2 Hands sweating or shaking
3 Feeling dizzy
4 Difficulty getting your breath
5 Butterflies in stomach
6 Dry mouth
7 Nausea or feeling as though you wanted to vomit

IF RESPONDENT HAS EXPERIENCED ANXIETY FOR AT LEAST 1 DAY (AT J6 OR J7) THEN

[J10]
Have you felt anxious/nervous/tense for more than 3 hours in total on any one of the past seven days?
1 Yes
2 No

[J11]
How long have you had these feelings of general anxiety/nervousness/tension as you described?
SHOW CARD B AGAIN
1 less than 2 weeks
2 2 weeks but less than 6 months
3 6 months but less than 1 year
4 1 year but less than 2 years
5 2 years or more

Self Harm

ASK ALL WITH NURSE VISIT

[DSHIntro]*
There may be times in everyone's life when they become very miserable and depressed and may feel like taking drastic action because of these feelings
1 Continue

[DSH4]
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 DSH4 = Yes THEN

[DSH4a]
Was this...
CODE FIRST THAT APPLIES
1 ...in the last week?
2 ...in the last year?
3 ...or at some other time?

ASK ALL WITH NURSE VISIT

[DSH5]
Have you ever deliberately harmed yourself in any way but not with the intention of killing yourself?
1 Yes
2 No

IF DSH5 = Yes THEN

[DSH6]
Did you...
READ OUT AND CODE ALL THAT APPLY
1 ...cut yourself
2 or burn yourself
3 or swallow any objects
4 or harm yourself some other way?

[DSH9]
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

[DSH10]
Have you seen a psychiatrist, psychologist or counsellor because you had harmed yourself?
1 Yes
2 No

* = not on the datafile
ASK IF DSH4a = ‘in the last week’ OR ‘in the last year’ THEN

The sorts of thoughts and feelings we have talked about here are very serious and it is important that you talk to someone, for example a doctor or The Samaritains, if you find yourself thinking them.

Food Poisoning

ASK ALL WITH A NURSE VISIT

Now for a change of topic, I’d like to ask you some questions about food poisoning.

[DIArr]
In the past six months, have you suffered from any illness involving diarrhoea which you believe may have been due to food poisoning?
DIARRHOEA = 3+ LOOSE BOWEL MOVEMENTS IN 24 HOURS
1 Yes
2 No
3 Can’t remember

[Vomit]
In the past six months, have you suffered from any illness involving vomiting which you believe may have been due to food poisoning?
VOMITING = 3+ TIMES IN 24 HOURS
1 Yes
2 No
3 Can’t remember

IF Diarr=Yes OR Vomit=Yes THEN

[NoDiaVom]
How many times did you have such an illness in the last six months? Was it ...
1 Once
2 Twice
3 3 Times
4 or more than 3 times?

[YDiaVom]
How long did the (diarrhoea/diarrhoea and vomiting) last?
READ OUT...
MOST RECENT ILLNESS IF MORE THAN ONE
1 …Less than one week
2 1 - 2 weeks
3 More than two weeks?
4 (Can’t remember)

[ConsGP]
Did you consult your GP or another doctor about this illness, either by phone or by visiting the surgery or hospital?
1 Yes, did consult GP/doctor
2 No, GP/doctor not consulted
IF ConsGP=Yes THEN
    [GPDiag]
    Did your GP/doctor diagnose this illness as food poisoning, gastroenteritis, or some other illness?
    CODE ONE ONLY
    1 Food poisoning
    2 Gastroenteritis
    3 Other (SPECIFY)
    4 Respondent not given diagnosis
    5 Can't remember/Don't know

IF GPDiag = Other THEN
    [OthDiag]
    What was the diagnosis?
    INTERVIEWER: ENTER DIAGNOSIS
    Text: Maximum 40 characters

[Stool]
    Did the doctor ask you to supply a stool for testing?
    1 Yes
    2 No

IF Stool=Yes THEN
    [StoolTst]
    And did you give the doctor a stool sample for testing?
    1 Yes
    2 No

IF StoolTst=Yes THEN
    [GermB]
    Were you told what type of germ or bacteria was causing the illness?
    1 Yes
    2 No
    3 Told but can't remember
    4 Can't remember if told

IF Diarr=Yes OR Vomit=Yes THEN
    [IllDay]
    What effect did this illness have on your daily routine. Were you...
    READ OUT
    1 ... admitted to hospital,
    2 at home but took time off paid work,
    3 not off work/school.
    4 or not working at this time?

Waist and Hip Circumference

ASK ALL WITH NURSE VISIT (EXCEPT PREGNANT WOMEN)
    [WHMod]*
    NURSE: NOW FOLLOWS THE WAIST AND HIP CIRCUMFERENCE MEASUREMENT.
    ENTER '1' TO CONTINUE
    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.
    NURSE CODE:
    1 Respondent agrees to have waist/hip ratio measured
    2 Respondent refuses to have waist/hip ratio measured
    3 Unable to measure waist/hip ratio for reason other than refusal

IF (WHIntro=Agree) THEN
    Repeat for up to three waist-hip measurements.
    Third measurement taken only if difference between first two measurements is greater than 3cm.

FOR Loop:= 1 TO 3 DO
    IF (Loop IN [1..2]) OR ((Loop = 3) AND (Measure[1].Waist <> 999.9) AND (Measure[2].Waist <> 999.9) AND (ABS(Measure[1].Waist - Measure[2].Waist) > 3)) THEN
        [Waist]
        NURSE: MEASURE THE WAIST AND HIP CIRCUMFERENCES TO THE NEAREST MM.
        ENTER (FIRST/SECOND/THIRD) WAIST MEASUREMENT IN CENTIMETRES (Remember to
        include the decimal point).
        IF MEASUREMENT NOT OBTAINED, ENTER '999.9'.
        Range: 45.0..1000.0

    IF (Loop IN [1..2]) OR ((Loop = 3) AND (Measure[1].Hip <> 999.9) AND (Measure[2].Hip <> 999.9) AND (ABS(Measure[1].Hip - Measure[2].Hip) > 3)) THEN
        [Hip]
        NURSE: MEASURE THE WAIST AND HIP CIRCUMFERENCES TO THE NEAREST MM.
        ENTER (FIRST/SECOND/THIRD) MEASUREMENT OF HIP CIRCUMFERENCE IN
        CENTIMETRES (Remember to include the decimal point).
        IF MEASUREMENT NOT OBTAINED, ENTER '999.9'.
        Range: 75.0..1000.0

    IF (Waist1 = 999.9) OR (Waist2 = 999.9) OR (Hip1 = 999.9) OR (Hip2 = 999.9) THEN
        [YNoWH]
        ENTER REASON FOR NOT GETTING BOTH MEASUREMENTS
        1 Both measurements refused
        2 Attempted but not obtained
        3 Measurement not attempted

* = not on the datafile
RESPONSE TO WAIST-HIP MEASUREMENT

1 Both measurements obtained
2 One measurement obtained
3 Refused
4 Not attempted

IF NO OR ONE MEASUREMENT OBTAINED ((WHIntro=Refuse OR Unable) OR Only one
waist/hip measurement obtained) THEN

WHNABM
GIVE REASON(S) (FOR REFUSAL/WHY UNABLE/FOR NOT OBTAINING
MEASUREMENT/FOR NOT ATTEMPTING/WHY ONLY ONE MEASUREMENT
OBTAINED). CODE ALL THAT APPLY.
1 Respondent is chairbound
2 Other (SPECIFY AT NEXT QUESTION)

IF WHPNABM = Other THEN

OthWH
GIVE FULL DETAILS OF 'OTHER' REASON(S) FOR NOT GETTING FULL WAIST/HIP
MEASUREMENT:
Text: Maximum 140 characters

IF AT LEAST ONE WAIST MEASUREMENT OBTAINED (IF (Waist1 <> 999.9 AND Waist1 <>
EMPTY) OR (Waist2 <> 999.9 AND Waist2 <> EMPTY)) THEN

WJRRel
RECORD ANY PROBLEMS WITH WAIST MEASUREMENT:
1 No problems experienced, RELIABLE waist measurement
2 Problems experienced - waist measurement likely to be RELIABLE
3 Problems experienced - waist measurement likely to be SLIGHTLY UNRELIABLE
4 Problems experienced - waist measurement likely to be UNRELIABLE

IF WJRRel = Problems experienced THEN

ProbWJ
RECORD WHETHER PROBLEMS EXPERIENCED ARE LIKELY TO INCREASE OR
DECREASE THE WAIST MEASUREMENT.
1 Increases measurement
2 Decreases measurement

IF AT LEAST ONE HIP MEASUREMENT OBTAINED (IF (Hip1 <> 999.9 AND Hip1 <>
EMPTY) OR (Hip2 <> 999.9 AND Hip2 <> EMPTY)) THEN

HJRRel
RECORD ANY PROBLEMS WITH HIP MEASUREMENT:
1 No problems experienced, RELIABLE hip measurement
2 Problems experienced - hip measurement likely to be RELIABLE
3 Problems experienced - hip measurement likely to be SLIGHTLY UNRELIABLE
4 Problems experienced - hip measurement likely to be UNRELIABLE

* = not on the datafile
**Demi-span (65+)**

**ASK ALL AGED 65 AND OVER**

[SpanIntro]*

NURSE: NOW FOLLOWS THE MEASUREMENT OF DEMISPAN. ENTER '1' TO CONTINUE.

1 Continue

[SpanInt]

I would now like to measure the length of your arm. Like height, it is an indicator of size.

NURSE CODE:

1 Respondent agrees to have demi-span measured
2 Respondent refuses to have demi-span measured
3 Unable to measure demi-span for reason other than refusal

Repeat for up to three demispan measurements.

Third measurement taken only if first two differ by more than 3cm.

**IF SpanInt=Agrees THEN**

FOR Loop:= 1 TO 3 DO

**IF (Loop IN [1..2]) OR ((Loop = 3) AND (Span1 <> 999.9) AND (Span2 <> 999.9) AND (ABS(Span1 - Span2) > 3)) THEN**

[Span]

ENTER THE (FIRST/SECOND/THIRD) MEASUREMENT IN CENTIMETRES.

IF MEASUREMENT NOT OBTAINED, ENTER '999.9'.

Range: 45.0..1000.0

**IF Span <> 999.9 THEN**

[SpanRel]

Is the (First/Second/Third) measurement reliable?

1 Yes
2 No

**IF (Span1 = 999.9) AND (Span2 = 999.9) THEN**

[YNoSpan]

NURSE: GIVE REASON FOR NOT OBTAINING AT LEAST ONE DEMISPAN MEASUREMENT.

1 Both measurements refused
2 Attempted but not obtained
3 Measurement not attempted

(Computed from YNoSpan, Span and SpanRel)

[RespDS]

RESPONSE TO DEMISPAN MEASUREMENT

Both measurements obtained
One measurement obtained
Refused
Attempted not obtained
Not attempted

**IF NO MEASUREMENT OBTAINED (SpanInt=Refuse OR SpanInt=Unable OR (Span1=999.9 AND Span2=999.9) THEN**

[NotAttM]

NURSE: GIVE REASON FOR (REFUSAL/NOT OBTAINING MEASUREMENT/MEASUREMENT NOT BEING ATTEMPTED).

1 Cannot straighten arms
2 Respondent confined to bed
3 Respondent too stooped
4 Respondent did not understand the procedure
5 Other

**IF NotAttM = Other THEN**

[OthAttM]*

NURSE: GIVE FULL DETAILS OF OTHER REASON FOR (REFUSAL/NOT OBTAINING MEASUREMENT/MEASUREMENT NOT BEING ATTEMPTED).

Text: Maximum 140 characters

**IF AT LEAST ONE MEASUREMENT OBTAINED THEN**

[SpnM]

NURSE CHECK: Demispan was measured with the respondent: CODE ALL THAT APPLY.

1 Standing against the wall
2 Standing not against the wall
3 Sitting
4 Lying down
5 Demi-span measured on left arm due to unsuitable right arm

[DSCard]*

WRITE RESULTS OF DEMISPAN MEASUREMENT ON RESPONDENT'S MEASUREMENT RECORD CARD. Demispan : (Measurement 1 and 2 displayed)

ENTER '1' TO CONTINUE.

1 Continue

* = not on the datafile
Lung Function

ASK ALL WITH A NURSE VISIT (EXCEPT PREGNANT WOMEN)

[Billat]*

Now follows the lung function module

[HaSurg]
Can I check, have you had abdominal or chest surgery in the past three weeks?
1 Yes
2 No

IF HaSurg=No THEN

[HaEySurg]
Can I check, have you had eye surgery in the past four weeks?
1 Yes
2 No

IF HaEySurg=No THEN

[HaStro]
Have you been admitted to hospital for a heart complaint or stroke in the past six weeks?
1 Yes
2 No

IF HaStro =No THEN

[ChestInf]
In the past three weeks, have you had any respiratory infections such as influenza, pneumonia, bronchitis or a severe cold?
1 Yes
2 No

[Inhaler]
(Can I just check), have you used an inhaler, puffer or any medication for your breathing in the last 24 hours?
1 Yes
2 No

IF Inhaler=Yes THEN

[InHalHrs]
How many hours ago did you use it?
INTERVIEWER, ENTER NUMBER OF HOURS. IF LESS THAN ONE HOUR, CODE 0
Range: 0..24

IF (HaSurg OR HaEySurg OR HaStro) = YES THEN

[LFCODE2]*
NO LUNG FUNCTION TEST TO BE DONE
CIRCLE CONSENT CODE 04 ON FRONT OF CONSENT BOOKLET.

1 Continue

IF (HaSurg OR HaEySurg OR HaStro) =No THEN

[LFWill]
Would you be willing to have your Lung Function measured?
1 Yes, agrees
2 No, refuses
3 Unable to take lung function measurement for reason other than refusal

IF LFWill=Yes THEN

[SpirNo]
ENTER THE THREE-DIGIT SPIROMETER SERIAL NUMBER
Range: 1..999

[LFTemp]
NURSE: RECORD THE AMBIENT AIR TEMPERATURE
ENTER THE TEMPERATURE IN CENTIGRADES TO ONE DECIMAL PLACE.
Range: 0..40

[LFRec]
NURSE: EXPLAIN THE PROCEDURE AND DEMONSTRATE THE TEST
RECORD THE RESULTS OF FIVE BLOWS BY THE RESPONDENT IN THE BOXES BELOW.
RECORD EACH BLOW AS IT IS CARRIED OUT.
FOR EACH BLOW, ENTER ALL THREE MEASURES AND CODE WHETHER TECHNIQUE WAS SATISFACTORY.

1 Continue

(FVC to Technique) repeated for up to 5 blows.

[FVC]
ENTER FVC READING
IF NO READING OBTAINED ENTER ‘0’
IF YOU ARE NOT GOING TO OBTAIN ANY READINGS AT ALL ENTER ‘9.95’
Range: 0..10

[FEV]
ENTER FEV READING
IF NO READING OBTAINED ENTER ‘0’
Range: 0..10

[PF]
ENTER PF READING
IF NO READING OBTAINED ENTER ‘0’
Range: 0..995

[CL]
NURSE: NOW PRESS THE CLEAR BUTTON ON THE SPIROMETER

1 Continue
TECHNIQUE

WAS THE TECHNIQUE SATISFACTORY?
1 Yes
2 No

HTFVC
COMPUTES HIGHEST TECHNICALLY SATISFACTORY VALUE FOR FVC
Range:0..10

HTFEV
COMPUTES HIGHEST TECHNICALLY SATISFACTORY VALUE FOR FEV
Range:0..10

HTPF
COMPUTES HIGHEST TECHNICALLY SATISFACTORY VALUE FOR PF
Range:0..996

LFStand
NURSE: WERE THE MEASUREMENTS TAKEN WHILE RESPONDENT WAS STANDING OR SITTING?
1 Standing
2 Sitting

LFResp
NURSE CHECK: CODE ONE ONLY
1 All 5 technically satisfactory blows obtained
2 Some blows, but less than 5 technically satisfactory blows obtained
3 Attempted, but no technically satisfactory blows obtained
4 All blows refused
5 None attempted

IF LFResp = 'Some blows, but less than 5 technically satisfactory blows obtained' THEN

ProbLF
NURSE: GIVE REASONS WHY LESS THAN 5 BLOWS OBTAINED. CODE ALL THAT APPLY.
1 Refused to continue
2 Breathlessness
3 Coughing fit
4 Equipment failure
5 Other (SPECIFY AT NEXT QUESTION)

IF ProbLF=Other THEN

OthProb
NURSE: GIVE DETAILS OF WHY LESS THAN 5 BLOWS OBTAINED. Text: Maximum 40 characters

IF (LFWill = No) OR (LFResp = Refused) OR (LFResp = None Attempted) THEN

NoAttLF
GIVE REASON WHY LUNG FUNCTION MEASUREMENTS WERE REFUSED, OR NOT ATTEMPTED, OR NOT OBTAINED
CODE ONE ONLY
1 Temperature of house too cold
2 Temperature of house too hot
3 Equipment failure
4 Breathlessness
5 Unwell
6 Other reason why measurements not attempted/refused (SPECIFY AT NEXT QUESTION)

IF NoAttLF = Other THEN

OthNoAt
NURSE: GIVE DETAILS OF WHY LUNG FUNCTION MEASUREMENTS WERE NOT ATTEMPTED/REFUSED. Text: Maximum 40 characters

IF (LFWill = No) OR (LFResp = Refused) OR (LFResp = None Attempted) THEN

LFCode5
NURSE: CIRCLE CONSENT CODE 04 ON FRONT OF THE CONSENT BOOKLET

IF LFResp=Refused THEN

LFCode3
NURSE: CIRCLE CONSENT CODE 04 ON FRONT OF CONSENT BOOKLET
1 Continue

IF BPConst=Refused OR BPConst=Unable THEN

LFSam
NURSE: IF NOT ALREADY ASKED (Can I just check) are you registered with a GP?
1 Respondent registered with GP
2 Respondent not registered with GP

IF Registered with a Doctor AND at least one technically satisfactory blow THEN

GPSendLF
May we send your lung function test results to your GP?
1 Yes
2 No

IF GPSendLF=No THEN

LFCode4
NURSE: CIRCLE CONSENT CODE 04 ON FRONT OF CONSENT BOOKLET
ENTER ‘1’ TO CONTINUE
1 Continue

* = not on the datafile 161

* = not on the datafile 162
[GPRLFM]
SPECIFY REASON(S) FOR REFUSAL TO ALLOW LF READINGS TO BE SENT TO GP.
CODE ALL THAT APPLY.
1 Hardly/Never sees GP
2 GP knows respondent's LF level
3 Does not want to bother GP
4 Other (SPECIFY AT NEXT QUESTION)

IF GPRLFM = Other THEN
[OthRefM]*
NURSE GIVE FULL DETAILS OF REASON FOR REFUSAL.
Range: 0...140

IF GPSendLF=Yes THEN
[NCSendLF]
NURSE: COMPLETE LUNG FUNCTION TO GP CONSENT FORM LF(A)
ASK RESPONDENT TO SIGN AND DATE IT.
CHECK GP NAME, ADDRESS AND PHONE NUMBER ARE RECORDED ON FRONT OF
CONSENT BOOKLET.
CHECK NAME BY WHICH GP KNOWS RESPONDENT
CIRCLE CONSENT CODE 03 ON FRONT OF CONSENT BOOKLET.
1 Continue

IF LFResp=All OR LFResp-Some THEN
[NCIns1]*
LUNG FUNCTION MEASURED
OFFER LUNG FUNCTION RESULTS TO RESPONDENT
ENTER THEIR HIGHEST FVC AND HIGHEST FEV AND HIGHEST PF READINGS ON MRC.
(COMPLETE NEW RECORD CARD IF REQUIRED).
HIGHEST READINGS LISTED BELOW
HIGHEST FVC: HTFVC
HIGHEST FEV: HTFEV
HIGHEST PF: HTPF
1 Continue

Blood sample

ASK ALL WITH A NURSE VISIT (EXCEPT PREGNANT WOMEN)
[BlIntro]*
NURSE: NOW FOLLOWS THE BLOOD SAMPLE MODULE. ENTER '1' TO CONTINUE.
1 Continue

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

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

IF (Fit = No) THEN
[AMETOP]
Explain that there is the option of using AMETOP cream, but that a sample can be given without
AMETOP. Give respondent the AMETOP information sheet and allow them time to read it.
ENTER TO CONTINUE.

[BSWIll]
Would you be willing to have a blood sample taken?
1 Yes
2 No

IF BSWIll = Yes THEN
[AMEUse]
Do you want AMETOP cream to be used?
1 Yes
2 No

IF AMETOPuse = Yes THEN
[Allergy]
Have you ever had a bad reaction to a local or general anaesthetic bought over the counter at a
chemist, or given at the doctor, the dentist or in hospital?
1 Yes
2 No

* = not on the datafile
IF Allergy = Yes THEN

[NoAME]

NURSE: AMETOP CREAM CANNOT BE USED. IS RESPONDENT WILLING TO GIVE BLOOD SAMPLE WITHOUT AMETOP CREAM?

Code 1 if Yes, willing to give blood sample without AMETOP cream.
Code 2 if No, not willing to give blood sample without AMETOP.

1 Yes, willing
2 No, no blood sample

IF Allergy = No THEN

[AMEnow]

NURSE CODE: ARE YOU GOING TO APPLY AMETOP DURING THE FIRST VISIT, OR RETURN FOR A SECOND VISIT?

1 During the first visit
2 Return for a second visit.

IF AMEnow = 2 THEN

[aLater]

NURSE: BLOOD SAMPLE WITH AMETOP CREAM.

CODE 1 TO CONTINUE WITH REST OF SCHEDULE ON THE FIRST VISIT.
CODE 2 IF THIS IS THE RETURN VISIT.

1 Finish rest of schedule now (ONLY APPLIES TO FIRST VISIT)
2 This is the return visit and ready to take blood sample

IF BSWill = No THEN

[RefBS]

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
6 Other

IF RefBS = Other THEN

[OthRefBS]*

GIVE FULL DETAILS OF OTHER REASON(S) FOR REFUSING BLOOD SAMPLE.

Text: Maximum 135 characters

IF BSWill = No THEN

[NoCodes]*

NURSE: NO BLOOD TO BE TAKEN

CIRCLE CONSENT CODES 06, 08, 10 AND 12 ON THE FRONT OF THE CONSENT BOOKLET

1 Continue

IF BSWill = Yes OR (NoAME <> No) THEN

[BSSign]*

FILL IN RESPONDENT’S NAME AND YOUR NAME IN BOTH THE CONSENT BOOKLET AND THE RESPONDENT COPY.
ASK RESPONDENT TO READ, SIGN AND DATE THE FORM IN BOTH THE CONSENT BOOKLET AND THE RESPONDENT COPY.
CIRCLE CONSENT CODE 05 ON THE FRONT OF THE CONSENT BOOKLET.
ENTER ‘1’ TO CONTINUE.

1 Continue

IF BSWill = Yes) AND (B.Press RespBPS = [Tried..Refused]) THEN

[GPSam]

NURSE CHECK:

1 Respondent registered with GP
2 Respondent not registered with GP

IF (B.Press GPRegB = Yes OR GPSam = GP) THEN

[SendSam]

May we send the results of your blood sample analysis to your GP?

1 Yes
2 No

IF SendSam = Yes THEN

[BSSign]*

OBTAIN SIGNATURES IN BOTH THE CONSENT BOOKLET AND RESPONDENT COPY.
CHECK NAME BY WHICH GP KNOWS RESPONDENT.
CHECK GP NAME, ADDRESS AND PHONE NO. ARE RECORDED ON FRONT OF CONSENT BOOKLET.
CIRCLE CONSENT CODE 07 ON FRONT OF CONSENT BOOKLET.
ENTER ‘1’ TO CONTINUE.

1 Continue

IF SendSam = No THEN

[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
4 Other

IF SenSam = Other THEN

[OthSam]*

GIVE FULL DETAILS OF REASON(S) FOR NOT WANTING RESULTS SENT TO GP.

Text: Maximum 140 characters

IF (GPSam = NoGP OR SendSam = No) THEN

[Code08]*

CIRCLE CONSENT CODE 08 ON FRONT OF CONSENT BOOKLET.
ENTER ‘1’ TO CONTINUE

1 Continue

* = not on the datafile
ASK RESPONDENT: May we have your consent to store any remaining blood for future analysis?

1 Yes, Storage consent given
2 No, Consent refused

IF ConStorB = Yes THEN

[Code09]*

OBTAIN SIGNATURE IN BOTH THE CONSENT BOOKLET AND THE RESPONDENT COPY.
CIRCLE CONSENT CODE 09 ON FRONT OF CONSENT BOOKLET.
1 Continue

IF ConStorB = No THEN

[Code10]*

CIRCLE CONSENT CODE 10 ON FRONT OF CONSENT BOOKLET.
Enter '1' to continue.

IF AMEnow = 1 THEN

[bDoAme]*
NURSE: Blood sample with AMETOP cream
Check you have all applicable signatures.
Apply AMETOP cream following instructions.
Wait at least 30 minutes before attempting blood sample.
Enter '1' to complete rest of schedule or other schedules while waiting.
Enter '2' when the half-hour has passed to take blood sample.
1 Complete rest of schedule
2 30 minutes have passed, ready to take blood sample

[TakeSam]*
CHECK YOU HAVE ALL APPLICABLE SIGNATURES.
TAKE BLOOD SAMPLES: FILL 1 Plain (red) tube, 1 EDTA (purple) tube, 1 citrate (blue) tube.
WRITE THE SERIAL NUMBER AND DATE OF BIRTH ONTO THE BLUE LABEL USING A BLUE BIRO (ONE LABEL PER TUBE).
Serial number: (displays serial number)
Date of birth: (displays date of birth)
CHECK THE DATE OF BIRTH AGAIN WITH THE RESPONDENT.
STICK THE BLUE LABEL OVER THE LABEL WHICH IS ALREADY ON THE TUBE.
Enter '1' to continue.
1 Continue

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

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

[SampF3]
CODE IF CITRATE BLUE TUBE FILLED (INCLUDE PARTIALLY FILLED TUBE):
1 Yes
2 No

[SampTak]
Computed: Blood sample outcome.
1 Blood sample obtained
2 No blood sample obtained

IF SampTak = YES THEN

[SampArm]
RECORD FROM WHICH ARM THE BLOOD WAS TAKEN:
1 Right
2 Left
3 (Don’t use this code)

[SamDif]
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
7 Other (SPECIFY AT NEXT QUESTION)

IF SamDif = Other THEN

[OthBDif] *
GIVE FULL DETAILS OF OTHER PROBLEM(S) IN TAKING BLOOD SAMPLE.
Text: Maximum 140 characters

[SnDrSam]
Would you like to be sent the results of your blood sample analysis?
1 Yes
2 No

IF SnDrSam = Yes THEN

[Code11]*
CIRCLE CONSENT CODE 11 ON FRONT OF CONSENT BOOKLET.
Enter '1' to continue.
1 Continue

IF SnDrSam = No THEN

[Code12]*
CIRCLE CONSENT CODE 12 ON FRONT OF CONSENT BOOKLET.
Enter '1' to continue.
1 Continue

* = not on the datafile
IF SampTak = No THEN

[NoBSM]
CODE REASON(S) NO BLOOD OBTAINED. CODE ALL THAT APPLY.
1 No suitable or no palpable vein/collapsed veins
2 Respondent was too anxious/nervous
3 Respondent felt faint/fainted
4 Other

IF NoBSM = Other THEN
[OthNoBSM]*
GIVE FULL DETAILS OF REASON(S) NO BLOOD OBTAINED.
Text: Maximum 140 characters

IF SampTak = No THEN
[Code12]*
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.
Press <1> and <Enter> to continue.
1 Continue

Venenpunture checklist

IF BLOOD SAMPLE TAKE (SampTake = Yes) THEN

[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

[VpSkin]
NURSE: Code the skin condition of the arm used.
1 Skin intact
2 Skin not intact

[VpAlco]
NURSE: Did you use an alcohol wipe?
1 Yes
2 No

[VpSam]
NURSE: Code the number of attempts made to take blood.
1 Sample taken on first attempt
2 Sample taken on second attempt
3 Both attempts failed

[VpPress]
NURSE: Code who applied pressure to the puncture site.
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.
1 Sensory deficit
2 Haematoma
3 Swelling
95 Other (describe at next question)
96 None

* = not on the datafile
**Saliva sample**

**ASK ALL WITH A NURSE VISIT (EXCEPT PREGNANT WOMEN)**

*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 dribbling saliva down a straw 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.

1 Respondent agrees to give saliva sample
2 Respondent refuses to give saliva sample
3 Unable to obtain saliva sample for reason other than refusal

IF SalIntr1=Agree THEN

*SalWrit*

1 Continue

*SalInst*

1 Respondent agrees to give saliva sample
2 Respondent refuses to give saliva sample
3 Unable to obtain saliva sample for reason other than refusal

IF SalIntr1=Unable THEN

*SalHow*

NURSE: Code the method used to obtain the saliva sample.

1 Dribbled into tube
2 Dental Roll

IF (SalObt1=Not attempted or Attempted, not obtained) OR (SalIntr1=Unable) THEN

*SalNObt*

RECORD WHY SALIVA SAMPLE NOT OBTAINED. CODE ALL THAT APPLY.

1 Respondent not able to produce any saliva
2 Other (SPECIFY AT NEXT QUESTION)
IF SalNOObt = Other THEN
  [OthNObt]*
  GIVE FULL DETAILS OF REASON(S) WHY SALIVA SAMPLE NOT OBTAINED.
  Text: Maximum 140 characters

IF UriIntr1=Refused THEN
  [SalCode]*
  NURSE: Circle code 14 on front of the Consent Booklet
  1 Continue

---

**Urine Sample**

ASK ALL WITH A NURSE VISIT (EXCEPT PREGNANT WOMEN)

[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.

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 UriIntr1=Agree THEN
  [SalWrit]*
  OBTAIN SIGNATURE IN BOTH THE OFFICE AND PERSONAL CONSENT BOOKLETS
  CIRCLE CODE 15 ON FRONT OF THE CONSENT BOOKLET
  1 Continue

[UriSamp]*
ASK RESPONDENT TO TAKE CONTAINER AND PROVIDE URINE SAMPLE.
WRITE THE SERIAL NUMBER AND DATE OF BIRTH ON A BLOOD LABEL USING A BLUE BIRO.
WHEN THE URINE SAMPLE HAS BEEN PROVIDED, ATTACH LABEL TO URINE SAMPLE TUBE OVER THE GREEN LABEL.
SERIAL NO: (Displays serial no)
DATE OF BIRTH: (Displays date of birth)

1 Continue

[UriObt1]
NURSE CHECK

1 Urine sample obtained
2 Urine sample refused
3 Urine sample not attempted
4 Attempted but not obtained

IF (UriObt1=Refused or Not attempted or Attempted, not obtained) OR (UriIntr1=Unable) THEN
  [UriNObt]
  RECORD WHY URINE SAMPLE NOT OBTAINED. CODE ALL THAT APPLY.

1 Respondent not able to produce any urine
2 Other(SPECIFY AT NEXT QUESTION)

IF UriNObt = Other THEN
  [OthNObt]*
  GIVE FULL DETAILS OF REASON(S) WHY URINE SAMPLE NOT OBTAINED.
  Text: Maximum 140 characters

IF UriIntr1=Refused THEN
  [UriCode]*
  NURSE: CIRCLE CODE 16 ON FRONT OF THE CONSENT BOOKLET
  1 Continue
Final

[AllCheck]*
Check before leaving the respondent:
# That all respondents have a Consent Booklet.
# That full GP details are entered on front of the Consent Booklet.
  # The name by which GP knows respondent.
# That all details are completed on front of the Consent Booklet.
# That all necessary signatures have been collected.
# That there are eight appropriate consent codes ringed on front of the Consent Booklet.
Press <1> and <Enter> to continue.

1  Continue

[LeafChk]*
NURSE: Check before leaving respondent:
That you have left behind a helpful contacts leaflet.
Please stress to respondents that this is given to all respondents who take part in the nurse visit.
Press <1> and <Enter> to continue.

1  Continue

[EndReach]*
NURSE: End of questionnaire reached.
Press <1> and <Enter> to continue.

1  Continue

[Thank]*
NURSE: Thank respondent for his/her co-operation.
Then press <1> and <Enter> to finish.

1  Continue
CARD A1

MARITAL STATUS

1. Single, that is never married or never formed a legally recognised civil partnership
2. Married and living with husband / wife
3. A civil partner in a legally recognised civil partnership
4. Married and separated from husband / wife
5. In a legally recognised civil partnership and separated from your civil partner
6. Divorced
7. Formerly a civil partner, the civil partnership now legally dissolved
8. Widowed
9. A surviving civil partner, your partner having since died
CARD A2

RELATIONSHIP

1 Husband / Wife
2 Legally recognised civil partner
3 Partner / Cohabitee
4 Natural son / daughter
5 Adopted son / daughter
6 Foster son / daughter
7 Stepson / Stepdaughter / Child of partner
8 Son-in-law / Daughter-in-law
9 Natural parent
10 Adoptive parent
11 Foster parent
12 Step-parent / Parent’s partner
13 Parent-in-law
14 Natural brother / Natural sister (ie. both natural parents the same)
15 Half-brother / Half-sister (ie. one natural parent the same)
16 Step-brother / Step-sister (ie. no natural parents the same)
17 Adopted brother / Adopted sister
18 Foster brother / Foster sister
19 Brother-in-law / Sister-in-law
20 Grandchild
21 Grandparent
22 Other relative
23 Other non-relative

CARD A3

1 Earnings from employment or self-employment
2 State retirement pension
3 Pension from former employee
4 Personal pensions
5 Child Benefit
6 Job-Seekers Allowance
7 Income Support
8 Working Tax Credit, Child Tax Credit or other Tax Credit
9 Housing Benefit
10 Other state benefits
11 Interest from savings and investments (eg. stocks and shares)
12 Other kinds of regular allowance from outside your household (eg. maintenance, student grants, rent)
13 No source of income
CARD A4

GROSS INCOME FROM ALL SOURCES
(before any deductions for tax, national insurance, etc.)

<table>
<thead>
<tr>
<th>WEEKLY</th>
<th>or</th>
<th>MONTHLY</th>
<th>or</th>
<th>ANNUAL</th>
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</thead>
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<td>£8,700 less than £9,100</td>
<td>31</td>
<td>£104,000 less £109,200</td>
</tr>
</tbody>
</table>

CARD A5

1. Going to school or college full-time (including on vacation)
2. In paid employment or self-employment (or temporarily away)
3. On a Government scheme for employment training
4. Doing unpaid work for a business that you own, or that a relative owns
5. Waiting to take up paid work already obtained
6. Looking for paid work or a Government training scheme
7. Intending to look for work but prevented by temporary sickness or injury
8. Permanently unable to work because of long-term sickness or disability
9. Retired from paid work
10. Looking after the home or family
11. Doing something else (Please say what)
CARD A6

HOURS SPENT PROVIDING CARE

1 - 4 hours per week
5 – 9 hours per week
10 – 14 hours per week
15 – 19 hours per week
20 – 34 hours per week
35 – 49 hours per week
50+ hours per week
Continuous care (where the person needs to have someone with them at all times of the day and night)
Varies

CARD A7

Extremely dissatisfied
Extremely satisfied

0 1 2 3 4 5 6 7 8 9 10
1. Regular check-up with GP / hospital / clinic
2. Taking medication (tablets / inhalers)
3. Advice or treatment to stop smoking
4. Using oxygen
5. Immunisations against flu / pneumococcus
6. Exercise or physical activity
7. Advice or treatment to lose weight
8. Other (Please say what)
### CARD C1

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

### CARD C2

1. Take appropriate exercise
2. Avoid known allergens or triggers (e.g. pollen, animals, other people’s cigarette smoke)
3. Advice or treatment to stop smoking
4. Avoid extreme temperatures
5. Medication (including inhaler) use
6. Advice or treatment to lose weight
CARD E1

HOUSEWORK

Done during the last 4 weeks -
- Hoovering
- Dusting
- Ironing
- General tidying
- Washing floors and paint work

CARD E2

HEAVY HOUSEWORK

Done during the last 4 weeks -
- Moving heavy furniture
- Spring cleaning
- Walking with heavy shopping (for more than 5 minutes)
- Cleaning windows
- Scrubbing floors with a scrubbing brush
CARD E3

GARDENING, DIY AND BUILDING WORK

Done during the last 4 weeks -

Hoeing, weeding, pruning
Mowing with a power mower
Planting flowers/seeds
Decorating
Minor household repairs
Car washing and polishing
Car repairs and maintenance

CARD E4

HEAVY MANUAL WORK

Done during the last 4 weeks -

Digging, clearing rough ground
Building in stone/bricklaying
Mowing large areas with a hand mower
Felling trees, chopping wood
Mixing/laying concrete
Moving heavy loads
Refitting a kitchen or bathroom
CARD E5

Done during the last 4 weeks -

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

Please also include teaching, coaching and training/practice sessions

CARD E6

Done during the last 4 weeks -

- A woodland, forest or tree covered park
- An open space or park
- Country paths (not on tarmac)
- A beach / sea shore / loch / river or canal
- Sports fields or outdoor courts (e.g. tennis, 5-a-side)
- A swimming pool
- A gym or sports centre
- Pavements or streets in your local area
- Your home or garden
- Somewhere else
CARD E7

Every day
4 - 6 days a week
2 - 3 days a week
Once a week
2 - 3 times in the last 4 weeks
Once in the last 4 weeks

CARD F1

Less than 5 minutes
5 minutes, less than 15 minutes
15 minutes, less than 30 minutes
30 minutes, less than 1 hour
1 hour, less than 1 ½ hours
1 ½ hours, less than 2 hours
2 hours, less than 2 ½ hours
2 ½ hours, less than 3 hours
3 hours, less than 3 ½ hours
3 ½ hours, less than 4 hours
4 hours or more (please say how long)
SPORTS AND EXERCISE ACTIVITIES

INCLUDE any sports and exercise activities like:

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

Playing tennis, squash or badminton

Going swimming or swimming lessons

Gymnastics (include Toddler Gym, Tumble Tots etc)

Dance lessons, ballet lessons, ice skating

Horse riding

Disco dancing

Any other organised sports, team sports or exercise activities

Other active things like:

Ride a bike

Kick a ball around

Run about (outdoors or indoors)

Play active games

Jump around

Any other things like these
<table>
<thead>
<tr>
<th>CARD F4</th>
<th>CARD F5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A woodland, forest or tree covered park</td>
<td>Every day</td>
</tr>
<tr>
<td>2. An open space or park</td>
<td>4 - 6 days a week</td>
</tr>
<tr>
<td>3. Country paths (not on tarmac)</td>
<td>2 - 3 days a week</td>
</tr>
<tr>
<td>4. A beach / sea shore / loch / river or canal</td>
<td>Once a week</td>
</tr>
<tr>
<td>5. Sports fields or outdoor courts</td>
<td>2 - 3 times in the last 4 weeks</td>
</tr>
<tr>
<td>6. A swimming pool</td>
<td>Once in the last 4 weeks</td>
</tr>
<tr>
<td>7. A gym or sports centre</td>
<td></td>
</tr>
<tr>
<td>8. Pavements or streets in your local area</td>
<td></td>
</tr>
<tr>
<td>9. A playground or playpark</td>
<td></td>
</tr>
<tr>
<td>10. Your home or garden</td>
<td></td>
</tr>
<tr>
<td>11. Somewhere else</td>
<td></td>
</tr>
</tbody>
</table>
CARD G1

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

CARD G2

- 6 or more times a day
- 4 or 5 times a day
- 2 or 3 times a day
- Once a day
- 5 or 6 times a week
- 2 to 4 times a week
- Once a week
- 1 to 3 times a month
- Less often or never
CARD H1

1 At own home
2 At work
3 In other people's homes
4 On public transport
5 In pubs
6 In other public places
Almost every day
Five or six days a week
Three or four days a week
Once or twice a week
Once or twice a month
Once every couple of months
Once or twice a year
Not at all in the last 12 months
250ml wine glass
<table>
<thead>
<tr>
<th>CARD J2</th>
<th>CARD J3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Normal strength beer / lager / cider / shandy</td>
<td>1 In a pub or bar</td>
</tr>
<tr>
<td>2 Strong beer / lager / cider</td>
<td>2 In a restaurant</td>
</tr>
<tr>
<td>3 Spirits or Liqueurs</td>
<td>3 In a club or disco</td>
</tr>
<tr>
<td>4 Sherry, Martini or Buckfast</td>
<td>4 At a party with friends</td>
</tr>
<tr>
<td>5 Wine</td>
<td>5 At my home</td>
</tr>
<tr>
<td>6 Alcopops / pre-mixed drinks</td>
<td>6 At someone else’s home</td>
</tr>
<tr>
<td>7 Other alcoholic drinks</td>
<td>7 Out on the street, in a park or other outdoor area</td>
</tr>
<tr>
<td>8 Low alcohol drinks only</td>
<td>8 Somewhere else (Please say where)</td>
</tr>
</tbody>
</table>
1. My husband or wife / boyfriend or girlfriend / partner
2. Male friends
3. Female friends
4. Male and female friends together
5. Work colleagues
6. Members of my family / relatives
7. Someone else (Please say who)
8. On my own

...
<table>
<thead>
<tr>
<th>CARD K2</th>
<th></th>
<th>CARD K3</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Very happy</td>
<td></td>
<td>Yes, often</td>
<td></td>
</tr>
<tr>
<td>Fairly happy</td>
<td></td>
<td>Yes, occasionally</td>
<td></td>
</tr>
<tr>
<td>Fairly unhappy</td>
<td></td>
<td>No, never</td>
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</tr>
<tr>
<td>Very unhappy</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
CARD K4

Full upper denture
Full lower denture
Partial upper denture
Partial lower denture

CARD P1

1. Going to school or college full-time (including on vacation)
2. In paid employment or self-employment (or temporarily away)
3. On a Government scheme for employment training
4. Doing unpaid work for a business that you own, or that a relative owns
5. Waiting to take up paid work already obtained
6. Looking for paid work or a Government training scheme
7. Intending to look for work but prevented by temporary sickness or injury
8. Permanently unable to work because of long-term sickness or disability
9. Retired from paid work
10. Looking after the home or family
11. Doing something else (Please say what)
CARD Q1

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

CARD Q2

1. White: Scottish
2. White: Other British
3. White: Irish
4. White: Any other white background (PLEASE SAY WHICH)
5. Mixed: Any mixed background
6. Asian, Asian Scottish or Asian British: Indian
7. Asian, Asian Scottish or Asian British: Pakistani
8. Asian, Asian Scottish or Asian British: Bangladeshi
9. Asian, Asian Scottish or Asian British: Chinese
10. Asian, Asian Scottish or Asian British: Any other Asian background (PLEASE SAY WHICH)
11. Black, Black Scottish or Black British: Caribbean
12. Black, Black Scottish or Black British: African
13. Black, Black Scottish or Black British: Any other black background (PLEASE SAY WHICH)
14. Any other ethnic group (PLEASE SAY WHICH)
CARD Q3

1. Self-employed, with a business with 25 or more employees
2. Self-employed, with a business with fewer than 25 employees
3. Self-employed, in a business with no employees
4. A manager of 25 or more staff
5. A manager of fewer than 25 staff
6. Foreman or supervisor
7. An employee, not a manager

CARD Q4

1. High Blood Pressure
2. Angina
3. Heart Attack
4. Stroke
5. Other Heart Trouble
6. Diabetes
CARD S1
A great deal
Quite a lot
A little
None at all

CARD S2
Very healthy
Fairly healthy
Fairly unhealthy
Very unhealthy
CARD S3

I already lead a healthy life
I don’t want to make any changes to my life
It's just too difficult for me to do anything to make my life healthier

CARD S4

1 Cut down smoking
2 Stop smoking
3 Cut down the amount of alcohol I drink
4 Stop drinking alcohol
5 Be more physically active
6 Control weight
7 Eat more healthily
8 Reduce the amount of stress in my life
They already lead a healthy life / lives
I don’t want to make any changes to their life / lives
It’s just too difficult for me to do anything to make their life / lives healthier

CARD S6

1 Cut down or stop my smoking
2 Discourage them from smoking
3 Help them to develop a sensible attitude to drinking
4 Help them be more physically active
5 Watch their weight
6 Help them to eat more healthily
7 Make sure they get a lot of praise and encouragement
8 None of these
9 Other (Please say what)
1. Cut down smoking
2. Stop smoking
3. Cut down the amount of alcohol I drink
4. Stop drinking alcohol
5. Be more physically active
6. Control weight
7. Eat more healthily
8. Reduce the amount of stress in my life

CARD S8

Strongly agree
Tend to agree
Tend to disagree
Strongly disagree
**CARD S9**

(no option 1)

2 Media such as radio, television or newspapers  
3 Books/Magazines  
4 GPs or other health professionals  
5 Friends or family  
6 Leaflets/Booklets  
7 The internet  
8 Telephone advice lines  
9 DVDs  
10 Education or training at work  
11 None of these  
12 Other

**CARD S10**

1 To feel better / fitter  
2 To lose weight  
3 To improve my general appearance  
4 To improve my overall health  
5 To help reduce the risk of a particular illness or disease  
6 To save money  
7 To make meals more tasty and enjoyable  
8 Suggested by doctor / health professional  
9 None of these  
10 Other (please say what)
CARD S11

Very healthy
Fairly healthy
Fairly unhealthy
Very unhealthy

CARD S12

1. Family discouraging or unsupportive
2. Friends discouraging or unsupportive
3. People at work discouraging or unsupportive
4. Not knowing what changes to make
5. Not knowing how to cook more healthy foods
6. Lack of choice of healthy foods in canteens and restaurants
7. Lack of choice of healthy foods in places where you do your main shop
8. Healthy foods are too expensive
9. Healthy foods take too long to prepare
10. Healthy foods too boring
11. Lack of willpower
12. Don't like the taste / don't enjoy healthy foods
13. None of these – nothing prevents me from eating more healthily
14. Other (Please say what)
CARD S13

Strongly agree
Tend to agree
Tend to disagree
Strongly disagree

CARD S14

1 To reduce stress
2 To feel better generally
3 To lose weight
4 To prevent disease or ill health
5 To feel healthier and fitter
6 To look better / improve shape
7 To enjoy myself
8 Advised to do so
9 Other (Please say what)
CARD S15

1. Lack of time due to other commitments
2. Prefer to do other things
3. Ill health, injury or disability
4. I feel too fat / overweight
5. I do not enjoy exercise
6. Lack of suitable local facilities
7. I am too old
8. Lack of money
9. Lack of transport
10. I have nobody to go with
11. Traffic, road safety or the environment puts me off
12. The weather puts me off
13. I don't have the skills or confidence to do it
14. None of these – nothing prevents me from being more active
15. Other (Please say what)

CARD S16

(there are no options 10,11)

1. Heart disease
2. Some cancers
3. Diabetes
4. High blood pressure
5. Overweight and obesity
6. Mental health problems
7. Brittle bones (osteoporosis)
8. Injuries and accidents
9. Stomach ulcer
12. Other (Please say what)
B  Underweight
L  About right
J  Overweight
H  Very overweight

1  Heart disease
2  Some cancers
3  Diabetes
4  High blood pressure
5  Stroke
6  Gallbladder disease
7  Arthritis (pain / swelling in the joints)
8  Gout
9  Stomach ulcer
12 Other (Please say what)

(there are no options 10,11)
CARD S19

- 0-1 days
- 1-2 days
- 2-3 days
- 3-4 days
- 4-5 days
- 5-6 days
- 6-7 days

CARD S20

- Q: A very light or occasional drinker
- T: A light but regular drinker
- K: A moderate drinker
- O: Quite a heavy drinker
- G: A very heavy drinker
CARD S21

1. Skin cancer
2. Bowel cancer
3. Breast cancer
4. Cervical cancer
5. Other (Please say which kind)

CARD S22

1. Vaccination
2. Screening (a smear test)
3. Taking more exercise
4. Losing weight
5. Other (Please say what)
CARD A

1. Nicotine gum
2. Nicotine patches that you stick on your skin
3. Nasal spray / nicotine inhaler
4. Other (Please say what)

CARD B

Less than 2 weeks
2 weeks but less than 6 months
6 months but less than 1 year
1 year but less than 2 years
2 years but less than 5 years
5 years but less than 10 years
10 years or more

CARD C

1. Heart racing or pounding
2. Hands sweating or shaking
3. Feeling dizzy
4. Difficulty getting your breath
5. Butterflies in stomach
6. Dry mouth
7. Nausea or feeling as though you wanted to vomit
Scottish Health Survey

Booklet for parents of 4-12 year olds

In Confidence

How to fill in this questionnaire

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

Example:

Do you feel that you lead a

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

Tick one box
**Strengths and Difficulties Questionnaire**

We’d like you to tell us something about your child’s behaviour over the **last 6 months**.

For each item, please circle the number for Not true, Somewhat true, or Certainly true to show how true the item is of your child.

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

21. Thinks things out before acting
Not true  Somewhat true  Certainly true  
1 2 3

22. Steals from home, school or elsewhere
Not true  Somewhat true  Certainly true  
1 2 3

23. Gets on better with adults than with other children
Not true  Somewhat true  Certainly true  
1 2 3

24. Many fears, easily scared
Not true  Somewhat true  Certainly true  
1 2 3

25. Sees tasks through to the end, good attention span
Not true  Somewhat true  Certainly true  
1 2 3

Thank you for answering these questions.
Please give the booklet back to the interviewer.
Here are some questions for you to answer on your own.

We are interested in your honest answers.

We will not tell anyone what your answers are.

You do not have to answer all the questions. If you want to miss a question, please just leave it out and move to the next one.

Look at the instructions on the next page and read what to do.

Ask the interviewer for help if you do not understand a question or are not sure what to do.

Thank you for taking part in this survey
How to answer these questions

- Please read each question carefully

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

  Yes  

  No  

  1

  2
General health over the last few weeks

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

HAVE YOU RECENTLY:

Q1. Been able to concentrate on whatever you’re doing?

Q2. Lost much sleep over worry?

Q3. Felt you were playing a useful part in things?

Q4. Felt capable of making decisions about things?

Q5. Felt constantly under strain?

Q6. Felt you couldn’t overcome your difficulties?
HAVE YOU RECENTLY:

Q7. Been able to enjoy your normal day-to-day activities?

Tick ONE box

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

Q8. Been able to face up to your problems?

Tick ONE box

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

Q9. Been feeling unhappy and depressed?

Tick ONE box

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

Q10. Been losing confidence in yourself?

Tick ONE box

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

Q11. Been thinking of yourself as a worthless person?

Tick ONE box

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

Q12. Been feeling reasonably happy, all things considered?

Tick ONE box

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

General Health Questionnaire (GHQ-12)
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218-300 spare
326 onwards spare

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

Booklet for Young Adults

In Confidence

How to fill in this questionnaire

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

Example:

\[
\begin{array}{cccc}
\text{Very healthy life} & \text{Fairly healthy life} & \text{Not very healthy life} & \text{An unhealthy life} \\
\hline
1 & \checkmark & 2 & 3 \\
\end{array}
\]

Do you feel that you lead a ... 

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

Example:

Write in no. 6

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

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

Example:

Tick ONE box

\[
\begin{array}{c}
\text{Yes} \checkmark \\
\text{No} 2 \\
\end{array}
\]

\[\Rightarrow \text{Go to Q4} \]

\[\Rightarrow \text{Go to Q5} \]
SMOKING

Q1 Have you ever smoked a cigar or a pipe?

Tick ALL that apply

| Yes – cigar | 1 |
| Yes – pipe | 2 | → Go to Q2 |
| No         | 3 |

Q2 Have you ever smoked a cigarette?

Tick ONE box

| Yes | 1 | → Go to Q3 |
| No  | 2 | → Go to Q7 on page 2 |

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

Write in how old you were then | 23-24 | → Go to Q4 |

Q4 Do you smoke cigarettes at all nowadays?

Tick ONE box

| Yes | 1 | → Go to Q6a |
| No  | 2 | → Go to Q5 |

Q5 Did you smoke cigarettes regularly or occasionally?

Tick ONE box

Regularly, that is at least one cigarette a day | 1 | → Go to Q7 on page 2 |
Occasionally | 2 |
I never really smoked cigarettes, just tried them once or twice | 3 |

CURRENT SMOKERS

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

Write in number smoked a day | 27-28 | → Go to Q6b |

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

Write in number smoked a day | 29-30 | → Go to Q7 on page 2 |
EVERYONE PLEASE ANSWER

Q7  Do you find that you are regularly exposed to other people’s tobacco smoke in any of these places?

Please tick all boxes which apply

Tick ALL that apply

<table>
<thead>
<tr>
<th>Place</th>
<th>Box Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>At home</td>
<td>1</td>
</tr>
<tr>
<td>At work</td>
<td>2</td>
</tr>
<tr>
<td>On public transport</td>
<td>3</td>
</tr>
<tr>
<td>In other people’s homes</td>
<td>4</td>
</tr>
<tr>
<td>In pubs</td>
<td>5</td>
</tr>
<tr>
<td>In other public places</td>
<td>6</td>
</tr>
<tr>
<td>No, none of these</td>
<td>7</td>
</tr>
</tbody>
</table>

Go to Q8

Q8  Does this bother you?

Tick ONE box

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

Go to Q9 on p3

NOW GO TO THE DRINKING QUESTIONS ON THE NEXT PAGE
DRINKING

Q9  Do you ever drink alcohol nowadays, including drinks you brew or make at home?

Tick ONE box

<table>
<thead>
<tr>
<th>Yes</th>
<th>Go to Q12</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Go to Q10</td>
</tr>
</tbody>
</table>

Q10  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

<table>
<thead>
<tr>
<th>Very occasionally</th>
<th>Go to Q12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>Go to Q11</td>
</tr>
</tbody>
</table>

Q11  Have you always been a non-drinker or did you stop drinking for some reason?

Tick ONE box

<table>
<thead>
<tr>
<th>Always a non-drinker</th>
<th>Go to Q37 on p15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Used to drink but stopped</td>
<td></td>
</tr>
</tbody>
</table>

Q12  How old were you the first time you ever had a proper alcoholic drink – a whole drink, not just a sip?

Write in how old you were then

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

### EXAMPLE

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

**Tick ONE box**

<table>
<thead>
<tr>
<th>Frequency</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Almost every day</td>
<td></td>
<td></td>
<td></td>
<td><strong>✓</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Five or six days a week</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Three or four days a week</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Once or twice a week</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Once or twice a month</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Once every couple of months</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Once or twice in the last 12 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never in the last 12 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Amount</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Half-pints</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Large cans or bottles</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Small cans or bottles</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Go to QB

### NOW PLEASE ANSWER Q13-Q20

**Q13** Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol) - exclude bottles/cans of shandy.

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

**Tick ONE box**

<table>
<thead>
<tr>
<th>Frequency</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Almost every day</td>
<td></td>
<td></td>
<td></td>
<td><strong>✓</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Five or six days a week</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Three or four days a week</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Once or twice a week</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Once or twice a month</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Once every couple of months</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Once or twice in the last 12 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never in the last 12 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Amount</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Half-pints</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Large cans or bottles</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Small cans or bottles</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Go to Q14
### Q14  Strong beer, lager, stout, cider (6% alcohol or more, such as Tennant’s Super, Special Brew, White Lightning)

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

**Tick ONE box**

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Almost every day</td>
<td>1</td>
</tr>
<tr>
<td>Five or six days a week</td>
<td>2</td>
</tr>
<tr>
<td>Three or four days a week</td>
<td>3</td>
</tr>
<tr>
<td>Once or twice a week</td>
<td>4</td>
</tr>
<tr>
<td>Once or twice a month</td>
<td>5</td>
</tr>
<tr>
<td>Once every couple of months</td>
<td>6</td>
</tr>
<tr>
<td>Once or twice in the last 12 months</td>
<td>7</td>
</tr>
<tr>
<td>Never in the last 12 months</td>
<td>8</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Capacity</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Half-pints</td>
<td></td>
</tr>
<tr>
<td>Large cans or bottles</td>
<td></td>
</tr>
<tr>
<td>Small cans or bottles</td>
<td></td>
</tr>
</tbody>
</table>

### Q15  Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails

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

**Tick ONE box**

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Almost every day</td>
<td>1</td>
</tr>
<tr>
<td>Five or six days a week</td>
<td>2</td>
</tr>
<tr>
<td>Three or four days a week</td>
<td>3</td>
</tr>
<tr>
<td>Once or twice a week</td>
<td>4</td>
</tr>
<tr>
<td>Once or twice a month</td>
<td>5</td>
</tr>
<tr>
<td>Once every couple of months</td>
<td>6</td>
</tr>
<tr>
<td>Once or twice in the last 12 months</td>
<td>7</td>
</tr>
<tr>
<td>Never in the last 12 months</td>
<td>8</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Capacity</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glasses (count doubles as 2 singles)</td>
<td></td>
</tr>
</tbody>
</table>
Q16  **Sherry or martini (including port, vermouth, cinzano, dubonnet) or Buckfast**

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

<table>
<thead>
<tr>
<th>Tick ONE box</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>Almost every day</td>
</tr>
</tbody>
</table>

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

Glasses (count doubles as 2 singles)

Q17  **Wine (including babycham and champagne)**

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

<table>
<thead>
<tr>
<th>Tick ONE box</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>Almost every day</td>
</tr>
</tbody>
</table>

How much did you usually drink on any one day? WRITE IN NUMBER You can write in parts of a bottle, e.g. half a bottle

If you drink small bottles (e.g. 250ml or 175ml) enter the number of glasses you drank from the bottle

Large Glasses (250ml)

Standard Glasses (175ml)

Small Glasses (125ml)

Bottles (750ml)
Q18 Alcoholic soft drinks or ‘alcopops’ (such as WKD, Smirnoff Ice, Bacardi Breezer)

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

Tick ONE box

Almost every day  Five or six days a week  Three or four days a week  Once or twice a week  Once or twice a month  Once every couple of months  Once or twice in the last 12 months  Never in the last 12 months

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

Small cans  Standard bottles (275ml)  Large bottles (700ml)

Go to Q19

Q19 Have you had any other kinds of alcoholic drink in the last 12 months?

Tick ONE box

No  Yes

WRITE IN NAME OF DRINK

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

Tick ONE box

Almost every day  Five or six days a week  Three or four days a week  Once or twice a week  Once or twice a month  Once every couple of months  Once or twice in the last 12 months

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

Glasses (count doubles as 2 singles)  Half-pints  Large cans or bottles  Small cans or bottles

Go to Q20 on page 8
Q20  Have you had any other kinds of alcoholic drink in the last 12 months?  
Tick ONE box

No  1  ➔ Go to Q21 on p9

Yes  2

WRITE IN NAME OF DRINK

95-96

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

Tick ONE box

<table>
<thead>
<tr>
<th>Frequency</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Almost every day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Five or six days a week</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Three or four days a week</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Once or twice a week</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Once or twice a month</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Once every couple of months</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Once or twice in the last 12 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

97

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

98-107

- Glasses (count doubles as 2 singles)
- Half-pints
- Large cans or bottles
- Small cans or bottles

Go to Q21 on page 9 ➔
Q21 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

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

Go to Q22

Q22 Did you have an alcoholic drink in the seven days ending yesterday?

Tick ONE box

- 1 Yes
- 2 No

Go to Q23

Q23 On how many days out of the last seven did you have an alcoholic drink?

Tick ONE box

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

Go to Q24 on p10
Q24 Please think about the day in the last week on which you drank the most. (If you drank the same amount on more than one day, please answer about the most recent of those days.)

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

<table>
<thead>
<tr>
<th>TICK ALL DRINKS DRUNK ON THAT DAY</th>
<th>WRITE IN HOW MUCH DRUNK ON THAT DAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol)-exclude bottles/cans of shandy.</td>
<td>Glasses (count doubles as 2 singles)</td>
</tr>
<tr>
<td>Strong beer, lager, stout or cider (6% alcohol or more, such as Tennent’s Super, Special Brew, White Lightning)</td>
<td></td>
</tr>
<tr>
<td>Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails</td>
<td></td>
</tr>
<tr>
<td>Sherry or martini (including port, vermouth, cinzano, dubonnet) or Buckfast</td>
<td></td>
</tr>
<tr>
<td>Wine (including babycham and champagne) You can write in parts of a bottle, e.g. half a bottle If you drank small bottles (e.g. 250ml or 175ml) enter the number of glasses drunk from the bottle</td>
<td>Large glasses (250ml)</td>
</tr>
<tr>
<td>Alcoholic soft drinks or ‘alcopops’ (such as WKD, Smirnoff Ice, Bacardi Breezer)</td>
<td>Small cans</td>
</tr>
<tr>
<td>Other kinds of alcoholic drink WRITE IN NAME OF DRINK</td>
<td>Glasses (count doubles as 2 singles)</td>
</tr>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
</tbody>
</table>
**DRINKING EXPERIENCES**

**PLEASE READ THIS CAREFULLY**
Please read each statement. Thinking about the last three months only, if you have had the experience tick the box next to the word "Yes". If you have not had the experience in the last three months, tick the box next to the word "No".

<table>
<thead>
<tr>
<th>Q25</th>
<th>I have felt that I ought to cut down on my drinking</th>
<th>Tick ONE box</th>
</tr>
</thead>
</table>
|     |                                                    | Yes  
|     |                                                    | 1  
|     |                                                    | No  
|     |                                                    | 2  

<table>
<thead>
<tr>
<th>Q26</th>
<th>I have felt ashamed or guilty about my drinking</th>
<th>Tick ONE box</th>
</tr>
</thead>
</table>
|     |                                                 | Yes  
|     |                                                 | 1  
|     |                                                 | No  
|     |                                                 | 2  

<table>
<thead>
<tr>
<th>Q27</th>
<th>People have annoyed me by criticising my drinking</th>
<th>Tick ONE box</th>
</tr>
</thead>
</table>
|     |                                                   | Yes  
|     |                                                   | 1  
|     |                                                   | No  
|     |                                                   | 2  

<table>
<thead>
<tr>
<th>Q28</th>
<th>I have found that my hands were shaking in the morning after drinking the previous night</th>
<th>Tick ONE box</th>
</tr>
</thead>
</table>
|     |                                                                | Yes  
|     |                                                                | 1  
|     |                                                                | No  
|     |                                                                | 2  

<table>
<thead>
<tr>
<th>Q29</th>
<th>I have had a drink first thing in the morning to steady my nerves or get rid of a hangover</th>
<th>Tick ONE box</th>
</tr>
</thead>
</table>
|     |                                                                                         | Yes  
|     |                                                                                         | 1  
|     |                                                                                         | No  
|     |                                                                                         | 2  

<table>
<thead>
<tr>
<th>Q30</th>
<th>There have been occasions when I felt that I was unable to stop drinking</th>
<th>Tick ONE box</th>
</tr>
</thead>
</table>
|     |                                                                       | Yes  
|     |                                                                       | 1  
|     |                                                                       | No  
|     |                                                                       | 2  

<table>
<thead>
<tr>
<th>Q31</th>
<th>I have been drunk at least once a week, on average, in the last three weeks</th>
<th>Tick ONE box</th>
</tr>
</thead>
</table>
|     |                                                                        | Yes  
|     |                                                                        | 1  
|     |                                                                        | No  
|     |                                                                        | 2  

  ➔ Go to Q34a on p13

  ➔ Go to Q32 on p12
**Q32** Drinking has made me slightly (or very) drunk in the last three months

<table>
<thead>
<tr>
<th>Tick ONE box</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Yes</strong> 1</td>
</tr>
<tr>
<td><strong>No</strong> 2</td>
</tr>
</tbody>
</table>

**Q33** If yes, please tick one of the boxes to show how many times in the last 3 months?

<table>
<thead>
<tr>
<th>Once</th>
<th>Twice</th>
<th>Three times</th>
<th>Four or more times</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
Q34a  In which of these places would you say you drink the **most** alcohol?

Please tick one box only

<table>
<thead>
<tr>
<th>Box</th>
<th>Place</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>In a pub or bar</td>
</tr>
<tr>
<td>2</td>
<td>In a restaurant</td>
</tr>
<tr>
<td>3</td>
<td>In a club or disco</td>
</tr>
<tr>
<td>4</td>
<td>At a party with friends</td>
</tr>
<tr>
<td>5</td>
<td>At my home</td>
</tr>
<tr>
<td>6</td>
<td>At someone else's home</td>
</tr>
<tr>
<td>7</td>
<td>Out on the street, in a park or other outdoor area</td>
</tr>
<tr>
<td>8</td>
<td>Somewhere else</td>
</tr>
</tbody>
</table>

Go to question 35a

Q34b  In which place do you drink the **most** alcohol? Write in:

Q35a  And which next?

Please tick one box only

<table>
<thead>
<tr>
<th>Box</th>
<th>Place</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>In a pub or bar</td>
</tr>
<tr>
<td>2</td>
<td>In a restaurant</td>
</tr>
<tr>
<td>3</td>
<td>In a club or disco</td>
</tr>
<tr>
<td>4</td>
<td>At a party with friends</td>
</tr>
<tr>
<td>5</td>
<td>At my home</td>
</tr>
<tr>
<td>6</td>
<td>At someone else's home</td>
</tr>
<tr>
<td>7</td>
<td>Out on the street, in a park or other outdoor area</td>
</tr>
<tr>
<td>8</td>
<td>No further place</td>
</tr>
<tr>
<td>9</td>
<td>Somewhere else</td>
</tr>
</tbody>
</table>

Go to question 36a

Q35b  What is the next place you drink the **most** alcohol? Write in:
Q36a  Who are you usually with when you drink the **most** alcohol?

**Please tick one box only**

1. My boyfriend or girlfriend/partner/husband or wife
2. Male friends
3. Female friends
4. Male and female friends together
5. Work colleagues
6. Members of my family / relatives
7. On my own
8. Someone else  ➔ Go to question 36c

Q36b  Who are you usually with when you drink the **most** alcohol? **Write in:**

Q36c  And who next?

**Please tick one box only**

1. My boyfriend or girlfriend/partner/husband or wife
2. Male friends
3. Female friends
4. Male and female friends together
5. Work colleagues
6. Members of my family / relatives
7. On my own
8. No one else  ➔ Go to question 37 on next page

200-201 202-205 spare
GENERAL HEALTH OVER THE LAST FEW WEEKS

EVERYONE PLEASE ANSWER

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

HAVE YOU RECENTLY:

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
<th>Tick ONE box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q37</td>
<td>Been able to concentrate on whatever you’re doing?</td>
<td>![Tick Box](1 2 3 4)</td>
</tr>
<tr>
<td>Q38</td>
<td>Lost much sleep over worry?</td>
<td>![Tick Box](1 2 3 4)</td>
</tr>
<tr>
<td>Q39</td>
<td>Felt you were playing a useful part in things?</td>
<td>![Tick Box](1 2 3 4)</td>
</tr>
<tr>
<td>Q40</td>
<td>Felt capable of making decisions about things?</td>
<td>![Tick Box](1 2 3 4)</td>
</tr>
<tr>
<td>Q41</td>
<td>Felt constantly under strain?</td>
<td>![Tick Box](1 2 3 4)</td>
</tr>
<tr>
<td>Q42</td>
<td>Felt you couldn’t overcome your difficulties?</td>
<td>![Tick Box](1 2 3 4)</td>
</tr>
</tbody>
</table>
HAVE YOU RECENTLY:

Q43  Been able to enjoy your normal day-to-day activities?

More so than usual  🅱️  
Same as usual  🅲️  
Less so than usual  🅳️  
Much less than usual  🅴️

Q44  Been able to face up to your problems?

More so than usual  🅱️  
Same as usual  🅲️  
Less able than usual  🅳️  
Much less able  🅴️

Q45  Been feeling unhappy and depressed?

Not at all  🅱️  
No more than usual  🅲️  
Rather more than usual  🅳️  
Much more than usual  🅴️

Q46  Been losing confidence in yourself?

Not at all  🅱️  
No more than usual  🅲️  
Rather more than usual  🅳️  
Much more than usual  🅴️

Q47  Been thinking of yourself as a worthless person?

Not at all  🅱️  
No more than usual  🅲️  
Rather more than usual  🅳️  
Much more than usual  🅴️

Q48  Been feeling reasonably happy, all things considered?

More so than usual  🅱️  
About same as usual  🅲️  
Less so than usual  🅳️  
Much less than usual  🅴️

General Health Questionnaire (GHQ-12)
©David Goldberg 1978; reproduced by permission of NFER-NELSON. All rights reserved.
Please read this carefully:
Below are some statements about feelings and thoughts.
Please tick the box that best describes your experience of each over the last 2 weeks.

<table>
<thead>
<tr>
<th>Question</th>
<th>Statement</th>
<th>None of the time</th>
<th>Rarely</th>
<th>Some of the time</th>
<th>Often</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q49</td>
<td>I've been feeling optimistic about the future</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Q50</td>
<td>I've been feeling useful</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Q51</td>
<td>I've been feeling relaxed</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Q52</td>
<td>I've been feeling interested in other people</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Q53</td>
<td>I've had energy to spare</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Q54</td>
<td>I've been dealing with problems well</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Q55</td>
<td>I've been thinking clearly</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
Please read this carefully:
Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over the last 2 weeks.

Q56 I’ve been feeling good about myself

Q57 I’ve been feeling close to other people

Q58 I’ve been feeling confident

Q59 I’ve been able to make up my own mind about things

Q60 I’ve been feeling loved

Q61 I’ve been interested in new things

Q62 I’ve been feeling cheerful

Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)
© NHS Health Scotland, University of Warwick and University of Edinburgh, 2006, all rights reserved.
CONTRACEPTION

Q63 Are you currently sexually active?

Tick ONE box

Yes 1 ➔ Go to Q64
No 2 ➔ Go to Q68 on page 21

Q64 Which method of contraception are you or your partner currently using?

Tick up to 3 methods

I am not using any contraception 01 ➔ Go to Q66 on page 20
Mini pill 02
Combined pill 03
Pill – not sure which 04
Mirena coil (hormone releasing coil) 05
Coil/other device 06
Condom/male sheath/Durex 07
Femidom (female sheath) 08
Cap/diaphragm 09
Foams, gels, sprays, pessaries (spermicides) 10 ➔ Go to Q68 on page 21
Contraceptive sponge 11
Persona 12
Safe period/rhythm method (other than Persona) 13
Withdrawal 14
Injection 15
Implant 16
Emergency contraception 17
I have been sterilized/My partner has been sterilized (this includes male vasectomy) 18
Going without sex 19
Another method of contraception 20 ➔ Go to Q65

Q65 What other method of contraception do you or your partner use? Write in:

Now go to Q68 on page 21 ➔
Q66  Here is a list of reasons why people do not use any method of contraception. Which is the **main** reason that currently applies to you and your partner?

Tick ONE box

- I am / my partner is trying to become pregnant or is already pregnant  
- I am / my partner is unlikely to conceive because of the menopause  
- I am / my partner is unlikely to conceive because of infertility  
- Against my faith/beliefs  
- I am having sex with someone of the same sex  
- I don’t like contraception / find methods unsatisfactory  
- My partner doesn’t like – or won’t use – contraception  
- Don’t know where to obtain contraceptives / advice  
- Find access to contraceptive services difficult  
- Some other reason  

Go to Q68 on p21

Q67  Please write in other reason:  

Now go to Q68 on page 21 ➔
EVERYONE PLEASE ANSWER

Q68 Which of the following best describes your sexual orientation? (If forming any of the following relationships: girlfriend / boyfriend / wife / husband / partner – with which sex(es) would that be?)

Tick ONE box

245

1. Bisexual (both sexes)
2. Gay or Lesbian (same sex)
3. Heterosexual (opposite sex)
4. Other
5. Prefer not to answer

246-300 spare
Scottish Health Survey

Booklet for Adults

In Confidence

How to fill in this questionnaire

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

Example:

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

Do you feel that you lead a ...

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

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

Example:

<table>
<thead>
<tr>
<th>Tick ONE box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>
DRINKING EXPERIENCES

PLEASE READ THIS CAREFULLY
Please read each statement. Thinking about the last three months only, if you have had the experience tick the box next to the word "Yes". If you have not had the experience in the last three months, tick the box next to the word "No".

Q1 I have felt that I ought to cut down on my drinking

Tick ONE box
184
Yes 1
No 2

Q2 I have felt ashamed or guilty about my drinking

Tick ONE box
185
Yes 1
No 2

Q3 People have annoyed me by criticising my drinking

Tick ONE box
186
Yes 1
No 2

Q4 I have found that my hands were shaking in the morning after drinking the previous night

Tick ONE box
187
Yes 1
No 2

Q5 I have had a drink first thing in the morning to steady my nerves or get rid of a hangover

Tick ONE box
188
Yes 1
No 2

Q6 There have been occasions when I felt that I was unable to stop drinking

Tick ONE box
189
Yes 1
No 2

Q7 I have been drunk at least once a week, on average, in the last three weeks

Tick ONE box
190
Yes 1
No 2

Go to Q10 on p3

Go to Q8 on p2
Q8  Drinking has made me slightly (or very) drunk in the last three months

Tick ONE box

Yes  \[\text{Yes} \rightarrow \text{Go to Q9}\]

No   \[\text{No} \rightarrow \text{Go to Q10 on p3}\]

Q9  If yes, please tick one of the boxes to show how many times in the last 3 months?

Tick ONE box

Once  \[1\]

Twice \[2\]

Three times \[3\]

Four or more times \[4\]
**GENERAL HEALTH OVER THE LAST FEW WEEKS**

*Please read this carefully:*

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

**HAVE YOU RECENTLY:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
<th>Tick ONE box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q10</td>
<td>Been able to concentrate on whatever you're doing?</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4</td>
</tr>
</tbody>
</table>

| Q11      | Lost much sleep over worry?                                                 | 1            |
|          |                                                                           | 2            |
|          |                                                                           | 3            |
|          |                                                                           | 4            |

| Q12      | Felt you were playing a useful part in things?                              | 1            |
|          |                                                                           | 2            |
|          |                                                                           | 3            |
|          |                                                                           | 4            |

| Q13      | Felt capable of making decisions about things?                              | 1            |
|          |                                                                           | 2            |
|          |                                                                           | 3            |
|          |                                                                           | 4            |

| Q14      | Felt constantly under strain?                                             | 1            |
|          |                                                                           | 2            |
|          |                                                                           | 3            |
|          |                                                                           | 4            |

| Q15      | Felt you couldn't overcome your difficulties?                              | 1            |
|          |                                                                           | 2            |
|          |                                                                           | 3            |
|          |                                                                           | 4            |
HAVE YOU RECENTLY:

Q16  Been able to enjoy your normal day-to-day activities?

Tick ONE box

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

Q17  Been able to face up to your problems?

Tick ONE box

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

Q18  Been feeling unhappy and depressed?

Tick ONE box

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

Q19  Been losing confidence in yourself?

Tick ONE box

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

Q20  Been thinking of yourself as a worthless person?

Tick ONE box

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

Q21  Been feeling reasonably happy, all things considered?

Tick ONE box

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

General Health Questionnaire (GHQ-12)
©David Goldberg 1978; reproduced by permission of NFER-NELSON. All rights reserved.
Please read this carefully:
Below are some statements about feelings and thoughts.
Please tick the box that best describes your experience of each over the last 2 weeks

<table>
<thead>
<tr>
<th>Question</th>
<th>Statement</th>
<th>None of the time</th>
<th>Rarely</th>
<th>Some of the time</th>
<th>Often</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q22</td>
<td>I've been feeling optimistic about the future</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q23</td>
<td>I've been feeling useful</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q24</td>
<td>I've been feeling relaxed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q25</td>
<td>I've been feeling interested in other people</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q26</td>
<td>I've had energy to spare</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q27</td>
<td>I've been dealing with problems well</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q28</td>
<td>I've been thinking clearly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Please read this carefully:
Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over the last 2 weeks.

<table>
<thead>
<tr>
<th>Q</th>
<th>Statement</th>
<th>None of the time</th>
<th>Rarely</th>
<th>Some of the time</th>
<th>Often</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>29</td>
<td>I’ve been feeling good about myself</td>
<td>![1]</td>
<td>![2]</td>
<td>![3]</td>
<td>![4]</td>
<td>![5]</td>
</tr>
<tr>
<td>30</td>
<td>I’ve been feeling close to other people</td>
<td>![1]</td>
<td>![2]</td>
<td>![3]</td>
<td>![4]</td>
<td>![5]</td>
</tr>
<tr>
<td>31</td>
<td>I’ve been feeling confident</td>
<td>![1]</td>
<td>![2]</td>
<td>![3]</td>
<td>![4]</td>
<td>![5]</td>
</tr>
<tr>
<td>32</td>
<td>I’ve been able to make up my own mind about things</td>
<td>![1]</td>
<td>![2]</td>
<td>![3]</td>
<td>![4]</td>
<td>![5]</td>
</tr>
<tr>
<td>33</td>
<td>I’ve been feeling loved</td>
<td>![1]</td>
<td>![2]</td>
<td>![3]</td>
<td>![4]</td>
<td>![5]</td>
</tr>
<tr>
<td>34</td>
<td>I’ve been interested in new things</td>
<td>![1]</td>
<td>![2]</td>
<td>![3]</td>
<td>![4]</td>
<td>![5]</td>
</tr>
<tr>
<td>35</td>
<td>I’ve been feeling cheerful</td>
<td>![1]</td>
<td>![2]</td>
<td>![3]</td>
<td>![4]</td>
<td>![5]</td>
</tr>
</tbody>
</table>

Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)
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CONTRACEPTION

Q36 Are you currently sexually active?

<table>
<thead>
<tr>
<th>Yes</th>
<th>➔ Go to Q37</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>➔ Go to Q41 on page 9</td>
</tr>
</tbody>
</table>

Q37 Which method of contraception are you or your partner currently using?  
Tick up to 3 methods

I am not using any contraception ➔ Go to Q39 on page 8
- Mini pill
- Combined pill
- Pill – not sure which
- Mirena coil (hormone releasing coil)
- Coil/other device
- Condom/male sheath/Durex
- Femidom (female sheath)
- Cap/diaphragm
- Foams, gels, sprays, pessaries (spermicides)
- Contraceptive sponge
- Persona
- Safe period/rhythm method (other than Persona)
- Withdrawal
- Injection
- Implant
- Emergency contraception
- I have been sterilized/My partner has been sterilized (this includes male vasectomy)
- Going without sex
- Another method of contraception ➔ Q38

Q38 What other method of contraception do you or your partner use? Write in:

Now go to Q41 on page 9 ➔
**Q39**

Here is a list of reasons why people do not use any method of contraception. Which is the **main** reason that currently applies to you?

**Tick ONE box**

1. I am / my partner is trying to become pregnant or is already pregnant
2. I am / my partner is unlikely to conceive because of the menopause
3. I am / my partner is unlikely to conceive because of infertility
4. Against my faith/beliefs
5. I am having sex with someone of the same sex
6. I don’t like contraception / find methods unsatisfactory
7. My partner doesn’t like – or won’t use – contraception
8. Don’t know where to obtain contraceptives / advice
9. Find access to contraceptive services difficult
10. Some other reason

**Go to Q41 on p9**

**Q40**

Please write in other reason:

**Go to Q40**

Now go to Q41 on page 9 ➔
EVERYONE PLEASE ANSWER

Q41 Which of the following best describes your sexual orientation? (If forming any of the following relationships: girlfriend / boyfriend / wife / husband / partner – with which sex(es) would that be?)

Tick ONE box

1 Bisexual (both sexes)

2 Gay or Lesbian (same sex)

3 Heterosexual (opposite sex)

4 Other

5 Prefer not to answer

246-300 spare
Scottish Health Survey 2008

Consent sheet: Personal Copy

SN:  

Name:  

[Blank spaces for SN and Name]
BLOOD PRESSURE TO GP CONSENT FORM  

I, (name) ___________________________________________________

consent to the Scottish Centre for Social Research/UCL/MRC SPHSU informing my General Practitioner (GP) of my blood pressure results. I am aware that the results of my blood pressure measurement may be used by my GP to help monitor my health and that my GP may wish to include the results in any future report about me.

Signed ____________________________________

Date ____________________________________

LUNG FUNCTION TO GP CONSENT FORM  

I, (name) ___________________________________________________

consent to the Scottish Centre for Social Research/UCL/MRC SPHSU informing my General Practitioner (GP) of my lung function results. I am aware that the results of my lung function measurement may be used by my GP to help monitor my health and that my GP may wish to include the results in any future report about me.

Signed ____________________________________

Date ____________________________________
I, (name) ___________________________________________________

I. Consent to __________________________ (qualified nurse) taking a sample of my blood on behalf of the Scottish Centre for Social Research/UCL/MRC SPHSU. This blood sample will not be used to test for HIV virus or used for genetic testing. The sample will be tested for total and HDL-cholesterol, fibrinogen, glycated haemoglobin and c-reactive protein.

The purpose and procedure have been explained to me by the nurse and I have had an opportunity to discuss this with him/her. I have received a written explanation of these matters.

I consent to the sample being taken………………tick one box:

☐ With the use of Ametop  ☐ Without Ametop

Signed ________________________________  Date __________

II. I consent to the Scottish Centre for Social Research/UCL/MRC SPHSU informing my General Practitioner (GP) of the blood sample analysis results total and HDL-cholesterol, fibrinogen, glycated haemoglobin and c-reactive protein. I am aware that the results of my blood sample analysis may be used by my GP to help him/her monitor my health and that my GP may wish to include the results in any future report about me.

Signed ________________________________  Date __________

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

Signed ________________________________  Date ____________
I, (name) ___________________________________________________

consent to __________________________ (qualified nurse) collecting a sample of my saliva on behalf of the Scottish Centre for Social Research/UCL/MRC SPHSU.

This saliva sample will only be tested for cotinine, a derivative of nicotine. It will not be tested for substance abuse.

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

Signed ____________________________________

Date ________________________________

---

I, (name) ___________________________________________________

consent to __________________________ (qualified nurse) collecting a sample of my urine on behalf of the Scottish Centre for Social Research/UCL/MRC SPHSU.

This urine sample will be tested to assess salt levels.

This urine sample will only be tested for sodium, potassium and creatinine. It will not be tested for substance abuse.

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

Signed ____________________________________

Date ________________________________
The Information Services Division (ISD) of NHS Scotland collects information on patient care delivered by the NHS in Scotland, such as in-patient and out-patient visits to hospital, length of stay and waiting times. It includes information about medical diagnoses including cancer or heart disease and may be linked with other information e.g. about registration with a general practitioner or mortality.

We would like to ask for your consent for us to send your name, address and date of birth to ISD so that they can link it with their health records.

By linking this information with the interview data the research is more useful as we can look at how people’s lifestyle and circumstances can have an impact on their future health and use of hospital services.

This information will be confidential and used for research purposes only.

By signing this form you are only giving permission for the linking of this information to routine administrative data and nothing else. We will not be able to obtain any other details from your medical records, such as your GP records.

You can cancel this permission at any time in the future by writing to: The Scottish Centre for Social Research, 73 Lothian Road, Edinburgh, EH3 9AW.

I, (name) ____________________________ consent to the Scottish Centre for Social Research /UCL/MRC SPHSU passing my name, address and date of birth to:

the Information and Statistics Division of NHS Scotland.

Signed ____________________________ Date ______________________

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

The Information Services Division (ISD) of NHS Scotland collects information on patient care delivered by the NHS in Scotland, such as in-patient and out-patient visits to hospital, length of stay and waiting times. It includes information about medical diagnoses including cancer or heart disease and may be linked with other information e.g. about registration with a general practitioner or mortality.

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You can cancel this permission at any time in the future by writing to: The Scottish Centre for Social Research, 73 Lothian Road, Edinburgh, EH3 9AW.

I, (name) ____________________________ am the parent/guardian of ____________________________

(child’s name) ____________________________

I consent to the Scottish Centre for Social Research /UCL/MRC SPHSU passing his/her name, address and date of birth to:

the Information and Statistics Division of NHS Scotland.

Signed ____________________________ Date ______________________

I understand that these details will be used for research purposes only.
In the future, the Scottish Government may want to commission follow-up research among particular groups of the public to improve health or health services.

Please be assured that any information you provide for this purpose will only be released for bona fide social research carried out by reputable research organisations and that your confidentiality will be protected in the publication of any results given.

If you are willing your name, contact details and relevant answers you have given during the interview will be passed on to the Scottish Government or other research agencies acting on behalf of, or in collaboration with, the Scottish Government for this purpose.

Any information passed to the Scottish Government will be treated in accordance with the 1998 Data Protection Act and will not be used for any purposes other than future research about health or health services.

Data will not be connected to names and addresses at any time. Researchers are not interested in your individual answers but instead are interested in the combined answers of all the people interviewed.

If you are invited to take part in any future studies you will be free to refuse if you do not want to take part.

You can cancel this permission at any time in the future by writing to: The Scottish Centre for Social Research, 73 Lothian Road, Edinburgh, EH3 9AW.

Your consent

I, (name) ___________________________________________ am the parent/guardian of (child’s name) ___________________________________________.

I consent to the Scottish Centre for Social Research /UCL/MRC SPHSU passing his/her name, address and the answers given in this interview to: the Scottish Government

Signed ________________________________ Date __________________________

I understand that these details will be used for research purposes only.
Measurement Protocols

Appendix B
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 or sit up straight

1.3 Equipment
You will need:
- A portable stadiometer (see figure 2 below)
- A Frankfort Plane card.

1.4 Procedure for adults
1. Ask the respondent to remove their shoes.
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 rod 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.

5. Instruct the respondent to keep their eyes focused on a point straight ahead, to breathe in deeply and to stretch to their fullest height. If after stretching up the respondent's head is no longer horizontal, repeat the procedure. It can be difficult to determine whether the stadiometer headplate is resting on the respondent's head. If so, ask the respondent to tell you when s/he feels it touching their head.

6. Ask the respondent to step forwards. 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 bottom edge of the head plate cuff. There is an 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).
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).
8. Ask the child to breathe in. Firmly but gently, apply upward pressure lifting the child's head upward towards the stadiometer headplate 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 headplate 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.
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 headplate 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 headplate 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 130kg (20 ½ stone) in weight
  The maximum weight registering accurately on the scales is 130kg. If you think that they exceed this limit then code it appropriately in CAPI and follow the prompts. Do not attempt to weigh them.

2.3 Equipment
There are two different sets of scales in circulation on NatCen projects. You will be provided with either:
- Tanita THD-305 scales
  The weight is displayed in a window on the scales. The scales are switched on by pressing the button on the bottom right hand corner of the scales. They are battery operated and require four 1.5v AA batteries, which should be sent with the scales. They may be packed separately or one of the batteries may be turned around, to prevent the batteries from going flat, as there is no on/off switch. Ensure that you have spare batteries, just in case you need them.
- Seca 870 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.

Please check which scales you have been provided with and make sure that you are familiar with how they operate.

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**

<table>
<thead>
<tr>
<th>Fault</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tanita THD 305 scales</strong></td>
<td></td>
</tr>
</tbody>
</table>
| No row of 8s when turned on or will not turn on | • Replace batteries  
• If not solved, report to manager/Brentwood |
| Inconsistent readings | • Make sure on hard flooring  
• Ensure 0.0 on display when respondent steps on scales  
• Replace batteries  
• If not solved, report to manager/Brentwood |
| **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 888.8 (for the Tanita scales) or 1888 (for the Seca scales) 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. The weight reading will flash on and off when it has stabilised. 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.

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.

5. If the respondent wishes record this reading on their measurement record card.
3 DEMISPAN MEASUREMENT

3.1 Introduction

Only those aged 65 or over are eligible to have their demi-span measurement taken. The demispan measurement is an alternative measure of height. It is the distance between the midline of the sternal notch and the base of the fingers between the middle and ring fingers, with the arm out-stretched laterally (see Figure 4).

Figure 4 The Demispan Measurement

The demispan measurement is taken when it is difficult to measure height accurately. For example if the respondent cannot stand straight or is unsteady on their feet as is quite often in the case of the elderly and some disabled people. It is used as a proxy for a height measurement as there is a relationship between demispan and ‘true height’. Additionally, height decreases with age to a varying degree depending on individuals, and thus the standard measure of height may be less useful for some older respondents. The long bones in the arm do no get shorter however, and thus can be used to estimate accurately a respondent’s ‘true height’.

3.2 Exclusion criteria

Respondents are excluded from the demispan measurement if:

- They cannot straighten either arm without pain or discomfort.

3.3 Equipment

You will need:

- A thin retractable demispan tape calibrated in cm and mm
- A skin marker pencil
- Micropore tape

3.3.1 Using the demispan tape

A hook is attached to the tape and this is anchored between the middle and ring fingers at the finger roots. The tape is then extended horizontally to the sternal notch.

The tape is fairly fragile. It can be easily damaged and will dent or snap if bent or pressed too firmly against the respondent’s skin. Also the ring connecting the hook to the tape is a relatively weak point. Avoid putting more strain on this ring than necessary to make the measurements. When extending the tape, hold the tape case rather than the tape itself as this puts less strain on the hook and tape. When placing the tape against the sternal notch, do not press into the sternal notch so much that the tape kinks.
3.4 Preparing the respondent

Explain to the respondent the purpose of conducting the demispan measurement and explain the procedure. Further explain that the measurement requires minimal undressing because certain items may affect the accuracy of the measurement. The items of clothing that will need to be removed include:

- Ties
- Jackets, jumpers and other thick garments
- Jewellery items such as chunky necklaces/bracelets
- Shoulder pads
- High heeled shoes
- Shirts should be unbuttoned at the neck

If the respondent does not wish to remove any item that you think might affect the measurement, record that the measurement was not reliable in CAPI.

For the purpose of consistency, where possible the right arm should always be used. If this is not possible, carry out the measure on the left arm and make a note of this in CAPI.

3.5 Procedure

1. Locate a wall where there is room for the respondent to stretch his/her arm. They need to stand with their back to the wall but not support themselves on it, standing approximately 3 inches (7cm) from the wall.

2. Ask the respondent to stand with weight evenly distributed on both feet, head facing forward.

3. Have them raise their right arm and extend it horizontally to their side until it is parallel with the floor. The right wrist should be in neutral rotation and neutral flexion. Rest your left arm against the wall allowing the respondent’s right wrist to rest on your left wrist.

4. When the respondent is in the correct position, mark the skin at the centre of the sternal notch using the skin marker pencil. This mark must be made when the respondent is standing in the correct position. Explain to the respondent that the mark will wash off afterwards.

5. If clothing, jewellery or subcutaneous fat obscures the sternal notch, use a piece of micropore tape on the clothing or jewellery. If the respondent refuses to the use of the marker pen or the tape, proceed with the measurement but record it as unreliable in CAPI.

6. Ask the respondent to relax while you get the demispan tape.

7. Place the hook between the middle and ring fingers of the respondent so that the tape runs smoothly across the arm.

8. Ask the respondent to get into the position they were in previously, with their arm raised horizontally, the wrist in neutral flexion and rotation. Check they are in the correct position.

9. Extend the tape to the sternal notch. If no mark was made, feel for the correct position and extend the tape to this point.
10. Ask the respondent to stretch his/her arm checking that they remain in the same position, the hook has not moved on their fingers and that the respondent is not leaning on the wall or bending at the waist.

11. Record the measurement in CAPI, in centimetres and millimetres. Always report to one decimal place. If the length lies halfway between 2 millimetres, then round to the nearest even millimetre (see section 2.4).

12. Ask the respondent to relax and loosen up the right arm by shaking it gently.

13. Repeat steps 2-11. Explain to the respondent that the measure needs to be taken again for accuracy. If the second measure is significantly different to the first, CAPI will give you an error message. At this point you can check to make sure that you have entered the readings correctly or take a third measure if there is another reason for the measurements being different. This is to be taken in the same way as the previous two. CAPI will work out which two of the three readings to use.

14. If the respondent wishes, record the results on their measurement record card. You can use the conversion chart on your showcards to convert the results into inches.

3.6 Additional points

- If the respondent is unable to stand in the correct position or finds it difficult to stand steadily, ask them to sit for the measurement. Use an upright chair and position it close to a wall. If a respondent is unable to sit or stand, the measurement can be taken when the respondent is lying down. In both cases still try to support the arm if possible. You may need to sit or kneel to take the reading.
- Record in CAPI how the measurement was taken (i.e., with respondent standing, sitting, etc).
- If there is no wall available for the respondent to stand in front of and extend their arm horizontally, have them stand in front of any other flat surface e.g. in front of a cupboard or window, ensuring that they are not supporting their body weight on this surface.
- If the respondent is much taller than you take the measurement with the respondent sitting.
- If the respondent’s arm is much longer than yours is, support the arm close to the elbow rather than wrist level. Your arm must not be between the elbow and shoulder, as this will not provide sufficient support.
4 WAIST AND HIP CIRCUMFERENCES

4.1 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).

4.2 Exclusion criteria
Respondents are excluded from the waist and hip circumference measurement if they:
- Are pregnant
- Are chairbound
- Have a colostomy/ileostomy

4.3 Equipment
You will need:
- An insertion tape calibrated in millimetres

4.3.1 Using the insertion tape
The tape is passed around the circumference and the end of the tape is inserted through the metal buckle at the other end of the tape. 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.

4.4 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.

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.
4.5 Procedure

Steps 1-3 apply to both waist measurement (section 8.5.1) and hip measurement (section 8.5.2).

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. Insert the plain end of the tape through the metal ring at the other end of the tape.

4.5.1 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 buckle flat against the body and flattening the end of the tape to read the measurement from the outer edge of the buckle.

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 (see section 2.4).

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.

4.5.2 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 buckle flat against the body and flattening the end of the tape to read the measurement from the outer edge of the buckle.

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 (see section 2.4).

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.

4.6 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.
5 RECORDING AMBIENT AIR TEMPERATURE

5.1 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.

5.2 Equipment
You will need:
- A digital thermometer
- A probe

5.2.1 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.

5.3 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.
6 LUNG FUNCTION

6.1 Introduction

Lung function tests objectively assess respiratory function and are widely used in clinical practice to diagnose and monitor the progress of respiratory diseases such as asthma and chronic obstructive airways disease. A lung function test produces values across the various measures tabled below (Table 2). A wide range of variables can affect these factors, for example physical unfitness, smoking, chronic bronchitis, poorly controlled asthma, some muscular disorders and many other conditions. At a population level, these measures tell us a lot about the respiratory health of the population and are also indicators of general health.

Table 2: Lung function test values

<table>
<thead>
<tr>
<th>Test</th>
<th>Abbrev</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forced Vital Capacity</td>
<td>FVC</td>
<td>The total amount of air that can forcibly be blown out after a full inspiration, measured in litres.</td>
</tr>
<tr>
<td>Forced Expiratory Volume in 1 Second</td>
<td>FEV₁</td>
<td>The amount of air that can be blown out in one second, measured in litres.</td>
</tr>
<tr>
<td>FEV₁%</td>
<td>FEV₁/FVC</td>
<td>The ratio of FEV₁ to FVC.</td>
</tr>
<tr>
<td>Peak Expiratory Flow</td>
<td>PEF</td>
<td>The speed of air moving out of your lungs at the beginning of expiration, measured in litres per second.</td>
</tr>
<tr>
<td>Forced Expiratory Flow</td>
<td>FEF</td>
<td>The average flow (or speed) of air coming out of the lung during the middle portion of expiration.</td>
</tr>
<tr>
<td>Forced Inspiratory Flow</td>
<td>FIF</td>
<td>Similar to FEF except the measurement is taken during inspiration.</td>
</tr>
<tr>
<td>Forced Expiratory Time</td>
<td>FET</td>
<td>The length of expiration in seconds.</td>
</tr>
<tr>
<td>Tidal Volume</td>
<td>TV</td>
<td>The specific volume of air that is drawn into the lungs and then expired during a normal respiratory cycle.</td>
</tr>
</tbody>
</table>

6.2 Exclusion criteria

Respondents are excluded from the lung function measurement if they:
- Are pregnant
- Have had abdominal or chest surgery in the preceding three weeks
- Have been admitted to hospital with a HEART complaint in the preceding six weeks
- Have had eye surgery in the preceding 4 weeks
- Have a tracheostomy

6.3 Equipment

You will need:
- A Vitalograph Escort spirometer and case
- A 1 litre calibration syringe
- Disposable cardboard mouthpieces
6.3.1 Caring for the spirometer

1. For the purposes of hygiene and accuracy, once a month or after every 50 respondents remove the flowhead and clean it in hot soapy water and allow it to dry overnight before refitting.

2. When necessary clean the exterior with a lint free damp cloth. DO NOT clean the two white cylindrical filters on the top of the unit.

6.3.2 Using the spirometer

1. Take a spare battery with you in case of battery failure. The spirometer uses a 9v pp3 battery.

2. Whenever the ‘ON’ button is pressed to perform a new test, ensure that the spirometer is placed on a flat surface with the mouthpiece pointing upwards.

3. Unpack the spirometer as soon as possible and keep it away from direct heat. Allow the spirometer to equilibrate to room temperature before the lung function tests are performed.

4. See Figure 6 for the spirometer unit and the display

![Image of spirometer unit and display]

Figure 5 The Spirometer

6.3.3 Calibration/accuracy test

1. Before using the spirometer its accuracy must be checked by calibrating it. This procedure can be done in your own home at the start of each day when you are working. If you have more than one visit in the same day you need to calibrate the spirometer only once. You should not need to take the calibration syringe with you when you make a visit.
2. Ensure that the spirometer and syringe have been in the same temperature environment for at least an hour.

3. Connect the spirometer, by the flow head, to the syringe. Pump through a few litres of air, then disconnect the spirometer.

4. Switch on the spirometer and press the small top most button to the left of the arrow keys (the accuracy check button). The display will show a number.

5. Check display is 01. If not, adjust with up/down arrow keys (see figure 6).

6. Press the left arrow key (the enter button) and wait until display shows ‘blow now’ and ‘thumbs down’ symbols.

7. Making sure the syringe piston is fully withdrawn, connect the syringe to the flow head. The handle of the spirometer should be pointing upwards.

8. Using one swift, smooth stroke pump in the volume of air (about 1 second). Don’t cover the outlet with your hand.

9. Wait for a double beep then withdraw the piston fully and repeat step 8 until five single beeps occur. It is very important to wait for the double beep before withdrawing the piston each time.

10. If ‘thumbs up’ is displayed, the spirometer has been correctly calibrated.

11. If a ‘thumbs down’ sign appears on the display, then the spirometer is outside the accuracy requirements, contact Brentwood to arrange for a replacement.

12. Press the On/Off button to switch off.

6.3.4 Technical faults

Refer to table 3 if technical difficulties are experienced with the spirometer

Table 3 Troubleshooting for the spirometer

<table>
<thead>
<tr>
<th>Fault</th>
<th>Action</th>
</tr>
</thead>
</table>
| Nothing is displayed when the ON button is pressed | • Replace battery  
• The ON button is not being held down for long enough  
• Display panel failure – contact Brentwood |
| False readings suspected           | • Ensure the unit is being held correctly during the test  
• Re-test accuracy |
| Calibration values vary greatly    | • Ensure the correct calibration procedure is being followed  
• Start calibration syringe stroke sharply |

If any problems persist, contact Brentwood for advice.
6.4 Preparing the respondent

Before commencing the spirometer procedure explain the following to all eligible respondents:

- The purpose of the test and how to use the spirometer.
- To ensure an accurate reading they must ‘blow’ as hard as they can so long as it does not cause them any pain and/or discomfort.
- The definition of an acceptable level of lung function depends on the person’s age, sex and height.
- A diagnosis of abnormality is not based on a reading from a single occasion but is rather based on several measurements and on the person’s clinical history.

6.4.1 Demonstrating

For an accurate reading of lung function it is very important that you demonstrate the blowing technique to each respondent. Do this using a spare mouthpiece that is not connected to the spirometer and follow the procedure below:

1. Explain that the mouthpiece should be held in place by the lips, not the teeth and that the lips are wrapped firmly around the mouthpiece so no air can escape.

2. Demonstrate a blow, pointing out afterwards the need for full inspiration, a vigorous start to exhalation and sustained expiration. The blow should be at least 3 seconds in duration and not interrupted by coughing, laughing or leakage of air. The torso should remain in an upright position throughout the blow, not hunched over at the end.

6.5 Procedure

1. The respondent must be standing, unless chairbound, and they should loosen tight clothing to allow for a bigger inspiration. If the respondent wears dentures, it is preferable that they leave them in as they will get a tighter seal with their mouth around the mouthpiece which will result in a more accurate result.

2. Following the demonstration, hand the respondent a clean disposable mouthpiece and allow the respondent at least one practice blow using the mouthpiece alone. Correct their technique where necessary.

3. Attach the respondent’s mouthpiece and turn the unit on using the ‘ON/OFF’ button. Check that the ‘low battery’ symbol is not showing.

4. Gently hand the spirometer to the respondent as sudden jerky movements can destabilise the unit. If a single beep sounds at this point, wait for the spirometer to stabilise, indicated by a further double beep, before proceeding with the test. The display should also display the ‘blow’ symbol.

5. Ask the respondent to take as deep a breath as possible, keeping the spirometer away from their mouth, and then to hold the mouthpiece with their lips and seal their lips around it so that air does not escape while they are blowing. Check that the spirometer is held below the flowhead with the handle pointing downwards and the subject’s hand is not obstructing the flowhead outlet.

6. Then say “now blow!” As the respondent is blowing encourage him/her by saying “keep going, keep going, keep going...” to get the maximum expiration possible. Observe the respondent closely for satisfactory technique. If the blow was technically unsatisfactory, they will need to blow again (refer to section 10.6).
7. Take the spirometer from the respondent and record the appropriate readings in CAPI by using the down arrow to scroll through the display.

8. Switch off the spirometer to reset the unit. This is very important, otherwise the subsequent readings are based on the best of a series of tests and not on individual blows.

9. Repeat steps 3-8 until you have obtained five satisfactory blows. Most respondents should be able to manage what is required but there may be some that cannot. You must strike a balance between encouragement and over-insistence.

10. If the respondent wishes, record the results on their measurement record card, recording the highest obtained reading for each measure, even if they came from different blows.

6.6 Technically unsatisfactory blows

The following may result in a technically unsatisfactory blow, and if any of these occur the test should be repeated.

- Unsatisfactory start: excessive hesitation or “false start”. It is probable that the spirometer will not record this blow (or give lung capacity as zero), but sometimes it will give a spurious reading.
- Laughing or coughing, especially during the first second of the blow. Some people will cough a little towards the end of expiration (particularly if this extends to 5 or 6 seconds) but this is acceptable.
- Holding the breath against a closed glottis (Valsalva manoeuvre). This results in spuriously high peak expiratory flow (see table 2).
- Leakage of air around the mouthpiece.
- Obstruction of the mouthpiece by tongue or teeth.
- Obstruction of the flowhead outlet by hands.
- If the spirometer takes more than 3 seconds to display the results after the end of the blow, it is likely that the results are spurious.
7 BLOOD PRESSURE

7.1 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.

7.2 Exclusion criteria
Respondents are excluded from the blood pressure measure if they are pregnant. If a pregnant woman wishes to have her blood pressure measured, you may do so, but do not record the readings in CAPI.

7.3 Consent
In addition to the verbal consent required to conduct all NatCen procedures (refer to section 2.1), 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.

7.4 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

Please note you will not get all of the cuff sizes in some of the studies, this is dependent on the sample involved in the individual surveys.

7.4.1 Using the Omron HEM 907
Figure 6 shows the monitor of the Omron
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, as described in section 11.6.
7.4.2 Charging the battery

The Omron HEM 907 is equipped with a rechargeable battery, which is usable for approximately 300 measurements when fully charged.

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.

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.

7.4.3 Technical faults/error readings

Refer to table 4 when error readings appear on the LCD screen.

Table 4 Troubleshooting for the Omron HEM 907

<table>
<thead>
<tr>
<th>Error No.</th>
<th>Action</th>
</tr>
</thead>
</table>
| 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 |

7.5 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.
7.5.1 Selecting the correct cuff

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.

7.6 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 (section 9) and just before taking the blood pressure reading, make a note of the air temperature.

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.
7.7 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.

7.7.1 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 highest systolic and highest diastolic reading from the last two readings. 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. 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 5.

Table 5 Definition of blood pressure ratings

<table>
<thead>
<tr>
<th>Rating</th>
<th>Systolic</th>
<th>Diastolic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>&lt;140</td>
<td>&lt;85</td>
</tr>
<tr>
<td>Mildly raised</td>
<td>140 - 159</td>
<td>85 – 99</td>
</tr>
<tr>
<td>Raised</td>
<td>160 - 179</td>
<td>100 – 114</td>
</tr>
<tr>
<td>Considerably raised</td>
<td>180 or more</td>
<td>115 or more</td>
</tr>
</tbody>
</table>
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.'

"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).

7.8 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.

Table 6 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 6 Nurse action due to blood pressure readings

<table>
<thead>
<tr>
<th>BLOOD PRESSURE</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal/mildly raised/raised BP</td>
<td>No further action necessary</td>
</tr>
<tr>
<td>Systolic less than 180 mmHg and Diastolic less than 115 mmHg</td>
<td>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.*</td>
</tr>
<tr>
<td>Considerably raised BP</td>
<td>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.*</td>
</tr>
<tr>
<td>Systolic at or greater than 180 mmHg or Diastolic at or greater than 115 mmHg</td>
<td>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.</td>
</tr>
</tbody>
</table>

* 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.
8 SALIVA

8.1 Introduction
Saliva samples are taken from respondents for analysis to detect various chemical compounds (depending on the aims of the individual surveys) to provide information on peoples health and lifestyle. These compounds include:
- Cortisol, indicating an individual's stress levels.
- Cotinine, a derivative of nicotine showing levels of exposure to tobacco smoke.

8.2 Exclusion criteria
Respondents are excluded from giving a saliva sample if they:
- 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.

8.3 Consent
There is a separate consent form for the saliva sample. This must be signed and dated by the respondent. Please make it clear to respondents that they will not receive results regarding their saliva sample (see section 2.5).

8.4 Preparing the respondent
Explain to the respondent what you will require them to do and the reasons behind why saliva samples are taken.

8.4.1 Equipment
You will need:
- Salivettes, consisting of dental roll and a tube.
- Gloves

8.4.2 Procedure
1. Remove the cap from the tube and instruct the respondent to take the dental roll from the tube, without touching it, by lifting the tube to their lips and letting the dental roll fall into their mouth. Further explain that they must leave it in their mouth until it is saturated with saliva.

2. Ask them to move it around in their mouth, without chewing it, as it helps to ensure thorough wetting of the dental roll. It will vary from person to person, however 3 minutes will usually be ample.

3. 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.

4. When the dental roll is sufficiently wet, ask the respondent to remove it from their mouth and put the dental roll back into the tube, avoiding touching it if they can.
5. Wearing gloves, check that the roll is saturated. The tube should feel noticeably heavier than an unused one. If the dental roll 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.

6. Once you are satisfied that it is saturated replace the cap on the tube and 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.

8.5 Packaging the saliva sample

1. Make sure that the lid of the salivary tube is secure.

2. Label the tube (using the blue labels provided). Enter the respondent’s serial number and date of birth on the label in blue biro (black ink will smudge).

3. Insert the tube in the packaging, either together with that respondent’s blood container and urine sample (if obtained), or on its own. The choice of the appropriate size of packaging will depend on the total number of samples obtained by each respondent as explained below (three or fewer samples go in a small despatcher, more than 3 samples go in a large despatcher).

Continue to pack as instructed in relation to the blood samples.
9 SPOT URINE

9.1 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 7). The information that is obtained is highly accurate and cannot be taken from any other source. Please note that the compounds that are analysed are dependent on the individual survey.

Table 7 Compounds in urine analysis

<table>
<thead>
<tr>
<th>Chemical</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Potassium</td>
<td>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.</td>
</tr>
<tr>
<td>Sodium (salt)</td>
<td>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.</td>
</tr>
<tr>
<td>Urea and Nitrogen</td>
<td>Urea and nitrogen are natural by-products of the human body. They are analysed to give an indication of kidney function. They also provide information on the amount of protein in an individual's diet.</td>
</tr>
</tbody>
</table>

9.2 Exclusion criteria

Respondents are excluded from giving a urine sample if they:

- 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.

9.3 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.
9.4 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).

9.5 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, similar to Section 16.5.1, 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.
9.5.1 Urine sample syringe instructions

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.

NB: Person in pictures should be wearing gloves!
9.6 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 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 instructions below.

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).

9.7 Packaging the urine sample

Make sure that the plastic cap is securely sealed, and the syringe plunger stalk snapped.

Label the urine sample tube (using the blue labels). Enter the respondent’s serial number and date of birth on the label (in blue biro). Put the label on the tube after the sample has been collected (otherwise the label might get wet in the process!).

Insert the tube in the despatch container, either together with that respondent’s blood container and/or saliva sample (if obtained), or on its own. The choice of the appropriate size of packaging will depend on the total number of samples obtained by each respondent as explained below (three or fewer samples go in a small despatcher, more than 3 samples go in a large despatcher).

Continue to pack as instructed in relation to the blood samples.
10 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.

10.1 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.

Each study is interested in different analytes and the ones analysed for SHeS 2008 are listed below along with information on what they measure.

Table 8 Blood analytes

<table>
<thead>
<tr>
<th>ANALYTE</th>
<th>WHAT IT MEASURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>C-reactive protein</td>
<td>The level of C-reactive protein in the blood gives information on inflammatory activity in the body, and it is also associated with risk of heart disease.</td>
</tr>
<tr>
<td>Fibrinogen</td>
<td>Fibrinogen is a major determinant of platelet aggregation and blood viscosity. It is a major independent risk factor for cardiovascular disease (CVD) and may interact with lipids to promote CVD risk.</td>
</tr>
<tr>
<td>Glycated Haemoglobin</td>
<td>Glycated haemoglobin is a measure of the respondent’s longer term glycaemic status. High levels are indicative of poor control of, or undiagnosed diabetes.</td>
</tr>
<tr>
<td>Total and HDL cholesterol</td>
<td>Total 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.</td>
</tr>
</tbody>
</table>

The blood will not be tested for any viruses, such as HIV (AIDS).

10.2 Exclusion criteria

All respondents with the following exceptions are eligible to give blood:

- Pregnant women

- 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.
• People who have ever had a fit
  Respondents who have ever had a fit (e.g. epileptic fit, convulsion) should not be asked to provide a blood sample. This applies even if the fit(s) occurred some years ago.

• 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

**10.3 Consent**

As blood taking is an invasive procedure we need to obtain written consent as well as verbal consent to take it. This has to be obtained from the respondent in all cases. If you cannot obtain written consent, the computer will direct you to circle the relevant codes.

On no account should you ever take blood before you have obtained written consent to do so from the respondent.

There are three further written consents we wish to obtain in respect to blood sampling

  a. Consent to send the results to the GP
  b. Consent to store a small amount of the blood
  c. Consent to send the results to the respondent

You should seek to obtain all these 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. Remember to enter their name at the head of this 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.
10.4 Equipment
The equipment required is listed on page 8 of the Clinical Practice Guideline for Venepuncture (CPG).

10.5 Preparing the respondent
Protocol on preparing the respondent can be found in the CPG on page 8.

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
• Do not ask the respondent to clench his/her fist.

10.6 Procedure
The procedure for taking the blood sample can be found in the CPG pages 9-12. This procedure is to be followed. It is to be used in conjunction with CAPI which will guide you through the blood sampling process.

Additional points to note include:
• The vacutainers should be filled to capacity in turn and inverted gently on removal to ensure complete mixing of blood and preservatives.

**IMPORTANT WARNING**
Never re-sheath the needle after each use

Do not allow the disposal box to become overfull as this can present a potential hazard

10.6.1 Labelling the Blood Tubes
Label the tubes as you take the blood. It is vital that you do not confuse blood tubes within a household.

Use the set of serial number and date of birth labels (blue) to label the vacutainer tubes. Attach a serial number label to every tube that you send to the lab. Enter the serial number and date of birth very clearly on each label. Make sure you use blue biro - it will not run if it gets damp. Check the Date of Birth with the respondent again verbally.

Stick blue label over the label already on the tube. The laboratory needs to be able to see on receipt how much blood there is in the tube.

We cannot stress too much the importance of ensuring that you label 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 if we detect an abnormality and you have attached the wrong label to the tube!

10.6.2 Packaging the Blood Tubes
Pack the tubes for each respondent separately from those of other members of the household. All tubes from one person should be packed together in one despatch container. You have been provided with two different types of despatch containers, a small one and a
large one. Depending on the total number of samples each respondent provides, you will need to use the appropriate packaging:

As a rough guide, adults who provide a blood, saliva and urine sample will need a large despatch container, while others will just require the small size. The capacity of the small despatch containers is 4 sample tubes provided that there is no urine sample (3 blood plus one saliva). For 3 blood tubes plus a urine tube, you will need the large despatchers. For more than 4 sample tubes, you will also need to use the large despatchers.

10.6.3 Posting the blood samples

The size of the packaging means you will not be able to post blood samples in a letter box. The samples will have to be taken to the post office for posting.

The samples should be posted within 24 hours of the sample been taken. Try to avoid taking samples if you think that you will be unable to post it within 24 hours.

10.6.4 Weekend posting

If you miss the Saturday post collection, the sample must be posted on the following Monday morning.

10.6.5 Storage of blood samples

If you are unable to post the samples immediately, they can be stored at room temperature.

When you have posted the samples, fill in the time and date of posting on the office copy of the Despatch Notes.

10.6.6 Completing the Blood Despatch Notes

The Consent Booklet contains two Despatch Notes, one for the Lab one for the Office. The Lab copy should be filled in and sent to the laboratory with the blood, saliva and urine samples.

- Enter the respondent's serial number very carefully. This should both correspond to your entry on page 1 of the Consent Booklet and to the serial numbers you have recorded on the tubes.
- Complete items 2, 3 and 4. Check that the date of birth is correct and consistent with entry on nurse schedule and tube label.
- Complete item 5.
- At Item 6 ring a code to tell the laboratory whether or not permission has been obtained to store part of the blood. Your entry here should correspond to your entry at Item 8e on the front page of the booklet.
- At Item 7 enter your Nurse Number.

Tear off the Lab despatch note and send with the samples to the laboratory.

You also need to complete the Office DESPATCH in the consent booklet. This tells us the date you sent the samples to the lab and indicates what we should expect back from the laboratory.

If you have only achieved an incomplete blood sample (e.g. have only filled one tube), please state this clearly on both copies of the despatch note and give the reason.
10.7 Other important points

10.7.1 Venupuncture check questions

Always complete the Venupuncture 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 follows directly after you have taken blood samples.

Please remember to check the respondent just before you leave and note any changes in their physical appearance in CAPI.

10.7.2 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. It is acceptable for the respondent to discontinue the procedure but agree to give the blood sample at a later time.

Remain with the respondent until they feel able to slowly move to a sitting position and until they are happy for you to leave them. Ensure you submit a Special Report Form to the Operations Standards Co-ordinator detailing what happened and how the respondent appeared when leaving.

10.7.3 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.

Precautions

- Wear gloves at all times when performing the venepuncture procedure
- 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
- Sharps should be disposed of at the point of use
- Never hand sharps to anyone

Disposal

Do’s:
- Always wear gloves when performing venepuncture procedure
- Bins should conform to British Standard 7320
- Sharps must always be disposed of in the approved yellow 'sharps bins'
- Sharp bin should be available beside you before opening and using the sharp
- Ensure that the lid is secure
• Dispose of the sharp bin when the manufacturer’s marked line has been reached or when it is three quarters full
• Carry sharp containers by the handle
• Dispose of the sharp in the bin immediately after use
• Check to ensure that the bin lid is securely attached to the base and that the flap has been securely closed and sealed

Don'ts:
• Overfill sharps bins
• Fill sharps containers above the manufacturer’s marked line
• Dispose of sharps with other clinical waste
• Place used sharps containers in yellow bags for disposal
• 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

Place the used needles and the vacutainer holders in the sharps box and put gloves etc in the self-seal disposal bag. The needle disposable box should be taken to your local hospital or GP practice for incineration. Telephone them beforehand, if you are not sure where to go. If you cannot find a place to dispose of the sharps bin, contact your nurse supervisor who will be able to give you information on appropriate places.

The sealed bag containing gloves etc can be disposed of with household waste as long as it does not have any items in it that are contaminated by blood.

10.7.4 Needle stick injuries

The following information is based on guidelines from the Department of Health, immediately following exposure.

First Aid
• Encourage wound to bleed.
• Do not suck.
• Wash liberally with soap and water without scrubbing, do not use antiseptics and skin washes.
• Dry and apply waterproof dressing.
• Exposed mucous membrane and conjunctivae should be irrigated copiously with water.

Following the above procedure it is recommended that the nurse attend a nearby accident and emergency department to ensure immediate current needle stick injury assessment/treatment.

Please note that you should not take any further action in the respondent’s home; any further procedures which might be necessary (such as taking a sample of the respondent’s blood) would be carried out by somebody else.
Report

- Incident to be reported as soon as possible to Nurse Supervisor, who will report the incident to the Survey Doctor.
- Special Report form to be completed and sent to Operations Standards Co-ordinator at Brentwood.

As soon as the nurse supervisor hears, she will ensure that the nurse is offered appropriate advice and support.

10.7.5 Respondents who are HIV or Hepatitis B 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 in the CAPI. You should never, of course, seek this information.

10.8 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.
Glossary
APPENDIX D: GLOSSARY

This glossary explains terms used in the report, other than those fully described in particular chapters.

Age standardisation

Age standardisation has been used in order to enable 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, using the direct standardisation method. The standard population to which the age distribution of sub-groups was adjusted was the mid-2008 population estimates for Scotland. All age standardisation has been undertaken separately within each sex.

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. The variance of the standardised proportion can be estimated by:

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

where $q_i = 1 - p_i$.

Anthropometric measurements

See Body mass index (BMI) and Waist-hip ratio

Arithmetic mean

Blood analytes

See Mean

See Cholesterol (total and HDL), Fibrinogen, C-reactive protein, Glycated Haemoglobin.
Blood pressure

Systolic (SBP) and diastolic (DBP) blood pressure were measured using a standard method (see Volume 2, Appendix B for measurement protocol). In adults, high blood pressure is defined as SBP $\geq 140$ mmHg or DBP $\geq 90$ mmHg or on antihypertensive drugs.

Body mass index

Weight in kg divided by the square of height in metres. Adults (aged 16 and over) can be classified into the following BMI groups:

<table>
<thead>
<tr>
<th>$BMI (kg/m^2)$</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 18.5</td>
<td>Underweight</td>
</tr>
<tr>
<td>18.5 to less than 25</td>
<td>Normal</td>
</tr>
<tr>
<td>25 to less than 30</td>
<td>Overweight</td>
</tr>
<tr>
<td>30 to less than 40</td>
<td>Obese</td>
</tr>
<tr>
<td>40 and above</td>
<td>Morbidly obese</td>
</tr>
</tbody>
</table>

Although the BMI calculation method is the same, there are no fixed BMI cut-off points defining overweight and obesity in children. Instead, overweight and obesity are defined using several other methods including age and sex specific BMI cut-off points or BMI percentiles cut-offs based on reference populations.

Cardiovascular Disease

Participants were classified as having cardiovascular disease (CVD) if they reported ever having any of the following conditions diagnosed by a doctor: angina, heart attack, stroke, heart murmur, irregular heart rhythm, ‘other heart trouble’. For the purpose of this report, participants were classified as having a particular condition only if they reported that the diagnosis was confirmed by a doctor. No attempt was made to assess these self-reported diagnoses objectively. There is therefore the possibility that some misclassification may have occurred, because some participants may not have remembered (or not remembered correctly) the diagnosis made by their doctor.

Cholesterol (Total and HDL)

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 this study, raised total cholesterol has been defined as $\geq 5.0$ mmol/l.

In a normal individual, high density lipoprotein (HDL) constitutes approximately 20-30% of total plasma cholesterol. Studies have
demonstrated a strong direct relationship between coronary heart disease and low HDL-cholesterol. HDL-cholesterol was considered 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. Saliva samples were collected during the nurse visit and will be reported on in 2010.

**C-reactive protein**

C-reactive protein is the major protein indicating inflammation activity in acute illness in humans. It is also a marker of cardiovascular risk.

**Creatinine**

This is excreted in urine and unlike sodium and potassium is relatively stable over time. Therefore in the analysis of urinary salt, the ratio of sodium to creatinine and of potassium to creatinine are analysed as proxy measures for dietary sodium and potassium. See also *Urine, Sodium, Potassium*.

**Demi-span**

Demi-span is an alternative to height as a measure of skeletal size in older people. It is defined as the distance between the mid-point of the sternal notch and the finger roots with the arm outstretched laterally. Demi-span measurements were collected for those aged 65 or over at the stage 2 nurse visit and will be reported on in 2010.

**Diastolic blood**

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**

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 Health Survey. Household income was thus established by means of a card (see Volume 2, 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 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. 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 Health Survey. The method used in the present report was as follows. It utilises the widely used McClements scoring system, described below.

1. A score was allocated to each household member, and these were added together to produce an overall household McClements score. Household members were given scores as follows.

<table>
<thead>
<tr>
<th>Member Type</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>First adult (HRP)</td>
<td>0.61</td>
</tr>
<tr>
<td>Spouse/partner of HRP</td>
<td>0.39</td>
</tr>
<tr>
<td>Other second adult</td>
<td>0.46</td>
</tr>
<tr>
<td>Third adult</td>
<td>0.42</td>
</tr>
<tr>
<td>Subsequent adults</td>
<td>0.36</td>
</tr>
<tr>
<td>Dependant aged 0-1</td>
<td>0.09</td>
</tr>
<tr>
<td>Dependant aged 2-4</td>
<td>0.18</td>
</tr>
<tr>
<td>Dependant aged 5-7</td>
<td>0.21</td>
</tr>
<tr>
<td>Dependant aged 8-10</td>
<td>0.23</td>
</tr>
<tr>
<td>Dependant aged 11-12</td>
<td>0.25</td>
</tr>
<tr>
<td>Dependant aged 13-15</td>
<td>0.27</td>
</tr>
<tr>
<td>Dependant aged 16+</td>
<td>0.36</td>
</tr>
</tbody>
</table>

2. The equivalised income was derived as the annual household income divided by the McClements 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 tertiles, the numbers in the quintiles will be unequal. Inequalities in numbers are also introduced by the clumping referred to above, and by the fact that in any sub-group analysed the proportionate distribution across quintiles will differ from that of the total sample.


**FEV$_1$**

Forced Expiratory Volume: the amount of air (in litres) that a subject can breathe out of his/her lungs during the first second of an expiration with maximal effort, starting from full inspiration.
Fibrinogen

Fibrinogen is a soluble protein involved in the blood clotting mechanism. Prospective population studies have established that fibrinogen is an independent predictor for ischaemic heart disease and stroke.


Frankfort plane

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. Informants' heads are positioned with the Frankfort Plane in a horizontal position when height is measured using a stadiometer as a means of ensuring that, as far as possible, the measurements taken are standardised.

FVC

Forced Vital Capacity: the volume of gas (in litres) delivered during an expiration made as forcefully and as complete as possible starting from full inspiration.

GHQ12

The General Health Questionnaire (GHQ12) is a scale designed to detect possible psychiatric morbidity in the general population. It was administered to informants aged 13 and above. The questionnaire contains 12 questions about the informant's general level of happiness, depression, anxiety and sleep disturbance over the past four weeks. Responses to these items are scored, with one point given each time a particular feeling or type of behaviour was reported to have been experienced 'more than usual' or 'much more than usual' over the past few weeks. These scores are combined to create an overall score of between zero and twelve. A score of four or more (referred to as a 'high' GHQ12 score) has been used in this report to indicate the presence of a possible psychiatric disorder.


Glycated Haemoglobin

The percentage of glycated haemoglobin is the percentage of haemoglobin in the circulation to which glucose is bound. Glycated haemoglobin (HbA1c) concentration is an indicator of average blood glucose concentration over three months and has been suggested as a diagnostic or screening tool for diabetes. Diabetic patients with elevated glycated haemoglobin are at increased risk of microvascular and macrovascular events.

HDL-Cholesterol

See Cholesterol
**High blood pressure**

See **Blood pressure**

**Household**

A household was defined as one person or a group of people who have the accommodation as their only or main residence and who either share at least one meal a day or share the living accommodation.

**Household Reference Person**

The household reference person (HRP) is defined as the householder (a person in whose name the property is owned or rented) with the highest income. If there is more than one householder and they have equal income, then the household reference person is the oldest.

**Income**

See **Equivalised household income**

**Ischaemic heart disease**

Participants were classified as having ischaemic heart disease (IHD) if they reported ever having angina or a heart attack diagnosed by a doctor.

**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 is the ratio of the probability of it occurring to the probability of it 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, the odds ratio gives the change in the odds of the outcome occurring for a one unit change in the value of the predictor variable.

For **categorical** independent variables one category of the categorical variable has been selected as a baseline or reference category, with all other categories compared to it. Therefore there is no parameter estimate for the reference category and odds ratios for all other categories are the ratio of the odds of the outcome occurring between each category and the reference category, adjusted for all other 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 parameter estimate is statistically significant.


**Long-term conditions & limiting long-term conditions**

Long-term conditions were defined as a long-standing physical or mental condition or disability that has troubled the participant for at least 12 months, or that is likely to affect them for at least 12 months. Note that in previous reports these were described as long-standing illnesses. Long-term conditions were coded into categories defined in the International Classification of Diseases (ICD), but it should be noted that the ICD is used mostly to classify conditions according to the cause, whereas SHeS classifies according to the reported symptoms. A long-term condition was defined as limiting if the respondent reported that it limited their activities in any way.

**Lung function**

Lung function tests were used to monitor the respiratory health of participants aged 16 and over in the nurse sample. It will be reported on in 2010. (See also FEV₁, FVC, PEF)

**Mean**

Means in this report are **Arithmetic means** (the sum of the values for cases divided by the number of cases).

**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.

**Morbid obesity**

See **Body mass index**.

**NHS Health Board**

The National Health Service (NHS) in Scotland is divided up into 14 geographically-based local NHS boards and a number of National Special Health Boards. Health Boards in this report refers to the 14 local NHS boards. (See Volume 2: Appendix C)

**NS-SEC**

The National Statistics Socio-economic Classification (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. There are fourteen operational categories
representing different groups of occupations (for example higher and lower managerial, higher and lower professional) and a further three ‘residual’ categories for full-time students, occupations that cannot be classified due to lack of information or other reasons. The operational categories may be collapsed to form a nine, eight, five or three category system. SHeS 2008 uses the five category system in which participants are classified as managerial and professional, intermediate, small employers and own account workers, lower supervisory and technical, and semi-routine and routine occupations. In cases where there were insufficient numbers to use the five category classification, the three category system was used instead. In analyses presented in this report it is the NS-SEC of the household reference person which is used. NS-SEC was introduced in 2001 and replaced Registrar General’s Social Class (which had been used in the 1995 and 1998 surveys) as the main measure of socio-economic status.

**Obesity**

See [Body mass index](#).

**Odds ratio**

See [Logistic regression](#).

**Overweight**

See [Body mass index](#).

**Percentile**

The value of a distribution which partitions the cases into groups of a specified size. For example, the 20th percentile is the value of the distribution where 20 percent of the cases have values below the 20th percentile and 80 percent have values above it. The 50th percentile is the median.

**PEF**

Peak Expiratory Flow: the maximal flow in litres per minute recorded during a forced expiration. In healthy subjects this index reflects the calibre of central airways and the force exerted by the expiratory muscles.

**Potassium**

The intake of potassium (K) can be estimated by measuring urinary excretion. This was collected in SHeS 2008 using a spot urine sample. See also [Urine, Sodium, Creatinine](#). There is an inverse association between potassium intake and blood pressure.

**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 on the magnitude of the differences or associations as well as on the p value itself. The p values given in this report are based on the assumption of a simple random sample and do
not take into account the clustered sampling design of the survey.

**Quintile**

Quintiles are percentiles which divide a distribution into fifths, i.e., the 20th, 40th, 60th and 80th percentiles.

**Scottish Index of Multiple Deprivation**

The Scottish Index of Multiple Deprivation (SIMD) is the Scottish Government's official measure of area based multiple deprivation. It is based on 37 indicators across 7 individual domains of current income, employment, housing, health, education, skills and training and geographic access to services and telecommunications. SIMD is calculated at data zone level, enabling small pockets of deprivation to be identified. The data zones are ranked from most deprived (1) to least deprived (6505) on the overall SIMD index. The result is a comprehensive picture of relative area deprivation across Scotland.

This report uses the SIMD 2006.

[www.scotland.gov.uk/Publications/2006/10/13142739/0](http://www.scotland.gov.uk/Publications/2006/10/13142739/0)

**SDQ**

The Strengths and Difficulties Questionnaire (SDQ) is designed to detect behavioural, emotional and relationship difficulties in children aged 4-16. The questionnaire is based on 25 items: 10 strengths, 14 difficulties and one neutral item. The 25 items are divided into 5 scales of 5 items each: hyperactivity, emotional symptoms, conduct problems, peer problems and prosocial behaviour. Each SDQ item has three possible answers which are assigned a value 0, 1 or 2. The score for each scale is generated by adding up the scores on the 5 items within that scale, producing scale scores ranging from 0 to 10. A 'Total Deviance' score is derived from the sum of scores from each of the scales except the Prosocial Behaviour scale, producing a total score from 0 to 40. The SDQ was used for children aged 4-12 in the 2008 survey.

The SDQ correlates highly with the Rutter questionnaire and the Child Behaviour Checklist, both of which are long established behavioural screening questionnaires for children that have been proved valid and reliable in many contexts and correlate highly with one another. The SDQ is shorter than these screening instruments and is the first to include a scale focusing on positive behaviour: the Prosocial Behaviour Scale.

Sodium The intake of sodium (Na) can be estimated by measuring urinary excretion. This was collected in SHeS 2008 using a spot urine sample. There is an association between sodium intake and blood pressure. See also Urine, Potassium, Creatinine.

Standard deviation The standard deviation is a measure of the extent to which the values within a set of data are dispersed from, or close to, the mean value. In a normally distributed set of data 68% of the cases will lie within one standard deviation of the mean, 95% within two standard deviations and 99% will be within 3 standard deviations. For example, for a mean value of 50 with a standard deviation of 5, 95% of values will lie within the range 40-60.

Standard error The standard error is a variance estimate that measures the amount of uncertainty (as a result of sampling error) associated with a survey statistic. All data presented in this report in the form of means are presented with their associated standard errors (with the exception of the WEMWBS scores which are also presented with their standard deviations). Confidence intervals are calculated from the standard error; therefore the larger the standard error, the wider the confidence interval will be.

Standardisation In this report, standardisation refers to standardisation (or ‘adjustment’) by age (see Age standardisation).

Systolic blood When measuring blood pressure, the systolic arterial pressure is pressure defined as the peak pressure in the arteries, which occurs near the beginning of the cardiac cycle. See also Blood pressure, Diastolic blood pressure.

Unit of alcohol Alcohol consumption is reported in terms of units of alcohol. A unit of alcohol is 8 gms or 10ml of ethanol (pure alcohol). See Chapter 3 of volume 1 of this Report for a full explanation of how reported volumes of different alcoholic drinks were converted into units. The method for doing this has undergone significant change since the report of the 2003 SHeS was published, these are also detailed in Chapter 3.

Urine analysis A spot urine sample was collected from participants in the nurse visit. This was used for the analysis of dietary Sodium, Potassium and Creatinine. Epidemiological, clinical and animal-experimental evidence shows a direct relationship between dietary electrolyte consumption and blood pressure (BP). The results of the urinary analysis will be reported in 2010.
**Waist-Circumference**  
Waist circumference is a measure of deposition of abdominal fat. It was measured during the nurse visit and will be reported on in full in 2010.

**WEMWBS**  
Warwick-Edinburgh Mental Wellbeing Scale. 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. The WEMWBS scale comprises 14 positively worded statements with a five item scale ranging from ‘1 - None of the time’ to ‘5 - All of the time’. The lowest score possible is therefore 14 and the highest is 70. Further details of its development and purpose can be found in Chapter 1, Volume 1.
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