



The Scottish Government



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The Scottish Health Survey

Volume 3: Technical Report

2011

smoking

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cardiovascular disease

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CHAPTER 1: METHODOLOGY AND RESPONSE

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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.¹ 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. A consortium made up of ScotCen Social Research, UCL and MRC SPHSU carried out the 2008-2011 surveys.

Each survey in the series consists of a set of core 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 2011 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 ischaemic heart disease (IHD) and stroke. IHD is the second most common cause of death in Scotland after cancer.² The SHeS series means that there are now trend data going back 16 years; providing the time series is an important function of the survey.

1.1.2 Key features of the survey methodology 2008-2011

A number of changes to the survey methodology were proposed during the series review and were adopted for the 2008-2011 surveys. The key changes to the survey methodology introduced in 2008 were:³

- Move to a continuous format
- Reduced Stage 2 nurse interview
- Core and modular questionnaire structure
- Unclustered sample design
- Optional NHS Health Board boost

1.1.3 The 2011 survey

The 2011 SHeS 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 2011 was those aged 0+.

An initial sample of 10,431 addresses was drawn from the Postcode Address File (PAF). These addresses were comprised of three sample types: 7,971 formed the main sample, at which adults and up to two children per household were eligible to be selected for interview; 1,944 addresses formed an additional child boost sample at which only households containing children aged 0-15 were eligible to participate (up to two children at these households were eligible to be interviewed); the remaining 516 addresses formed the Health Board boost sample at which only adults were eligible for interview. Fife and Grampian Health Boards opted to boost the number of adults (16+) interviewed in their area in 2011.

The 10,431 addresses were grouped into 439 interviewer assignments, with around 37 assignments being issued each month to interviewers between January 2011 and December 2011.

Sample type	Number of addresses issued in 2011
Main	7,971
Child Boost	1,944
Health Board Boost	516
<i>Total</i>	<i>10,431</i>

Data collection involved a Stage 1 interview, and if applicable, adults also had a follow-up interview from a specially trained nurse. Of the 7,971 main addresses issued, 2,180 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 interview. There were no nurse interviews at the remaining addresses or for the child boost or health board boost samples.

1.1.4 The 2011 reports

The 2011 SHeS report consists of three volumes, published as a set as 'The Scottish Health Survey 2011'. Volume 1 presents results for adults; Volume 2 presents results for children and Volume 3 provides methodological information and survey documentation. All three volumes are available on the Scottish Government's SHeS website

along with a short summary report of the key findings from Volumes 1 and 2 (www.scotland.gov.uk/scottishhealthsurvey).

1.1.5 Comparisons with previous surveys in the SHeS series

This report is based on data collected in all the survey years to date (1995, 1998, 2003, and 2008 to 2011). It takes advantage of the continuous sample design since 2008 to include analysis based on a number of pooled datasets:

- The 2008, 2009, 2010 and 2011 surveys combined – this enables more detailed analysis of sub-groups to be conducted, for example by age group or socio-economic groups.
- The 2008/2009 and 2010/2011 surveys combined – these enable short-term trends to be examined, while still providing greater precision for the estimates than is the case with the single years' figures.
- The 2009 and 2011 surveys combined – some topics, such as accidents, were only included in the 2009 and 2011 survey years. The combined sample allows more detailed reporting of sub-group differences.

1.1.6 Health Board level analysis

The sample for the 2008-11 surveys was designed to produce a large enough sample to allow analysis at NHS Health Board level for all Boards every four years. The publication of the 2011 data gives us the first opportunity since 2003 to publish results for all fourteen NHS Boards in Scotland. This report is accompanied by a set of web tables and an interactive mapping tool breaking down the key results by NHS Board. The web tables can be accessed via the Scottish Health Survey website (www.scotland.gov.uk/scottishhealthsurvey).

1.1.7 Access to data

The 2011 SHeS data will be deposited at the Data Archive at the University of Essex, from where earlier years' datasets and combined years datasets can also be obtained (www.data-archive.ac.uk).

1.2 SAMPLE DESIGN

1.2.1 Overview of the main sample

The 2011 survey followed the methodology of the 2008, 2009 and 2010 surveys in using a two-stage stratified probability sampling design with datazones selected at the first stage and addresses (delivery points) at the second.

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 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

Twenty-five strata were created – each of the three island Health Boards (Orkney, Shetland, and 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 15% most deprived of areas according to the 2009 Scottish Index of Multiple Deprivation.⁴ 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 use 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) In each year addresses were selected from the batches assigned to that year and once the addresses were chosen they were clustered into interviewer assignments. Each assignment consists of approximately 20 addresses.
 - (v) Finally, each assignment was allocated at random to a quarter, and then to a survey month. (Year 4 consisted of 12 survey months – January to December).

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 SIMD15 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 over-sampled. The sampling fraction also varied according to expected response rate (areas with an expected low response rate were over-sampled).

The number of addresses initially planned to be issued over a four-year period is given below. These figures were calculated based on assumptions made about response rates, and were therefore modified once the Year 1 data were collected.

Figure 1A: Number of main-sample addresses selected in each Health Board (initial 4-year allocation)

Health Board	Non-deprived datazone	Deprived datazone	Total
Ayrshire & Arran	1285	298	1583
Borders	829	24	853
Dumfries & Galloway	809	67	876
Fife	1547	246	1793
Forth Valley	1057	177	1234
Grampian	2296	149	2445
Greater Glasgow & Clyde	4020	2652	6672
Highland	1295	115	1410
Lanarkshire	1981	548	2529
Lothian	3658	476	4134
Orkney	754	0	754
Shetland	762	0	762
Tayside	1623	368	1991
Western Isles	769	0	769
Total	22685	5120	27805

The number of addresses that needed to be sampled 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 the four years. This ensured that each year's sample would be representative of Scotland as a whole.

Due to a lower than expected response rate in Year 1, the number of addresses chosen in the Year 2, 3 and 4 batches was increased slightly and the fourth year's sample consisted of 7,971 addresses (compared to 6,947 in Year 1), allocated as shown in Figure 1B.

Figure 1B: Number of main-sample addresses selected in each Health Board (Year 4)

Health Board	Non-deprived datazone	Deprived datazone	Total
Ayrshire & Arran	372	98	470
Borders	240	6	246
Dumfries & Galloway	179	15	194
Fife	392	61	453
Forth Valley	314	54	368
Grampian	636	48	684
Greater Glasgow & Clyde	1155	800	1955
Highland	398	36	434
Lanarkshire	571	155	726
Lothian	1091	150	1241
Orkney	244	0	244
Shetland	203	0	203
Tayside	397	99	496
Western Isles	257	0	257
Total	6449	1522	7971

(iv) Selection of addresses and assignments

Once the fourth year's batches of datazones were chosen, a sample of addresses was selected from these datazones using the small user Postcode Address File (PAF). There can be small discrepancies between different versions of the PAF, and some addresses assigned to one Health Board in one version may be assigned to a different Health Board in another.

Addresses were then combined 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 4 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.⁵ If the chosen dwelling unit contained two or more households they chose one of them at random for inclusion in the survey.

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 two 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 1,944 addresses was issued in 10 of the 14 Health Boards. 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. The following numbers of addresses were chosen:

Figure 1C: Number of addresses selected for the child boost in each Health Board (Year 4)

Health Board	Non-deprived datazone	Deprived datazone	Total
Ayrshire & Arran	102	30	132
Dumfries & Galloway	25	3	28
Fife	107	19	126
Forth Valley	87	16	103
Grampian	174	14	188
Greater Glasgow & Clyde	317	244	561
Highland	109	10	119
Lanarkshire	157	47	204
Lothian	299	46	345
Tayside	108	30	138
Total	1485	459	1944

1.2.4 Selecting the Health Board boost sample

In addition to the main sample, two of the Health Boards (Fife and Grampian) opted to boost the number of adults interviewed in their

areas. 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. Twelve postcode sectors were chosen in each Health Board, these formed the primary sampling units, and addresses selected from each postcode sector (21 addresses per postcode sector were chosen in Fife and 22 were chosen in Grampian). Thus, the Health Board boost consisted of 252 addresses in Fife and 264 in Grampian. In Grampian the postcode sectors chosen for the Health Board boost were chosen via 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. At these addresses all adults interviewed in the main interview were eligible to take part in a follow-up nurse interview. A total of 2,180 addresses were sampled, as shown in section 1.1.3.

Figure 1D: Number of addresses selected for nurse interviews in each Health Board (Year 4)

Area	Non-deprived datazone	Deprived datazone	Total
Ayrshire & Arran	112	30	142
Borders	45	1	46
Dumfries & Galloway	48	4	52
Fife	118	18	136
Forth Valley	95	16	111
Grampian	192	14	206
Greater Glasgow & Clyde	349	242	591
Highland	120	11	131
Lanarkshire	173	47	220
Lothian	330	45	375
Orkney	6	0	6
Shetland	6	0	6
Tayside	120	30	150
Western Isles	8	0	8
Total	1722	458	2180

The addresses assigned to the nurse interview were selected using the following randomisation schemes:

- In each year, in the island Health Boards (Orkney, Shetland and 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 be eligible for a nurse

interview. These six points were chosen at random while ensuring that each Health Board's points had been assigned to consecutive months (to help reduce costs), and the six points covered all seasons of the year.

- In mainland Scotland, an unclustered sample of addresses was taken over four years, but was clustered within each year (as was the main sample).

Every adult in these addresses that participated in the Stage 1 interview was eligible for a nurse interview.

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

Between 2008 and 2011, NHS Health Scotland funded a module of questions on knowledge, attitudes and motivations to health (the KAM module). The 7,971 addresses selected for the main sample were classified as being either version A (the Scottish Government rotating module), or version B (the KAM module) addresses – 2,831 were version A addresses, 5,140 were version B. Random allocation was used to choose the version assigned. Core questions were asked of all participants in both version A and B. In addition, participants at version A addresses were also asked module A questions. At version B addresses, in addition to the core questions a single adult, chosen at random, was also asked the KAM module of questions.

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 2007.⁶ Many of the topics included in previous years have been included again in the 2011 survey and, as with previous years, the survey had a focus on cardio-vascular disease (CVD) and its risk factors.

1.3.2 Documentation

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

1.3.3 Stage 1 interview

Information was collected at both the household and individual level. The table that follows summarises the content of the individual level interviews for all participants. The topics a participant was asked depended on both their age and the sample type they were allocated to.

The age criteria for each topic is included in brackets after the topic name.

Figure 1E: Content of the 2011 Stage 1 interview

CORE SAMPLE – Stage 1 interview outline	
Version A	Version B
Household questionnaire including household composition	
General health including caring (0+)	
General CVD (16+)	
Use of health services (0+)	
Accidents (0+)	-
Physical activity adults (16+) and children (2-15)	
Eating habits children (2-15)	
Fruit and veg consumption (2+)	
Smoking and Drinking (16+) [16-19 in a self completion]	
Dental health (16+)	
Dental services (16+)	
Social capital (16+)	
Discrimination and harassment (16+)	-
Economic activity (16+)	
Stress at work (16+)	-
Education (16+)	
Ethnic background, national identity and religion (0+)	
Family health background (16+)	
Self-completions (13+ & parents of 4-12 yr olds)	
Height (2+) and Weight (0+)	
Data linkage and follow-up research consents (0+)	
-	Attitudes to Health (16+) - 1 adult per household

The core topics (those that span both version A and version B in Figure 1E), including the questions on CVD did not change between 2008 and 2011. The topics in the Core Version A interview were: core interview topics plus accidents, dental services, social capital, discrimination and harassment, and stress at work.

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 different booklets for different age groups (listed 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 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 height and weight of all participants aged 2 and over.

1.3.4 Stage 2 interview

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

In the nurse interview, participants were asked about their use of prescribed medication, vitamin supplements, nicotine replacement therapy, and about recent experiences of food poisoning. A module of questions about depression, anxiety, suicidal attempts and self-harm (taken from the Adult Psychiatric Morbidity Survey) has been included since 2008.⁷ The nurse also took the following measurements: blood pressure; waist and hip circumference; and arm-length (demi-span) for those aged 65 and over. 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, glycated haemoglobin and vitamin D. 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).

Figure 1F: Content of the 2011 Stage 2 nurse interview

Outline of Stage 2 nurse interview
Prescribed medicines (age 16+)
Vitamin supplements (age 16+)
Nicotine replacement therapy (age 16+)
Blood pressure (age 16+)
Depression, anxiety, suicidal attempts and self-harm (age 16+)
Food poisoning (age 16+)
Waist and hip measurements (age 16+)
Demi-span (arm length) (age 65+)
Lung function (age 16+)
Blood sample (age 16+)
Saliva sample (age 16+)
Urine sample (age 16+)

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 necessary selections (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.

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 person⁸ 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 households eligible for a nurse interview were given a longer version of this leaflet which also included an explanation of the purpose of the Stage 2 nurse interview. 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 interview

Only a sub-sample of adults in the main sample was eligible to take part in the Stage 2 nurse interview in 2011. At the end of the Stage 1 interview, adult participants at the '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 interview within a few days of the interview. At this interview 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 information leaflet.

At the Stage 2 nurse interview 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 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 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 practice sessions.

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 2008-2011 surveys was obtained from the Multi-Centre Research Ethics Committee for Wales (REC reference numbers: 07/MRE09/55 and 08/MRE09/62).

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 interview 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) in 2011 and in 2008-2011 combined. Table 1.3 shows the child boost sample (Sample B) household response in 2011. The interviews conducted as part of the two Health Board boost samples have been integrated into the main 2011 datafile as they were not intended to form stand alone samples in their own right. For this reason separate analysis of their response rates was not 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 interview. 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.

66% (5,010) of eligible households in sample A took part in the 2011 Scottish Health Survey. This is slightly higher than the average household response for the four years combined (2008-2011). Between 2008 and 2011, 63% of eligible households in sample A responded to the survey. In 2011 all eligible adults and children were interviewed at 49% of households in this sample. This is similar to the four year

average which was 50% of eligible households. In sample B, the child boost sample, 65% of eligible households (299) co-operated with the survey, and in all but five of these households, all eligible children were interviewed.

Table 1.1-Table 1.3

1.6.3 Individual response for adults

Overall response

There were 7,544 individual interviews with adults in the 2011 SHeS. A sub-sample of adults in the main sample were eligible to take part in the Stage 2 nurse interview. 972 adults saw a nurse and 725 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 (9,110 adults in 5,010 households, average 1.82 per household),
- Non co-operating households where information on the number of adults is known (3,106 adults in 1,896 households, average 1.64) and
- Non co-operating households about which nothing is known (731 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 13,509 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 5,010 co-operating households. The proportions are 47.7% men and 52.3% women. Applying these proportions to the estimated total of adults gives 'set' samples of 6,437 men and 7,072 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:

	Men %	Women %	All adults %
Interviewed	51	60	56
Height measured	43	51	47
Weight measured	43	49	46
Saw a nurse	26	30	28
Waist and hip measured	25	29	27
Blood pressure measured	26	29	27
Agreed to give a blood sample	21	24	23
Blood sample obtained	20	21	21

Response to the interview was 60% among women and 51% among men.

Table 1.4

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 1.5 and 1.6 show the proportion of men and women in co-operating households who participated in the key survey stages, by age. These are summarised below:

	Men %	Women %	All adults %
Interviewed	76	89	83
Height measured	64	75	70
Weight measured	64	72	68
Saw a nurse	40	47	44
Waist-hip measured	39	46	43
Blood pressure measured	39	46	43
Blood sample obtained	31	34	33
Saliva sample given	38	44	41
Lung function measured	39	45	42
Urine sample given	36	42	39

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, (52% for men and 66% for women aged 16-24). Among men, response increased with age. Response for men aged 25-64 ranged from 70-81% and rose further to its highest rate among those aged 75 and over (93%). There was a more even pattern among women with a consistently high response rate of over 90% achieved among women aged 35 and over (ranging between 92% and 96%).

It should be noted that the lower levels of response to the height and weight measurements, and agreement to nurse interviews, 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, and the proportions of women and men who were interviewed and refused a nurse interview or could not be contacted by the nurse were very similar (18% and 17% respectively).

Tables 1.5 and 1.6

1.6.4 Individual response for children (0-15)

Overall response among children

Interviews were carried out with 1,987 children aged 0-15. This includes 1,538 children interviewed in the main sample, and 449 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 3,392 children in total, comprising 2,683 in the main sample and 709 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 57% among boys and girls, while in the boost response was 64% for boys, 62% for girls and 63% for all children. Combining the two samples, this gives an overall response to the interview of 59% for boys, 58% for girls and 59% for all children. 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 1.8

	Boys %	Girls %	All children %
Interviewed	59	58	59
Height measured (aged 2 and over)	39	38	39
Weight measured (aged 2 and over)	39	38	39

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 90% of eligible boys and 91% of eligible girls. The proportion interviewed was lower among children aged 11-15 (80% of boys and 82% 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.

Table 1.9 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 1.9

	Boys %	Girls %	All children %
Interviewed	90	91	91
Height measured (aged 2 and over)	69	70	69
Weight measured (aged 2 and over)	69	70	69

1.6.5 Regional variations in survey response

As in previous years, response to the main sample (sample A) varied by Health Board. In 2011, household response was highest in Orkney, Western Isles and Dumfries and Galloway. Greater Glasgow and Clyde and then Lanarkshire and Lothian had the lowest response.

Table 1.1, Table 1.2

1.6.6 Age and sex profile of the sample

Table 1.10 compares the age and sex profile of responding adults at the two survey stages (interview and nurse interview) with the 2011 household population estimates for Scotland.⁹

According to the 2011 household population estimates, men form 48% of all adults (aged 16 and over) in Scotland and women form 52%, while in the SHeS 2011 men form 43% of all interviewed adults and women form 57%. Men and women aged under 35 are under-represented at the interviewer interview relative to their proportions in the household population estimates, while men 55 and over and women aged 45 and

over are over-represented. Men and women aged under 35 were also slightly under-represented in the nurse interview while men and women aged 45 and over were slightly over-represented. **Table 1.10**

Table 1.11 compares the age and sex profile of responding children at the Stage 1 interviewer interview with the mid-2011 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). The proportion of boys aged 0-15 in SHeS 2011 was similar to the total population estimates (50% compared to 51% respectively), and the same was true for girls aged 0-15 (50% in SHeS 2011 compared to the population estimate of 49%). Boys aged under 8 were over-represented, while boys aged 8-9 and 12-15 were under-represented. The proportion of boys aged 10-11 in SHeS 2011 equalled the population estimates for this age group. Girls aged under 6 were over-represented and girls 6-7 and 12-15 were under-represented relative to the population estimates for this group. The proportion of girls aged 8-11 in SHeS 2011 equalled the population estimates for this age group. **Table 1.11**

1.7 WEIGHTING THE DATA

1.7.1 Overview

The SHeS 2011 comprised a general population sample (main sample), a child boost sample of children screened from additional addresses and a Health Board boost sample in two Health Board areas. As a result, several different sets of weights have been provided for the 2011 survey. In addition, weights have been provided to allow analysis of the combined data outlined in Section 1.1.5. This section describes the weighting procedures 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);
- calibrate the combined household weight ($w_1 \times w_2 \times w_3$) so that the weighted sample of household members matched population estimates for age/sex and health board (w_4);
- generate weights for whether an adult within a participating household responded (w_5);
- combine (w_5) with the household weight and calibrate the combined weight ($w_4 \times w_5$) to the population estimates and scale this to give the final adult interview weight, **int11wt**.

1.7.3 Address, dwelling unit and household selection weights

Address selection weights (w_1)

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 (w_2 and w_3)

In a very small number of addresses the number of dwelling units found was not 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 (w_4)

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 the National Records of Scotland's (NRS'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 NRS. 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 (w_5)

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 (w_4) 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 reference person was in paid employment or self-employed; a variable indicating how frequently the family ate a main meal together; a variable for the person's marital status; whether anyone regularly smoked inside the dwelling; and whether the household owned or were buying the dwelling.

The parameters in the model were used to estimate the probability of response for each individual. The adult non-response weight (w_5) was simply the reciprocal of this probability. (The adult non-response weight in households containing only one adult was set to 1).

1.7.6 Adult interview weights (int11wt)

The final adult interview weights were calculated by combining the household weight with the adult non-response weight ($w_4 \times w_5$) 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 adjusting so that the age/sex distribution was correct in these large Health Boards was investigated. This proved to be possible only in Greater Glasgow and Clyde.

Figure 1G: 2011 Mid-year household population estimates for Scotland by Health Board^a

Health Board	Adults	Children	Total
Ayrshire & Arran	299,880	62,920	362,800
Borders	92,360	19,730	112,090
Dumfries & Galloway	122,140	24,240	146,380
Fife	295,270	64,860	360,130
Forth Valley	234,720	53,570	288,290
Glasgow	980,690	208,380	1,189,070
Grampian	445,510	96,330	541,840
Highland	253,240	52,780	306,020
Lanarkshire	452,840	105,350	558,190
Lothian	685,990	142,090	828,080
Orkney	16,610	3,320	19,930
Shetland	18,030	4,180	22,210
Tayside	326,900	67,880	394,780
Western Isles	21,480	4,360	25,840
	4,245,660	909,990	5,155,650

^a Total figures may not be exact due to rounding

Figure 1H: 2011 Mid-year household population estimates for Scotland by age and sex^a

Age group	Male	Female	Total
0-15	465,280	444,710	909,990
16-24	298,970	287,550	586,520
25-34	337,990	332,300	670,290
35-44	335,500	365,380	700,880
45-54	370,270	402,150	772,420
55-64	319,520	337,250	656,770
65-74	221,450	253,430	474,880
75+	152,370	231,530	383,900
Total	2,501,350	2,654,300	5,155,650

^a Total figures may not be exact due to rounding

1.7.7 Adult nurse interview weights

The sample of adults having a nurse interview was weighted to take account of differential probabilities of selection and non-response. The weighting strategy for the nurse sample was:

- calculate a calibrated household weight (w_6) (this was calculated in exactly the same way as w_4 but was calculated for the main sample only);
- generate a correction for whether the household was selected to be in the nurse sample, (w_7);
- generate non-response weights for whether a responding adult gave a nurse interview, (w_8);
- combine the weights with the adult non-response weight (w_5) to calculate $w_9 = (w_6 \times w_7 \times w_5 \times w_8)$; and then
- calibrate the combined weight (w_9) to the population estimates and scale this to give the final nurse weight, **nurs11wt**.

Only weights (w_7) and (w_8) need any description. Weight (w_7) was simply the probability a household had been selected for the main sample divided by the probability the household had been selected for the nurse sample. Weight (w_8) was calculated by using logistic regression modelling to model non-response. The variables considered for the model included variables from the sampling frame, variables from the household grid and household interview, and variables from the adult interview. The final model used the following variables:

- a health board variable;
- an age/sex variable;
- an SIMD indicator;
- an indicator of the persons marital/cohabitation status;
- a variable for the number of adults in the household;
- an indicator of the working status of the household reference person;
- an variable indicating whether there were any barriers to entry to the household;
- a variable indicating whether the respondent had any long-term illness;
- a variable indicating whether the respondent had done any physical sporting activity in the previous four weeks;
- an indicator of the respondent's work status;
- a variable indicating whether the respondent had done any housework in the previous four weeks;
- a variable indicating whether the respondent had done any gardening, DIY or building work in the previous four weeks;
- an indicator for whether the respondent currently smokes; and
- an indicator for whether the respondent drinks alcohol.

This model was used to estimate the probability that any selected adult would have a nurse interview. The nurse non-response weight (w_8) was simply the reciprocal of this probability.

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 interview so a weight was calculated to correct for non-response. The method used was to start with the nurse sample and use logistic regression to model the probability that a respondent from the nurse sample would give a blood sample. The non-response weight, w_{10} , was combined with the pre-calibration nurse weight, (w_9), and then calibrated to population totals. The final adult blood weight (**blod11wt**) is the calibrated weight scaled to sum to the sample size.

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 process was:

- start with the calibrated household weight (w_6) already calculated for the nurse sample;
- generate a correction for whether the household was selected to be in the KAM sample (w_{11});
- generate an additional selection weight, (w_{12}), for whether the respondent was selected to be given the KAM module (this was simply the number of adults in the household);
- generate non-response weights for whether a responding adult gave a nurse interview (w_{13});
- combine the weights with the adult non-response weight (w_5) to calculate $w_{14} = (w_6 \times w_{11} \times w_5 \times w_{12} \times w_{13})$; and then
- calibrate the combined weight (w_{14}) to the population estimates and scale this to give the final KAM weight (**kam11wt**).

1.7.10 Weights for Version A

Weights were also calculated for analysis of core version A data for adults and children. This was calculated by taking the calibrated household weight (w_6), defined above, multiplying it by a correction for allocation of the address as a Version A address, multiplying by the adult non-response weight, w_5 , and calibrating to population totals. The final version A weights are called (**vera11wt**) (adult) and **cvera11wt** (children).

1.7.11 Child weights – summary

The weighting strategy for the child sample was:

- calculate weights (cw_1) for the differential selection of addresses;
- calculate weights for the selection of dwelling units at each address (cw_2) and for the selection of households at each dwelling unit (cw_3);
- calculate weights (cw_4) for the selection of children within each household;
- calibrate the combined child selection weight ($cw_1 \times cw_2 \times cw_3 \times cw_4$) 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 (**cint11wt**)

1.7.12 The child interview weights

Address selection weights, dwelling unit and household selection weights (cw_1 , cw_2 and cw_3)

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 (cw_4)

A maximum of two children were selected in each household so a selection weight (cw_4) 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 (cint11wt)

The final child interview weights were calculated by combining child selection weight ($cw_1 \times cw_2 \times cw_3 \times cw_4$) 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 (91% 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 child estimates at Health Board level at yearly intervals or across the four survey years.

Figure 1I: 2011 Mid-year household population estimates for Scotland by Health Board

Health Board	Children
Ayrshire & Arran	62,920
Borders	19,730
Dumfries & Galloway	24,240
Fife	64,860
Forth Valley	53,570
Grampian	208,380
Greater Glasgow & Clyde	96,330
Highland	52,780
Lanarkshire	105,350
Lothian	142,090
Orkney	3,320
Shetland	4,180
Tayside	67,880
Western Isles	4,360
Total	909,990

Figure 1J: 2011 Mid-year household population estimates for Scotland by age and sex (for children)

Age group	Boys	Girls	Total
0-4	151,310	145,347	296,657
5-10	139,220	133,158	272,378
11-15	174,751	166,204	340,955
Total	465,280	444,710	909,990

1.7.13 Combined weights

Several weights have also been calculated to allow for analysis of various combinations of data from the 2008-2011 surveys.

The weights provided for combined years of data are:

Weight name	Purpose of combined weight
vera0911wt	For analysis of 2009 and 2011 combined version A adult data
cvera0911wt	For analysis of 2009 and 2011 combined version A child data
int1011_wt	For analysis of 2010 and 2011 combined adult data
cint1011_wt	For analysis of 2010 and 2011 combined child data
int08091011_wt.	For analysis of 2008 to 2011 combined adult data
cint08091011_wt	For analysis of 2008 to 2011 combined child data
nurs1011_wt	For analysis of 2010 and 2011 combined nurse data
blod1011_wt	For analysis of 2009 and 2011 combined blood data
nurs0811wt	For analysis of 2008 to 2011 nurse data
blod0811wt	For analysis of 2008 to 2011 blood data

In each case, the calculation of the weights followed the same procedure. Pre-calibration weights had already been calculated for the individual years. (These took into account selection weighting and (except for the child weights) non-response weighting. The pre-calibration weights for the relevant years were combined and calibrated to Health Board and age/sex population totals. For the population totals the average populations for the relevant years combined were used, so for example the version A weight used the average of the 2009 and 2011 population estimates were used for the combined 2009/2011 version A weight.

1.8 DATA ANALYSIS AND REPORTING

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 2011 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 interviewed 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 2010 and was interviewed on October 1 2010 would be classified as being aged 24.75 (24³/₄)).

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

Some of the adult data included in the 2011 report have been age-standardised to allow comparisons between groups after adjusting for the effects of any differences in their age distributions. If data reported has been age-standardised this is highlighted in the title to the table or chart. 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 and on some occasions data for all adults is also presented. 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 2011 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:

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

where $q_i = 1 - p_i$.

1.8.3 Standard analysis breakdowns

National Statistics Socio-Economic Classification (NS-SEC)

SHeS 2011 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).¹⁰

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 2011 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.^{11,12} 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 2011 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 equalise incomes; this is detailed in the Glossary at the end of this report. The equalised 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 2009 version of the Scottish Index of Multiple Deprivation.¹³ It is based on 38 indicators in seven individual domains of current income, employment, housing, health, education, skills and training, geographic access to services and crime. 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 Regression

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 Volume 2 Chapter 1 binary logistic regression analyses have been performed to examine the association between children's strengths and difficulties questionnaire scores (SDQ) and a variety of predictor variables including age, household income, number of children in the household and level of physical activity. Models were run for boys and girls separately. Chapter 7 also uses binary logistic regression to examine the association between being in a high risk health category and various predictor variables. The model was run twice, once for men and a second for women. 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 binary logistic 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. having a high SDQ score) 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. those meeting physical activity recommendations in Volume 2 Chapter 1). 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

SHeS 2011 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 SHeS 2011 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 1.13 to 1.27 for selected survey estimates presented in volumes 1 and 2.

Tables 1.13 to 1.27

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:
<www.scotland.gov.uk/Topics/Statistics/Browse/Health/scottish-health-survey>
- ² *Scotland's Population 2011 – The Registrar General's Annual Review of Demographic Trends 157th edition*, Edinburgh: Scottish Government, 2012. Available from: <<http://www.gro-scotland.gov.uk/files2/stats/annual-review-2011/j21285200.htm>>
- ³ A more detailed description of the key changes to the survey methodology in 2008 can be found in volume 2 of the 2008 SHeS report. Available from:
<www.scotland.gov.uk/Publications/2009/09/28102003/0>
- ⁴ Scottish Index for Multiple Deprivation 2006: General Report
<www.scotland.gov.uk/Publications/2006/10/13142739/0>
- 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.
- ⁶ The SHeS 2008 questionnaire consultation recommendations report can be found at:
<www.scotland.gov.uk/Topics/Statistics/Browse/Health/scottish-health-survey/Consultation2008>
- ⁷ <www.ic.nhs.uk/pubs/psychiatricmorbidity07>
- ⁸ 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.
- ⁹ Source: National Records for Scotland (NRS)
- ¹⁰ Full details of the NS-SEC classification can be found at:
<www.statistics.gov.uk/nsbase/methods_quality/ns_sec/default.asp>
- ¹¹ Goldthorpe, J.H. (1997) 'The 'Goldthorpe' class schema: some observations on conceptual and operational issues in relation to the ESRC review of government social classifications' in D. Rose and K. O'Reilly (eds). *Constructing Classes: Towards a New Social Classification for the UK*. Swindon: ESRC/ONS.
- ¹² Goldthorpe, J.H. (with C. Llewellyn) (1980/1987) *Social Mobility and Class Structure in Modern Britain*. Oxford: Clarendon.
- ¹³ <www.scotland.gov.uk/Topics/Statistics/SIMD/Publications>

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Table 1.1 Main sample household response, by Health Board

Selected addresses/eligible households

2011

Address and household outcome	Health Board														Total
	Ayrshire & Arran	Borders	Dumfries and Galloway	Fife	Forth Valley	Grampian	Greater Glasgow & Clyde	Highlands	Lanarkshire	Lothian	Orkney	Shetland	Tayside	Western Isles	
Main sample^a	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Selected addresses	470	246	194	705	368	930	1955	434	726	1241	244	203	514	257	8487
Ineligible addresses type a ^b	42	39	33	60	45	80	176	66	52	114	34	18	40	51	850
Addresses at which interview sought	428	207	161	645	323	850	1779	368	674	1127	210	185	474	206	7637
Extra households sampled at multi-household addresses	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total eligible households	428	207	161	645	323	850	1779	368	674	1127	210	185	474	206	7637

Continued...

Table 1.1 - Continued

Selected addresses/eligible households

2011

Address and household outcome	Health Board															Total														
	Ayrshire & Arran		Borders		Dumfries and Galloway		Fife		Forth Valley		Grampian		Greater Glasgow & Clyde		Highlands		Lanarkshire		Lothian		Orkney		Shetland		Tayside		Western Isles		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%		
Household response																														
Co-operating households ^c	288	67	155	75	128	80	460	71	215	67	584	69	979	55	269	73	424	63	705	63	174	83	138	75	325	69	166	81	5010	66
All interviewed ^d	242	57	108	52	100	62	356	55	161	50	425	50	720	40	215	58	279	41	499	44	127	60	100	54	259	55	132	64	3723	49
Fully co-operating ^e	206	48	97	47	80	50	307	48	131	41	382	45	535	30	183	50	219	32	417	37	120	57	94	51	216	46	114	55	3101	41
Non-responding households	140	33	52	25	33	20	185	29	108	33	266	31	800	45	99	27	250	37	422	37	36	17	47	25	149	31	40	19	2627	34
Non-contact – eligible	17	4	4	2	6	4	21	3	9	3	48	6	116	7	6	2	36	5	69	6	9	4	8	4	10	2	2	1	361	5
Non-contact – unknown eligible	3	1	1	0	0	0	4	1	0	0	4	0	15	1	2	1	7	1	2	0	2	1	0	0	1	0	2	1	43	1
Refusal	94	22	40	19	23	14	127	20	79	24	154	18	549	31	66	18	181	27	296	26	20	10	23	12	115	24	21	10	1788	23
Other non response – eligible	26	6	6	3	4	2	33	5	20	6	60	7	119	7	24	7	26	4	54	5	5	2	16	9	23	5	15	7	431	6
Other non-response – unknown eligibility	0	0	1	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	4	0

a This includes the Health Board boost household response

b Addresses where no private households were found

c Households where at least one person was interviewed

d All eligible household members were interviewed, but not all had height and weight measured or agreed to a nurse visit if eligible

e All eligible household members were interviewed, had height and weight measured and agreed to a nurse visit if eligible

Table 1.2 Main sample household response, 2008-2011 combined, by Health Board

Selected addresses/eligible households

2008-2011 combined

Address and household outcome	Health Board														Total
	Ayrshire & Arran	Borders	Dumfries and Galloway	Fife	Forth Valley	Grampian	Greater Glasgow & Clyde	Highlands	Lanarkshire	Lothian	Orkney	Shetland	Tayside	Western Isles	
Main sample^a	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Selected addresses	1785	1410	795	2811	1412	3580	7508	1604	2790	4731	828	743	1990	843	32830
Ineligible addresses type a ^b	134	162	93	255	119	340	756	253	183	449	114	74	178	144	3254
Addresses at which interview sought	1651	1248	702	2556	1293	3240	6752	1351	2607	4282	714	669	1812	699	29576
Extra households sampled at multi-household addresses	0	0	0	0	0	0	0	0	0	3	0	0	1	0	4
Total eligible households	1651	1248	702	2556	1293	3240	6752	1351	2607	4285	714	669	1813	699	29580

Continued...

Table 1.2 - Continued

Selected addresses/eligible households

2008-2011 combined

Address and household outcome	Health Board																				Total									
	Ayrshire & Arran		Borders		Dumfries and Galloway		Fife		Forth Valley		Grampian		Greater Glasgow & Clyde		Highlands		Lanarkshire		Lothian		Orkney		Shetland		Tayside		Western Isles		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%		
Household response																														
Co-operating households ^c	1090	66	867	71	517	74	1758	69	841	65	2099	65	3719	55	917	68	1646	63	2527	59	545	76	503	75	1231	68	537	77	18797	63
All interviewed ^d	911	55	684	55	426	61	1398	55	630	49	1602	49	2859	42	731	54	1195	46	1968	46	417	58	415	62	1018	56	431	61	14685	50
Fully co-operating ^e	785	47	593	48	363	51	1232	48	520	40	1433	44	2331	35	632	47	990	38	1725	40	391	55	385	58	914	50	386	55	12680	43
Non-responding households	561	34	381	29	185	26	798	31	452	35	1140	35	3033	45	434	32	961	37	1758	41	169	24	165	25	582	32	162	23	10781	37
Non-contact – eligible	49	3	34	2	15	2	75	3	47	4	157	5	387	6	29	2	119	5	254	6	29	4	13	2	53	3	13	2	1274	4
Non-contact – unknown eligible	17	1	11	1	9	1	27	1	10	1	55	2	122	2	31	3	14	1	88	2	8	1	10	2	18	1	16	2	436	2
Refusal	357	22	267	21	136	19	518	20	320	25	671	21	1974	29	279	21	686	26	1170	27	85	12	92	14	373	21	76	11	7004	24
Other non response – eligible	137	8	65	4	24	3	176	7	73	6	254	8	535	8	88	6	138	5	232	5	45	6	50	7	134	7	55	8	2006	7
Other non-response – unknown eligibility	1	0	4	0	1	0	2	0	2	0	3	0	15	0	7	1	4	0	14	0	2	0	0	0	4	0	2	0	61	0

a This includes the Health Board boost household response

b Addresses where no private households were found

c Households where at least one person was interviewed

d All eligible household members were interviewed, but not all had height and weight measured or agreed to a nurse visit if eligible

e All eligible household members were interviewed, had height and weight measured and agreed to a nurse visit if eligible

Table 1.3 Child boost sample household response, by Health Board

Selected addresses/eligible households

2011

Address and household outcome	Health Board										Total
	Ayrshire & Arran	Dumfries & Galloway	Fife	Forth Valley	Grampian	Greater Glasgow & Clyde	Highlands	Lanarkshire	Lothian	Tayside	
Sample B (child boost)^a	N	N	N	N	N	N	N	N	N	N	N
Selected addresses	132	28	126	103	183	561	119	204	345	143	1944
Ineligible addresses – type a ^b	4	3	4	5	11	43	10	6	11	8	105
Ineligible addresses – type b ^c (screened out)	93	20	87	77	123	386	85	144	262	99	1376
Addresses at which interview sought	35	5	35	21	49	132	24	54	72	36	463
Extra households sampled at multi-household addresses	0	0	0	0	0	0	0	0	0	0	0
Total eligible households	35	5	35	21	49	132	24	54	72	36	463

Continued...

Table 1.3 - Continued

Selected addresses/eligible households

2011

Address and household outcome	Health Board												Total									
	Ayrshire & Arran		Dumfries & Galloway		Fife		Forth Valley		Grampian		Greater Glasgow & Clyde		Highlands		Lanarkshire		Lothian		Tayside			
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%		
Household response																						
Co-operating households ^d	24	69	4	80	26	74	15	71	33	67	70	53	18	75	35	65	46	64	28	78	299	65
All interviewed ^e	24	69	4	80	25	71	15	71	31	63	70	53	18	75	33	61	46	64	28	78	294	63
Fully co-operating ^f	22	63	4	80	25	71	15	71	31	63	65	49	18	75	32	59	45	63	28	78	285	62
Non-responding households	11	31	1	20	9	26	6	29	16	33	62	47	6	25	19	35	26	36	8	22	164	35
Non-contact eligible	0	0	1	20	0	0	0	0	1	2	13	10	1	4	1	2	0	0	0	0	17	4
Non-contact – unknown eligibility	1	3	0	0	0	0	0	0	4	8	5	4	0	0	2	4	1	1	0	0	13	3
Refusal	9	26	0	0	9	26	6	29	10	20	40	30	3	13	14	26	22	31	8	22	121	26
Other non response – eligible	0	0	0	0	0	0	0	0	1	2	1	1	2	8	1	2	2	3	0	0	7	2
Other non-response – unknown eligibility	1	3	0	0	0	0	0	0	0	0	3	2	0	0	1	2	1	1	0	0	6	1

a There were no Child Boost addresses issued in the following Health Boards: Borders, Orkney, Western Isles and Shetland

b Addresses where no private households were found

c Child boost sample addresses where no persons aged 0-15 were found

d Households where at least one person was interviewed

e All eligible household members were interviewed, but not all had height and weight measured

f All eligible household members were interviewed, had height and weight measured

Table 1.4 Summary of adults' individual response to the survey, by sex*Estimated adult sample ('set' sample of adults aged 16 and over)^a*

2011

Individual response	Men		Women		All adults	
	N	%	N	%	N	%
Interviewed	3281	51	4263	60	7544	56
Non responders:						
In co-operating households	1060	16	506	7	1566	12
In non-responding households	2096	33	2303	33	4399	33
Self-completion	2978	46	3940	56	6918	51
Height	2799	43	3597	51	6396	47
Weight	2781	43	3445	49	6226	46
Eligible for nurse visit^b	1070	17	1154	16	2224	16
Saw nurse	424	26	548	30	972	28
Responded to:						
Waist/hip	419	25	536	29	957	27
Blood pressure	421	26	9	0	10	0
Blood sample						
Obtained	333	20	392	21	725	21
Attempted, not obtained	24	1	49	3	73	2
Ineligible	27	2	39	2	66	2
Lung function						
Obtained	412	25	516	28	928	27
Attempted, not obtained	27	2	39	2	66	2
Saliva						
Obtained	403	25	511	28	914	26
Attempted, not obtained	0	0	0	0	0	0
Urine						
Obtained	383	23	486	26	869	25
Attempted, not obtained	9	1	4	0	13	0
<i>Base: set sample: all main and health board boost</i>	6437		7072		13509	
<i>Set sample: nurse sample</i>	1645		1837		3482	

a For the method of estimating the adult 'set' sample, see section 1.6.3. Estimated bases have been rounded.

b 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 1.5 Men in co-operating households, response to the stages of the survey, by age

Men aged 16 or over in co-operating households

2011

Individual response	Age							Total
	16-24	25-34	35-44	45-54	55-64	65-74	75 +	
	%	%	%	%	%	%	%	%
Interviewed								
Interviewed	52	70	73	76	81	91	93	76
Not contacted/refused	48	30	27	24	19	9	7	24
Height								
Measured	46	63	64	65	70	77	68	64
Refused	4	5	6	7	7	7	11	6
Measurement not attempted	3	2	3	4	4	6	13	5
Not contacted/not obtained ^a	48	30	28	24	19	10	8	25
Weight								
Measured	46	62	64	64	69	77	68	64
Refused	3	5	6	7	7	7	10	6
Measurement not attempted	2	3	3	5	4	6	13	5
Not contacted/not obtained	48	31	28	24	20	10	9	25
Nurse Visit								
Eligible for nurse visit	27	24	22	25	24	25	25	25
Of those eligible for nurse visit								
Co-operated with nurse visit	21	28	43	39	45	52	54	40
Not interviewed	62	52	36	44	40	31	34	43
Refused/no contact at nurse visit	16	20	20	17	15	17	12	17
Waist/Hip								
Measured	21	28	43	39	44	51	52	39
No nurse visit ^b	79	72	57	61	55	48	46	60
Refused/not obtained	0	0	0	0	1	1	2	0
Blood pressure								
Measured	21	28	43	39	45	51	52	39
No nurse visit	79	72	57	61	55	48	46	60
Refused/not obtained	0	0	0	0	0	1	2	0
Blood sample								
Blood sample taken	16	19	39	31	38	40	34	31
Unsuccessful attempts at sample	1	2	1	2	2	4	7	2
Ineligible – medical grounds	0	3	1	2	3	4	9	3
Refused	5	4	3	3	2	4	5	4
No nurse visit	79	72	57	61	55	48	46	60
Saliva sample								
Measured	21	27	42	36	43	49	50	38
No nurse visit	79	72	57	61	55	48	46	60
Refused/not obtained	0	1	1	3	2	3	4	2

Continued...

Table 1.5 - Continued

Men aged 16 or over in co-operating households

2011

Individual response	Age							Total
	16-24	25-34	35-44	45-54	55-64	65-74	75 +	
	%	%	%	%	%	%	%	%
Lung function								
Measured	21	28	43	38	44	49	50	39
No nurse visit	79	72	57	61	55	48	46	60
Refused/not obtained	0	0	1	1	1	3	4	1
Demi-span (65+)								
Measured	n/a	n/a	n/a	n/a	n/a	50	51	51
No nurse visit						48	46	47
Refused/not obtained						1	3	2
Urine								
Measured	19	25	40	35	40	48	47	36
No nurse visit	79	72	57	61	55	48	46	60
Refused/not obtained	2	3	3	4	4	4	8	4
<i>Bases:</i>								
<i>Men aged 16 or over in co-operating households</i>	593	571	712	789	742	563	371	4341
<i>Men aged over 16 in co-operating household eligible for nurse interview</i>	159	139	159	201	179	141	92	1070
<i>Men aged 65 or over in co-operating households eligible for nurse interview</i>	n/a	n/a	n/a	n/a	n/a	141	92	233

a Includes non-responders to interview as well as those refusing measurement.

b Includes non-responders to interview.

Table 1.6 Women in co-operating households, response to the stages of the survey, by age

<i>Women aged 16 or over in co-operating households</i>								<i>2011</i>
Individual response	Age							Total
	16-24	25-34	35-44	45-54	55-64	65-74	75 +	
	%	%	%	%	%	%	%	%
Interviewed								
Interviewed	66	89	92	92	94	93	96	89
Not contacted/refused	34	11	8	8	6	7	4	11
Height								
Measured	59	78	80	79	80	76	69	75
Refused	4	7	8	9	10	9	8	8
Measurement not attempted	2	3	3	3	5	8	17	5
Not contacted/not obtained ^a	34	11	9	9	6	7	6	11
Weight								
Measured	54	71	76	77	78	75	69	72
Refused	6	8	11	10	12	10	8	9
Measurement not attempted	6	9	5	4	5	8	17	7
Not contacted/not obtained	34	12	9	9	6	7	6	11
Nurse Visit								
Eligible for nurse visit	25	26	24	25	22	24	26	24
Of those eligible for nurse visit								
Co-operated with nurse visit	27	37	54	53	51	55	49	47
Not interviewed	49	38	28	31	31	36	37	35
Refused/no contact at nurse visit	24	25	18	16	18	9	14	18
Waist/Hip								
Measured	25	35	52	51	51	54	48	46
No nurse visit ^b	73	63	46	47	49	45	51	53
Refused/not obtained	2	2	2	2	1	1	2	2
Blood pressure								
Measured	25	35	53	53	51	55	48	46
No nurse visit	73	63	46	47	49	45	51	53
Refused/not obtained	2	2	2	0	1	0	1	1
Blood sample								
Blood sample taken	15	25	40	37	40	42	35	34
Unsuccessful attempts at sample	2	2	5	5	6	5	5	4
Ineligible – medical grounds	1	5	4	3	1	5	4	3
Refused	9	5	5	8	5	3	5	6
No nurse visit	73	63	46	47	49	45	51	53
Saliva sample								
Measured	24	35	51	48	48	53	48	44
No nurse visit	73	63	46	47	49	45	51	53
Refused/not obtained	4	2	4	5	4	2	2	3

Continued...

Table 1.6 - Continued

<i>Women aged 16 or over in co-operating households</i>								2011
Individual response	Age							Total
	16-24	25-34	35-44	45-54	55-64	65-74	75 +	
	%	%	%	%	%	%	%	%
Lung function								
Measured	24	34	52	53	50	50	44	45
No nurse visit	73	63	46	47	49	45	51	53
Refused/not obtained	3	3	3	0	2	5	5	3
Demi-span (65+)								
Measured	n/a	n/a	n/a	n/a	n/a	55	48	52
No nurse visit						45	51	48
Refused/not obtained						0	1	0
Urine								
Measured	21	32	49	48	47	50	42	42
No nurse visit	73	63	46	47	49	45	51	53
Refused/not obtained	6	5	5	5	5	5	8	5
<i>Bases:</i>								
<i>Women aged 16 or over in co-operating households</i>	419	468	590	659	614	486	379	3615
<i>Women aged over 16 in co-operating household eligible for nurse interview</i>	136	165	186	215	169	153	130	1154
<i>Women aged 65 or over in co-operating households eligible for nurse interview</i>						153	130	283

a Includes non-responders to interview as well as those refusing measurement.

b Includes non-responders to interview.

Table 1.7 Proportion of adults with valid samples for each blood analyte, by age and sex

Age 16 and over who had a nurse visit

2011

Blood analytes	Age			Total
	16-44	45-64	65 and over	
Men				
HDL-cholesterol	77	69	41	63
Total cholesterol	77	69	41	63
Fibrinogen	75	67	35	60
Glycated haemoglobin	77	81	69	76
C-reactive protein	77	81	69	76
Vitamin D	77	80	69	76
Women				
HDL-cholesterol	66	60	45	58
Total cholesterol	65	60	45	58
Fibrinogen	64	59	41	56
Glycated haemoglobin	67	70	69	69
C-reactive protein	66	70	68	68
Vitamin D	65	69	68	67
<i>Bases:</i>				
<i>Men</i>	142	159	123	424
<i>Women</i>	199	201	148	548

Table 1.8 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

2011

Individual response	Boys		Girls		All children	
	N	%	N	%	N	%
Sample A (main)						
Interviewed	771	57	767	57	1538	57
Non responders:						
In co-operating households	103	8	99	7	202	8
In non-responding households	470	35	473	35	943	35
Responded to:						
Height ^b	491	37	487	36	978	36
Weight ^b	493	37	487	36	980	37
Sample B (child boost)						
Interviewed	228	64	221	62	449	63
Non responders:						
In co-operating households	3	1	2	1	5	1
In non-responding households	124	35	132	37	255	36
Responded to:						
Height ^b	169	48	159	45	328	46
Weight ^b	169	48	158	45	327	46
All children						
Interviewed	999	59	988	58	1987	59
Non responders:						
In co-operating households	106	6	101	6	207	6
In non-responding households	594	35	604	36	1198	35
Responded to:						
Height ^b	660	39	646	38	1306	39
Weight ^b	662	39	645	38	1307	39
<i>Base: set sample</i>						
<i>Sample A</i>	<i>1344</i>		<i>1339</i>		<i>2683</i>	
<i>Sample B</i>	<i>355</i>		<i>355</i>		<i>709</i>	
<i>All children</i>	<i>1699</i>		<i>1693</i>		<i>3392</i>	

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

b Height and weight measurements were taken for children aged 2+. As the set sample is based on children aged 0-15 these figures will underestimate the height and weight response rates.

Table 1.9 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 2011

Individual response	Age					Total
	0-1	2-4	5-6	7-10	11-15	
	%	%	%	%	%	%
Boys						
Interviewed (0-15)						
Interviewed	97	96	98	92	80	90
Not contacted/refused	3	4	2	8	20	10
Height (2-15)						
Measured	n/a	69	75	70	65	69
Refused		7	8	5	5	6
Measurement not attempted		18	15	16	9	14
Not contacted/not obtained ^a		7	2	9	21	12
Weight (2-15)						
Measured	n/a	69	75	71	65	69
Refused		7	9	5	5	6
Measurement not attempted		19	14	15	9	13
Not contacted/not obtained		5	3	9	21	12
Girls						
Interviewed (0-15)						
Interviewed	93	97	96	94	82	91
Not contacted/refused	7	3	4	6	18	9
Height (2-15)						
Measured	n/a	72	76	74	63	70
Refused		9	9	4	10	8
Measurement not attempted		13	11	15	8	12
Not contacted/not obtained		6	4	6	18	10
Weight (2-15)						
Measured	n/a	74	77	74	61	70
Refused		9	10	5	12	9
Measurement not attempted		13	7	14	8	11
Not contacted/not obtained		4	6	6	19	10
Bases:						
<i>All eligible boys in co-operating households</i>	145	214	152	235	359	1105
<i>All eligible boys aged 0-1 in co-operating households</i>	145					145
<i>All eligible boys aged 2-15 in co-operating households</i>		214	152	235	359	960
<i>All eligible girls in co-operating households</i>	163	221	124	233	348	1089
<i>All eligible girls aged 0-1 in co-operating households</i>	163					163
<i>All eligible girls aged 2-15 in co-operating households</i>		221	124	233	348	926

^a Includes non-responders to interview as well as those refusing measurements.

Table 1.10 Age distribution of responding adult sample compared with 2011 mid-year population estimates for Scotland, by sex

Responding adults aged 16 and over *2011*

Age	Health survey responding adult sample			
	At interview	At nurse visit ^a	Providing blood sample	Mid-2011 population estimates ^b
	%	%	%	%
Men				
16-24	9	8	8	15
25-34	12	9	8	17
35-44	16	16	19	16
45-54	18	19	19	18
55-64	18	19	20	16
65-74	16	17	17	11
75+	10	12	9	7
All men	43	44	46	48
Women				
16-24	9	7	5	13
25-34	13	11	11	15
35-44	17	18	19	17
45-54	19	21	20	18
55-64	17	16	17	15
65-74	14	15	16	11
75+	11	12	11	10
All women	57	56	54	52
<i>Bases:</i>				
<i>Men</i>	<i>3281</i>	<i>424</i>	<i>333</i>	<i>2036</i>
<i>Women</i>	<i>4263</i>	<i>548</i>	<i>392</i>	<i>2210</i>

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 2011 private household population for Scotland (Source: GRO Scotland). Base shown in thousands.

Table 1.11 Age distribution of responding child sample compared with 2011 mid-year population estimates for Scotland, by sex

<i>Responding children aged 0-15</i>		<i>2011</i>	
Age	Health survey responding child sample		
	At interview	Mid-2011 population estimates ^a	
	%	%	
Boys			
0-1	14	13	
2-3	14	13	
4-5	14	13	
6-7	14	12	
8-9	10	12	
10-11	12	12	
12-13	11	13	
14-15	12	13	
All boys	50	51	
Girls			
0-1	15	13	
2-3	14	13	
4-5	14	13	
6-7	10	12	
8-9	12	12	
10-11	12	12	
12-13	11	13	
14-15	11	13	
All girls	50	49	
<i>Bases:</i>			
<i>Boys</i>	999	465	
<i>Girls</i>	988	445	

^a 2011 mid-year household population estimates for Scotland (Source: GRO Scotland). Base shown in thousands.

Table 1.12 Age distribution of responding adult sample compared with 2011 mid-population estimates for Scotland, by health board and sex

Responding adults aged 16 and over *2011*

Age	Health survey responding adult sample			
	Men		Women	
	At interview	Mid-2011 population estimates ^a	At interview	Mid-2011 population estimates
	%	%	%	%
Ayrshire & Arran				
16-24	12	15	10	12
25-34	7	13	12	12
35-44	16	16	17	16
45-54	16	18	18	19
55-64	19	17	17	17
65-74	20	13	15	13
75+	10	8	12	11
All	44	47	56	53
<i>Base</i>	<i>204</i>	<i>142</i>	<i>264</i>	<i>158</i>
Borders				
16-24	9	12	6	11
25-34	3	11	13	10
35-44	18	16	20	16
45-54	23	20	19	19
55-64	16	18	16	18
65-74	20	14	13	14
75+	10	9	14	12
All	40	48	60	52
<i>Base:</i>	<i>88</i>	<i>45</i>	<i>133</i>	<i>48</i>
Dumfries and Galloway				
16-24	8	13	5	11
25-34	11	11	12	10
35-44	13	14	11	15
45-54	16	19	18	19
55-64	17	19	19	18
65-74	20	15	16	15
75+	16	10	21	13
All	47	48	53	52
<i>Base:</i>	<i>90</i>	<i>59</i>	<i>102</i>	<i>64</i>

Continued...

Table 1.12 - Continued

Responding adults aged 16 and over

2011

Age	Health survey responding adult sample			
	Men		Women	
	At interview	Mid-2011 population estimates ^a	At interview	Mid-2011 population estimates
	%	%	%	%
Fife				
16-24	6	15	8	14
25-34	11	14	15	13
35-44	20	16	18	16
45-54	24	18	19	18
55-64	16	16	16	16
65-74	15	12	14	12
75+	8	8	10	11
All	42	48	58	52
<i>Base:</i>	<i>301</i>	<i>141</i>	<i>421</i>	<i>154</i>
Forth Valley				
16-24	7	15	12	13
25-34	14	14	12	13
35-44	14	17	20	17
45-54	17	19	19	18
55-64	18	16	18	16
65-74	17	11	12	12
75+	14	7	7	10
All	46	48	54	52
<i>Base:</i>	<i>148</i>	<i>112</i>	<i>176</i>	<i>123</i>
Grampian				
16-24	11	14	10	13
25-34	12	17	13	15
35-44	14	17	17	17
45-54	19	18	17	18
55-64	18	16	18	16
65-74	17	10	10	11
75+	10	7	13	10
All	44	49	56	51
<i>Base:</i>	<i>389</i>	<i>220</i>	<i>486</i>	<i>226</i>

Continued...

Table 1.12 - Continued

Responding adults aged 16 and over

2011

Age	Health survey responding adult sample			
	Men		Women	
	At interview	Mid-2011 population estimates ^a	At interview	Mid-2011 population estimates
	%	%	%	%
Greater Glasgow & Clyde				
16-24	10	16	9	14
25-34	12	20	16	17
35-44	18	17	15	16
45-54	19	18	20	18
55-64	17	14	17	14
65-74	15	9	14	10
75+	10	7	10	10
All	42	48	58	52
<i>Base:</i>	<i>606</i>	<i>467</i>	<i>832</i>	<i>513</i>
Highlands				
16-24	7	13	6	11
25-34	12	13	10	11
35-44	11	15	15	16
45-54	18	19	18	19
55-64	24	18	20	18
65-74	15	13	15	13
75+	13	9	16	12
All	45	49	55	51
<i>Base:</i>	<i>179</i>	<i>123</i>	<i>220</i>	<i>130</i>
Lanarkshire				
16-24	7	15	6	13
25-34	13	16	11	14
35-44	13	17	20	17
45-54	22	19	21	19
55-64	19	16	16	15
65-74	15	11	13	12
75+	12	7	12	10
All	40	48	60	52
<i>Base:</i>	<i>240</i>	<i>216</i>	<i>364</i>	<i>237</i>

Continued...

Table 1.12 - Continued

Responding adults aged 16 and over

2011

Age	Health survey responding adult sample			
	Men		Women	
	At interview	Mid-2011 population estimates ^a	At interview	Mid-2011 population estimates
	%	%	%	%
Lothian				
16-24	11	15	9	14
25-34	18	20	13	19
35-44	16	18	18	17
45-54	17	17	17	17
55-64	17	14	18	14
65-74	13	9	14	10
75+	8	7	12	9
All	43	48	57	52
<i>Base:</i>	<i>432</i>	<i>328</i>	<i>580</i>	<i>358</i>
Orkney				
16-24	9	12	7	11
25-34	11	12	13	12
35-44	13	16	11	16
45-54	19	19	19	19
55-64	20	18	17	17
65-74	14	14	25	14
75+	14	8	9	11
All	46	49	54	51
<i>Base:</i>	<i>127</i>	<i>8</i>	<i>151</i>	<i>8</i>
Shetland				
16-24	9	13	4	12
25-34	7	14	12	14
35-44	16	17	16	17
45-54	17	19	21	19
55-64	25	18	23	17
65-74	15	12	14	12
75+	10	7	9	10
All	46	51	54	49
<i>Base:</i>	<i>99</i>	<i>9</i>	<i>117</i>	<i>9</i>

Continued...

Table 1.12 - Continued

Responding adults aged 16 and over

2011

Age	Health survey responding adult sample			
	Men		Women	
	At interview	Mid-2011 population estimates ^a	At interview	Mid-2011 population estimates
	%	%	%	%
Tayside				
16-24	13	15	11	13
25-34	14	16	14	14
35-44	16	14	17	15
45-54	15	18	20	18
55-64	18	16	15	16
65-74	13	12	14	12
75+	10	9	10	12
All	48	48	52	52
<i>Base:</i>	<i>252</i>	<i>157</i>	<i>274</i>	<i>170</i>
Western Isles				
16-24	10	12	8	9
25-34	9	11	6	11
35-44	14	17	15	16
45-54	13	19	20	18
55-64	24	19	22	17
65-74	18	13	16	14
75+	13	9	13	14
All	47	49	53	51
<i>Base:</i>	<i>126</i>	<i>11</i>	<i>143</i>	<i>11</i>

a 2011 private household population for Scotland (Source: GRO Scotland).
Base shown in thousands.

Table 1.13 True standard errors and 95% confidence intervals for general health variables (adults)

2011, 2010/2011 combined

		% (p) / Mean	Sample size (un- weighted)	True standard error	95% confidence interval		Deft
					Lower	Upper	
Longstanding illness (%)							
Men	Limiting longstanding illness	25.6	3280	0.91	23.8	27.4	1.26
	Non-Limiting longstanding illness	17.1	3280	0.80	15.5	18.7	1.27
	No longstanding illness	57.3	3280	1.05	55.3	59.4	1.28
	Total with illness	42.7	3280	1.05	40.6	44.7	1.28
Women	Limiting longstanding illness	30.2	4262	0.83	28.6	31.8	1.13
	Non-Limiting longstanding illness	15.9	4262	0.73	14.5	17.4	1.26
	No longstanding illness	53.9	4262	0.92	52.1	55.7	1.16
	Total with illness	46.1	4262	0.92	44.3	47.9	1.16
Self-reported general health (%)							
Men	Very good/good	77.3	3279	0.96	75.3	79.1	1.38
	Fair	15.9	3279	0.75	14.5	17.4	1.24
	Bad/very bad	6.8	3279	0.49	5.9	7.8	1.17
Women	Very good/good	74.3	4262	0.78	72.8	75.9	1.13
	Fair	17.6	4262	0.61	16.5	18.9	1.01
	Bad/very bad	8.0	4262	0.48	7.1	9.0	1.11
WEMWBS							
Men	Mean score	50.2	2900	0.19	49.8	50.5	1.27
Women	Mean score	49.7	3845	0.17	49.4	50.0	1.18
CISR depression, anxiety, self-harm (2010/11 combined)							
Men	Depression (2 or more symptoms)	5.2	875	0.90	3.7	7.2	1.26
	Anxiety (2 or more symptoms)	7.6	876	1.06	5.7	9.9	1.25
	Suicide Yes (ever)	3.7	876	0.64	2.6	5.1	1.06
	Self-harm Yes (ever)	1.9	877	0.54	1.0	3.3	1.25
Women	Depression (2 or more symptoms)	7.9	1155	0.92	6.3	9.9	1.11
	Anxiety (2 or more symptoms)	10.5	1156	0.99	8.7	12.6	1.06
	Suicide Yes (ever)	5.9	1153	0.75	4.6	7.6	1.03
	Self-harm Yes (ever)	2.9	1154	0.69	1.9	4.6	1.32

Table 1.14 True standard errors and 95% confidence intervals for dental health variables (adults)

						2011
	% (p) / Mean	Sample size (un- weighted)	True standard error	95% confidence interval		Deft
				Lower	Upper	
Men						
% with no natural teeth	8.6	3270	0.50	7.7	9.6	1.0
Women						
% with no natural teeth	10.9	4252	0.50	9.9	12.0	1.1

Table 1.15 True standard errors and 95% confidence intervals for alcohol variables (adults)

						2011
	% (p) / Mean	Sample size (un- weighted)	True standard error	95% confidence interval		Deft
				Lower	Upper	
Men						
Mean weekly units consumed	15.0	3239	0.42	14.2	15.8	1.24
Drinks >21 units per week (%)	24.9	3239	0.89	23.2	26.7	1.23
>4 units on heaviest drinking day (%)	41.0	3242	0.98	39.1	42.9	1.13
>8 units on heaviest drinking day (%)	24.5	3242	0.91	22.8	26.4	1.21
Mean units on heaviest drinking day	5.5	3242	0.15	5.21	5.81	1.28
Never drunk alcohol (%)	5.1	3222	0.58	4.1	6.4	1.58
Ex drinker (%)	6.3	3222	0.46	5.5	7.3	1.12
Drinks outwith guidelines (%)	46.3	3222	0.98	44.4	48.2	1.17
Drinks within guidelines (%)	42.3	3222	0.95	40.4	44.2	1.15
Women						
Mean weekly units consumed	7.4	4220	0.23	7.0	7.9	1.27
Drinks >14 units per week (%)	18.1	4220	0.78	16.6	19.7	1.26
>3 units on heaviest drinking day (%)	33.9	4217	0.91	32.2	35.7	1.25
>6 units on heaviest drinking day (%)	16.7	4217	0.70	15.4	18.2	1.22
Mean units on heaviest drinking day	3.2	4217	0.09	3.0	3.3	1.23
Never drunk alcohol (%)	8.9	4192	0.53	7.9	10.0	1.15
Ex drinker (%)	8.6	4192	0.49	7.7	9.6	1.08
Drinks outwith guidelines (%)	38.4	4192	0.96	36.6	40.3	1.23
Drinks within guidelines (%)	44.1	4192	0.94	42.2	45.9	1.17

Table 1.16 True standard errors and 95% confidence intervals for cigarette smoking variables (adults)

<i>2011</i>						
	% (p) / Mean	Sample size (un- weighted)	True standard error	95% confidence interval		Deft
				Lower	Upper	
Men						
Never smoked cigarettes at all / never smoked regularly(%)	52.4	3263	1.01	50.4	54.4	1.21
Used to smoke cigarettes regularly (%)	23.2	3263	0.82	21.6	24.8	1.16
Current cigarette smoker (%)	24.4	3263	0.92	22.6	26.3	1.29
Mean cigarettes smoked per smoker per day	14.3	745	0.35	13.6	15.0	1.22
Women						
Never smoked cigarettes at all / never smoked regularly(%)	57.4	4243	0.91	55.6	59.2	1.16
Used to smoke cigarettes regularly (%)	20.1	4243	0.68	18.8	21.5	1.06
Current cigarette smoker (%)	22.4	4243	0.80	20.9	24.1	1.20
Mean cigarettes smoked per smoker per day	13.3	939	0.30	12.7	13.9	1.05

Table 1.17 True standard errors and 95% confidence intervals for diet variables (adults)

<i>2011</i>						
	% (p) / Mean	Sample size (un- weighted)	True standard error	95% confidence interval		Deft
				Lower	Upper	
Men						
Mean portions of fruit and vegetables eaten per day	3.1	3275	0.05	3.0	3.2	1.33
Proportion eating 5 or more portions a day (%)	20.4	3275	0.83	18.8	22.0	1.23
Women						
Mean portions of fruit and vegetables eaten per day	3.3	4260	0.05	3.2	3.4	1.31
Proportion eating 5 or more portions a day (%)	22.9	4260	0.85	21.3	24.6	1.27

Table 1.18 True standard errors and 95% confidence intervals for physical activity variables (adults)

2011

	% (p) / Mean	Sample size (un- weighted)	True standard error	95% confidence interval		Deft
				Lower	Upper	
Men						
Meets recommendations (%) ^a	45.3	3274	1.01	43.3	47.3	1.22
Some activity (%) ^a	25.2	3274	0.92	23.4	27.0	1.27
Low activity (%) ^a	29.5	3274	1.00	27.6	31.6	1.32
Women						
Meets recommendations (%) ^a	32.9	4253	0.88	31.2	34.7	1.17
Some activity (%) ^a	32.5	4253	0.86	30.8	34.2	1.15
Low activity (%) ^a	34.6	4253	0.84	33.0	36.3	1.11

a Meets recommendations= 30 minutes or more on at least 5 days a week; Some activity= 30 minutes or more on 1 to 4 days a week; Low activity= fewer than 30 minutes of moderate or vigorous activity a week.

Table 1.19 True standard errors and 95% confidence intervals for anthropometric measurement variables (adults)

2011

Body mass index (BMI)		% (p) / Mean	Sample size (un- weighted)	True standard error	95% confidence interval		Deft
					Lower	Upper	
Men							
	Mean BMI (kg/m ²)	27.6	2745	0.12	27.3	27.8	1.32
	BMI >=25 (%)	69.2	2745	1.17	66.8	71.4	1.39
	BMI >=30 (%)	27.7	2745	1.01	25.8	29.7	1.24
	BMI >=40 (%)	1.7	2745	0.28	1.2	2.4	1.17
	Mean waist (cm) 2010/2011	96.3	865	0.59	95.2	97.5	1.36
Women							
	Mean BMI (kg/m ²)	27.5	3389	0.12	27.3	27.7	1.11
	BMI >=25 (%)	59.6	3389	0.93	57.8	61.4	1.06
	BMI >=30 (%)	27.6	3389	0.87	25.9	29.4	1.09
	BMI >=40 (%)	4.1	3389	0.36	3.5	4.9	1.01
	Mean waist (cm) 2010/2011	89.0	1107	0.47	88.0	89.9	1.08

Table 1.20 True standard errors and 95% confidence intervals for CVD and diabetes variables (adults)

2011

	% (p) / Mean	Sample size (un- weighted)	True standard error	95% confidence interval		Deft
				Lower	Upper	
Men						
Had any cardiovascular condition (%)	15.6	3277	0.67	14.3	17.0	1.11
Had IHD (angina or heart attack) (%)	7.5	3280	0.49	6.6	8.6	1.12
Had IHD or stroke (%)	9.4	3280	0.53	8.4	10.5	1.10
Any CVD or diabetes	19.2	3277	0.71	17.8	20.7	1.09
Stroke	2.9	3280	0.29	2.4	3.5	1.06
Diabetes	6.1	3280	0.45	5.3	7.0	1.12
Women						
Had any cardiovascular condition (%)	13.8	4261	0.57	12.7	14.9	1.04
Had IHD (angina or heart attack) (%)	4.9	4262	0.36	4.3	5.7	1.05
Had IHD or stroke (%)	6.7	4262	0.42	5.9	7.5	1.06
Any CVD or diabetes	17.0	4261	0.61	15.9	18.3	1.02
Stroke	2.7	4262	0.25	2.2	3.2	0.99
Diabetes	4.9	4262	0.34	4.3	5.6	0.99

Table 1.21 True standard errors and 95% confidence intervals for hypertension variables (adults)

2010/2011 combined

	% (p) / Mean	Sample size (un- weighted)	True standard error	95% confidence interval		Deft
				Lower	Upper	
Men						
Normotensive (%)	67.0	736	2.00	62.9	70.8	1.22
Hypertensive controlled (%)	7.8	736	1.01	6.0	10.0	1.08
Hypertensive uncontrolled (%)	6.7	736	0.86	5.2	8.6	0.98
Hypertensive untreated (%)	18.5	736	1.63	15.5	21.9	1.21
All with hypertension	33.0	736	2.00	29.2	37.1	1.22
Women						
Normotensive (%)	68.0	978	1.54	64.9	70.9	0.99
Hypertensive controlled (%)	7.8	978	0.87	6.2	9.7	0.97
Hypertensive uncontrolled (%)	8.6	978	0.88	7.0	10.5	0.93
Hypertensive untreated (%)	15.7	978	1.15	13.5	18.0	0.94
All with hypertension	32.0	978	1.54	29.1	35.1	0.99

Table 1.22 True standard errors and 95% confidence intervals for blood analytes (adults)

2008-2011 combined

	% (p) / Mean	Sample size (un- weighted)	True standard error	95% confidence interval		Deft
				Lower	Upper	
Men						
Glycated haemoglobin level >6.5% in people with no diabetes (%)	2.6	1339	0.43	1.9	3.6	1.01
Mean glycated haemoglobin	5.7	1429	0.02	5.6	5.7	1.13
Mean total cholesterol	5.2	1426	0.04	5.1	5.2	1.19
Mean HDL cholesterol	1.3	1426	0.01	1.3	1.3	1.24
Mean fibrinogen	2.9	1078	0.02	2.9	3.0	1.24
Mean c-reactive protein	2.9	1426	0.16	2.6	3.2	1.09
Women						
Glycated haemoglobin level >6.5% in people with no diabetes (%)	2.1	1669	0.34	1.6	2.9	0.94
Mean glycated haemoglobin	5.6	1752	0.02	5.6	5.7	1.09
Mean total cholesterol	5.4	1743	0.03	5.3	5.4	1.17
Mean HDL cholesterol	1.6	1743	0.01	1.5	1.6	1.11
Mean fibrinogen	3.1	1385	0.02	3.1	3.1	1.16
Mean c-reactive protein	3.4	1745	0.15	3.1	3.7	1.09

Table 1.23 True standard errors and 95% confidence intervals for general health variables (children)

2008-2011 combined, 2010/2011 combined

		% (p) / Mean	Sample size (un- weighted)	True standard error	95% confidence interval		Deft
					Lower	Upper	
Longstanding illness (%) (2008-2011)							
Boys	Limiting longstanding illness	7.4	4160	0.45	6.6	8.3	1.10
	Non-Limiting longstanding illness	9.2	4160	0.49	8.3	10.2	1.10
	No longstanding illness	83.4	4160	0.64	82.1	84.6	1.10
	Total with illness	16.6	4160	0.64	15.4	17.9	1.10
Girls	Limiting longstanding illness	5.8	3967	0.39	5.0	6.6	1.07
	Non-Limiting longstanding illness	7.8	3967	0.46	6.9	8.8	1.09
	No longstanding illness	86.4	3967	0.59	85.3	87.6	1.08
	Total with illness	13.6	3967	0.59	12.4	14.7	1.08
Self-reported general health (%) (2010/2011)							
Boys	Very good/good	95.1	1958	0.51	94.0	96.0	1.04
	Fair	4.4	1958	0.48	3.5	5.4	1.03
	Bad/very bad	0.5	1958	0.18	0.3	1.0	1.05
Girls	Very good/good	95.4	1819	0.52	94.3	96.3	1.07
	Fair	3.5	1819	0.45	2.7	4.5	1.06
	Bad/very bad	1.1	1819	0.28	0.7	1.8	1.16
GHQ12 Score (%) (2008-2011)							
Boys	0	70.1	665	1.82	66.4	73.6	1.04
	1-3	22.5	665	1.66	19.4	25.9	1.03
	4	7.3	665	1.04	5.5	9.7	1.04
Girls	0	62.2	649	2.03	58.1	66.1	1.06
	1-3	26.3	649	1.82	22.9	30.1	1.04
	4	11.5	649	1.36	9.0	14.4	1.08
SDQ scores (%) (2010/2011)							
Boys	Normal (0-13)	83.0	991	1.38	80.1	85.6	1.14
	Borderline (14-16)	7.0	991	0.93	5.4	9.1	1.12
	Abnormal (17-40)	9.9	991	1.04	8.1	12.2	1.08
Girls	Normal (0-13)	88.2	909	1.21	85.6	90.4	1.15
	Borderline (14-16)	6.3	909	0.95	4.7	8.4	1.20
	Abnormal (17-40)	5.5	909	0.76	4.2	7.2	1.02

Table 1.24 True standard errors and 95% confidence intervals for accident rates (children)

<i>2009/2011 combined</i>						
	% (p) / Mean	Sample size (un- weighted)	True standard error	95% confidence interval		Deft
				Lower	Upper	
Boys						
Annual accident rate per 100 persons	20.1	1290	1.60	17.0	23.3	1.08
Girls						
Annual accident rate per 100 persons	13.6	1230	1.10	11.4	15.9	1.03

Table 1.25 True standard errors and 95% confidence intervals for diet variables (children)

2008, 2009, 2010, 2011

	% (p) / Mean	Sample size (un- weighted)	True standard error	95% confidence interval		Deft
				Lower	Upper	
Boys (2008)						
Mean portions of fruit and vegetables eaten per day	2.7	764	0.09	2.5	2.9	1.28
Proportion eating 5 or more portions a day (%)	13.6	764	1.50	10.9	16.8	1.22
Boys (2009)						
Mean portions of fruit and vegetables eaten per day	2.7	1153	0.06	2.6	2.8	1.12
Proportion eating 5 or more portions a day (%)	13.8	1153	1.16	11.7	16.3	1.14
Boys (2010)						
Mean portions of fruit and vegetables eaten per day	2.6	821	0.09	2.4	2.8	1.29
Proportion eating 5 or more portions a day (%)	12.4	821	1.45	9.8	15.5	1.23
Boys (2011)						
Mean portions of fruit and vegetables eaten per day	2.7	855	0.08	2.6	2.9	1.22
Proportion eating 5 or more portions a day (%)	13.4	855	1.34	10.9	16.2	1.16
Girls (2008)						
Mean portions of fruit and vegetables eaten per day	2.9	752	0.09	2.7	3.0	1.13
Proportion eating 5 or more portions a day (%)	13.4	752	1.36	10.9	16.3	1.08
Girls (2009)						
Mean portions of fruit and vegetables eaten per day	2.9	1100	0.08	2.7	3.0	1.23
Proportion eating 5 or more portions a day (%)	15.6	1100	1.26	13.3	18.2	1.15
Girls (2010)						
Mean portions of fruit and vegetables eaten per day	2.7	708	0.08	2.5	2.8	1.17
Proportion eating 5 or more portions a day (%)	12.6	708	1.33	10.2	15.4	1.10
Girls (2011)						
Mean portions of fruit and vegetables eaten per day	2.8	833	0.08	2.6	2.9	1.17
Proportion eating 5 or more portions a day (%)	12.3	833	1.27	10.0	15.0	1.11

Table 1.26 True standard errors and 95% confidence intervals for physical activity variables^a (children)

2008, 2009, 2010, 2011

	% (p) / Mean	Sample size (un- weighted)	True standard error	95% confidence interval		Defl
				Lower	Upper	
Boys						
Excluding school						
% meets recommendations (2008)	72.2	750	1.86	68.4	75.8	1.16
% meets recommendations (2009)	68.8	1142	1.67	65.4	72.0	1.22
% meets recommendations (2010)	67.8	811	2.14	63.5	71.8	1.27
% meets recommendations (2011)	68.9	841	1.81	65.2	72.3	1.14
Including school						
% meets recommendations (2008)	77.2	750	1.70	73.6	80.3	1.13
% meets recommendations (2009)	74.9	1142	1.50	71.9	77.8	1.16
% meets recommendations (2010)	75.1	811	1.79	71.4	78.5	1.15
% meets recommendations (2011)	75.9	841	1.67	72.5	79.0	1.14
Girls						
Excluding school						
% meets recommendations (2008)	55.6	737	2.20	51.2	59.9	1.18
% meets recommendations (2009)	58.5	1085	1.81	54.9	62.0	1.21
% meets recommendations (2010)	61.9	694	2.08	57.8	65.9	1.16
% meets recommendations (2011)	61.8	826	2.06	57.7	65.8	1.21
Including school						
% meets recommendations (2008)	64.1	737	2.06	60.0	68.1	1.15
% meets recommendations (2009)	66.3	1085	1.76	62.7	69.7	1.23
% meets recommendations (2010)	69.5	694	2.00	65.4	73.3	1.18
% meets recommendations (2011)	69.6	826	1.90	65.8	73.2	1.18

^a Meets recommendations= 30 minutes or more on at least 5 days a week.

Table 1.27 True standard errors and 95% confidence intervals for anthropometric measurement variables (children)

2008, 2009, 2010, 2011

	% (p) / Mean	Sample size (un- weighted)	True standard error	95% confidence interval		Deft
				Lower	Upper	
Boys (2008)						
BMI within healthy range ^a (%)	61.8	637	2.12	57.6	65.9	1.11
Overweight including obese ^b (%)	36.1	637	2.05	32.2	40.3	1.09
Boys (2009)						
BMI within healthy range ^a (%)	68.3	947	1.54	65.2	71.2	1.01
Overweight including obese ^b (%)	30.0	947	1.55	27.1	33.2	1.03
Boys (2010)						
BMI within healthy range ^a (%)	66.0	641	1.95	62.1	69.7	1.01
Overweight including obese ^b (%)	31.1	641	1.88	27.6	35.0	1.00
Obese ^c (%)	15.6	641	1.48	12.9	18.8	1.01
Boys (2011)						
BMI within healthy range ^a (%)	63.4	625	2.15	59.0	67.5	1.12
Overweight including obese ^b (%)	34.5	625	2.12	30.4	38.8	1.12
Obese ^c (%)	17.5	625	1.64	14.5	21.0	1.09
Girls (2008)						
BMI within healthy range ^a (%)	71.3	630	2.00	67.2	75.0	1.09
Overweight including obese ^b (%)	26.9	630	1.90	23.3	30.8	1.06
Girls (2009)						
BMI within healthy range ^a (%)	70.8	897	1.70	67.3	74.0	1.12
Overweight including obese ^b (%)	27.8	897	1.65	24.6	31.1	1.11
Girls (2010)						
BMI within healthy range ^a (%)	69.1	558	2.06	64.9	73.0	1.08
Overweight including obese ^b (%)	28.5	558	1.98	24.8	32.6	1.07
Obese ^c (%)	12.9	558	1.52	10.2	16.2	1.10
Girls (2011)						
BMI within healthy range ^a (%)	68.0	616	2.10	63.7	72.0	1.11
Overweight including obese ^b (%)	28.5	616	2.09	24.6	32.8	1.14
Obese ^c (%)	13.7	616	1.43	11.1	16.8	1.02

a BMI at or below 5th percentile, at or above 85th percentile.

b BMI at or above 85th percentile.

c BMI at or above 98th percentile.

CHAPTER 2: QUALITY CONTROL OF BLOOD, URINE AND SALIVA ANALYTES

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2.1 INTRODUCTION AND KEY CONCLUSIONS

This section describes the assay of analytes for the 2011 Scottish Health Survey (SHeS) biological samples and the quality control and quality assessment procedures that were carried out during the survey period. Details of procedures used in the collection, processing and transportation of the specimens are described in Appendix B.

The overall conclusion for the data provided in this chapter is that methods and equipment used for the measurement of blood, urine and saliva analytes produced internal quality control (IQC) and external quality assessment (EQA) results within expected limits. The results of the analyses for each of the main blood and urine analytes and saliva cotinine levels were acceptable for the 2011 SHeS.

The analytical equipment used to measure C-reactive protein in blood samples changed during the survey period. This is described below.

2.2 ANALYSING LABORATORY

As in previous years, the Royal Victoria Infirmary (RVI) in Newcastle upon Tyne was the analysing laboratory used in the 2011 SHeS for the blood and urine sample analyses. Salivary cotinine analysis for the 2011 SHeS was conducted by ABS Laboratories in Welwyn Garden City, Hertfordshire.

2.3 SAMPLES COLLECTED

2.1.3 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 interview 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 (ethylene diamine tetra-acetic acid) tube, followed by the 4.5 ml citrate tube. After collection the tubes were despatched to the Department of Clinical Biochemistry at RVI, which 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 lipoprotein (HDL)-cholesterol, C-reactive protein and vitamin D analysis. If written consent was given by the participant, a minimum of 0.5 ml of the

remaining serum was stored in a freezer at -40°C ($\pm 5^{\circ}\text{C}$) 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 participant, aliquots containing approximately 1ml of whole EDTA blood were processed for storage (unseparated) in a freezer at -20°C ($\pm 5^{\circ}\text{C}$) for possible future analysis.

Samples collected in the 4.5 ml citrate tube

Samples in the citrate tube were used for fibrinogen analysis.

2.1.4 Urine samples

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

2.1.5 Saliva samples

A saliva sample was obtained from participants aged 16 and over. Saliva samples were collected for analysis of cotinine (a metabolite 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.

2.2 METHODOLOGY

2.2.1 Laboratory procedures

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

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

Figure 2A shows reference ranges used for each of the blood analytes measured in the 2011 SHeS. Values within these reference ranges were considered to be clinically 'normal' while those outside were treated as clinically 'abnormal' (either too high or too low). For total and HDL-cholesterol, where a large proportion of the population have values which are statistically within the normal distribution but are not ideal for

good health, the term 'desirable' rather than 'normal' was used when results were sent to participants and/or their GPs.

Figure 2A

Figure 2A: Reference intervals for blood analytes^a

Analyte	Reference interval ^b	Units
Serum		
Total cholesterol		
Males	3.5-5.1	mmol/L
Females	3.5-5.1	mmol/L
HDL-cholesterol		
Males	0.9-1.4	mmol/L
Females	1.1-1.7	mmol/L
Vitamin D^c		
Males	See footnote b	nmol/L
Females	See footnote b	nmol/L
Blood		
Total glycosylated haemoglobin (HbA1c)^d		
Males	Non diabetic, <6.1	%
Females	Non diabetic, <6.1	%
Males	Non diabetic, <43	mmol/molHb
Females	Non diabetic, <43	mmol/molHb
C-reactive protein^d		
Males/Females	<0.5	mg/L
Fibrinogen		
Males/Females	2.1 – 4.8	g/l
^a Biochemistry and haematology laboratories, Royal Victoria Infirmary, Newcastle-upon-Tyne.		
^b Vitamin D deficiency <25nmol/L. Osteomalacia likely at levels <15 nmol/L. Vitamin D levels of 25-50 nmol/L may indicate insufficiency and should be interpreted in conjunction with PTH and calcium levels. Serum levels vary with exposure to sunlight, peaking in the summer months.		
^c From 2010, glycosylated haemoglobin results are presented as % and mmol/molHb values.		
^d Reference range for high sensitivity CRP assay.		

2.2.2 Blood sample analytical methods and equipment

The analytical equipment used to measure C-reactive protein in blood samples changed during the survey period as indicated in the sections below.

Total cholesterol

Measurement of total cholesterol was carried out in the Biochemistry Department at the RVI using a Cholesterol Oxidase assay method. A Roche Modular P analyser calibrated to the Centre for Disease Control

(CDC) guidelines was used throughout SHeS 2011. The Roche Modular P analyser has been used in SHeS since April 2010, prior to this an Olympus 640 analyser was used.

The effect of this change of equipment was that measured concentrations of total cholesterol were on average 0.1mmol/L higher.

HDL-cholesterol

HDL-cholesterol analysis was carried out in the Biochemistry Department at the RVI using a direct method (no precipitation). A Roche Modular P analyser was used throughout SHeS 2011. The Roche Modular P analyser has been used in SHeS since April 2010, prior to this an Olympus 640 analyser was used.

The effect of this change of equipment was that measured concentrations of HDL-cholesterol were on average 0.1mmol/L lower.

C-reactive Protein (CRP)

Measurement of CRP was carried out by the Biochemistry Department at RVI using a Latex enhanced mono immunoassay. Initially a Behring Nephelometer II was used and from May 2011 the Roche Modular P analyser was used. The effect of this change of equipment was that measured concentrations of CRP were on average 0.15mmol/L higher.

Glycated haemoglobin

Glycated haemoglobin (HbA1c) analysis was carried out in the Biochemistry Department at the RVI using the Tosoh G8 analyser throughout SHeS 2011. The Tosoh G8 analyser has been used in SHeS since 26th August 2010; prior to this a Tosoh G7 analyser was used. There was no impact on measured concentrations. Both were calibrated using Diabetes Control and Complications Trial (DCCT) standards until October 2011 after which the Tosoh G8 was calibrated using the new recommended calibrator specific for HbA1c prepared by the International Federation of Clinical Chemistry (IFCC). DCCT aligned values were calculated from IFCC values.

Fibrinogen

Fibrinogen analysis was carried out in the Department of Haematology at RVI using the Auto Coagulation lab (TOP) CTS analyser. The modification of the Clauss thrombin clotting method was used.

Vitamin D

Serum 25-OH Vitamin D was measured using the Diasorin Liaison chemiluminescent immunoassay method.

2.2.3 Urine sample analytical methods and equipment

Sodium, potassium, creatinine

Urinary sodium, potassium and creatinine analysis was carried out in the Biochemistry Department at the RVI using a Roche Modular P analyser. Urinary sodium and potassium were analysed using the indirect ISE method. Urinary creatinine was analysed using the Jaffe method. A Roche Modular P analyser was used throughout the SHeS 2011. The Roche Modular P analyser has been used in SHeS since April 2010, prior to this an Olympus 640 analyser was used.

The effects of this change of equipment were that measured concentrations were on average lower by 1.0 mmol/L for urinary sodium, 4.0 mmol/L for urinary potassium and 0.8 mmol/L for urinary creatinine. The equipment change did not affect the potassium/creatinine ratio results but sodium/creatinine ratio results were on average 1.0 mmol/mmol lower.

2.2.4 Saliva sample analytical methods and equipment

Cotinine

Saliva samples received at the RVI were checked for correct identification, assigned a laboratory accession number, and stored at 40C. Samples were checked for details and despatched fortnightly in polythene bags (20 samples per bag) by courier for overnight delivery to ABS Laboratories, where cotinine analysis was carried out. This laboratory specialises in accurate measurement of low levels of cotinine and therefore takes special precautions to ensure no contamination by environmental tobacco smoke occurs.

The method of analysis used was a high performance liquid chromatography coupled to tandem mass spectrometry with multiple reaction monitoring (LC-MS/MS).¹ The sample preparation prior to LC-MS/MS was liquid/liquid extraction. A Tomtec Quadra was used to allow for the automation of some of the sample preparation. All methods were validated before use.

An advantage of the LC-MS/MS assay is that it is less prone than other methods to non-specific interference when assaying low levels of cotinine as seen due to passive smoking, and so is preferable for samples from non-smokers.¹

A disadvantage of LC-MS/MS is that it does not have the dynamic range of the GC-NPD assay used in previous years.¹ Therefore in SHeS 2011 the laboratory was informed whether the samples were from self-reported smokers or not. All the samples from self-reported smokers were first assayed using the high calibration range assay of 10 to 1,000 ng/mL, and any that were below 10 ng/mL were then re-assayed with the low range assay. In October 2011 the calibration range of the high range assay was extended to 1 to 1,000 ng/mL so that any samples from self-reported smokers that were below 1 ng/mL were

re-assayed with the low range assay. All the remaining samples were first assayed using the low range assay of 0.1 to 100 ng/mL. Any of these that were over-range were then re-assayed using the high calibration range assay of 10 to 1,000 ng/mL (1 to 1,000 ng/mL from October 2011), provided there was sufficient saliva available from that participant.

2.3 INTERNAL QUALITY CONTROL (IQC)

2.3.1 Explanation of IQC

The purpose of internal quality control (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) values and target standard deviations (SD) are assigned for each analyte. Target assignment includes evaluation of values obtained by the laboratory from replicate measurements (over several runs) in conjunction with target values provided by manufacturers of IQC materials, if available. The standard deviation and the coefficient of variation (CV) are measures of imprecision and are presented in the tables. IQC values are assessed against an acceptable range and samples are re-analysed if any of the Westgard rules have been violated.^{2,3,4} Internal quality assessment results are available upon request from ScotCen Social Research.

2.3.2 Non-fasting blood samples

Total and HDL-cholesterol

Low, medium and high control materials were assayed throughout the day.

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, i.e. a coefficient of variation (CV) below 3%. However, realistically the imprecision at the low end of the analytical range leads to a CV of about 6%. Four levels of IQC are run at the beginning and end of each batch of samples on the Behring Nephelometer II Analyser or two levels were assayed at regular intervals throughout the day on the Roche Modular P analyser.

Glycated haemoglobin (HbA1c)

The analytical methods used for glycated haemoglobin measurement in the United Kingdom are now recommended to be standardised to a new standard specific for HbA1c prepared by the International Federation of Clinical Chemistry (IFCC). From October 2011 the IQC results for glycated haemoglobin are reported in IFCC standardised units of

mmol/mol, before this date DCCT (National Glycohaemoglobin Standardisation Program) aligned values (%) were reported. Two levels of internal quality control were run at the beginning and end of each run and at regular intervals throughout.

Fibrinogen

Control plasmas are assayed at regular intervals and instrument function tests are monitored continuously for fibrinogen with the control interval specified as every 12 hours. Significant deviations from specified limits are flagged and must be acknowledged by the operator.

Vitamin D

Two levels of internal quality control were run at beginning and end of each run and then regular intervals throughout.

2.3.3 Urine sample

Sodium, potassium and creatinine

Two levels of IQC were used for urine sodium, potassium and creatinine. Quality control samples were run at the beginning of the day and at regular intervals throughout the day, as for the other parameters.

2.3.4 Saliva samples

Cotinine

ABS laboratories ran 16 non-zero calibration standards for each batch of the low range assay (0.1-100 ng/mL), and 12 for the high range assay (10-1,000 ng/mL). During 2011 the high ranges assay was modified and a new calibration range set up and validated. In October 2011 the high range assay calibration range was extended to 1-1,000 ng/mL using 16 non zero calibration standards and the low QC were lowered to 3 ng/mL. Six quality control (QC) 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 $\pm 15\%$ 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 $\pm 15\%$ except at the lower limit of quantification where the bias must be no greater than $\pm 20\%$.

2.4 EXTERNAL QUALITY ASSESSMENT (EQA)

2.4.1 Introduction

External quality assessment (EQA) permits comparison of results between laboratories measuring the same analyte. An EQA scheme for an analyte or group of analytes distributes aliquots of the same samples to participating laboratories, which are blind to the concentration of the analytes. The usual practice is to participate in a scheme for a full year during which samples are distributed at regular frequency (monthly or

bimonthly for example); the number of samples in each distribution and the frequency differ between schemes. The samples contain varying concentrations of analytes. The same samples may or may not be distributed more than once.

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

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

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

The 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 National External Quality Assessment Scheme for Haematology, and the Central Quality Assessment Schemes (QAS) are all schemes in which the laboratories participate on a routine basis. DEQAS is an EQA scheme for Vitamin D.

Monthly EQA results are available upon request from ScotCen Social Research.

2.4.2 Non-fasting blood samples

Total cholesterol

The Clinical Biochemistry laboratory participates in the WEQAS schemes.

HDL-cholesterol

The Clinical Biochemistry laboratory participates in the WEQAS scheme.

Glycated haemoglobin

The Clinical Biochemistry laboratory participates in the WEQAS scheme.

Fibrinogen

The Haematology laboratory participates in Central QAS schemes fortnightly and the NEQAS scheme quarterly.

C-reactive Protein

The Clinical Biochemistry laboratory participates in the 'WEQAS high sensitivity CRP scheme'.

Vitamin D

The Clinical Biochemistry laboratory at the RVI participates in the DEQAS scheme.

2.4.3 Urine samples

The Clinical Biochemistry laboratory participates in the WEQAS scheme for the urine analytes (sodium, potassium and creatinine).

2.4.4 Saliva samples

Cotinine

There was no external quality control scheme available in 2011 for cotinine analysis but ABS Laboratories participates in inter-laboratory split analyses to ensure comparable results. The latest International inter-laboratory study was published in 2009.¹

References and notes

- ¹ Bernert JT, Jacob III P, Holiday DB et al. *Interlaboratory comparability of serum cotinine measurements at smoker and nonsmoker concentration levels: A round robin study*. *Nicotine Tob Res.* 2009;**11**:1458-66.
- ² 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 analyzed, which is common for applications in haematology. More detail is available at <www.westgard.com/mltirule.htm#westgard>
- ³ Westgard JO, Barry PL, Hunt MR, Groth T. *A multi-rule Shewhart chart for quality control in clinical chemistry*. *Clin Chem.* 1981;**27**:493-501.
- ⁴ Westgard JO, Klee GG. Quality Management. Chapter 16 in Burtis C (ed.). *Fundamentals of Clinical Chemistry*. 4th edition. Philadelphia: WB Saunders Company, 1996, pp.211-23.

APPENDIX A: FIELDWORK DOCUMENTS

Respondent Information Leaflet

Advance Letters

Language translations card

Stage 1 Leaflets - Interviewer

Stage 2 Leaflet – Nurse

Stage 2 Leaflet – Useful Contacts

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

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 survey is a valuable tool in measuring performance towards the Scottish Government’s National Performance Framework and in achieving its strategic objective of Helping people to sustain and improve their health, especially in disadvantaged communities, ensuring better, local and faster access to health care.”

Chief Medical Officer
Dr Harry Burns

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.

ScotCen

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

The Scottish Health Survey

Your questions answered

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, 2003, 2008 and 2009. It now takes 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.

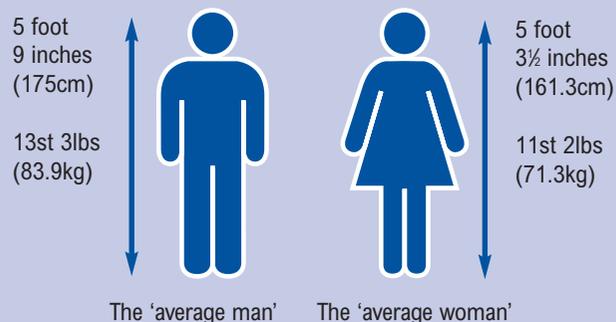
What are the questions about?

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...?



- Three quarters of men (76%) and women (75%) think that their health is 'good' or 'very good'
- Around 4 in 10 men and women have a long term-illness, this rises to 7 in 10 of those men and women aged 75 and over.
- 30% of men report their usual alcohol consumption as being more than the recommended limit of 21 units per week and 20% of women report their usual alcohol consumption as being more than the recommended 14 units per week.
- The prevalence of cigarette smoking in adults aged 16-64 has decreased from 34% in 1995 to 29% in 2008 for men, and from 36% to 28% for women.
- A fifth of men and a quarter of women consume the recommended amount of five or more portions of fruit or vegetables per day.
- 45% of men and 33% of women meet the daily physical activity recommendations of 30 minutes of at least moderate exercise on most days of the week.
- The majority of adults aged 16 or over (68.5% of men and 61.8% of women) are either overweight or obese.
- Men are more likely than women to take part in sport while women are more likely to do heavy housework.

(findings from the 2008 Scottish Health Survey)

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

The findings from each survey are published in a special report. The latest report about the 2008 survey was published in September 2009. Your local library can order a copy of the report:

Bromley, C, Bradshaw, P & Given, L (eds.)
The Scottish Health Survey 2008, The Scottish Government, 2009

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 2010 survey will be published in 2011.

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* (ScotGen) 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.

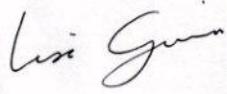
The name of the interviewer who will be calling is: _____

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.

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 and ask for Scottish Health Survey team. If no one is available please leave a message and someone will call you back as soon as possible.

Thank you for your help.



Lisa Given
Senior Researcher



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. SC038454). 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.

The survey has been reviewed by an independent Research Ethics Committee to protect your safety, rights, wellbeing and dignity. This study has been given a favourable opinion by the Cardiff Research Ethics Committee.



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

If you would like to talk to someone about the study, please call us on freephone 0800 652 4569 (9.30am to 5.30pm) and ask for the Scottish Health Survey team. If no one is available or if you are calling outside office hours then please leave a message and we will get back to you as soon as possible.

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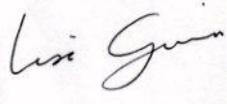
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Scottish Health Survey

British Sign Language

Your household has been selected to take part in the Scottish Health Survey. This important study collects information on behalf of the Scottish Government and the National Health Service about the health and lifestyles of people who live in Scotland. If you would you like us to arrange for a BSL interpreter to help conduct the interview, or to explain more about what is involved, please give the person who has called at your address your telephone number so we can arrange this.

Gaelic / Gàidhlig

Chaidh an dachaigh agaibhse a thaghadh airson pàirt a ghabhail ann an Suirbhìdh Slàinte na h-Alba. Tha an sgrùdadh cudromach seo a' cruinneachadh fiosrachadh airson Riaghaltas na h-Alba agus Seirbheis Nàiseanta na Slàinte mu dheidhinn slàinte agus caitheamh-beatha muinntir na h-Alba. Ma tha sibh ag iarraidh eadar-theangair a chuidicheas leis an agallamh, no a mhìnicheas dè bhios na lùib, comharraich an cànan a tha sibh a' bruidhinn agus thoiribh an àireamh fòn agaibh don neach a thàinig don taigh gus am faigh sinn air sin a chur air dòigh dhuibh.

Bengali / বাংলা

স্কটিশ হেলথ সার্ভে (Scottish Health Survey) -তে অংশগ্রহণ করার জন্য আপনার পরিবার নির্বাচিত হয়েছে। এই গুরুত্বপূর্ণ অধ্যয়নটি স্কটিশ গভর্নর (Scottish Government) এবং ন্যাশানাল হেলথ সার্ভিস (National Health Service)-এর পক্ষ স্কটল্যান্ড-এ বসবাসকারী ব্যক্তিদের স্বাস্থ্য এবং জীবনধারা সংক্রান্ত বিষয়ে তথ্য সংগ্রহ করে। আপনি যদি চান যে সাক্ষাৎকারে সহায়তার করতে, অথবা কী কী বিষয় অন্তর্ভুক্ত আছে সে সম্পর্কে আরো ব্যাখ্যা করতে আমরা আপনার জন্য একজন দোভাষীর বন্দোবস্ত করি, তাহলে অনুগ্রহ করে আপনি যে ভাষায় কথা বলেন সেটি নির্দেশ করুন এবং যিনি আপনার ঠিকানায় ফোন করবেন সেই ব্যক্তিকে আপনার ফোন নম্বরটি দিন যাতে করে আমরা এটির বন্দোবস্ত করতে পারি।

Chinese (Cantonese) /中文 (廣東話)

府上已獲選參與《蘇格蘭健康問卷調查》(Scottish Health Survey)。這是一項代表蘇格蘭政府及國民保健服務 (National Health Service) 收集有關居住在蘇格蘭的人士的健康及生活形式的資料的重要研究。如你希望我們為你安排口譯員以協助進行訪問，或更詳細地解釋當中所涉及的過程，請向到訪府上的問卷調查員指出你所說的語言，並提供你的電話號碼，以便我們作出此安排。

French / Français

Votre foyer a été sélectionné pour participer à l'étude sur la santé en Écosse. Cette importante étude réunit des informations au nom du Gouvernement écossais et du ministère national de la Santé à propos de la santé et du style de vie des habitants de l'Écosse. Si vous aimeriez que nous organisions la présence d'un interprète pour faciliter la conduite de cet entretien ou vous expliquer plus en détail ce qui est impliqué, veuillez indiquer la langue que vous parlez et donner votre numéro de téléphone à la personne qui s'est présentée chez vous pour que nous puissions l'organiser.

Hindi / हिन्दी

आपके परिवार को स्कॉटिश स्वास्थ्य सर्वेक्षण में हिस्सा लेने के लिए चुना गया है। इस महत्वपूर्ण अध्ययन में स्कॉटलैंड सरकार और राष्ट्रीय स्वास्थ्य सेवा की ओर से स्कॉटलैंड में रहने वाले लोगों के स्वास्थ्य और जीवनशैलियों के संबंध में जानकारी एकत्र की जाती है। साक्षात्कार के आयोजन अथवा इसमें शामिल किसी अन्य जानकारी को स्पष्ट करने के लिए यदि आप दुभाषिण (इंटरप्रेटर) की व्यवस्था चाहते हैं तो आप जो भाषा बोलते हैं उस पर निशान लगाएं तथा आपसे सम्पर्क करने वाले व्यक्ति को अपना टेलीफोन नम्बर दे दें ताकि हम इसका प्रबन्ध कर सकें।

Polish / Polski

Uprzejmie informujemy, że Pana/i gospodarstwo domowe wybrano do wzięcia udziału w ankiecie na temat zdrowia (Scottish Health Survey). Celem tego ważnego badania jest zebranie informacji na temat zdrowia i trybu życia mieszkańców Szkocji. Sondaż przeprowadzamy w imieniu szkockiego rządu i państwowej służby zdrowia (National Health Service). Jeżeli chciał(a)by Pan/i wziąć udział w ankiecie korzystając z pomocy tłumacza bądź uzyskać bliższe informacje na temat badania, proszę wskazać na karcie swój język ojczysty i podać urzędnikowi numer swojego telefonu, by można było umówić spotkanie, podczas którego obecny będzie tłumacz.

Punjabi / ਪੰਜਾਬੀ

ਤੁਹਾਡੇ ਘਰਬਾਰ ਨੂੰ ਸਕੌਟਲੈਂਡ ਦੇ ਸੇਹਤ ਸਰਵੇ ਵਿੱਚ ਭਾਗ ਲੈਣ ਲਈ ਚੁਣਿਆ ਗਿਆ ਹੈ। ਇਹ ਮਹੱਤਵਪੂਰਨ ਅਧਿਐਨ ਸਕੌਟਲੈਂਡ ਦੀ ਸਰਕਾਰ ਅਤੇ ਨੈਸ਼ਨਲ ਹੈਲਥ ਸਰਵਿਸ ਦੀ ਤਰਫੋਂ ਸਕੌਟਲੈਂਡ ਵਿੱਚ ਰਹਿ ਰਹੇ ਲੋਕਾਂ ਦੀ ਸੇਹਤ ਅਤੇ ਰਹਿਣੀ ਬਹਿਣੀ ਬਾਰੇ ਜਾਣਕਾਰੀ ਇਕੱਤਰ ਕਰਦੀ ਹੈ। ਇੰਟਰਵਿਓ ਕਰਨ ਵਿੱਚ ਸਹਾਇਤਾ ਲਈ, ਜਾਂ ਜੇ ਕੁੱਝ ਇਸ ਵਿੱਚ ਸ਼ਾਮਲ ਹੋ ਬਾਰੇ ਵਧੇਰੇ ਜਾਣਕਾਰੀ ਦੇਣ ਲਈ, ਜੇ ਤੁਸੀਂ ਚਾਹੁੰਦੇ ਹੋ ਕਿ ਅਸੀਂ ਚੋਭਾਸ਼ੀਏ ਦਾ ਪ੍ਰਬੰਧ ਕਰੀਏ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਜਿਹੜੀ ਭਾਸ਼ਾ ਤੁਸੀਂ ਬੋਲਦੇ ਹੋ ਉਸ ਵੱਲ ਇਸ਼ਾਰਾ ਕਰੋ ਅਤੇ ਜਿਹੜਾ ਵਿਅਕਤੀ ਤੁਹਾਡੇ ਘਰ ਆਇਆ ਹੈ ਉਸ ਨੂੰ ਆਪਣਾ ਟੈਲੀਫੋਨ ਨੰਬਰ ਦਿਓ ਤਾਂ ਕਿ ਅਸੀਂ ਇਸ ਦਾ ਪ੍ਰਬੰਧ ਕਰ ਸਕੀਏ।

Turkish / Türkçe

Aileniz İskoç Sağlık Anketi'ne katılmak üzere seçilmiştir. Bu önemli çalışmada, İskoçya Hükümeti ve Ulusal Sağlık Hizmetleri adına, İskoçya'da yaşayan kişilerin sağlık durumları ve yaşam tarzları ile ilgili önemli bilgiler toplanmaktadır. Görüşmelerin yapılabilmesine yardımcı olması veya bu sürece dahil olan diğer noktaları açıklaması için bir tercüman ayarlamamızı istiyorsanız, lütfen konuştuğunuz dili belirtin ve sizi ziyaret eden kişiye telefon numaranızı verin; sizin için gerekli ayarlamaları yapacağız.

Arabic / العربية

لقد وقع الاختيار عليك وعلى عائلتك للمشاركة في استبيان الصحة الاسكتلندي، وتقوم هذه الدراسة الهامة بجمع المعلومات لصالح الحكومة الاسكتلندية وهيئة الصحة الوطنية (NHS) وتتعلق بصحة ونمط وأسلوب حياة القاطنين في اسكتلندا. إذا كنت ترغب منا أن نرتب حضور مترجم لمساعدتك خلال هذه المقابلة أو لتوضيح المزيد عن أهداف ومغزى الاستبيان فالرجاء الإشارة إلى اللغة التي تتكلمها إلى الشخص الذي جاء لمنزلك لإجراء المقابلة و اكتب له رقم هاتفك لترتيب إجراء هذه المقابلة بحضور مترجم.

Farsi / فارسی

خانواده شما برای شرکت در نظرسنجی سلامتی و بهداشت اسکاٹلند انتخاب شده است. در این تحقیق بسیار مهم از طرف دولت اسکاٹلند و سرویس ملی بهداشت، اطلاعاتی درباره سلامتی و شیوه های زندگی مردم ساکن اسکاٹلند جمع آوری می شود. اگر مایل هستید برای تان یک مترجم بیاوریم تا در انجام مصاحبه کمک کند، یا اطلاعات بیشتری درباره تحقیق به شما بدهد، لطفاً به نام زبانی که به آن صحبت می کنید اشاره کرده و شماره تلفن خود را به فردی که به آدرس شما مراجعه کرده است بدهید تا ترتیب این کار بدهیم.

Urdu / اردو

سکاٹش ہیلتھ سروے میں حصہ لینے کے لئے آپ کے گھرانے کا انتخاب کیا گیا ہے۔ یہ ضروری تحقیق سکاٹش گورنمنٹ اور نیشنل ہیلتھ سروے کی جانب سے سکاٹ لینڈ میں رہائش پذیر لوگوں کی صحت اور طرز زندگی کے متعلق معلومات جمع کرتی ہے۔ اگر آپ چاہتے ہیں کہ ہم انٹرویو لینے یا اس میں شامل امور کی مزید وضاحت کرنے میں مدد کے لئے ایک انٹریویٹر (ترجمان) کا انتظام کریں تو براہ مہربانی جو زبان آپ بولتے ہیں اس کی طرف اشارہ کریں اور جو شخص آپ کے گھر تشریف لایا ہے اسے اپنا پتہ اور ٹیلیفون نمبر دے دیں تاکہ ہم اس کا انتظام کرسکیں۔

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 see the Food Standards Agency website:

www.eatwell.gov.uk/healthydiet/healthyweight

The 2011 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, 2003 and has been conducted annually since 2008. 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 2011 survey will update the information collected in previous surveys.

The 2011 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 2011 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 13.

Is the survey confidential?

Yes. We take very great care to protect the confidentiality of the information we are given. 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. 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

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Is the survey confidential?

Yes. We take very great care to protect the confidentiality of the information we are given. 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. 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

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73 Lothian Road
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APPOINTMENT RECORD

Thank you for agreeing to take part in the next stage of our survey.

A qualified nurse _____

will call on _____ at _____

S/he will be able to give you more information about the measurements.

If for any reason you cannot keep this appointment, please call our freephone number on 0800 652 4569 (9.30am to 5.30 pm) and ask to speak to the Scottish Health Survey team so you can make another appointment. If no one is available, please leave a message and someone will call you back as soon as possible.

- For 30 minutes before the nurse arrives, if possible could you:
 - not eat
 - not smoke
 - not drink alcohol
 - avoid vigorous exerciseas 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 see the Food Standards Agency website:

www.eatwell.gov.uk/healthydiet/healthyweight



Scottish Centre for
Social Research

Incorporating Scottish Health Feedback



The 2011 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, 2003 and has been conducted annually since 2008. 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 2011 survey will update the information collected in previous surveys.

The 2011 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.

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 2011 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 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.

Thank you very much for your help with this survey.

Lisa Given or Dr Andy MacGregor

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73 Lothian Road
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The 2011 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, 2003 and has been conducted annually since 2008. 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 2011 survey will update the information collected in previous surveys.

For further information and advice on healthy living please see the Healthier Scotland website:

www.takelifeon.co.uk



**Scottish Centre for
Social Research**

Incorporating Scottish Health Feedback

The 2011 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 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. 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.

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 c-reactive protein, and vitamin D.

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. Vitamin D is important for healthy bones and levels may be related to diet.

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 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.

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 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), 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.

Parentline Scotland

Provides information and advice to anyone concerned about a child's safety, and to anyone caring for a child in Scotland.
0808 800 2222 Mon, Wed & Fri 9am-5pm, Tue & Thurs 9am-9pm
www.children1st.org.uk

Citizens Advice

Helps people resolve their legal, money & other problems by providing them with free information and advice.
For local offices see the listings in your local phonebook.
www.adviceguide.org.uk/Scotland

Debt Advisory Centre

Provide a non-judgemental, sympathetic approach to providing a solution to your financial troubles.
0800 970 7724
www.debtadvisorycentre.co.uk



The Scottish Health Survey 2011

Useful contacts

Local contacts:

A GP (General Practitioner): A person's GP will be able to provide help and advice and can provide access to appropriate specialist service and local organisations.

There will also be many local organisations providing a range of services including support groups, help lines and information. Details can be obtained from your GP, your local library, or they may be listed in the telephone directory.

The national organisations listed below may also be able to put you in touch with local groups:

NHS 24

Provides help and advice from a qualified nurse on a wide range of health problems and issues.
08454 24 24 24
www.nhs24.com

For more information about healthy eating or physical exercise please see the Healthier Scotland website:
www.takelifeon.co.uk

Alzheimer Scotland

Provides support for people with dementia and for the people who care for them.

0808 808 3000 - free 24 hour helpline

www.alzscot.org

Alcoholics Anonymous

A fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others recover from alcoholism.

0845 769 7555

www.alcoholics-anonymous.org.uk

Narcotics Anonymous

A fellowship of men and women for whom drugs have become a major problem. The only requirement for membership is the desire to stop using drugs.

0845 373 3366 or 020 7730 0009

www.ukna.org

Victim Support line

Provides help and information to anyone who has been affected by a crime, including domestic violence and sexual assault.

Scottish helpline 0845 603 9213 (9am-4.30pm Mon-Thurs, 9am-4pm Fri)

UK helpline 0845 30 30 900 (9am-9pm weekdays, 9am-7pm weekends)

www.victimsupport.org

Domestic Abuse Helplines

Provide access to 24-hour emergency refuge accommodation as well as an information service.

0800 027 1234 (free) or 0808 2000 247 (free)

Lothian Gay and Lesbian Switchboard (covers all of Scotland)

Helpline and information service for lesbians, gay men and bisexual people - or their friends or family.

0131 556 4049 (7.30pm-10pm every day)

www.lgls.co.uk

The Samaritans

The Samaritans provide a confidential service for people in despair and who feel suicidal.

08457 90 90 90 - 24 hour phone line:

www.samaritans.org.uk

Breathing Space Scotland

Breathing Space is a free and confidential phoneline service for any individual, who is experiencing low mood or depression, or who is unusually worried and in need of someone to talk to.

0800 83 85 87 – (free) 6pm-2am every day

www.breathingspacescotland.co.uk

SAMH (Scottish Association for Mental Health)

Offers confidential help on a range of mental health issues.

0141 568 7000 - Mon-Fri 2pm – 4.30pm

www.samh.org.uk

SANE

Provides information and support to people who suffer from all forms of mental illness and their friends and families.

0845 767 8000 - 6pm-11pm every day

www.sane.org.uk

Supportline

Confidential telephone helpline offering emotional support to any individual on any issue including child abuse, bullying, eating disorders, domestic violence, rape, mental health, depression, anxiety and addictions.

020 8554 9004

www.supportline.org.uk

Cruse Bereavement Care Scotland

Offers help, including a free counselling service, for bereaved people whatever their age, nationality or beliefs.

01738 444 178

www.crusescotland.org.uk

Nurse: Name _____

Date of visit _____



Your co-operation is very much appreciated.

Thank you very much for your help with this survey.

SN:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Lisa Given or Dr Andy MacGregor

Scottish Centre for Social Research
73 Lothian Road
Edinburgh
EH3 9AW

Tel: 0131 228 2167

www.scottishhealthsurvey.org

THE SCOTTISH HEALTH SURVEY

MEASUREMENT RECORD CARD

FULL NAME: _____

WAIST AND HIP MEASUREMENT

First measurement

Second measurement

Waist _____ cms Waist _____ cms

Hip _____ cms Hip _____ cms

DEMI-SPAN (age 65 and over):

First measurement _____ cms

Second measurement _____ cms

BLOOD PRESSURE

Systolic
(mmHg)

Diastolic
(mmHg)

Pulse
(bpm)

(i)

--	--	--	--	--	--	--	--	--

(ii)

--	--	--	--	--	--	--	--	--

(iii)

--	--	--	--	--	--	--	--	--

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

FVC

 ♦

litres

FEV₁

 ♦

litres

PF

litres per minute

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 2011

Questionnaire documentation

Index

<i>Section</i>	<i>Page numbers</i>
Notes on how to use this documentation	2
Survey outline	3-6
Household interview	7-18
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Nurse interview	134-176

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. Routing instructions appear above the questions. A routing instruction should be considered to stay in force until the next routing 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 reclassify '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.
8. The symbol '\$' has been used to flag CAPI questions which have been used in conjunction with Self-Complete questions to combine the answers into a separate derived variable.

Scottish Health Survey 2011 – Survey outline

There were **two** main stages to the survey in 2011:

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 2011. The household questionnaire documentation begins on page 7 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. *'accidents'* 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*.

CORE SAMPLE - Stage 1 interview outline	
Version A	Version B
Household questionnaire including household composition	
General health including caring (0+)	
General CVD (16+) and use of services (0+)	
Accidents (0+)	-
Physical activity adults (16+) and children (2-15)	
Eating habits children (2-15)	
Fruit and veg consumption (2+)	
Smoking and Drinking (16+) [16-19 in a self completion]	
Dental health (16+)	
Dental services (16+)	
Social capital (16+)	
Discrimination and harassment (16+)	-
Economic activity (16+)	
Stress at work (16+)	-
Education (16+)	
Ethnic background, national identity and religion (0+)	
Family health background (16+)	
Self-completions (13+ & parents of 4-12 yr olds)	
Height (2+) and Weight (0+)	
Data linkage and follow-up research consents (0+)	
-	Attitudes to Health (16+) - 1 adult per household

Child Boost – Interview outline (0-15 only)
Household composition (head of household)
General health including caring (0+)
Use of services (0+)
Accidents (0+)
Physical activity children (2-15)
Eating habits children (2-15)
Fruit and veg consumption (2+)
Self-completions (13+ & parents of 4-12 yr olds)
Height (2+) and Weight (0+)
Data linkage and follow-up research consents (0+)

Health Board Boost sample – Interview outline (16+ only)
Household composition (head of household)
General health including caring
Respiratory & CVD symptoms
General CVD and use of services
Physical activity adults
Eating habits
Fruit and veg consumption
Smoking and Drinking [16-19 in a self completion]
Dental health
Economic activity and Education
National identity, ethnicity and religion
Family health background
Self-completions
Height and Weight
Data linkage and follow-up research consents (0+)

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. The contents of the nurse questionnaire are outlined in the table below and the nurse questionnaire documentation begins on page 135 of this documentation.

Outline of Stage 2 nurse visit
Prescribed medicines (age 16+)
Vitamin supplements (age 16+)
Nicotine replacement therapy (age 16+)
Blood pressure (age 16+)
Depression, anxiety and self-harm (age 16+)
Food poisoning (age 16+)
Waist and hip measurements (age 16+)
Demi-span (arm length) (age 65+)
Lung function (age 16+)
Blood sample (age 16+)
Saliva sample (age 16+)
Urine sample (age 16+)

Household Questionnaire

[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:

Year No: (2008=1, 2009=2, 2010=3)

Sample: (*sample type indicator*)

Point no: (*Point number*)

Address no: (*Address number*)

Household no: (*Household number*)

Strand: (*Core version A or version 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.

[IntDate]*

PLEASE ENTER THE DATE OF THIS INTERVIEW.

Date:

[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)

[SizeConf]*

So, can I check, altogether there are (*(x) number*) 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 (*name of respondent*) male or female?

- 1 Male
- 2 Female

[DoB]*

What is (*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.

[Age]

Can I check, what was (*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

[Marital8]

SHOWCARD A1.

Please look at this card and tell me your marital status

INTERVIEWER: CODE FIRST THAT APPLIES.

- 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 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, (*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) THEN

[LegPar]

Can I check, do either of (*name of respondent's*) parents, or someone who has legal parental responsibility for him/her, live in this household?

- 1 Yes
- 2 No

[Par1]

Which of the people in this household are (*name of respondent's*) parents or have legal parental responsibility for (*him/her*) on a permanent basis?

CODE FIRST PERSON AT THIS QUESTION. IF Not a household member/dead, CODE

- 97
- Range: 1..12, 97

IF Par1 IN [1..12] THEN

[Par2]

Which other person in this household is (*name of respondent's*) parent or have legal parental responsibility for him/her on a permanent basis?

CODE SECOND PERSON AT THIS QUESTION. IF No-one else in the household, CODE

- 97
- Range: 1..14, 97

[SelCh]

INTERVIEWER: Is this child selected for an individual interview?

- 1 Yes
- 2 No

RELATIONSHIP BETWEEN HOUSEHOLD MEMBERS COLLECTED FOR ALL

IF Person > 1 THEN

[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 partner/cohabitee
- 4 natural son/daughter
- 5 adopted son/daughter
- 6 foster child
- 7 stepson/daughter/child of partner
- 8 son/daughter-in-law
- 9 natural parent
- 10 adoptive parent
- 11 foster parent
- 12 stepparent/parent's partner
- 13 parent-in-law
- 14 natural brother/sister
- 15 half-brother/sister
- 16 step-brother/sister
- 17 adopted brother/sister
- 18 foster brother/sister
- 19 brother/sister-in-law
- 20 grandchild
- 21 grandparent
- 22 other relative
- 23 other non-relative

END OF HOUSEHOLD COMPOSITION GRID

ASK ALL

[HHldr]

In whose name is the accommodation owned or rented? Anyone else?

CODE ALL THAT APPLY.

(Codeframe of all household members)

1-12 Person numbers of household members

97 Not a household member

[HHResp]

INTERVIEWER CODE: WHO WAS THE PERSON RESPONSIBLE FOR ANSWERING THE GRIDS IN THIS QUESTIONNAIRE?

(Codeframe of adult household members)

1-12 Person numbers of household members

97 Not a household member

IF More than one person coded at HHldr THEN

[HiHNum]

You have told me that *(name)* and *(name)* jointly own or rent the accommodation. Which of you /who has the highest income (from earnings, benefits, pensions and any other sources)?

ENTER PERSON NUMBER – IF TWO PEOPLE HAVE THE SAME INCOME, ENTER 13
(Codeframe of joint householders)

1-12 Person numbers of household members

13 Two people have the same income

IF HiHNum=13 THEN

[JntEldA]

ENTER PERSON NUMBER OF THE *ELDEST* JOINT HOUSEHOLDER FROM THOSE WITH THE HIGHEST INCOME.

ASK OR RECORD.

(Codeframe of joint householders)

1-12 Person numbers of household members

IF HiHNum=Don't know or Refused

[JntEldB]

ENTER PERSON NUMBER OF THE *ELDEST* JOINT HOUSEHOLDER.

ASK OR RECORD.

(Codeframe of joint householders)

1-12 Person numbers of household members

[HRP]*

INTERVIEWER: THE HOUSEHOLD REFERENCE PERSON IS:

(Displays name of Household Reference Person)

PRESS <1> AND <Enter> TO CONTINUE.

[Eligible]*

INTERVIEWER: FOR YOUR INFORMATION THE PEOPLE IN THIS HOUSEHOLD ELIGIBLE FOR INDIVIDUAL INTERVIEW ARE:

(List of eligible respondents)

PRESS <1> AND <Enter> TO CONTINUE.

ASK ALL AGED 16+

[IOwnRnt08]

SHOWCARD A3

Now, I'd like to get some general information about your household.

Please look at this card and tell me in which of these ways do you occupy this accommodation?

PROBE FOR DETAILS

1 Buying it with the help of a mortgage or loan

2 Own it outright

3 Pay part rent and part mortgage

4 Rent (including rents paid by housing benefit)

5 Live here rent free (including rent-free in relative's/friend's property)

IF OwnORent /OwnRnt08= Rent OR Free THEN

[LandLord]

Who is your landlord?

INTERVIEWER: Code first that applies.

If property is rented through an agent code in relation to the property owner NOT the agent.

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

ASK ALL

[Car]

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.

- 1 Yes
- 2 No

IF Car = Yes THEN

[NumCars]

How many are available?

- 1 One
- 2 Two
- 3 Three or more

ASK ALL

[PasSm]

Does anyone smoke **inside** this (house/flat) on a most days?

INTERVIEWER: INCLUDE NON-HOUSEHOLD MEMBERS WHO SMOKE IN THE HOUSE OR FLAT. EXCLUDE HOUSEHOLD MEMBERS WHO ONLY SMOKE OUTSIDE THE HOUSE OR FLAT.

- 1 Yes
- 2 No

IF >1 person in household

[EatTog]

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?

- 1 Never
- 2 One or two times
- 3 Three or four times
- 4 Five or six times
- 5 Seven times
- 6 More than often than this

IF HQResp = Head of Household OR Spouse/ partner of Head of household

[SrcInc]

SHOW CARD A4.

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	[SrcInc1]
State retirement pension	[SrcInc2]
Pension from former employer	[SrcInc3]
Personal pensions	[SrcInc4]
Child Benefit	[SrcInc5]
Job-Seekers Allowance	[SrcInc6]
Income Support	[SrcInc7]
Working Tax Credit, Child Tax Credit or any other Tax Credit	[SrcInc8]
Housing Benefit	[SrcInc9]
Other state benefits	[SrcInc10]
Interest from savings and investments (eg stocks & shares)	[SrcInc11]
Other kinds of regular allowance from outside your household (eg maintenance, student's grants, rent)	[SrcInc12]
No source of income	[SrcInc13]

[JntInc]

SHOW CARD A5

This card shows incomes in weekly, monthly and annual amounts. Which of the groups on this card represents (*your/you and your husband/wife/partner's combined*) income from all these sources, before any deductions for income tax, National Insurance, etc? Just tell me the number beside the row that applies to (*you/your joint incomes*).

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

Range:1..97

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

[OthInc]

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

- 1 Yes
- 2 No

IF OthInc = Yes THEN

[HHInc]

SHOW CARD A5

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

[Hactiv09]

SHOW CARD A6.

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

INTERVIEWER: PLEASE NOTE THAT 'IN PAID EMPLOYMENT OR SELF-EMPLOYED' IS NOW OPTION 3

INTERVIEWER: CODE **FIRST** TO APPLY.

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

IF Hactiv09 =Doing something else THEN

[NHActivO]*

OTHER: PLEASE SPECIFY.

Text: Maximum 60 characters

IF Hactiv09 =Going to school or college full-time THEN

[HStWork]

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

- 1 Yes
- 2 No

IF (Hactiv09-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) THEN

[H4WkLook]

Thinking now of the 4 weeks ending (*date last Sunday*), were *you/name* (Household Reference Person) looking for any paid work or Government training scheme at any time in those four weeks?

- 1 Yes
- 2 No

IF (Hactiv09 = Looking for paid work or a government training scheme (H4WkLook = Yes) THEN

[H2WkStrt]

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

- 1 Yes
- 2 No

IF (Hactiv09 = Looking for work or a government training scheme... Doing something else) OR (HStWork = No) THEN

[HEverJob]

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

- 1 Yes
- 2 No

IF Hactiv09 =Waiting to take up paid employment already obtained THEN

[HOthPaid]

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

- 1 Yes
- 2 No

IF HothPaid = Yes THEN

[HPayLast]

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/he/she* leave?

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

IF (HEverJob = Yes) OR (Hactiv09 = In paid employment or self-employment .. Waiting to take up a job already obtained) OR (HstWork = Yes) THEN

[HJobTitl]*

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

Text: Maximum 60 characters

[HFtPtime]

Is/Were/Are/Will you/name (Household Reference Person) *be* working full-time or part-time?

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

- 1 Full-time
- 2 Part-time

[HWtWork]*

What kind of work *do/did/does/will you/name* (Household Reference Person) do most of the time?

Text: Maximum 50 characters

[HMatUsed]*

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

IF NONE USED, WRITE IN 'NONE'.

Text: Maximum 50 characters

[HSkilNee]*

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

Text: Maximum 120 characters

[HEmploye]

Is/Were/Are/Will you/name (Household Reference Person) *be*...READ OUT...

- 1 an employee
 - 2 or, self-employed?
- IF IN DOUBT, CHECK HOW THIS EMPLOYMENT IS TREATED FOR TAX & NI PURPOSES.

IF HEmploye = self employed THEN

[HDirctr]

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

- 1 Yes
- 2 No

IF (HEmploye = Employee) OR (HDirctr = Yes) THEN

[HEmpStat]

Are/Were/Will you/name (Household Reference Person) *be* a ...READ OUT...

- 1 manager

- 2 foreman or supervisor
- 3 or other employee?

[HNEmployee]

Including *yourself/name* (Household Reference Person), about how many people *are/were/will be* employed at the place where *you/name usually work(s)/(usually worked/will work)*?

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

ELSEIF (HEmploye = SelfEmp) AND (HDirctr = No) THEN

[HSNEmploye]

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

- 1 None
- 2 1-24
- 3 25-499
- 4 500+

IF HEmploye = Employee THEN

[HInd]*

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

Text: Maximum 100 characters

IF HEmploye = Self Employed THEN

[HSIfWtMa]*

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

Text: Maximum 100 characters

Stress at Work (Version A Only)

ASK ALL AGED 16+ AND IN WORK

[StrWork]

SHOW CARD P2

Some people tell us that their jobs are stressful. In general, how do you find your job?"

- 1 Not at all stressful
- 2 Mildly stressful
- 3 Moderately stressful
- 4 Very stressful
- 5 Extremely stressful

[WorkBal]

SHOW CARD P3

How satisfied are you with the balance between the time you spend on your paid work and the time you spend on other aspects of your life? Please take your answer from this card.

- 1 0- Extremely dissatisfied,
- 2 1,
- 3 2,
- 4 3,
- 5 4,
- 6 5,
- 7 6,
- 8 7,
- 9 8,
- 10 9,
- 11 10- Extremely satisfied

SHOW CARD P4

I'm going to read out some statements about working conditions in your main job. Each statements refers to your current job and I would like you to use this card to say how often certain circumstances or conditions apply to you.

[Demand]

SHOW CARD P4

I have unrealistic time pressures at work.

- 1 Always,
- 2 Often,
- 3 Sometimes,
- 4 Seldom,
- 5 Never

[Contrl]

SHOW CARD P4 AGAIN

I have a choice in deciding how I do my work.

- 1 Always,
- 2 Often,
- 3 Sometimes,
- 4 Seldom,
- 5 Never

[Role]

SHOW CARD P4 AGAIN

I am clear what my duties and responsibilities are at work.

- 1 Always,
- 2 Often,
- 3 Sometimes,
- 4 Seldom,
- 5 Never

[Support1]

SHOW CARD P5

Please use this card to say how much you agree or disagree with each of the following statements.

Firstly, my line manager encourages me at work."

- 1 Strongly agree,
- 2 Tend to agree,
- 3 Neutral,
- 4 Tend to disagree,
- 5 Strongly disagree
- 6 (Does not apply)

[Support2]

SHOW CARD P5 AGAIN

I get the help and support I need from colleagues at work."

- 1 Strongly agree,
- 2 Tend to agree,
- 3 Neutral,
- 4 Tend to disagree,
- 5 Strongly disagree

[RelStrain]

SHOW CARD P5 AGAIN

Relationships at work are strained.

(How much do you agree or disagree?)"

- 1 Strongly agree,
- 2 Tend to agree,
- 3 Neutral,
- 4 Tend to disagree,
- 5 Strongly disagree

[Change]

SHOW CARD P5 AGAIN

Staff are consulted about change at work.

- 1 Strongly agree,
- 2 Tend to agree,
- 3 Neutral,
- 4 Tend to disagree,
- 5 Strongly disagree

ASK ALL

[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 Interview

ASK ALL (0+)

[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.

- 1 Date of birth is correct
- 2 Date of birth is wrong
- 3 No date of birth has been collected yet

IF DBCheck = Code 2, 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.

Enter the **day** here.

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

ASK ALL

[OwnAge]*¹

So (you are/child's name is) (respondent's age)?

- 1 Yes
- 2 No

¹ In the final dataset the participant's age can be found in the variable [age]

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 (*date of HH 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 ODOB, 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 0-15

[AgeCEst]*

INTERVIEWER: Estimate nearest age:

- | | |
|---|----|
| 1 | 1 |
| 2 | 3 |
| 3 | 5 |
| 4 | 7 |
| 5 | 9 |
| 6 | 11 |
| 7 | 13 |
| 8 | 15 |

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

[AgeAEst]*

INTERVIEWER: Estimate nearest age:

- | | |
|---|--------------------------|
| 1 | 18. (ie between 16 - 19) |
| 2 | 25. (ie between 20 - 29) |
| 3 | 35. (ie between 30 - 39) |
| 4 | 45. (ie between 40 - 49) |
| 5 | 55. (ie between 50 - 59) |
| 6 | 65. (ie between 60 - 69) |
| 7 | 75. (ie between 70 - 79) |
| 8 | 85. (ie 80+) |

General Health module – (ALL)

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?

[LongIII08]

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

(Up to six long-standing illnesses are recorded in the program).

IF LongIII08=Yes OR More=Yes THEN

[IIIcode]* (*variable names IIIcode1 to IIIcode6*)

What (*e/se*) is the matter with you?

INTERVIEWER: RECORD FULLY. PROBE FOR DETAIL.

- 1 Cancer (neoplasm) including lumps, masses, tumours and growths and benign (non-malignant) lumps and cysts
- 2 Diabetes
- 3 Other endocrine/metabolic
- 4 Mental illness/anxiety/depression/nerves (nes)
- 5 Mental handicap
- 6 Epilepsy/fits
- 7 Migraine/headache
- 8 Other problems of nervous system
- 9 Cataract/poor eye sight/blindness
- 10 Other eye complaints
- 11 Poor hearing/deafness
- 12 Tinnitus/noises in the ear
- 13 Meniere's disease/ear complaints causing balance problems
- 14 Other ear complaints
- 15 Stroke/cerebral haemorrhage/cerebral thrombosis
- 16 Heart attack/angina
- 17 Hypertension/high blood pressure/blood pressure (nes)
- 18 Other heart problems
- 19 Piles/haemorrhoids incl. Varicose Veins in anus
- 20 Varicose veins/phlebitis in lower extremities
- 21 Other blood vessels/embolic
- 22 Bronchitis/emphysema
- 23 Asthma
- 24 Hayfever
- 25 Other respiratory complaints
- 26 Stomach ulcer/ulcer (nes)/abdominal hernia/rupture

- 27 Other digestive complaints (stomach, liver, pancreas, bile ducts, small intestine - duodenum, jejunum and ileum)
- 28 Complaints of bowel/colon (large intestine, caecum, bowel, colon, rectum)
- 29 Complaints of teeth/mouth/tongue
- 30 Kidney complaints
- 31 Urinary tract infection
- 32 Other bladder problems/incontinence
- 33 Reproductive system disorders
- 34 Arthritis/rheumatism/fibrositis
- 35 Back problems/slipped disc/spine/neck
- 36 Other problems of bones/joints/muscles
- 37 Infectious and parasitic disease
- 38 Disorders of blood and blood forming organs and immunity disorders
- 39 Skin complaints
- 40 Other complaints
- 41 Unclassifiable
- 42 Complaint no longer present
- 99 Not answered/Refusal

(LimitAct and More repeated for each illness mentioned at IllsM)

[LimitAct](variable names LimitAc1-LimitAc6)

Does (*name of condition*) limit your activities in any way?

- 1 Yes
- 2 No

[More]* (variable names More1-More6)

(Can I check) do you have any other long-standing physical or mental condition or disability?

- 1 Yes
- 2 No

ASK ALL 16+

RG15

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

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

97 Someone outside the household

IF RG15=1-12 or 97 THEN

RG16b

Who else is it that you provide regular help or care for?

INTERVIEWER: Code the **second** person here.

1-12 Person numbers of household members

97 Someone outside the household

98 No one else

RG17

SHOWCARD A7

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 A8

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

Cardiovascular Disease and Use of Services – All Versions

ASK ALL AGED 16+

[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+

[Everstro]

Have you ever had a stroke?

- 1 Yes
- 2 No

[Everdi]

Do you now have, or have you ever had diabetes?

- 1 Yes
- 2 No

[COPD]

Have you ever had COPD, chronic bronchitis or emphysema?

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

- 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

[Doclreg]

Were you told by a doctor that you had abnormal heart rhythm?

- 1 Yes
- 2 No

IF Doclreg = Yes THEN

[Reclreg]

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

ASK ALL 16+ WITH A HEART CONDITION OR WHO HAS HAD A STROKE (IF Everangi / Everhart / Everlreg/ Everoht / 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 / Everlreg / EverOht = 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 / Everlreg / EverOht = 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 / Everlreg / EverOht / EverStro= 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: What else? 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

[NoPregBp]

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 NoPregBp <> No)

[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 PastAbBp = 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 [finatbc1]
- 2 lack of improvement [finatbc2]
- 3 other problem [finatbc3]
- 4 **Respondent decided to stop:** because felt better [finatbc4]
- 5 ... for other reason [finatbc5]
- 6 **Other reason** [finatbc6]

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

[AdviceBp]

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

- 1 Yes
- 2 No

IF AdviceBp = 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 [adpcc2]
- 3 Blood tests [adpcc3]
- 4 Change diet [adpcc4]
- 5 Stop smoking [adpcc5]
- 6 Reduce stress [adpcc6]
- 7 Other (RECORD AT NEXT QUESTION) [adpcc7]
- 8 EDIT ONLY: Lifestyle in general [adpcc8]

IF adbpc = 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]

(Apart from when you were pregnant, approximately/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

[AdviceDi]

Are you currently receiving any (*other*) treatment or advice for diabetes? INCLUDE REGULAR CHECK-UPS.

- 1 Yes
- 2 No

IF (AdviceDi= 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 (Addic3) 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 PregMur = Yes 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?

- 1 Yes
- 2 No

[Murpill]

Are you currently taking any medicines, tablets or pills because of your heart murmur?

- 1 Yes
- 2 No

[MurSurg]

Have you ever undergone any surgery or operation because of your heart murmur?

- 1 Yes
- 2 No

IF MurSurg = Yes THEN

[MurSurg1]

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)**

[SurgMur]

Can I just check, are you currently on a waiting list for any such surgery or operation?

- 1 Yes
- 2 No

[AdMur]

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

[MurOth]*

What other treatment or advice are you currently receiving because of your heart murmur?
INTERVIEWER: RECORD FULLY. PROBE FOR DETAIL.

Text: Maximum 50 characters

ASK ALL 16+ WITH COPD (IF COPD= Yes)

[COPDDoct]

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

[COPDSpir]

Did your doctor do a spirometry test (a test measuring how much air you could blow into a machine)?

- 1 Yes
- 2 No

IF COPD=YES

[COPDTrt]

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

[COPDOth]

SHOWCARD B2

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

CODE ALL THAT APPLY.

- | | | |
|---|--|------------|
| 1 | Regular check-up with GP / hospital / clinic | [COPDOth1] |
| 2 | Taking medication (tablets / inhalers) | [COPDOth2] |
| 3 | Advice or treatment to stop smoking | [COPDOth3] |
| 4 | Using oxygen | [COPDOth4] |
| 5 | Immunisations against flu / pneumococcus
[COPDOth5] | |
| 6 | Exercise or physical activity | [COPDOth6] |
| 7 | Advice or treatment to lose weight | [COPDOth7] |
| 8 | Other | [COPDOth8] |

IF COPDOth = Other (COPDOth8)

[COPDOthO] *

INTERVIEWER: Please enter other treatment or advice.

ASK ALL 16+ WITH A CVD CONDITION, DIABETES OR HIGH BLOOD PRESSURE (IF Yes at any of: EverBpto 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, high blood pressure, diabetes 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 or refused

[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

If LastDoc=2 weeks ... A year ago or more (2-6)

[ConCon]

(Were any of these consultations/Was that consultation) about your (heart condition or stroke)?

CODE ALL THAT APPLY

- | | | |
|---|---------------------------------|-----------|
| 1 | No | [ConCon1] |
| 2 | Yes, about: high blood pressure | [ConCon2] |
| 3 | Angina | [ConCon3] |
| 4 | Heart attack | [ConCon4] |
| 5 | Heart murmur | [ConCon5] |
| 6 | Abnormal heart rhythm | [ConCon6] |
| 7 | Other heart trouble | [ConCon7] |
| 8 | Stroke | [ConCon8] |
| 9 | Diabetes | [ConCon9] |

ASK ALL 16+ WITH A CVD CONDITION, DIABETES OR HIGH BLOOD PRESSURE (IF Yes at any of: EverBp to 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?

- 1 Yes
- 2 No

IF OutPat = Yes THEN

[WhyOutP]

Was this because of your *(heart condition, high blood pressure, diabetes or stoke)?*

- 1 Yes
- 2 No

ASK ALL 16+ WITH A CVD CONDITION, DIABETES OR HIGH BLOOD PRESSURE (IF Yes at any of: EverBp to 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

[WhyInp]

Was this because of your (*heart condition, high blood pressure, diabetes or stroke*)?

- 1 Yes
- 2 No

ASK ALL 16+ WHO DO NOT HAVE A CVD CONDITION, DIABETES OR HIGH BLOOD PRESSURE (IF No at ALL of: EverBp to EverDi) AND ALL CHILDREN²

[DocTalkN]

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?

- 1 Yes
- 2 No

IF DocTalkN = Yes THEN

[DocNumN]

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

IF DocTalkN = No

[LastDocN]

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

ASK ALL 16+ WHO DO NOT HAVE A CVD CONDITION, DIABETES OR HIGH BLOOD PRESSURE (IF No at ALL of: EverBp-EverDi) AND ALL CHILDREN³

[OutPatN]

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

- 1 Yes
- 2 No

[InPatN]

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

³ Respondents with COPD but no other CVD condition, diabetes or high blood pressure are also asked these questions.

ASK ALL AGED 16+ (VERSION A ONLY)

[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.

- 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 5 years ago or more?

[Levelbp]

Thinking about the last time your blood pressure 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?

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?

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

Accidents – Version A only

ASK ALL AGED 0+

[PreAcc]*

Now I would like to ask you about accidents that may have happened to you recently.

By accidents I mean accidental events which resulted in injury or physical harm to you personally

[DrAcc]

In the last 12 months have you had any kind of accident which caused you to see a doctor, nurse or other health professional, or to take time off work (or school)?

- 1 Yes
- 2 No

ASK ALL AGED 0+ WHO HAD AN ACCIDENT IN PAST YEAR (IF DrAcc=Yes)

[NDrAcc]

How many accidents have you had in the last 12 months where you saw a doctor or went to hospital?

Range 1..10

[DrWyr]

SHOW CARD D1

Now can we talk about the (most recent) accident. Where did the accident happen?

CODE ONE ONLY.

- 1 On a pavement or a pedestrian area
- 2 On a road
- 3 In a home or garden (either your own or someone else's)
- 4 In a place used for sports, play or recreation (including sports facility at a school or college)
- 5 In some other part of a school or college
- 6 In an office, factory, shop, pub, restaurant or other public building
- 7 Other (SPECIFY AT NEXT QUESTION)
- 8 Outdoor place of recreation or work not otherwise specified

IF DrWyr=Other

[WyrOth]*

PLEASE SPECIFY

Text: maximum 50 characters

ASK ALL AGED 0+ WHO HAD AN ACCIDENT IN PAST YEAR (IF DrAcc=Yes)

[AxCause]*

What caused this accident?

CODE ALL THAT APPLY

- 1 Hit by a falling object [Axcause1]
- 2 Fall, slip or trip [Axcause2]
- 3 Road traffic accident [Axcause3]
- 4 Sports or recreational accident [Axcause4]
- 5 Caused by tool, implement or piece of electrical or mechanical equipment [Axcause5]
- 6 Burn/scald [Axcause6]
- 7 Animal/insect bite or sting [Axcause7]
- 8 Caused by another person (e.g. attacked) [Axcause8]

- 9 Other (SPECIFY AT NEXT QUESTION) [Axcause9]
 10 Lifting [Axcaus10]

IF AxCause=Other

[CauseOth]*

PLEASE SPECIFY...

Text: maximum 50 characters

ASK ALL AGED 13-74 WHO HAD AN ACCIDENT IN PAST YEAR (IF DrAcc=Yes)

[DrJob]

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

- 1 Yes
 2 No

IF DrJob=Yes

[DrWrk]

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

- 1 Yes
 2 No

IF DrWrk =Yes THEN

[InOut]

Did the accident happen outdoors or indoors?

- 1 Outdoors
 2 Indoors

ASK IF: AGED 16+ AND IN PAID WORK AT TIME OF ACCIDENT, OR IF AGED 4-15 YEARS

[TimeOff]

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

- 1 Yes
 2 No

ASK ALL AGED 0+ WHO HAD AN ACCIDENT IN PAST YEAR (IF DrAcc=Yes)

[DrInj]*

SHOW CARD D2

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

PROBE: What else?

CODE ALL THAT APPLY

- | | | |
|----|---|-----------|
| 1 | Broken bones | [DrInj01] |
| 2 | Dislocated joints | [DrInj02] |
| 3 | Losing consciousness | [DrInj03] |
| 4 | Straining or twisting a part of the body | [DrInj04] |
| 5 | Cutting, piercing or grazing a part of the body | [DrInj05] |
| 6 | Bruising, pinching or crushing a part of the body | [DrInj06] |
| 7 | Swelling or tenderness in some part of the body | [DrInj07] |
| 8 | Getting something stuck in the eye, throat, ear or other part of the body | [DrInj08] |
| 9 | Burning or scalding | [DrInj09] |
| 10 | Poisoning | [DrInj10] |
| 11 | Other injury to internal parts of the body | [DrInj11] |
| 12 | Animal or insect bite or sting | [DrInj12] |
| 13 | Other. PLEASE SPECIFY | [DrInj13] |

IF DrInj13=Other THEN

[InjOth]*

PLEASE SPECIFY....

Text: maximum 50 characters

ASK ALL AGED 0+ WHO HAD AN ACCIDENT IN PAST YEAR (IF DrAcc=Yes)

[DrAid]*

SHOW CARD D3

(Can I check,) from which of the people on this card did you get help or advice about the injury you suffered? PROBE: Who else?

CODE ALL THAT APPLY.

- | | | |
|----|--|-----------|
| 1 | Hospital | [Draid01] |
| 2 | GP/Family Doctor | [Draid02] |
| 3 | Nurse at GP surgery | [Draid03] |
| 4 | Nurse at place of work, school or college | [Draid04] |
| 5 | Doctor at place of work, school or college | [Draid05] |
| 6 | Other doctor or nurse | [Draid06] |
| 7 | Ambulance staff | [Draid07] |
| 8 | Volunteer first aider | [Draid08] |
| 9 | Chemist or pharmacist | [Draid09] |
| 10 | Family, friends, colleagues, passers-by | [Draid10] |
| 11 | Looked after self | [Draid11] |
| 12 | Other person/s | [Draid12] |

[Prevent]*

Thinking back to the way the accident happened, do you think anything could have been done to prevent it?

CODE ALL THAT APPLY

- | | | |
|---|---------------------|------------|
| 1 | Yes - by respondent | [Prevent1] |
| 2 | Yes - by others | [Prevent2] |
| 3 | No | [Prevent3] |

Adult physical activity module (16+)

ASK ALL AGED 16+

[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

[HrsHHW]

On the days you did heavy housework, how long did you usually spend?

RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION; Range: 0..12

[MinHHW]

RECORD MINUTES SPENT ON HEAVY HOUSEWORK.

Range: 0..59

ASK ALL AGED 16+

[Garden]

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

[GardList]

SHOW CARD E3

Have you done any gardening, DIY or building work listed on this card?

- 1 Yes
- 2 No

[ManWork]

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

IF ManWork = Yes THEN

[ManDays]

During the past 4 weeks on how many **days** have you done this kind of **heavy** manual gardening or DIY?

Range: 1..28

[HrsDIY]

On the days you did heavy manual gardening or DIY, how long did you usually spend?

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

Range: 0..12

[MinDIY]

RECORD MINUTES SPENT ON GARDENING OR DIY.

Range: 0..59

ASK ALL AGED 16+

[Wik5Int]

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

IF Wik5Int = Yes THEN

[Wik10M]

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 Wik10M = Yes THEN

[DayWik10]

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*))

IF THEY WALKED EVERYDAY ENTER 28

Range: 1..28

[Day1Wk10]

On that day (any of those days) 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 (DayWik10 in 2..28) AND (Day1Wk10 = Yes) THEN

[Day2Wk10]

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

Range: 1..28

IF Wik10M = Yes THEN

[HrsWik10]

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

[MinWik10]

INTERVIEWER: RECORD HERE MINUTES SPENT WALKING.

Range: 0..59

IF Wik5Int = Yes THEN

[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 AGED 16+

[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

[WhtAct]

Which have you done in the last four weeks? PROBE: Any others?

CODE ALL THAT APPLY.

- | | | |
|----|---|------------|
| 1 | Swimming | [WhtAct01] |
| 2 | Cycling | [WhtAct02] |
| 3 | Workout at a gym/Exercise bike/ Weight training | [WhtAct03] |
| 4 | Aerobics/Keep fit/Gymnastics/ Dance for fitness | [WhtAct04] |
| 5 | Any other type of dancing | [WhtAct05] |
| 6 | Running/ Jogging | [WhtAct06] |
| 7 | Football/ Rugby | [WhtAct07] |
| 8 | Badminton/ Tennis | [WhtAct08] |
| 9 | Squash | [WhtAct09] |
| 10 | Exercises (e.g. press-ups, sit ups) | [WhtAct10] |

ASK ALL AGED 16+

REPEAT FOR UP TO 6 ADDITIONAL SPORTS, WHEN ANSWER YES AT EACH SUCCESSIVE 'OTHER ACTIVITY' VARIABLE OActQ11 to OActQ16

[OactQ]* (Variable names: OActQ11-OActQ16)

Have you done any other sport or exercise not listed on the card?

- 1 Yes
- 2 No

IF OActQ = Yes THEN

For each activity, a set of questions re number of days/hours/minutes and re effort was asked:

**[swimocc/ cycleocc/ weighocc/ aeroocc/ danceocc/ runocc/ ftbllocc/ tennocc/
squasocc/ exocc/ actaocc/ actboocc/ actcoocc/ actdoocc/ DayExc15/ DayExc16]**

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

**[swimhrs/ cyclehrs/ weighhrs/ aerohrs/ dancehrs/ runhrs/ ftblhrs/ tennhrs/ squashrs/
exhrs/ actahrs/ actbhrs/ actchrs/ actdhrs/ ExcHrs15/ ExcHrs16]**

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

**[swimmin/ cyclemin/ weighmin/ aeromin/ dancemin/ runmin/ ftblmin/ tenmin/
squasmin/ exmin/ actamin/ actbmin/ actcmin/ actdmin/ ExcMin15/ ExcMin16]**

INTERVIEWER: RECORD MINUTES HERE.

Range: 0..59

**[swimeff/ cycleeff/ weigheff/ aeroeff/ danceeff/ runeff/ ftbleff/ tenneff/ squaseff/ exeff/
actaeff/ actbeff/ actceff/ actdeff/ ExcSwt15/ ExcSwt16]**

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

Child physical activity module (2-15)

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

[Wik5Ch]

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 Wik5Ch = Yes THEN

[DwikChb]

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

[DayWIKT]

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 DayWIKT, 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 DayWkT = 4 hours or more THEN

[WkHrs]

How long did (*you/name of child*) spend walking on each day?

RECORD HOURS SPENT BELOW. RECORD MINUTES AT NEXT QUESTION

Range: 4..12

[WkMin]

RECORD HERE MINUTES SPENT WALKING.

Range: 0..59

ASK ALL AGED 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 you/has 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 you/has 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 [DayWkT] for full listing of answer options on card F1*)

SHOW CARD F1AGAIN

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/name of child*) 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.

Range: 0..59

ASK ALL AGED 2-15

[Sport]*

I would now like to ask (*you/name of child*) about any sports or exercise activities that (*you have/name of child has*) done. I will then go on to ask about other active things (*you/ name of child*) 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*).

[Spt1ch]

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 SportDo = Yes)

[WESpDo]

Did (*you/he/she*) 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

[LweSp] (*See question [DayWkT] 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 WeSpor = 4 hours or more THEN

[WeSpH]

How long did (*you/name of child*) spend doing these sports or exercise activities?

RECORD HOURS SPENT BELOW. RECORD MINUTES AT NEXT QUESTION.

Range: 4..12

[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 SportDo = Yes)

[DaySpCh]

Still thinking about last week. On how many of the **weekdays** did *(you/name of child)* do 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] *(See question [DayWkT] for full listing of answer options on card F1)*

SHOW CARD F1AGAIN

On each weekday that *(you/he/she)* did these sports or exercise activities, how long did *(you/he/she)* spend? Please give an answer from this card.

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

[DWEAct]

Was that on Saturday or Sunday or on both days?

- 1 Saturday only
- 2 Sunday only
- 3 Both Saturday and Sunday

[LWeAct] (See question [DayWkT] for full listing of answer options on card F1)

SHOW CARD F1 AGAIN

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 LWeAct = 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 AGAIN

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] (See question [DayWkT] for full listing of answer options on card F1)

SHOW CARD F1 AGAIN

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 LWkAct = 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

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

[SchTime]

SHOW CARD F1 AGAIN

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 = 4 hours or more THEN

[SchTmH]

How long did (*you/child's name*) spend doing active things in lessons at school on each day?

INTERVIEWER: RECORD HOURS SPENT BELOW

RECORD MINUTES AT THE NEXT QUESTION

Range: 4..12

[SchTmM]

INTERVIEWER: RECORD MINUTES SPENT DOING ACTIVE THINGS IN LESSONS AT SCHOOL

Range: 0..59

ASK ALL 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

Eating habits module - Version A & B (age 2-15 only)

ASK ALL AGED 2-15

[UsBred08]⁴

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 UsBred08 =Other type of bread

[BreadOth]*

INTERVIEWER: PLEASE SPECIFY...

Text: Maximum [90] characters

ASK ALL WHO EAT BREAD (AT UsBread08)

[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 AGED 2-15 AND AGED 16+ VERSION A ONLY

[Milk08]¹

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)

⁴ The question wording and answer categories changed in 2008.

[AtTable]

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]⁵

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 Cereal08 = Other THEN

[CerOth]*

PLEASE SPECIFY

IF Cereal08=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).

⁵ The question wording and answer categories changed in 2008.

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

[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**?

[Meat03]

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]

SHOWCARD G2

How often do you eat **canned tuna fish**? Please don't count fresh or frozen tuna.

[WFish03]

SHOW CARD G2

How often do you eat **white fish** such as cod, haddock, whiting, sole or plaice, including fresh or frozen fish?

[FshOil03]

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]

SHOWCARD G2

How often do you eat **cheese** not including cottage cheese and other reduced fat cheeses?

[Confec]

SHOW CARD G2

How often do you eat **sweets or chocolates**?

- 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

[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]

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]

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

[MilkDr]

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.

[Water]

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**?

- 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

ASK ALL WHO EAT BISCUITS AT LEAST ONCE A DAY (IF [Biscuits] in [1..4])

[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

Fruit and vegetable module ALL VERSIONS (2+)

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]

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]

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 I/Did) you eat any (other) dishes made **mainly** from vegetables or pulses yesterday, such as vegetable lasagne or vegetable curry?

Don't count vegetable soups or dishes made mainly from potatoes.

- 1 Yes
- 2 No

IF VegDish = Yes THEN

[VegDishQ]

SHOW CARD 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...

...READ OUT...

- 1 less than usual,
- 2 more than usual,
- 3 or about the same as usual?

FrtDrk09

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 FrtDrk09 = 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

**FrtC TO FrtMor REPEATED FOR EACH FRUIT CODED AT FrtC OR MENTIONED AT FrtOth
IF Frt = Yes (OR FrtMor = Yes)**

[FrtC]* (*Variable names: FrtC01-FrtC08*)

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. apply, 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] (*Variable names: FrtOth01-FrtOth15*)

What was the name of this fruit?

Text: Maximum 50 characters

[FrtNotQ] (*Variable names: FrtNot01-FrtNot15*)

How much of this fruit did you eat?

Text: Maximum 50 characters

REPEAT FOR UP TO 15 ADDITIONAL FRUITS

[FrtMor] (*Variable names: FrtMor01-FrtMor15*)

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] 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

ASK ALL AGED 2+

[FrtFroz]

Did you eat any frozen or tinned fruit yesterday?

- 1 Yes
- 2 No

IF FrtFroz = Yes THEN

[FrtFrozQ] 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

ASK ALL AGED 2+

[FrtDish]

(Apart from anything you have already told me about,) Did you eat any (other) dishes made **mainly** from fruit yesterday, such as fruit salad or fruit pie? Don't count fruit in yoghurts.

- 1 Yes
- 2 No

IF FrtDish = Yes THEN

[FrtDishQ]

SHOW CARD 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

ASK ALL AGED 2+

[FrtUsual]

Compared with the amount of fruit and fruit juice you usually eat and drink, would you say that yesterday you ate and drank...

...READ OUT...

- 1 less than usual,
- 2 more than usual,
- 3 or about the same as usual?

Smoking module

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] |
| 2 | Yes: cigars | [SmokEv09] |
| 3 | Yes: pipe | [SmokEv10] |
| 4 | No | [SmokEv11] |

Derived variable:

IF ANY SmokEv08 to Smokev10 = yes THEN SmokEver = Yes; IF SmokEv08 = 4
THEN SmokEver = No

[SmokEver][§]

CAPI DV: Have you ever smoked a cigarette, a cigar or a pipe?

- 1 Yes
- 2 No

IF SmokEver = Yes THEN

[SmokeNow][§]

Do you smoke cigarettes at all nowadays?

- 1 Yes
- 2 No

IF SmokeNow = Yes THEN

[DlySmoke][§]

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?

[§] 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '\$' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.

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

[DlyG][§]
ENTER AMOUNT IN GRAMS
Range: 0..100

IF DlyEst = Ounces OR Don't know THEN

[DlyOz]
ENTER AMOUNT IN OUNCES
Range: 0.00..100.00

IF SmokeNow = Yes 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

[WkndG][§]
ENTER AMOUNT IN GRAMS
Range: 0..100

IF WkndEst = Ounces THEN

[WkndOz][§]
ENTER AMOUNT IN OUNCES
Range: 0.00..100.00

[§] 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '\$' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.

IF SmokeEv08=Yes AND SmokeNow= No THEN

[SmokeReg][§]

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

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

IF SmokeReg = Smoked cigarettes regularly THEN

[NumSmok][§]

About how many cigarettes did you smoke in a day?

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 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/occasionally)?

INTERVIEWER: ENTER NO. OF YEARS. IF LESS THAN ONE YEAR AGO, CODE 0.

Range: 0..64

[§] 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '\$' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.

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 20+ (OR AGED 18-19 IF BEING ASKED IN MAIN INTERVIEW) 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

[§] 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '\$' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.

ASK ALL 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

- | | | |
|---|-------------------------|------------|
| 1 | At own home | [Passive1] |
| 2 | At work | [Passive2] |
| 3 | In other people's homes | [Passive3] |
| 4 | On public transport | [Passive4] |
| 5 | In pubs | [Passive5] |
| 6 | In other public places | [Passive6] |
| 7 | No, none of these | [Passive7] |

IF EXPOSED TO SMOKE IN ANY PLACES (IF Passive7=0 OR Don't know)

[Bother][§]

Does this bother you at all?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

[§] 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '[§]' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.

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 NEVER DRINK ALCOHOL (IF DrinkAny = Never)

[AlwaysTT]^{\$}

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

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

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

^{\$} 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '\$' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.

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 | [NbeerM1] |
| 2 | Small cans | [NbeerM2] |
| 3 | Large cans | [NbeerM3] |
| 4 | Bottles | [NbeerM4] ⁶ |

IF NbeerM = Half pints (IF NbeerM1=1)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 (IF NbeerM2=1) 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 (IF NbeerM3=1) 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 (IF NbeerM4=1) THEN

[NbeerQ4][§]

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,

[§] 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '\$' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.

⁶ No equivalent in self-completion questionnaire

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.

ENTER 9.99 IF CANNOT CODE

ASK ALL 18/20+ WHO DRINK ALCOHOL (IF (Drink = Yes) OR (DrinkAny = Very occasionally))

[Sbeer][§]

SHOW CARD J1 *(See question [Nbeer] for full listing of answer options on card J1)*

Now I'd like to ask you about **strong** beer or cider which has 6% or more alcohol (e.g. Tennent's Super, Special Brew, White Lightning). 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] ⁷ |

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

⁷ No equivalent in self-completion questionnaire

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

[Sbottle]*

ASK OR CODE: What make of STRONG BEER, LAGER, STOUT or CIDER do you usually drink from bottles?

INTERVIEWER: IF RESPONDENT DOES KNOW MAKE, OR RESPONDENT DRINKS DIFFERENT MAKES OF STRONG BEER, LAGER, STOUT OR CIDER.

PROBE: What make have you drunk most frequently or most recently?

Text: Maximum 21 characters

[ScodeEq][§]

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.

ENTER 9.99 IF CANNOT CODE

ASK ALL 18/20+ WHO DRINK ALCOHOL (IF (Drink = Yes) OR (DrinkAny = Very occasionally))

[Spirits][§]

SHOW CARD J1 (*See question [Nbeer] for full listing of answer options on 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]^{§ 8}

SHOW CARD J1 (*See question [Nbeer] for full listing of answer options on 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]^{§ 1}

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

[§] 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '\$' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.

⁸ Buckfast was added to this question in 2008

Range: 1..97

ASK ALL 18/20+ WHO DRINK ALCOHOL (IF (Drink = Yes) OR (DrinkAny = Very occasionally))

[Wine][§]

SHOW CARD J1 (*See question [Nbeer] for full listing of answer options on card J1*)

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

IF (Wine=Almost every day...Once or twice a year) THEN

[WineQ]^{§ 9}

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

[§] 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '\$' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.

⁹ Question wording was revised in 2008.

IF WineQ = Bottle or parts of bottle OR Both bottles and glasses

WQBt^s

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.

Interviewer information screen:

1 750ml bottle = 6 glasses.
½ 750ml bottle = 3 glasses.
1/3 750ml bottle = 2 glasses.
¼ 750ml bottle = 1.5 glasses.

1 litre = 8 glasses.
½ litre = 4 glasses.
1/3 litre = 2.5 glasses.
¼ litre = 2 glasses.

If respondent has answered in bottles or litres, convert to glasses using the information provided on the screen.

For example, if a respondent said they usually share a bottle with one other person and they share it equally, code 3 glasses.

Small bottles (e.g. 250ml, 175ml) should **not** be coded here – record them as glasses.

Press <Esc> to close.

Range: 1.0..97.9

IF WineQ = Glasses OR Both bottles and glasses

WQGI[§]

INTERVIEWER: Code the number of glasses (**drunk as glasses**).

Range: 1.0..97.9

WQGIz[§]

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) | [WQGIz1] |
| 2 | Standard glass (175ml) | [WQGIz2] |
| 3 | Small glass (125ml) | [WQGIz3] |

IF WQGIz1 = mentioned THEN

Q250GIz[§]

How many large glasses (250ml) have you usually drunk?

Range: 1.0..97.9

IF WQGIz2 = mentioned THEN

Q175GIz[§]

How many standard glasses (175ml) have you usually drunk?

Range: 1.0..97.9

IF WQGIz3 = mentioned THEN

Q125GIz[§]

How many small glasses (125ml) have you usually drunk?

Range: 1.0..97.9

ASK ALL 18/20+ WHO DRINK ALCOHOL (IF (Drink = Yes) OR (DrinkAny = Very occasionally))

[Pops03][§]

SHOW CARD J1 (*See question [Nbeer] for full listing of answer options on 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?

[§] 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '\$' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.

IF (Pops03=Almost every day...Once or twice a year) THEN

[PopsM03]^{\$ 10}

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 | [PopsM031] |
| 2 | Standard Bottles (275ml) | [PopsM032] |
| 3 | Large Bottles (700ml) | [PopsM033] |

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]*

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: Maximun 30 characters

[FreqA]*

SHOW CARD J1 (*See question [Nbeer] for full listing of answer options on card J1*)

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

¹⁰ Prior to 2008 the alcopops measures were small cans or bottles. In 2008 the measures were changed to small cans, standard bottles (275ml) or large bottles (700ml).

[§] 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '\$' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.

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

[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 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 (**See question [Nbeer] for full listing of answer options on 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

[OthQB]*

ASK OR CODE: How many (*half pints/singles/glasses/bottles/other* measure) 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 J1 (**See question [Nbeer] for full listing of answer options on card J1**)

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))

[DrinkOf^s]

SHOW CARD J1 (*See question [Nbeer] for full listing of answer options on 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 Drink = Yes AND DrinkOf <> Not at all in the last 12 months)**

[DrinkL7^s]

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^s]

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

Range: 1..7

IF DrnkDay = 2 to7 days THEN

[DrnkSame^s]

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

IF DrinkL7=Yes THEN

[WhichDay^s]

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

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

^s 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '\$' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.

^s 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '\$' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.

[DrnkTy]^{§ 11}

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 | [DrnkTy01] |
| 2 | Strong beer/lager/cider | [DrnkTy02] |
| 3 | Spirits or liqueurs | [DrnkTy03] |
| 4 | Sherry, martini or buckfast | [DrnkTy04] |
| 5 | Wine | [DrnkTy05] |
| 6 | Alcopops/Pre-mixed alcoholic drinks | [DrnkTy06] |
| 7 | Other alcoholic drinks | [DrnkTy07] |
| 8 | Low alcohol drinks | [DrnkTy08] |

IF DrnkTy=Normal strength beer/lager/cider/shandy (IF DrnkTy01 mentioned) THEN

[NBrL7][§]

Still thinking about last (*answer to WhichDay*), how much NORMAL STRENGTH BEER, LAGER, STOUT, CIDER or SHANDY (excluding cans and bottles of shandy) did you drink that day?

INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

- | | | |
|---|------------|----------|
| 1 | Half pints | [NBrL71] |
| 2 | Small cans | [NBrL72] |
| 3 | Large cans | [NBrL73] |
| 4 | Bottles | [NBrL74] |

IF NBrL7=Half pints (IF NBrL71 mentioned) THEN

[NBrL7Q1][§]

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 (IF NBrL72 mentioned) THEN

[NBrL7Q2][§]

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

Range: 1..97

IF NBrL7=Large cans (IF NBrL73 mentioned) THEN

[NBrL7Q3][§]

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

Range: 1..97

¹¹ Buckfast added to DrnkTy04 in 2008

[§] 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '\$' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.

IF NBrL7=Bottles (IF NBrL74 mentioned) THEN

[NBrL7Q4]^{§ 12}

ASK OR CODE: How many bottles of NORMAL STRENGTH BEER, LAGER, STOUT or CIDER did you drink that day?

Range: 1..97

[NbotI7]*

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.

ENTER 9.99 IF CANNOT CODE

IF DrnkTy=Strong beer/lager/cider (IF DrnkTy02 mentioned) 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 (IF SBrL71 mentioned) THEN

[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 (IF SBrL72 mentioned) 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 (IF SBrL73 mentioned) 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

¹² No equivalent in self-completion questionnaire

[§] 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '\$' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.

IF SBrL7=Bottles (IF SBrL74 mentioned) THEN

[SBrL7Q4]^{\$ 13}

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

Range: 1..97

[Sbotl7]*

ASK OR CODE: What make of STRONG BEER, LAGER, STOUT or CIDER did you drink from bottles on that day?

INTERVIEWER: IF RESPONDENT DRANK DIFFERENT MAKES CODE WHICH THEY DRANK MOST.

Text: Maximum 21 characters

[L7ScodEq]^{\$}

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.
ENTER 9.99 IF CANNOT CODE

IF DrnkTy=Spirits (IF DrnkTy03 mentioned) THEN

[SpirL7]^{\$}

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

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

Range: 1..97

IF DrnkTy=Sherry (IF DrnkTy04 mentioned) THEN

[ShryL7]^{\$ 14}

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.

Range: 1..97

IF DrnkTy=Wine (IF DrnkTy05 mentioned) 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 (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

¹³ No equivalent in self-completion questionnaire

^{\$} 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '\$' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.

¹⁴ Buckfast added in 2008

F 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.

Range: 1.0..97.9

Interviewer information screen:

1 750ml bottle = 6 glasses.
½ 750ml bottle = 3 glasses.
⅓ 750ml bottle = 2 glasses.
¼ 750ml bottle = 1.5 glasses.
1 litre = 8 glasses.
½ litre = 4 glasses.
⅓ litre = 2.5 glasses.
¼ litre = 2 glasses.

If respondent has answered in bottles or litres, convert to glasses using the information provided on the screen.

For example, if a respondent said they usually share a bottle with one other person and they share it equally, code 3 glasses.

Small bottles (e.g. 250ml, 175ml) should **not** be coded here – record them as glasses.
Press <Esc> to close.

IF WineL7 = Glasses OR Both bottles and glasses

[WL7GI][§]

INTERVIEWER: Code the number of glasses (**drunk as glasses**).

Range: 1.0..97.9

[WL7Giz][§]

Were you drinking from a large, standard, or small glass?

INTERVIEWER SHOW WINE GLASS CARDS

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) | [WL7Giz1] |
| 2 | Standard glass (175ml) | [WL7Giz2] |
| 3 | Small glass (125ml) | [WL7Giz3] |

IF WL7Giz1=mentioned THEN

[ml250Giz][§]

[§] 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '\$' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.

How many large glasses (250ml) did you drink?
Range: 1.0..97.9

IF WL7Glz2=mentioned THEN

[ml175Glz][§]

How many standard glasses (175ml) did you drink?
Range: 1.0..97.9

IF WL7Glz3=mentioned THEN

[ml125Glz][§]

How many small glasses (125ml) did you drink?
Range: 1.0..97.9

IF DrnkTy=Alcoholic lemonades/colas (IF DrnkTy06 mentioned) THEN

[PopsL7]^{§ 15}

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 | [PopsL71] |
| 2 | Standard bottles (275ml) | [PopsL72] |
| 2 | Large bottles (700ml) | [PopsL73] |

IF PopsL7=Small cans (IF PopsL71 mentioned) 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 (IF PopsL72 mentioned) 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 (IF PopsL73 mentioned) 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

¹⁵ Prior to 2008 the alcopops measures were small cans or bottles. In 2008 the measures were changed to small cans, standard bottles (275ml) or large bottles (700ml).

[§] 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '\$' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.

IF DrnkType=Other (IF DrnkTy07 mentioned) THEN

[OthL7TA]*

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

CODE FIRST MENTIONED ONLY

Text: Maximum 30 characters

[OthL7QA]*

How much (*name of 'other' alcoholic drink*) did you drink on that day?

WRITE IN HOW MUCH. REMEMBER TO SPECIFY HALF PINTS/ SINGLES/GLASSES/ BOTTLES.

Text: Maximum 30 characters

[OthL7B]*

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

- 1 Yes
- 2 No

IF OthL7B=Yes THEN

[OthL7TB]*

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

CODE FIRST MENTIONED ONLY.

Text: Maximum 30 characters

[OthL7QB]*

How much (*name of 'other' alcoholic drink*) did you drink on that day?

WRITE IN HOW MUCH. REMEMBER TO SPECIFY HALF PINTS/ SINGLES/GLASSES/ BOTTLES.

Text: Maximum 30 characters

[OthL7C]*

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

- 1 Yes
- 2 No

IF OthL7C=Yes THEN

[OthL7TC]*

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

CODE FIRST MENTIONED ONLY.

Text: Maximum 30 characters

[OthL7QC]*

How much (*name of 'other' alcoholic drink*) did you drink on that day?

WRITE IN HOW MUCH. REMEMBER TO SPECIFY HALF PINTS/ SINGLES/GLASSES/ BOTTLES.

Text: Maximum 30 characters

Note: All drinks recorded under OthL7A- OthL7C backcoded into NBrL7- PopsL703

ASK ALL 18/20+ WHO DRINK ALCOHOL (IF (Drink = Yes) OR (DrinkAny = Very occasionally))

[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]^{§ 16}

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)

IF DrWher1=Somewhere else

[DrWher1E]*

In which place do you drink the **most** alcohol?

ENTER PLACE

IF DrWher1 answered

[DRWher2][§]

SHOW CARD J3 AGAIN

And which next?

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)

[§] 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '\$' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.

¹⁶ 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.

[§] 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '\$' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.

9 (No further place)

IF DrWher2=Somewhere else

[DrWher2E]*

What is the next place where you drink the **most** alcohol?

ENTER NAME

ASK ALL 18/20+ WHO DRINK ALCOHOL (IF (Drink = Yes) OR (DrinkAny = Very occasionally))

[DrWith1]^{§ 17}

SHOW CARD J4

Who are you usually with when you drink the **most** alcohol?

CODE ONE ONLY.

- 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 (WRITE IN)
- 8 On my own

IF DrWith1=Someone else

[DrWith1E]*

Who are you usually with when you drink the **most** alcohol?

ENTER NAME

IF DrWith1 answered

[DrWith2][§]

SHOW CARD J4 AGAIN

And who next?

CODE ONE ONLY

- 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 (WRITE IN)
- 8 On my own
- 9 (No one else)

IF DrWith2=Someone else

[DrWith2E]*

Who else are you usually with when you drink the **most** alcohol?

ENTER NAME

¹⁷ 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 Health¹⁸ (16+)

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' or DK/REF 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

¹⁸ The questions in this module were introduced to SHeS in 2008.

Dental services Module Version A Only

ASK ALL AGED 16+ in Strand A (SG ROTATING MODULE)

[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? Please include any denture that you have but do not wear. Do not include any old dentures you have that have since been replaced.

CODE ALL THAT APPLY

- | | | |
|---|-----------------------|------------|
| 1 | Full upper denture | [Dentype1] |
| 2 | Full lower denture | [Dentype2] |
| 3 | Partial upper denture | [Dentype3] |
| 4 | Partial lower denture | [Dentype4] |

ASK FOR EACH DENTURE RECORDED AT DenType

[DenWear]*

Do you wear your (*insert type*) denture? (Yes/No)

- | | | |
|---|-----------------------------|------------|
| 1 | Wears full upper denture | [DenWear1] |
| 2 | Wears full lower denture | [DenWear2] |
| 3 | Wears partial upper denture | [DenWear3] |
| 4 | Wears Partial lower denture | [DenWear4] |

ASK ALL AGED 16+ in Strand A (SG ROTATING MODULE)

[DentVst]

SHOW CARD K5

About how long ago was your last visit to the dentist?

- 1 Less than a year ago
- 2 More than 1 year, up to 2 years ago
- 3 More than 2 years, up to 5 years ago
- 4 More than 5 years ago
- 5 Never been to the dentist

IF DentVst = (1 'Less than a year ago' ... 4 'More than 5 years ago') THEN

[DentNHS]

Did you get your treatment on the NHS or was it private?

IF ASKED FOR CLARIFICATION: Dentists can be both private and NHS. For instance - you might see your dentist privately while your children are treated on the NHS for free by the same dentist. Most people are required to pay something towards treatment on the NHS but there are some exceptions.

Expectant or nursing mothers or those receiving family tax credit, income support or incapacity benefit are entitled to free dental care on the NHS. If you have received your treatment on the NHS, you need to sign a form called a GP17 form. Some people who pay privately are treated under a dental insurance plan (e.g. Denplan)."

- 1 NHS
- 2 Private
- 3 Both
- 4 Don't know

ASK ALL AGED 16+ in Strand A (SG ROTATING MODULE)

[DentFeel]

SHOWCARD K6

Which of the options on this card best describe how you feel about visiting the dentist?

- 1 I don't feel nervous at all
- 2 I feel a bit nervous
- 3 I feel very nervous

IF DentVst NOT = "Never been to the dentist"

[DentProb]*

SHOW CARD K7

When visiting the dentist, do any of the following apply to you?

CODE ALL THAT APPLY

- | | | |
|---|--|-------------|
| 1 | Difficulty in getting time off work | [DentProb1] |
| 2 | Difficulty in getting an appointment that suits me | [DentProb2] |
| 3 | Dental treatment too expensive | [DentProb3] |
| 4 | Long way to go to the dentist | [DentProb4] |
| 5 | I have not found a dentist I like | [DentProb5] |
| 6 | I cannot get dental treatment under the NHS | [DentProb6] |
| 7 | I have difficulty in getting access, e.g. steps, wheelchair access | [DentProb7] |
| 8 | Other | [DentProb8] |
| 9 | (None of these) | [DentProb9] |

IF DentProb = 8 'Other reason'

[DentProbO]

INTERVIEWER: Enter other answer

ASK ALL AGED 16+ in Strand A (SG ROTATING MODULE)

[DentHlth]*

SHOW CARD K8

Which of the following do you do **daily** to improve your dental and oral health?

CODE ALL THAT APPLY.

INTERVIEWER: If respondent is unsure whether the toothpaste they use is fluoride or not, assume that it is and code 1.

- | | | |
|---|---|-------------|
| 1 | Brush my teeth with fluoride toothpaste | [DentHlth1] |
| 2 | Use dental floss | [DentHlth2] |
| 3 | Use a mouth rinse | [DentHlth3] |
| 4 | Restrict my intake of sugary foods and drinks | [DentHlth4] |
| 5 | Clean my dentures (including soaking with a sterilising tablet) | [DentHlth5] |
| 6 | Leave my dentures out at night | [DentHlth6] |
| 7 | None of these | [DentHlth7] |

Social capital module Version A Only

ASK ALL AGED 16+

Now I'd like you some questions about social issues.

[PTrust]

Generally speaking, would you say that most people can be trusted, or that you can't be too careful in dealing with people?

- 1 Most people can be trusted
- 2 Can't be too careful in dealing with people
- 3 (SPONTANEOUS: It depends on people/circumstances)

[NTrust]

Now I'd like to ask you a question about your immediate neighbourhood, by which I mean your street or block. Would you say that ...READ OUT...

- 1 ...most of the people in your neighbourhood can be trusted
- 2 some can be trusted
- 3 a few can be trusted
- 4 or, that no-one can be trusted?
- 5 (SPONTANEOUS: Just moved here)

[Involve]

SHOW CARD L1

How involved do you feel in the local community?

- 1 A great deal
- 2 A fair amount
- 3 Not very much
- 4 Not at all

[Particip]

SHOW CARD L2

To what extent do you agree or disagree with the following statement: I can influence decisions affecting my local area?

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 6 (SPONTANEOUS - Don't have an opinion)
- 7 (SPONTANEOUS - Don't know)

[Contact]

SHOW CARD L3

Not counting the people you live with, how often do you personally contact your relatives, friends or neighbours either in person, by phone, letter, email or through the internet?

- 1 On most days
- 2 Once or twice a week
- 3 Once or twice a month
- 4 Less often than once a month
- 5 Never

[PCrisis]

If you had a serious personal crisis, how many people, if any, do you feel you could turn to for comfort and support?

INTERVIEWER: If more than 15, code as 15.

Range: 0..15

Discrimination and harassment (Version A Only)

ASK ALL AGED 16+

The next questions are about whether you have been unfairly treated in any aspect of your life, because you belong to a particular group.

[Disc]*

SHOW CARD M1

Have you personally been **unfairly treated** or **discriminated** against in the last 12 months, that is since (*date 12 months ago*), for any of the reasons on this card?

Please just tell me the letter next to the reasons that apply.

PROBE: What else?

- | | | | |
|----|---|---|----------|
| 1 | D | (Your accent) | [Disc1] |
| 2 | K | (Your ethnicity) | [Disc2] |
| 3 | W | (Your age) | [Disc3] |
| 4 | T | (Your language) | [Disc4] |
| 5 | G | (Your colour) | [Disc5] |
| 6 | L | (Your nationality) | [Disc6] |
| 7 | B | (Your mental ill-health) | [Disc7] |
| 8 | H | (Any other health problems or disability) | [Disc8] |
| 9 | A | (Your sex) | [Disc9] |
| 10 | C | (Your religious beliefs or faith) | [Disc10] |
| 11 | P | (Your sexual orientation) | [Disc11] |
| 12 | E | (Where you live) | [Disc12] |
| 13 | O | (Other reason) | [Disc13] |
| 14 | N | (I have not experienced this) | [Disc14] |

[Harass]*

SHOW CARD M1 AGAIN

Have you personally experienced harassment or abuse in the last 12 months, that is since (*date 12 months ago*), for any of the reasons on this card?

Please just tell me the letter next to the reasons that apply.

PROBE: What else?

- | | | | |
|----|---|---|------------|
| 1 | D | (Your accent) | [Harass1] |
| 2 | K | (Your ethnicity) | [Harass2] |
| 3 | W | (Your age) | [Harass3] |
| 4 | T | (Your language) | [Harass4] |
| 5 | G | (Your colour) | [Harass5] |
| 6 | L | (Your nationality) | [Harass6] |
| 7 | B | (Your mental ill-health) | [Harass7] |
| 8 | H | (Any other health problems or disability) | [Harass8] |
| 9 | A | (Your sex) | [Harass9] |
| 10 | C | (Your religious beliefs or faith) | [Harass10] |
| 11 | P | (Your sexual orientation) | [Harass11] |
| 12 | E | (Where you live) | [Harass12] |
| 13 | O | (Other reason) | [Harass13] |
| 14 | N | (I have not experienced this) | [Harass14] |

Economic Activity module

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))

[Nactiv09]¹⁹

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

INTERVIEWER: PLEASE NOTE THAT 'IN PAID EMPLOYMENT OR SELF-EMPLOYED' IS NOT OPTION 3

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

IF Nactiv09=Doing something else THEN

[NactivO]*

OTHER: PLEASE SPECIFY

Text: Maximum 60 characters

ASK ALL IN FULL TIME EDUCATION (IF Nactiv09=School or College)

[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

¹⁹ This was variable 'Nactiv' in 2008: answer 1 was split in 2 in 2009 (Going to school/Going to College full-time). leading to 12 answer categories instead of 11, hence the new variable name.

ASK ALL INTENDING TO LOOK FOR WORK, RETIRED FROM WORK, LOOKING AFTER HOME, OR DOING SOMETHING ELSE (Nactiv09=8 or 10-12) 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 (Nactiv09=7) OR LOOKING FOR PAID WORK IN THE LAST MONTH (IWk4Look =Yes)

[IWk2Strt]

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 (Nactiv09 = [7=Looking for paid work or a Government training scheme...Doing something else=12] OR StWork=No) THEN

[EverJob]

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

- 1 Yes
- 2 No

IF (Nactiv09=6=Waiting to take up paid work already obtained) THEN

[OthPaid]

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

- 1 Yes
- 2 No

IF (Everjob=Yes) THEN

[PayLast]

Which year did you leave your last paid job?

WRITE IN.

Range: 1920..2010

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.

ASK ALL WHO HAVE EVER WORKED (EverJob=Yes), 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 (Nactiv09=3 to 6), OR WORKED IN PAST WEEK (StWork=Yes)

[JobTitle]*

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

Text: Maximum 60 characters

[FtPTime]

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

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

- 1 Full-time
2 Part-time

[WtWork]*

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

Text: Maximum 50 characters

[MatUsed]*

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

IF NONE USED, WRITE IN 'NONE'.

Text: Maximum 50 characters

[SkillNee]*

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

Text: Maximum 120 characters

[Employe]

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

- 1 an employee,
2 or, self-employed
IF IN DOUBT, CHECK HOW THIS EMPLOYMENT IS TREATED FOR TAX & NI PURPOSES.

IF Employe = Self-employed THEN

[Dirctr]

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

- 1 Yes
2 No

IF Employe=an employee OR Dirctr=Yes THEN

[EmpStat]

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

- 1 manager,
- 2 foreman or supervisor,
- 3 or other employee?

[NEmplee]

Including yourself, about how many people are (*were*) employed at the place where you usually work (*usually worked/will work*)?

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

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]*

What does (*did*) your employer make or do at the place where you (*usually worked/will work*)?

Text: Maximum 100 characters

IF Employe=Self-employed THEN

[SifWtMad]*

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

Text: Maximum 100 characters

Stress at Work (Version A Only)

ASK ALL AGED 16+ AND IN WORK

[StrWork]

SHOW CARD P2

Some people tell us that their jobs are stressful. In general, how do you find your job?"

- 1 Not at all stressful
- 2 Mildly stressful
- 3 Moderately stressful
- 4 Very stressful
- 5 Extremely stressful

[WorkBal]

SHOW CARD P3

How satisfied are you with the balance between the time you spend on your paid work and the time you spend on other aspects of your life? Please take your answer from this card.

- 1 0- Extremely dissatisfied,
- 2 1,
- 3 2,
- 4 3,
- 5 4,
- 6 5,
- 7 6,
- 8 7,
- 9 8,
- 10 9,
- 11 10- Extremely satisfied

SHOW CARD P4

I'm going to read out some statements about working conditions in your main job. Each statements refers to your current job and I would like you to use this card to say how often certain circumstances or conditions apply to you.

[Demand]

SHOW CARD P4

I have unrealistic time pressures at work.

- 1 Always,
- 2 Often,
- 3 Sometimes,
- 4 Seldom,
- 5 Never

[Contrl]

SHOW CARD P4 AGAIN

I have a choice in deciding how I do my work.

- 1 Always,
- 2 Often,
- 3 Sometimes,
- 4 Seldom,
- 5 Never

[Role]

SHOW CARD P4 AGAIN

I am clear what my duties and responsibilities are at work.

- 1 Always,
- 2 Often,
- 3 Sometimes,
- 4 Seldom,
- 5 Never

[Support1]

SHOW CARD P5

Please use this card to say how much you agree or disagree with each of the following statements.

Firstly, my line manager encourages me at work."

- 1 Strongly agree,
- 2 Tend to agree,
- 3 Neutral,
- 4 Tend to disagree,
- 5 Strongly disagree
- 6 (Does not apply)

[Support2]

SHOW CARD P5 AGAIN

I get the help and support I need from colleagues at work."

- 1 Strongly agree,
- 2 Tend to agree,
- 3 Neutral,
- 4 Tend to disagree,
- 5 Strongly disagree

[RelStrain]

SHOW CARD P5 AGAIN

Relationships at work are strained.

(How much do you agree or disagree?)"

- 1 Strongly agree,
- 2 Tend to agree,
- 3 Neutral,
- 4 Tend to disagree,
- 5 Strongly disagree

[Change]

SHOW CARD P5 AGAIN

Staff are consulted about change at work.

- 1 Strongly agree,
- 2 Tend to agree,
- 3 Neutral,
- 4 Tend to disagree,
- 5 Strongly disagree

Education module

ASK ALL AGED 16+

[EducEnd]

At what age did you finish your continuous full-time education at school or college?

- 1 Not yet finished
- 2 Never went to school
- 3 14 or under
- 4 15
- 5 16
- 6 17
- 7 18
- 8 19 or over

[TopQua]^{20*}

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
Access 3 Cluster, Intermediate 1 or 2, Senior Certificate or equivalent [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, accountancy [TopQua8]
- 9 Other school examinations 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]

²⁰ Qualification categories were revised in 2008

National Identity, ethnic background and religion module(All)

ASK ALL AGED 16+

[NatId09]

SHOW CARD Q2

What do you consider your national identity to be?

Please choose all options that apply.

CODE ALL THAT APPLY

- | | | |
|---|------------------------|------------|
| 1 | Scottish
[NatId091] | |
| 2 | English | [NatId092] |
| 3 | Welsh | [NatId093] |
| 4 | Irish | [NatId094] |
| 5 | British | [NatId095] |
| 6 | Other (WRITE IN) | [NatId096] |

IF NatId09 = Other

[NatId090]*

INTERVIEWER: Write in other national identity."

ASK ALL (0+)

[Ethnic09]*²¹

SHOW CARD Q3

What is your ethnic group?

INTERVIEWER READ OUT: Choose **ONE** from A to E on the card, then tell me which of the options in that section **best describes** your ethnic group or background.

CODE ONE ONLY

- 1 A - White: Scottish
- 2 A - White: English
- 3 A - White: Welsh
- 4 A - White: Northern Irish
- 5 A - White: British
- 6 A - White: Irish
- 7 A - White: Gypsy/Traveller
- 8 A - White: Polish
- 9 A - White: Any other white ethnic group (WRITE IN)
- 10 B - Mixed: Any mixed or multiple ethnic groups (WRITE IN)
- 11 C - Asian: Pakistani, Pakistani Scottish or Pakistani British
- 12 C - Asian: Indian, Indian Scottish or Indian British
- 13 C - Asian: Bangladeshi, Bangladeshi Scottish or Bangladeshi British
- 14 C - Asian: Chinese, Chinese Scottish or Chinese British
- 15 C - Asian: Other Asian ethnic group (WRITE IN)
- 16 D - Black: African, African Scottish or African British
- 17 D - Black: Caribbean, Caribbean Scottish or Caribbean British
- 18 D - Black: Black, Black Scottish or Black British
- 19 D - Black: Other Black ethnic group (WRITE IN)
- 20 E - Other ethnic group: Arab

²¹ This variable was called 'EthnicI' in 2008; it was renamed in 2009 when the list of answer categories was expanded.

21 E – Other ethnic group: other (WRITE IN)

IF Ethnic09=Other white background

[Othwhit]*

WRITE IN ETHNIC GROUP

Text: Maximum 60 characters

IF Ethnic09=Mixed background

[Othmix]*

WRITE IN ETHNIC GROUP

Text: Maximum 60 characters

IF Ethnic09=Other Asian background

[OthAsi]*

WRITE IN ETHNIC GROUP

INTERVIEWER: Write in.

Text: Maximum 60 characters

IF Ethnic09=Other Black background

[OthAfr]*

WRITE IN ETHNIC GROUP

INTERVIEWER: Write in.

Text: Maximum 60 characters

IF Ethnic09=Other

[Otheth]*

WRITE IN ETHNIC GROUP

Text: Maximum 60 characters

Note: All other ethnic group answers recorded under Othwhit- Otheth backcoded into Ethnic09

ASK ALL AGED 16+

[Religi09]²²

What religion, religious denomination or body do you belong to?

INTERVIEWER: DO NOT PROMPT

- 0 None
- 1 Church of Scotland
- 2 Roman Catholic
- 3 Other Christian
- 4 Muslim
- 5 Buddhist
- 6 Sikh
- 7 Jewish
- 8 Hindu
- 9 Pagan
- 10 Another religion (SPECIFY)
- 97 Refused

²² This variable was called ReligioS in 2008; the new name reflects the reduced number of answer categories.

IF Religi09=3 'Other Christian' THEN

[Religio2]*

How would you describe your religion?

INTERVIEWER: Write in

IF Religi09=10 'another religion' THEN

[Religio3]*

What is the name of the religion, religious denomination or body you belong to?

INTERVIEWER: Write in

Note: All other religion answers recorded under Religio2-Religio3 backcoded into ReligioS

Parental History

ASK ALL AGED 25+ OR ALL AGED 16-24 NOT LIVING WITH THEIR MOTHER AND FATHER

[PaIntro]*

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 Q4

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 25+ OR ALL AGED 16-24 NOT LIVING WITH THEIR MOTHER AND FATHER

[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 Q4

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+ NOT LIVING WITH THEIR MOTHER/FATHER

[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 Q5

Did your natural 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 natural mother when she died?

Range: 10..120

ASK ALL AGED 16+ NOT LIVING WITH THEIR MOTHER/FATHER

[LivePaB]

Is your natural father still alive?

- 1 Yes
- 2 No

IF (LivePaB=Yes) THEN

[AgePa]

How old is your natural father?

Range: 10..120

IF (LivePaB=No) THEN

[ConsPaB]

SHOW CARD Q5

Did your natural 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 natural father when he died?

Range: 1..120

Self-completion booklets

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 or over AND IF (DrinkAny = Never) OR (DrinkOft=Once or twice a year OR Not at all in the last twelve months) (From Drinking module) THEN

[PagEx]*

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

IF Age of Respondent is 13 years or over THEN

[SComp2]*

I would now like you to answer some questions by completing this booklet on your own. The questions cover (*smoking, drinking and general health / general health*).

INTERVIEWER: Explain how to complete booklet.

(*If asked, show booklet to parent(s)*).

IF Age of any respondent in household = 4-12 years THEN

[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

IF (ParSDQ IN [1..10]) THEN

[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.

[SComp3]

INTERVIEWER CHECK: Was the (*pink/lilac/pale blue*) booklet (*for 13-15 year olds/for young adults/for adults*) completed?

1 Fully completed

2 Partially completed

3 Not completed

IF SComp3=Partially completed OR Not completed THEN

[SComp6]

INTERVIEWER: Record why booklet not completed / partially completed.

CODE ALL THAT APPLY

- | | | |
|---|---|-----------|
| 1 | Eyesight problems | [SComp61] |
| 2 | Language problems | [SComp62] |
| 3 | Reading/writing/comprehension problems | [SComp63] |
| 4 | Respondent bored/fed up/tired | [SComp64] |
| 5 | Questions too sensitive/invasion of privacy | [SComp65] |
| 6 | Too long/too busy/taken long enough already | [SComp66] |
| 7 | Refused to complete booklet (no other reason given) | [SComp67] |
| 8 | Other (SPECIFY) | [SComp68] |

IF SComp6=Other THEN

[SComp60]*

PLEASE SPECIFY OTHER REASON:

Text: Maximum 60 characters

IF Age of any respondent in household = 4-12 years AND IF (ParSDQ IN [1..10]) THEN

[SDQChk]

INTERVIEWER: Was the mint green booklet for parents completed?

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

IF SDQChk =Partially completed OR Not completed THEN

[SDQComp] INTERVIEWER: Record why booklet not completed / partially completed.

CODE ALL THAT APPLY

- | | | |
|---|---|------------|
| 0 | Child away from home during fieldwork period | [SDQComp0] |
| 1 | Eyesight problems | [SDQComp1] |
| 2 | Language problems | [SDQComp2] |
| 3 | Reading/writing/comprehension problems | [SDQComp3] |
| 4 | Respondent bored/fed up/tired | [SDQComp4] |
| 5 | Questions too sensitive/invasion of privacy | [SDQComp5] |
| 6 | Too long/too busy/taken long enough already | [SDQComp6] |
| 7 | Refused to complete booklet (no other reason given) | [SDQComp7] |
| 8 | Other (SPECIFY) | [SDQComp8] |

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:

Press <1> to continue

ASK ALL WOMEN AGED 16-49

PregNowB

May I check, are you pregnant now?

- 1 Yes
- 2 No

ASK ALL AGED 2+

[RespHts]

INTERVIEWER: Measure height and code.

Include 'disguised' refusals such as 'it will take too long', 'I have to go out' etc. as 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]

INTERVIEWER: Enter height.

Range: 60.0..244.0

[RelHiteB]

INTERVIEWER CODE ONE ONLY

- 1 No problems experienced reliable height measurement obtained

Problems experienced - measurement likely to be:

- 2 Reliable
- 3 Unreliable

IF RelHiteB = Unreliable THEN

[HiNRel]

INTERVIEWER: What caused the height measurement to be unreliable?

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

IF HiNRel = Other THEN

[OHiNRel]*

PLEASE SPECIFY WHAT CAUSED UNRELIABLE HEIGHT MEASUREMENT.

Text: Maximum 49 characters

[MBookHt]*

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

[ResNHi]

GIVE REASONS FOR REFUSAL.

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

IF RespHts = Height attempted, not obtained OR Height not attempted THEN

[NoHitM]*

INTERVIEWER: Code reason for not obtaining height.

CODE ALL THAT APPLY.

- | | | |
|---|--|-----------|
| 1 | Away from home during fieldwork period (specify in a Note) | [NoHitM0] |
| 2 | Respondent is unsteady on feet | [NoHitM1] |
| 3 | Respondent cannot stand upright/too stooped | [NoHitM2] |
| 4 | Respondent is chairbound | [NoHitM3] |
| 5 | Child: subject would not stand still | [NoHitM4] |
| 6 | Ill or in pain | [NoHitM5] |
| 7 | Stadiometer faulty or not available | [NoHitM6] |
| 8 | Other – specify | [NoHitM7] |

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?

If respondent doesn't know height use <Ctrl K>, if respondent isn't willing to give height use <Ctrl R>.

- 1 Metres
- 2 Feet and inches

IF EHtCh = Metres THEN

[EHtm]

INTERVIEWER: Please record estimated height in metres.

Range: 0.01..2.44

IF EHtCh = Feet and inches THEN

[EHtFt]

INTERVIEWER: Please record estimated height. Enter feet.

Range: 0..7

[EHtIn]

INTERVIEWER: Please record estimated height. Enter inches.

Range: 0..11

[EMHeight] Final measured or estimated height (cm).

ASK ALL AGED 0+ UNLESS AGED 16-49 AND PREGNANT (IF PregNowB<>Yes)

[RespWts]

INTERVIEWER: Measure weight and code.

(*INTERVIEWER²³: If respondent weighs more than 130kg (20 ½ stones) do not weigh. code as 'weight not attempted'*)

INCLUDE 'DISGUISED' REFUSALS SUCH AS 'IT WILL TAKE TOO LONG', 'I HAVE TO GO OUT' ETC. AT CODE 2: WEIGHT REFUSED.

- 0 *If Age 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)

[Weight]

INTERVIEWER: Record weight.

Range: 10.0..130.0

IF RespWts = Weight obtained (child held by adult) THEN

[WtAdult]

INTERVIEWER: Enter weight of adult on his/her own.

Range: 15.0..130.0

²³ This interviewer instruction only appears if the person being weighed is aged 6 or above.

[WtChAd]

INTERVIEWER: 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)

[FloorM]

INTERVIEWER: Were the scales placed on..."

- | | | |
|---|------------------|-----------|
| 1 | ...uneven floor, | [FloorM1] |
| 2 | carpet, | [FloorM2] |
| 3 | or neither? | [FloorM3] |

[RelWaitB]

INTERVIEWER: Code one only.

- 1 No problems experienced, reliable weight measurement obtained

Problems experienced - measurement likely to be:

- 2 Reliable
3 Unreliable

[MBookWt]*

INTERVIEWER: Check weight recorded on (*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]

INTERVIEWER: Give reasons for refusal.

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

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

[NoWaitM]*

INTERVIEWER: Code reason for not obtaining weight.

CODE ALL THAT APPLY.

- | | | |
|---|---|------------|
| 1 | Child: away from home during fieldwork period (specify in a Note) | [NoWaitM0] |
| 2 | Respondent is unsteady on feet | [NoWaitM1] |
| 3 | Respondent cannot stand upright | [NoWaitM2] |
| 4 | Respondent is chairbound | [NoWaitM3] |
| 5 | Respondent weighs more than 130 kg | [NoWaitM4] |
| 6 | Ill or in pain | [NoWaitM5] |
| 7 | Scales not working | [NoWaitM6] |
| 8 | Parent unable to hold child | [NoWaitM7] |
| 9 | Other – specify | [NoWaitM8] |

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?

If respondent doesn't know weight use <Ctrl K>, if respondent isn't willing to give weight use <Ctrl R>.

- 1 Kilograms
- 2 Stones and pounds

IF EWtCh = Kilograms THEN

[EWtkg]

INTERVIEWER: Please record estimated weight in kilograms.

Range: 1.0..210.0

IF EWtCh = Stones and pounds THEN

[EWtSt]

INTERVIEWER: Please record estimated weight. Enter stones.

Range: 1..32

[EWtL]

INTERVIEWER: Please record estimated weight. Enter pounds.

Range: 0..13

[estwt]²⁴ Final measured or estimated weight (kg), computed

²⁴ This CAPI derived variable was called 'EMWeight' in the 2009 dataset.

Consents

NURSE VISIT

ASK ALL AGED 16+ IN SCOTTISH GOVERNMENT 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

[NurseRe]*

RECORD REASON WHY RESPONDENT REFUSED NURSE CONTACT. CODE BELOW AND RECORD AT G1 ON A.R.F

- | | | |
|---|---|------------|
| 0 | Own doctor already has information | [NurseRe1] |
| 1 | Given enough time already to this survey/expecting too much
[NurseRe2] | |
| 2 | Too busy, cannot spare the time (if Code 1 does not apply) | [NurseRe3] |
| 3 | Had enough of medical tests/medical profession at present time
[NurseRe4] | |
| 4 | Worried about what nurse may find out/'might tempt fate'
[NurseRe5] | |
| 5 | Scared/of medical profession/ particular medical procedures (eg blood sample)
[NurseRe6] | |
| 6 | Not interested/Can't be bothered/No particular reason
[NurseRe7] | |
| 7 | Other reason (specify) | [NurseRe8] |

IF NurseRef=Other reason THEN

[NrsRefO]*

PLEASE SPECIFY OTHER REASON FOR REFUSAL. CODE BELOW AND RECORD AT G1 ON A.R.F.

Text: Maximum 60 characters

IF Nurse=Agreed nurse contact THEN

[AptRec]*

INTERVIEWER: Record details of the nurse appointment on the inside back page of the yellow **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 16 +

[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 respondent(s) the **pale green** consent form (Scottish Health Records) and allow them time to read the information.

ASK ALL AGED 13-15

[NHSCanY]*²⁵

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

[NHSCanC]*¹

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.

ASK ALL

[NHSCon]

INTERVIEWER: Did *respondent* give consent (*on behalf of child's name/children's names*)?

- 1 Consent given
- 2 Consent not given

²⁵ The brackets around the text in this question only appear in main sample households where adults are also asked the preceding consent question.

IF NHSCon = Consent given THEN

[NHSSig]

Before I can pass on (*your /name of child'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 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+

[ReInterA]*

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 bone 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

[ReInterY]*²⁶

(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 bone 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

[ReInterC]*²⁷

(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 bone 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 (*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

²⁶ The brackets around the text in this question only appear in main sample households where adults are also asked the preceding consent question.

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.

ASK ALL

[RelntCon]

INTERVIEWER: Did *respondent* give consent (*on behalf of child's name/children's names*)?

- 1 Consent given
- 2 Consent not given

IF RelntCon = Consent given THEN

[RelntSig]

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 **top** copy of the form to the respondent. Code whether signed consents obtained.

- 1 Signed consents obtained
- 3 No signed consents

²⁷ The brackets around the text in this question only appear in main sample households where adults are also asked the preceding consent question.

Attitudes to Health – Version B only, 1 adult per household²⁸

ASK ALL AGED IN VERSION B

[ThankC]*

That is the end of the interview for (*names of household members not selected for Attitudes to Health module*). 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 AttIntr = 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)

[Qghin]

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

²⁸ The computer carries out a random selection after the household grid is completed in the household questionnaire. The name of the person selected to carry out the Attitudes to Health module is highlighted to the interviewer at the start of the questionnaire so they can let the person know.

- 4 Very unhealthy
[Qghan]
 Do you feel there is anything you can do to make your own life healthier?
- 1 Yes
 2 No

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
- | | | |
|----|---|------------|
| 1 | Health reasons | [QghcntE1] |
| 2 | Mobility reasons | [QghcntE2] |
| 3 | Old age | [QghcntE3] |
| 4 | Lack of time due to work/family commitments | [QghcntE4] |
| 5 | Lack of money | [QghcntE5] |
| 6 | Lack of will | [QghcntE6] |
| 7 | Don't feel able to change | [QghcntE7] |
| 8 | Living environment (home or neighbourhood) | [QghcntE8] |
| 9 | Other people | [QghcntE9] |
| 10 | Bereavement | [Qghcnt10] |
| 11 | Other | [Qghcnt11] |

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 | <i>None of these</i> | [Qghfe_9] |

ASK IF PARENT/GUARDIAN OF CHILD AGED 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

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 [Qghfe29]

IF QGHFE2 = Other THEN

[Qghfe2o]*

INTERVIEWER: Enter other answer

ASK SELECTED ADULT 16 + IN VERSION B

[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] |

IF Qghpa1 = Cut down smoking ... Reduce the amount of stress in my life (IF any of Qghpa11 to Qghpa18 mentioned) 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] |

ASK SELECTED ADULT 16 + IN VERSION B

[Qghli1]

SHOW CARD S7 AGAIN

Which of these changes, if any, would you like to make?

- | | | |
|---|--|-----------|
| 1 | Cut down smoking | [Qghli11] |
| 2 | Stop smoking | [Qghli12] |
| 3 | Cut down the amount of alcohol I drink | [Qghli13] |
| 4 | Stop drinking alcohol | [Qghli14] |
| 5 | Be more physically active | [Qghli15] |
| 6 | Control weight | [Qghli16] |
| 7 | Eat more healthily | [Qghli17] |
| 8 | Reduce the amount of stress in my life | [Qghli18] |
| 9 | None of these | [Qghli19] |

IF Qghli1 = Cut down smoking ... Reduce the amount of stress in my life (IF any of Qghli11 to Qghli18 mentioned) 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 | [Qghth11] |
| 2 | Stop smoking | [Qghth12] |
| 3 | Cut down the amount of alcohol I drink | [Qghth13] |
| 4 | Stop drinking alcohol | [Qghth14] |
| 5 | Be more physically active | [Qghth15] |
| 6 | Control weight | [Qghth16] |
| 7 | Eat more healthily | [Qghth17] |
| 8 | Reduce the amount of stress in my life | [Qghth18] |
| 9 | None of these | [Qghth19] |

ASK SELECTED ADULT 16 + IN VERSION B

[Intro]*

The following statements are things some people have said about healthy living.
How much do you agree or disagree with each one?
(Continue)

[Qhge]

SHOW CARD S8

How much do you agree or disagree with the following statement? It's easy to get information these days about how to live a healthier life

- 1 Strongly agree
- 2 Tend to agree
- 3 Tend to disagree
- 4 Strongly disagree

[Qathlim8]²⁹

SHOW CARD S9

Which of these is the most important source of information for you about how to live a healthier life?

CODE ONE ANSWER ONLY.

- 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

IF Qathlim8 = Other THEN

[Qathlimo]*

INTERVIEWER: Enter other answer

ASK SELECTED ADULT 16 + IN VERSION B

[Intro]*

Now I'd like to ask you some questions about food and nutrition.
(Continue)

ASK ALL WHO HAVE TRIED TO CONTROL WEIGHT / EAT MORE HEALTHILY OR WOULD LIKE TO (IF Qghpa1 OR Qghli1 OR Qghth1 = Control weight OR Eat more healthily)

[Qhereas]

SHOW CARD S10

Which of these reasons, if any, was the **main** reason you decided to eat more healthily or control your weight?

CODE ONE ANSWER ONLY.

²⁹ This variable was called 'Qathlim' in the 2009 dataset

- 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

ASK SELECTED ADULT 16 + IN VERSION B

[Qnuhe]

SHOW CARD S11

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

[Qnubar]

SHOW CARD S12

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.

CODE UP TO THREE ANSWERS

- 1 Family discouraging or unsupportive [Qnubar1]
- 2 Friends discouraging or unsupportive [Qnubar2]
- 3 People at work discouraging or unsupportive [Qnubar3]
- 4 Not knowing what changes to make [Qnubar4]
- 5 Not knowing how to cook more healthy foods [Qnubar5]
- 6 Lack of choice of healthy foods in canteens and restaurants [Qnubar6]
- 7 Lack of choice of healthy foods in places where you do your main shop [Qnubar7]
- 8 Healthy foods are too expensive [Qnubar8]
- 9 Healthy foods take too long to prepare [Qnubar9]
- 10 Healthy foods too boring [Qnubar10]
- 11 Lack of will-power [Qnubar11]
- 12 Don't like the taste/ don't enjoy healthy foods [Qnubar12]
- 13 None of these - nothing prevents me from eating more healthily [Qnubar13]
- 14 Other [Qnubar14]

IF Qnubar = Other THEN

[QnubarO]*

INTERVIEWER: Enter other answer

ASK SELECTED ADULT 16 + IN VERSION B

[Qnuto8]³⁰

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

[QbrIntro]*

Now I would like to ask you some questions about your views on breastfeeding
(Continue)

[Qbrf1]

SHOW CARD S13

The following statements are things some people have said about breastfeeding. How much do you

agree or disagree with each one?

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

[Qbrf2]

SHOW CARD S13 AGAIN

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

[Qbrf3]

SHOW CARD S13 AGAIN

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

[Intro]*

Now I'd like to ask you some questions about physical activity.
(Continue)

[Qpamo8]³¹

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.

³⁰ This variable was called 'Qnuto' in the 2009 dataset.

³¹ This variable was called 'Qpamo' in the 2009 dataset.

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

ASK ALL WHO GAVE AN ANSWER AT Qpamo8 (IF Qpamo8 in [0..360])

[Qpamoti]

How many **days a week** do you think people are advised to spend doing (*number*) of minutes of moderate physical activity to help them stay healthy?
(By **moderate physical activity** I mean walking briskly, doing heavy gardening or any other activity that makes you breath slightly faster than usual.)
IF RESPONDENT SAYS MOST DAYS, ASK THEM TO GIVE A NUMBER
Range: 1..7

ASK SELECTED ADULT 16 + IN VERSION B

[Qpahe]

For your age, do you think you do enough physical activity to stay healthy?
1 Yes
2 No
3 Not mobile

ASK ALL WHO HAVE TRIED TO BE MORE PHYSICALLY ACTIVE OR WOULD LIKE TO (IF Qghpa1 OR Qghli1 OR Qghth1 = Be more physically active)

[Qpareas]

SHOW CARD S14

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

[QpareasO]*

INTERVIEWER: Enter other answer

ASK SELECTED ADULT 16 + IN VERSION B

[Qpabarr]*

SHOW CARD S15

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 [Qpabarr1]

2	Prefer to do other things	[Qpabarr2]
3	Ill health, injury or disability	[Qpabarr3]
4	I feel too fat/overweight	[Qpabarr4]
5	I do not enjoy exercise	[Qpabarr5]
6	Lack of suitable local facilities	[Qpabarr6]
7	I am too old	[Qpabarr7]
8	Lack of money	[Qpabarr8]
9	Lack of transport	[Qpabarr9]
10	I have nobody to go with	[Qpabarr10]
11	Traffic, road safety or the environment puts me off	[Qpabarr11]
12	The weather puts me off	[Qpabarr12]
13	I don't have the skills or confidence to do it	[Qpabarr13]
14	None of these - nothing prevents me from being more active	[Qpabarr14]
15	Other (Please say what)	[Qpabarr15]

IF Qpabarr = Other (IF Qpabarr15 mentioned) THEN

[QpabarrO]*

INTERVIEWER: Enter other answer

ASK SELECTED ADULT 16 + IN VERSION B

[Qpaheal]*

SHOW CARD S16

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	[Qpaheal1]
2	Some cancers	[Qpaheal2]
3	Diabetes	[Qpaheal3]
4	High blood pressure	[Qpaheal4]
5	Overweight and obesity	[Qpaheal5]
6	Mental health problems	[Qpaheal6]
7	Brittle bones (osteoporosis)	[Qpaheal7]
8	Injuries and accidents	[Qpaheal8]
9	Stomach ulcer	[Qpaheal9]
10	(All of these)	[Qpaheal10]
11	(None of these)	[Qpaheal11]
12	Other (Please say what)	[Qpaheal12]

IF Qpaheal = Other THEN

[QpahealO]*

INTERVIEWER: Enter other answer

ASK SELECTED ADULT 16 + IN VERSION B

[Qoasso]³²

SHOW CARD S17

Which of these words best describes your weight at the moment? I don't have the answers written in front of me so please just tell me the letter beside the word that applies to you.

1	B	(<i>Underweight</i>)
2	L	(<i>About right</i>)
3	J	(<i>Overweight</i>)
4	H	(<i>Very overweight</i>)

³² The answers in brackets do not appear on the interviewers' laptop screens.

ASK FOR EACH CHILD SELECTED TO TAKE PART IN THE MAIN SHES INTERVIEW (UP TO 2)

[Qoassc]¹*(Variable names: Qoassc1 and Qoassc2)

SHOW CARD 17 AGAIN

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 SELECTED ADULT 16 + IN VERSION B

[Qorisk]

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 | [Qorisk1] |
| 2 | Some cancers | [Qorisk2] |
| 3 | Diabetes | [Qorisk3] |
| 4 | High blood pressure | [Qorisk4] |
| 5 | Stroke | [Qorisk5] |
| 6 | Gallbladder disease | [Qorisk6] |
| 7 | Arthritis (pain / swelling in the joints) | [Qorisk7] |
| 8 | Gout | [Qorisk8] |
| 9 | Stomach ulcer | [Qorisk9] |
| 10 | (All of these) | [Qorisk10] |
| 11 | (None of these) | [Qorisk11] |
| 12 | Other | [Qorisk12] |

IF Qorisk = Other THEN

[QoriskO]*

INTERVIEWER: Enter other answer

ASK SELECTED ADULT 16 + IN VERSION B

[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 Qalcr = Yes THEN

[Qalmd]

What do you think is the current recommended maximum number of units PER DAY for

MEN?

INTERVIEWER: IF GIVEN A RANGE PROBE FOR MAXIMUM

Range: 1..97

[Qalwd]

And for **WOMEN?** (What do you think the current recommended maximum number of units PER DAY is for them?)

INTERVIEWER: IF GIVEN A RANGE PROBE FOR MAXIMUM

Range: 1..97

IF Qalal = Yes THEN

[Qalbd]

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

[Qalmbd]

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

ASK SELECTED ADULT 16 + IN VERSION B

[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

ASK SELECTED ADULT 16 +

[Qalvl]³³

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)

ASK SELECTED ADULT 16 + IF CURRENT SMOKER (IF SMOKENOW = YES IN SMOKING MODULE)

[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

³³ The text in brackets next to the answer codes Q – G do not appear on the interviewers' laptop screens.

ASK SELECTED ADULT 16 + IN VERSION B

[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 ONE ANSWER 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

ASK SELECTED ADULT 16 +

[Qcan2]

SHOW CARD Q22

What are the main ways a woman can protect herself against cervical cancer?

CODE UP TO TWO ANSWERS ONLY.

- | | | |
|---|--------------------------|----------|
| 1 | Vaccination | [Qcan21] |
| 2 | Screening (a smear test) | [Qcan22] |
| 3 | Taking more exercise | [Qcan23] |
| 4 | Losing weight | [Qcan24] |
| 5 | (None of these) | [Qcan25] |
| 6 | Other | [Qcan26] |

IF Qcan2 = Other THEN

[Qcan2O]*

INTERVIEWER: Enter other answer

Attitudes to Health – Computer Assisted Self Interview (CASI)

ASK SELECTED ADULT 16 + IN VERSION B

[CASInt]

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.

- 1 Self-completion accepted by respondent
- 2 Self-completion to be read out by interviewer
- 3 Self-completion refused

IF CASInt = 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 | Respondent bored/fed up/tired | [SCompNH5] |
| 6 | Questions too sensitive/invasion of privacy | [SCompNH6] |
| 7 | Too long/too busy/taken long enough already | [SCompNH7] |
| 8 | Refused to complete self-completion (no other reason given) | [SCompNH8] |
| 9 | Other (SPECIFY) | [SCompNH9] |

IF CASInt = accepted by respondent / read out by interviewer THEN

[CASInst]*

INTERVIEWER: If the respondent is happy to do the self-completion themselves - hand over the computer now.

Otherwise keep interviewing.

(Continue)

[SIntro]*

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.

[Know11]

PLEASE READ THIS CAREFULLY:

The next questions are about sexual health. Do you feel you know enough or have enough information about the following topics, or would you like to know more?

Firstly, where a woman should go if she needed an abortion?

- 1 Know enough about this topic
- 2 Want more information
- 3 Do **not** want to know about this topic
- 4 Don't know

[Know12]

How to use a condom?

(Do you feel you know enough or have enough information about this, or would you like to know more?)

- 1 Know enough about this topic
- 2 Want more information
- 3 Do **not** want to know about this topic
- 4 Don't know

[Know13]

Safer sex - including vaginal, oral and anal sex - to protect yourself against sexually transmitted infections (STIs)?

- 1 Know enough about this topic
- 2 Want more information
- 3 Do **not** want to know about this topic
- 4 Don't know

PLEASE READ THIS CAREFULLY:

The following are a number of things people have said about **condoms**. Please indicate how much you agree or disagree with each one.

[Atts2]

If I wanted to have sexual intercourse with a new partner, I would stop if we had no 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

[Atts3]

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

[Atts4]

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

[Atts5]

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

[MornP]

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 enter when you are ready to move to the next question.

- 1 GP [MornP1]
- 2 Pharmacist / chemist [MornP2]
- 3 Accident and emergency department [MornP3]
- 4 Sexual Health / GUM (Genito-Urinary Medicine) clinic [MornP4]
- 5 Family Planning Clinic [MornP5]
- 6 Young people's drop in centre [MornP6]
- 7 **All of these** [MornP7]
- 8 None of these [MornP8]
- 9 Don't know [MornP9]

[Chlam]

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 enter when you are ready to move to the next question.

- | | | |
|---|--|----------|
| 1 | GP | [Chlam1] |
| 2 | Accident and emergency department | [Chlam2] |
| 3 | Sexual Health / GUM (Genito-Urinary Medicine) clinic | [Chlam3] |
| 4 | Family Planning Clinic | [Chlam4] |
| 5 | Young people's drop in centre | [Chlam5] |
| 6 | All of these | [Chlam6] |
| 7 | None of these | [Chlam7] |
| 8 | Don't know | [Chlam8] |

ASK MEN ONLY (IF CASIInt = accepted by respondent / read out by interviewer AND sex = Male)

[Vas2]

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
- 7 I've already had one (please tick here even if your vasectomy has been reversed)

ASK WOMEN AGED 16-55 ONLY (IF CASIInt = accepted by respondent / read out by interviewer AND Sex = Female AND Age in [16... 55])

[Long1]

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

[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 I'm already using one of these methods.

- 4 Don't know
- 5 Refuse to say

ASK ALL COMPLETING CASI

[EndCASIX]*

Thank you very much for answering these questions.

Type in '1' and press 'enter' to continue.

(Continue)

[EndCASIY]^{34*}

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)

³⁴ At this point the information entered in the CASI section is hidden from the interviewer and respondent's view and can only be accessed in the office once the data has been transmitted back.

ALL VERSIONS

[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.

ALL VERSIONS: IF HEIGHT OR WEIGHT MEASURED IN INTERVIEW THEN

[StadNo]

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

Range: 0....997

[SciNo]

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

Range: 0....997

Scottish Health Survey 2011 – 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).

[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.

No Name Sex Age Nurse 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.

Introduction

IF OC = 1 'Agreed nurse visit' THEN

[Info]*

You are in the Nurse Schedule for...

Person Number:

Name:

Age:

Sex:

Can you interview this person? TO LEAVE THIS SCHEDULE FOR NOW, PRESS <Ctrl Enter>

- 1 Yes, I will do the interview now
- 2 No, I will not be able to do this interview

IF OC=2 'Refused nurse visit' THEN

[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?

[Intro]*

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.

[NDoBD]*

Can I just check your date of birth?

NURSE: ENTER DAY, MONTH AND YEAR OF RESPONDENT'S DATE OF BIRTH
SEPERATELY
ENTER THE DAY HERE

[NDoB]*

NURSE: ENTER THE CODE FOR 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

[NDoBD]*

NURSE: ENTER THE YEAR OF RESPONDENT'S DATE OF BIRTH.

[HHage]*

Age of respondent based on Nurse entered date of birth and date at time of household interview.

Range: 0..120

[DispAge]*

CHECK WITH RESPONDENT: So your age is (computed age)?

- 1 Yes
- 2 No

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

[PregNTJ]

Can I check, are you pregnant at the moment?

- 1 Yes
- 2 No

IF (PregNTJ = Yes) THEN

[PregMes]*

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

[MedCNJD]

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

[MedIntro]*

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 MedBI-MedBIC repeated for up to 22 drugs

IF (MedCNJD = Yes) OR (MedBIC = Yes) THEN

[MedBI] (Variable names: Medbi01 – Medbi22)

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

[MedBIA] (Variable names: MedBIA-MedBIA22)

Have you taken or used (name of drug) in the last 7 days?

- 1 Yes
- 2 No

[MedBIC]*

NURSE CHECK: Any more drugs to enter?

- 1 Yes
- 2 No

IF MedCNJD = Yes THEN

[DrCod1]*

NURSE: To do the drug coding now, press <Ctrl + Enter>, select DrugCode[schedule no] with the highlight bar and press <Enter>.

Else, enter '1' to continue.

- 1 Continue

Drug coding block

[DIntro]*

NURSE: PLEASE COMPLETE DRUG CODING FOR

Person (*person no.*) (*person name*).

PRESS 1 AND <Enter> TO CONTINUE.

- 1 Continue

Repeat for up to 22 drugs coded, variable names DrCd – DrCd18

[DrC1]*

NURSE: ENTER CODE FOR (*name of drug*) ENTER 999999 IF UNABLE TO CODE

Text: Maximum 6 characters

FOR each drug at Medbi01 – Medbi18,

IF Drug code begins with 02 THEN

[YTake]

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 | [Vitamin1] |
| 2 | Fish oils | [Vitamin2] |
| 3 | Iron supplements | [Vitamin3] |
| 4 | Calcium | [Vitamin4] |
| 5 | Other minerals | [Vitamin5] |
| 6 | Other supplements | [Vitamin6] |

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 FolPreg = Yes THEN

[FolPrg12]

Have you been taking folic acid supplements for the first 12 weeks of your pregnancy?

- 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

Nicotine 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 | [Smoke1] |
| 2 | Yes, cigars | [Smoke2] |
| 3 | Yes, pipe | [Smoke3] |
| 4 | No | [Smoke4] |

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 SMOKED 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 | [UseNRT1] |
| 2 | Yes, nicotine patches that you stick on your skin | [UseNRT2] |
| 3 | Yes, nasal spray/ nicotine inhaler | [UseNRT3] |
| 4 | Yes, other | [UseNRT4] |
| 5 | No | [UseNRT5] |

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

[NRTSupp1]

2 Yes, GP practice nurse

[NRTSupp2]

3 Yes, other

[NRTSupp3]

4 No

[NRTSupp4]

IF NRTSupp = Yes, other THEN

[SuppOth]*

What other type of support did you receive?

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

[BPIntro]*

(As I mentioned earlier) We would like to measure your blood pressure. The analysis of blood pressure readings will tell us a lot about the health of the population.

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 | [ConSubX1] |
| 2 | Smoked | [ConSubX2] |
| 3 | Drunk alcohol | [ConSubX3] |
| 4 | Done vigorous exercise | [ConSubX4] |
| 5 | (None of these) | [ConSubX5] |

[DINNo]

NURSE: RECORD BLOOD PRESSURE EQUIPMENT SERIAL NUMBER:

Range:001..999

[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)

[AirTemp]

ENTER AMBIENT AIR TEMPERATURE IN CELSIUS.

Range: 00.0..40.0

[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] (variable names *sys1om – sys3om*)

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] (variable names *dias1om – dias3om*)

ENTER (FIRST/SECOND/THIRD) DIASTOLIC READING (mmHg).

IF READING NOT OBTAINED, ENTER 999.

Range:001..999

[Pulse] (variable names *pulse1om – pulse3om*)

ENTER (FIRST/SECOND/THIRD) PULSE READING (bpm).

IF READING NOT OBTAINED, ENTER 999.

Range:001..999

[MAP] (variable names *map1om – map3om*)

[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

[YNoBP]

ENTER REASON FOR NOT RECORDING ANY FULL BP READINGS

- 1 Blood pressure measurement attempted but not obtained
- 2 Blood pressure measurement not attempted
- 3 Blood pressure measurement refused

ALL WITH NURSE VISIT (EXCEPT PREGNANT WOMEN)

[RespBPS]

Response to Blood Pressure measurements:

- 1 Three Blood pressure measurements
- 2 Two Blood pressure measurements
- 3 One Blood pressure measurements
- 4 Tried
- 5 Not tried
- 6 Refused

IF BLOOD PRESSURE MEASUREMENT REFUSED OR NOT ATTEMPTED, OR FEWER THAN THREE FULL READINGS OBTAINED (IF RespBPS in [Two ... Refused]) THEN

[NAttBPD]

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 | [NAttBPD0] |
| 1 | Respondent upset/anxious/nervous | [NAttBPD1] |
| 2 | Error reading | [NAttBPD2] |
| 5 | Other reason(s) (specify at next question) | [NAttBPD5] |
| 6 | Problems with cuff fitting/painful | [NAttBPD6] |
| 7 | Problems with equipment (not error reading) | [NAttBPD7] |

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

- 1 Continue

IF ONE, TWO OR THREE FULL BLOOD PRESSURE READINGS OBTAINED (IF RespBPS in [Three ... One]) THEN

[DifBPC]

RECORD ANY PROBLEMS TAKING READINGS. CODE ALL THAT APPLY.

- | | | |
|---|--|-----------|
| 1 | No problems taking blood pressure | [DifBPC1] |
| 2 | Reading taken on left arm because right arm not suitable | [DifBPC2] |
| 3 | Respondent was upset/anxious/nervous | [DifBPC3] |
| 4 | Other problems (SPECIFY AT NEXT QUESTION) | [DifBPC4] |
| 5 | Problems with cuff fitting/painful | [DifBPC5] |
| 6 | Problems with equipment (not error reading) | [DifBPC6] |
| 7 | Error reading | [DifBPC7] |

IF DifBP=Other THEN

[OthDifBP]*

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 (IF RespBPS in

[Three ... One]) THEN

[GPRegB]

Are you registered with a GP?

- 1 Yes
- 2 No

IF GPreGB = Yes THEN

[GPreSend]

May we send your blood pressure readings to your GP?

- 1 Yes
- 2 No

IF GPreSend = No THEN

[GPreRefC]

SPECIFY REASON(S) FOR REFUSAL TO ALLOW BP READINGS TO BE SENT TO GP.
CODE ALL THAT APPLY.

- | | | |
|---|----------------------------------|-------------|
| 1 | Hardly/Never sees GP | [GPreRefC1] |
| 2 | GP knows respondent's BP level | [GPreRefC2] |
| 3 | Does not want to bother GP | [GPreRefC3] |
| 4 | Other (SPECIFY AT NEXT QUESTION) | [GPreRefC4] |

IF GPreRefC = Other THEN

[OthRefC]*

NURSE: GIVE FULL DETAILS OF REASON(S) FOR REFUSAL

Text: Maximum 140 characters

IF (GPreGB = No) OR (GPreSend = No) THEN

[Code022]*

CIRCLE CONSENT CODE 02 ON THE FRONT OF THE CONSENT BOOKLET.
ENTER '1' TO CONTINUE

- 1 Continue

IF GPreSend = 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/no enjoyment or interest

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/no enjoyment or interest

IF (G4 = Yes) OR (G5 = No/no enjoyment or interest) 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

[G7]

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

[G9]

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

[G10]

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

[J1]

Have you been feeling anxious or nervous in the past month?

- 1 Yes, anxious or nervous
- 2 No

IF J1 = No THEN

[J2]

In the past month, did you ever find your muscles felt tense or that you couldn't relax?

- 1 Yes
- 2 No

ASK ALL WITH NURSE VISIT

[J3]

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 ((IF J1=Yes AND J3=Yes) OR (J2=Yes AND J3=Yes)) THEN

[J5]

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 J5 = Sometimes generally anxious THEN

[J6]

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 (IF (J1=Yes AND J3=No) OR (J2=Yes AND J3=No)) THEN

[J7]

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 ANXIETY FOR AT LEAST 1 DAY (IF J6 IN [1..2] OR J7 IN [1..2]) 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 (IF J9=Yes) THEN

[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 [J9A1]
- 2 Hands sweating or shaking [J9A2]
- 3 Feeling dizzy [J9A3]
- 4 Difficulty getting your breath [J9A4]
- 5 Butterflies in stomach [J9A5]
- 6 Dry mouth [J9A6]
- 7 Nausea or feeling as though you wanted to vomit [J9A7]

IF RESPONDENT HAS EXPERIENCED ANXIETY FOR AT LEAST 1 DAY (IF J6 IN [1..2] OR J7 IN [1..2]) 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 | [DSH61] |
| 2 | or burn yourself | [DSH62] |
| 3 | or swallow any objects | [DSH63] |
| 4 | or harm yourself some other way? | [DSH64] |

[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

**ASK IF DSH4a = 'in the last week' OR 'in the last year' THEN
[DSHExit]***

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 Samaritans, if you find yourself thinking them.

Food Poisoning

ASK ALL WITH A NURSE VISIT

[BFInt]*

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 ...READ OUT...

- 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

IF ConsGP=Yes THEN

[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

[IIDay]

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.

[Waist] (variable names Waist1 to Waist3)

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

[Hip] (variable names Hip1 to Hip3)

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 WHIntro in [1..3] THEN

(computed from WHIntro, Waist and Hip)

[RespWH]

Response to waist/hip measurements:

- 1 Both measurements obtained
- 2 One measurement obtained
- 3 Refused
- 4 Not tried

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

IF NO OR ONE MEASUREMENT OBTAINED ((WHIntro=Refuse OR Unable) OR Only one waist/hip measurement obtained) THEN
[WHPNABM]

GIVE REASON(S) (FOR REFUSAL/WHY UNABLE/FOR NOT OBTAINING MEASUREMENT/FOR NOT ATTEMPTING/WHY ONLY ONE MEASUREMENT OBTAINED).CODE ALL THAT APPLY.

- 1 Respondent is chairbound
[WHPNABM1]
- 2 Respondent is confined to bed [WHPNABM2]
- 3 Respondent is too stooped [WHPNABM3]
- 4 Respondent did not understand the procedure [WHPNABM4]
- 5 Respondent is embarrassed/sensitive about their size [WHPNABM5]
- 6 No time/busy/already spent enough time on this survey [WHPNABM6]
- 7 Other (SPECIFY AT NEXT QUESTION) [WHPNABM7]

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

[WJRel]

RECORD ANY PROBLEMS WITH WAIST MEASUREMENT:

- 1 No problems experienced, RELIABLE waist measurement
- 2 Problems experienced - waist measurement likely to be RELIABLE
- 3 Problems experienced - waist measurement likely to be SLIGHTLY UNRELIABLE
- 4 Problems experienced - waist measurement likely to be UNRELIABLE

IF WJRel = Problems experienced THEN

[ProbWJ]

RECORD WHETHER PROBLEMS EXPERIENCED ARE LIKELY TO INCREASE OR DECREASE THE WAIST MEASUREMENT.

- 1 Increases measurement
- 2 Decreases measurement

**IF AT LEAST ONE HIP MEASUREMENT OBTAINED (IF (Hip1 <> 999.9 AND Hip1 <> EMPTY)
OR (Hip2 <> 999.9 AND Hip2 <> EMPTY)) THEN**

[HJRel]

RECORD ANY PROBLEMS WITH HIP MEASUREMENT:

- 1 No problems experienced, RELIABLE hip measurement
- 2 Problems experienced - hip measurement likely to be RELIABLE
- 3 Problems experienced - hip measurement likely to be SLIGHTLY UNRELIABLE
- 4 Problems experienced - hip measurement likely to be UNRELIABLE

IF HJRel = Problems experienced THEN

[ProbHJ]

RECORD WHETHER PROBLEMS EXPERIENCED ARE LIKELY TO INCREASE OR
DECREASE THE HIP MEASUREMENT.

- 1 Increases measurement
- 2 Decreases measurement

IF ONE OR TWO WAIST/HIP MEASUREMENTS OBTAINED THEN

[WHRes]*

OFFER TO WRITE RESULTS OF WAIST AND HIP MEASUREMENTS, WHERE
APPLICABLE, ONTO RESPONDENT'S MEASUREMENT RECORD CARD.

Waist: (Write in waist measurements 1 and 2)

Hip: (Write in hip measurements 1 and 2)

- 1 Continue

Demi-span (65+)

ASK ALL AGED 65 AND OVER WITH NURSE VISIT

[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

IF SpanInt=Agree THEN

Repeat for up to three demispan measurements.

Third measurement taken only if first two differ by more than 3cm.

[Span] (*variable names span1-span3*)

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] (*variable names spanrel1 to spanrel3*)

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

FOR ALL AGED 65 AND OVER WITH NURSE VISIT

(*computed from YnoSpan, Span and Spanrel*)

[RespDS]

RESPONSE TO DEMISPAN MEASUREMENT

- 1 Both measurements obtained
- 2 One measurement obtained
- 3 Refused
- 4 Attempted not obtained
- 5 Not attempted

IF NO MEASUREMENT OBTAINED (IF RespDS = [3..5]) THEN

[NotAttM]

NURSE: GIVE REASON FOR (REFUSAL/NOT OBTAINING MEASUREMENT/MEASUREMENT NOT BEING ATTEMPTED).

- | | | |
|---|---|------------|
| 1 | Cannot straighten arms | [NotAttM1] |
| 2 | Respondent confined to bed | [NotAttM2] |
| 3 | Respondent too stooped | [NotAttM3] |
| 4 | Respondent did not understand the procedure | [NotAttM4] |
| 5 | Other | [NotAttM5] |

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 | [SpnM1] |
| 2 | Standing not against the wall | [SpnM2] |
| 3 | Sitting | [SpnM3] |
| 4 | Lying down | [SpnM4] |
| 5 | Demi-span measured on left arm due to unsuitable right arm | [SpnM5] |

[DSCard]*

WRITE RESULTS OF DEMISPAN MEASUREMENT ON RESPONDENT'S MEASUREMENT RECORD CARD. Demispan : (Measurement 1 and 2 displayed)
ENTER '1' TO CONTINUE.

- | | |
|---|----------|
| 1 | Continue |
|---|----------|

Lung Function

ASK ALL WITH A NURSE VISIT (EXCEPT PREGNANT WOMEN)

[BlInt]*

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) =No THEN

[LFIntro1]*

(As I mentioned earlier). We would like to measure your lung function which will help us to find out more about the health of the population.

ENTER '1' TO CONTINUE"

- 1 Continue

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 AND HaEySurg AND 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] (variable names fvc1 to fvc5)

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] (variable names fev1 to fev5)

ENTER FEV READING

IF NO READING OBTAINED ENTER '0'

Range:0..10

[PF] (variable names pf1 to pf5)

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] (variable names techniq1 to techniq5)

WAS THE TECHNIQUE SATISFACTORY ?

- 1 Yes
- 2 No

[NLSatLF]

Satisfactory blows?

- 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

[YNoLF]

Why LF measurement not obtained?

- 1 Lung function measurement attempted, not obtained
- 2 Lung function measurement not attempted
- 2 Lung function measurement refused

[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 | [ProbLF1] |
| 2 | Breathlessness | [ProbLF2] |
| 3 | Coughing fit | [ProbLF3] |
| 4 | Equipment failure | [ProbLF4] |
| 5 | Other (SPECIFY AT NEXT QUESTION) | [ProbLF5] |

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=None THEN

[LFCode3]*

NURSE: CIRCLE CONSENT CODE 04 ON FRONT OF THE CONSENT BOOKLET

- | | |
|---|----------|
| 1 | Continue |
|---|----------|

IF NLSatLF = [1,2] AND GPreGB = [1,2] THEN

[NCGPLF]

Satisfactory blows?

- | | |
|---|---|
| 1 | No technically satisfactory blow |
| 2 | At least one technically satisfactory blow and GPreGB = yes |
| 3 | At least one technically satisfactory blow and GPreGB = no |

IF BPCConst=Refused OR BPCConst=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

[GPRLFM]

SPECIFY REASON(S) FOR REFUSAL TO ALLOW LF READINGS TO BE SENT TO GP.
CODE ALL THAT APPLY.

- | | | |
|---|----------------------------------|-----------|
| 1 | Hardly/Never sees GP | [GPRLFM1] |
| 2 | GP knows respondent's LF level | [GPRLFM2] |
| 3 | Does not want to bother GP | [GPRLFM3] |
| 4 | Other (SPECIFY AT NEXT QUESTION) | [GPRLFM4] |

IF GPRLFM = Other THEN

[OthRefM]*

NURSE GIVE FULL DETAILS OF REASON FOR REFUSAL:

Range: 0...140

IF GPSendLF=Yes THEN

[NCIns1]*

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 LFRsp=All OR LFRsp-Some THEN

[NCIns2]*

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)

[BIIntro]*

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

[BSWill]

Would you be willing to have a blood sample taken?

- 1 Yes
- 2 No

IF (BSWill = No) THEN

[RefBS]

RECORD WHY BLOOD SAMPLE REFUSED. CODE ALL THAT APPLY.

- | | | |
|---|---|-----------|
| 1 | Previous difficulties with venepuncture | [RefBSC1] |
| 2 | Dislike/fear of needles | [RefBSC2] |
| 3 | Respondent recently had blood test/health check | [RefBSC3] |
| 4 | Refused because of current illness | [RefBSC4] |
| 5 | Worried about HIV or AIDS | [RefBSC5] |
| 6 | Other | [RefBSC6] |

IF RefBS = Other THEN

[OthRefBSC]*

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

[BSCons]*

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 (Blood Pressure RespBPS = [Tried..Refused]) THEN

[GPSam]

NURSE CHECK:

- 1 Respondent registered with GP
- 2 Respondent not registered with GP

IF (Blood Pressure GPRegB = Yes OR GPSam = registered with 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

[SenSam1-4]

Why do you not want your blood sample results sent to your GP?

- | | | |
|---|-------------------------------|-----------|
| 1 | Hardly/never sees GP | [SenSam1] |
| 2 | GP recently took blood sample | [SenSam2] |
| 3 | Does not want to bother GP | [SenSam3] |
| 4 | Other | [SenSam4] |

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

[ConStorB]

ASK RESPONDENT: May we have your consent to store any remaining blood for future analysis?

- 1 Yes, Storage consent given
- 2 No, Consent refused

IF ConStorB = Yes THEN

[Code09]*

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.

- 1 Continue

IF (BSWill = Yes) THEN

[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)

[SamDifC]

RECORD ANY PROBLEMS IN TAKING BLOOD SAMPLE.

CODE ALL THAT APPLY.

- | | | |
|---|--|------------|
| 1 | No problem | [SamDifC1] |
| 2 | Incomplete sample | [SamDifC2] |
| 3 | Collapsing/poor veins | [SamDifC3] |
| 4 | Second attempt necessary | [SamDifC4] |
| 5 | Some blood obtained, but respondent felt faint/fainted | [SamDifC5] |
| 6 | Unable to use tourniquet | [SamDifC6] |
| 7 | Other (SPECIFY AT NEXT QUESTION) | [SamDifC7] |

IF SamDif = Other THEN

[OthBDif]*

GIVE FULL DETAILS OF OTHER PROBLEM(S) IN TAKING BLOOD SAMPLE.

Text: Maximum 140 characters

IF SampTak = Yes THEN

[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

[Code122]*

CIRCLE CONSENT CODE 12 ON FRONT OF CONSENT BOOKLET.

ENTER '1' TO CONTINUE.

- 1 Continue

IF SampTak = No THEN

[NoBSM]

CODE REASON(S) NO BLOOD OBTAINED. CODE ALL THAT APPLY.

- | | | |
|---|---|----------|
| 1 | No suitable or no palpable vein/collapsed veins
[NoBSM1] | |
| 2 | Respondent was too anxious/nervous | [NoBSM2] |
| 3 | Respondent felt faint/fainted | [NoBSM3] |
| 4 | Other | [NoBSM4] |

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

Venepuncture checklist

IF BLOOD SAMPLE TAKEN (SampTak = 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 | [VPPress1] |
| 2 Respondent, | [VPPress2] |
| 3 Partner or spouse | [VPPress3] |

[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 | [VpProb1] |
| 2 Haematoma | [VpProb2] |
| 3 Swelling | [VpProb3] |
| 95 Other (describe at next question) | [VpProb95] |
| 96 None | [VpProb96] |

IF VpProb=OTHER THEN

[VpOther]*

NURSE: Record the details of the other abnormality fully.

IF VpProb = NOT none THEN

[VpDetail]*

NURSE: You have coded that an abnormality was noted after 5 minutes.

Please record the action you took when you noticed this abnormality in the Office Consent Booklet.

There is space at the back of the Office Consent Booklet for you to write up these details fully.

Press <1> and <Enter> to continue.

- 1 Continue

IF SampTake = Yes THEN

[VpCheck]

NURSE: Did you re-check the puncture site after completion of the blood sample module?

- 1 Yes, site was re-checked
- 2 No, site was not re-checked

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]*

OBTAIN SIGNATURE IN BOTH THE OFFICE AND PERSONAL CONSENT BOOKLETS
CIRCLE CODE 13 ON FRONT OF THE CONSENT BOOKLET

- 1 Continue

[SalInst]*

ASK RESPONDENT TO DRIBBLE THROUGH STRAW INTO TUBE (OR USE THE DENTAL ROLL)

WRITE THE SERIAL NUMBER AND DATE OF BIRTH ON THE BLUE LABEL USING A BLUE BIRO

SERIAL NO (Displays serial number)

DATE OF BIRTH (Displays date of birth)

- 1 Continue

[SalObt1]

NURSE CHECK

- 1 Saliva sample obtained
- 2 Saliva sample refused
- 3 Saliva sample not attempted
- 4 Attempted but not obtained

IF SalObt1 = Obtained 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.

- 3 Respondent not able to produce any saliva [SalNObt3]
- 4 Other (SPECIFY AT NEXT QUESTION) [SalNObt4]

IF SalNObt = Other THEN

[OthNObt]*

GIVE FULL DETAILS OF REASON(S) WHY SALIVA SAMPLE NOT OBTAINED.

Text: Maximum 140 characters

IF SalIntr1=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.

[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

[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)

[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
[UriNObt3]
- 2 Other (SPECIFY AT NEXT QUESTION) [UriNObt4]

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

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

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SCOTTISH HEALTH SURVEY 2011

SHOWCARDS

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 Buying with mortgage / loan
- 2 Own it outright
- 3 Part rent / part mortgage
- 4 Rent (including rents paid by housing benefit)
- 5 Living here rent free

CARD A4

- 1 Earnings from employment or self-employment
- 2 State retirement pension
- 3 Pension from former employer
- 4 Personal pensions
- 5 Child Benefit
- 6 Job-Seekers Allowance
- 7 Income Support
- 8 Working Tax Credit, Child Tax Credit or any 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 A5

GROSS INCOME FROM ALL SOURCES

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

WEEKLY	or	MONTHLY	or	ANNUAL
Less than £10.....1		Less than £40.....1		Less than £520..... 1
£10 less than £30.....2		£40 less than £130.....2		£520 less than £1,600..... 2
£30 less than £50.....3		£130 less than £220.....3		£1,600 less £2,600..... 3
£50 less than £70.....4		£220 less than £300.....4		£2,600 less than £3,600..... 4
£70 less than £100.....5		£300 less than £430.....5		£3,600 less than £5,200..... 5
£100 less than £150.....6		£430 less than £650.....6		£5,200 less than £7,800..... 6
£150 less than £200.....7		£650 less than £870.....7		£7,800 less than £10,400..... 7
£200 less than £250.....8		£870 less than £1,100.....8		£10,400 less than £13,000..... 8
£250 less than £300.....9		£1,100 less than £1,300.....9		£13,000 less than £15,600..... 9
£300 less than £350.....10		£1,300 less than £1,500.....10		£15,600 less than £18,200..... 10
£350 less than £400.....11		£1,500 less than £1,700.....11		£18,200 less than £20,800..... 11
£400 less than £450.....12		£1,700 less than £2,000.....12		£20,800 less than £23,400..... 12
£450 less than £500.....13		£2,000 less than £2,200.....13		£23,400 less than £26,000..... 13
£500 less than £550.....14		£2,200 less than £2,400.....14		£26,000 less than £28,600..... 14
£550 less than £600.....15		£2,400 less than £2,600.....15		£28,600 less than £31,200..... 15
£600 less than £650.....16		£2,600 less than £2,800.....16		£31,200 less than £33,800..... 16
£650 less than £700.....17		£2,800 less than £3,000.....17		£33,800 less than £36,400..... 17
£700 less than £800.....18		£3,000 less than £3,500.....18		£36,400 less than £41,600..... 18
£800 less than £900.....19		£3,500 less than £3,900.....19		£41,600 less than £46,800..... 19
£900 less than £1,000.....20		£3,900 less than £4,300.....20		£46,800 less than £52,000..... 20
£1,000 less than £1,150.....21		£4,300 less than £5,000.....21		£52,000 less than £60,000..... 21
£1,150 less than £1,350.....22		£5,000 less than £5,800.....22		£60,000 less than £70,000..... 22
£1,350 less than £1,550.....23		£5,800 less than £6,700.....23		£70,000 less than £80,000..... 23
£1,550 less than £1,750.....24		£6,700 less than £7,500.....24		£80,000 less than £90,000..... 24
£1,750 less than £1,900.....25		£7,500 less than £8,300.....25		£90,000 less than £100,000..... 25
£1,900 less than £2,100.....26		£8,300 less than £9,200.....26		£100,000 less than £110,000... 26
£2,100 less than £2,300.....27		£9,200 less than £10,000.....27		£110,000 less than £120,000... 27
£2,300 less than £2,500.....28		£10,000 less than £10,800.....28		£120,000 less than £130,000... 28
£2,500 less than £2,700.....29		£10,800 less than £11,700.....29		£130,000 less than £140,000... 29
£2,700 less than £2,900.....30		£11,700 less than £12,500.....30		£140,000 less than £150,000... 30
£2,900 or more.....31		£12,500 or more.....31		£150,000 or more..... 31

CARD A6

- 1 Going to school full-time (including on vacation)
- 2 Going to college/university full-time (including on vacation)
- 3 In paid employment or self-employed (or temporarily away)
- 4 On a Government scheme for employment training
- 5 Doing unpaid work for a business that you own, or that a relative owns
- 6 Waiting to take up paid work already obtained
- 7 Looking for paid work or a Government training scheme
- 8 Intending to look for work but prevented by temporary sickness or injury
- 9 Permanently unable to work because of long-term sickness or disability
- 10 Retired from paid work
- 11 Looking after the home or family
- 12 Doing something else (Please say what)

CARD A7

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 A8

**Extremely
dissatisfied**

**Extremely
satisfied**

0

1

2

3

4

5

6

7

8

9

10

CARD B2

- 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 D1

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

CARD D2

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

CARD D3

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

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 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)

CARD F2

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

*include playing in:
a practice session
a match
a club
out-of-school lesson*

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

CARD F3

Other active things like:

Ride a bike

Kick a ball around

Run about (outdoors or indoors)

Play active games

Jump around

Any other things like these

CARD 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

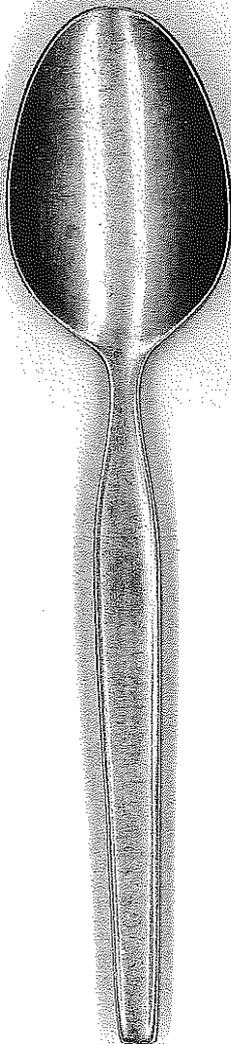
2 to 4 times a week

Once a week

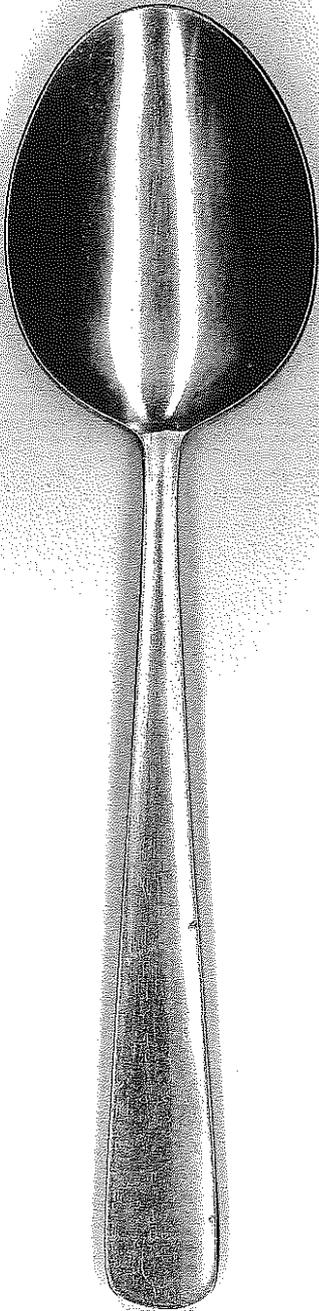
1 to 3 times a month

Less often or never

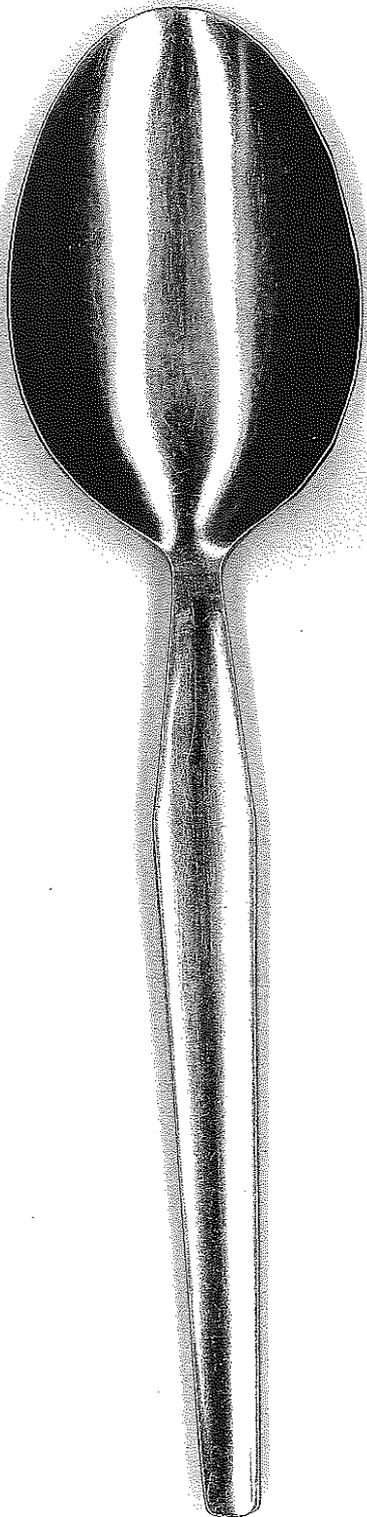
CARD G3



Teaspoon



Dessertspoon



Tablespoon

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

CARD J1

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

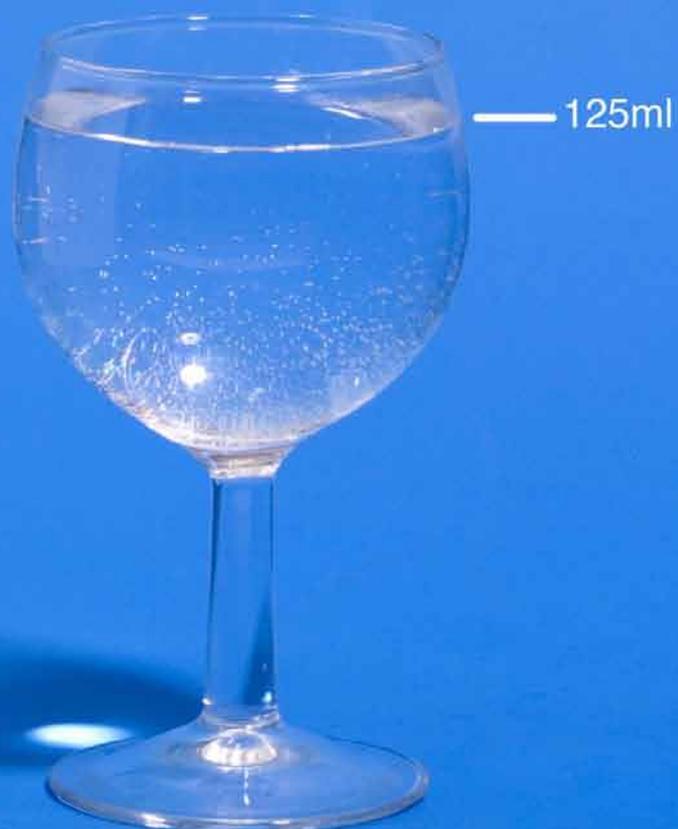


— 250 ml

250ml wine glass



175ml wine glass



125ml wine glass

CARD J2

- 1 Normal strength beer / lager / cider / shandy
- 2 Strong beer / lager / cider
- 3 Spirits or Liqueurs
- 4 Sherry, Martini or Buckfast
- 5 Wine
- 6 Alcopops / pre-mixed drinks
- 7 Other alcoholic drinks
- 8 Low alcohol drinks only

CARD J3

- 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 (Please say where)

CARD J4

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

CARD K1

No natural teeth

Fewer than 10 natural teeth

Between 10 and 19 natural teeth

20 or more natural teeth

CARD K2

Very happy

Fairly happy

Fairly unhappy

Very unhappy

CARD K3

Yes, often

Yes, occasionally

No, never

CARD K4

Full upper denture

Full lower denture

Partial upper denture

Partial lower denture

CARD K5

Less than a year ago

More than 1 year, up to 2 years ago

More than 2 years, up to 5 years ago

More than 5 years ago

Never been to the dentist

CARD K6

I don't feel nervous at all

I feel a bit nervous

I feel very nervous

CARD K7

- 1 Difficulty in getting time off work
- 2 Difficulty in getting an appointment that suits me
- 3 Dental treatment too expensive
- 4 Long way to go to the dentist
- 5 I have not found a dentist I like
- 6 I cannot get dental treatment under the NHS
- 7 I have difficulty getting access, e.g. steps, wheelchair access
- 8 Other (Please say what)

CARD K8

- 1 Brush my teeth with a fluoride toothpaste
- 2 Use dental floss
- 3 Use a mouth rinse
- 4 Restrict my intake of sugary foods and drinks
- 5 Clean my dentures (including soaking with a sterilising tablet)
- 6 Leave my dentures out at night

CARD L1

A great deal

A fair amount

Not very much

Not at all

CARD L2

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

CARD L3

On most days

Once or twice a week

Once or twice a month

Less often than once a month

Never

CARD M1

- D Your accent
- K Your ethnicity
- W Your age
- T Your language
- G Your colour
- L Your nationality
- B Your mental ill-health
- H Any other health problems or disability
- A Your sex
- C Your religion, faith or beliefs
- P Your sexual orientation
- E Where you live
- O Other reason
- N I have not experienced this

CARD P1

- 1 Going to school full-time (including on vacation)
- 2 Going to college full-time (including on vacation)
- 3 In paid employment or self-employment (or temporarily away)
- 4 On a Government scheme for employment training
- 5 Doing unpaid work for a business that you own, or that a relative owns
- 6 Waiting to take up paid work already obtained
- 7 Looking for paid work or a Government training scheme
- 8 Intending to look for work but prevented by temporary sickness or injury
- 9 Permanently unable to work because of long-term sickness or disability
- 10 Retired from paid work
- 11 Looking after the home or family
- 12 Doing something else (Please say what)

CARD P2

Not at all stressful

Mildly stressful

Moderately stressful

Very stressful

Extremely stressful

CARD P3

0 Extremely dissatisfied

1

2

3

4

5

6

7

8

9

10 Extremely satisfied

CARD P4

Always

Often

Sometimes

Seldom

Never

CARD P5

Strongly agree

Tend to agree

Neutral

Tend to disagree

Strongly disagree

CARD Q1

- 1 School Leaving Certificate, National Qualification (NQ) Access Unit
- 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

Scottish

English

Welsh

Irish

British

Other

CARD Q3

Choose **ONE** section from A to E, then choose **ONE** option which best describes your ethnic group or background.

A White

Scottish

English

Welsh

Northern Irish

British

Irish

Gypsy/Traveller

Polish

Any other white ethnic group (please say what)

B Mixed or multiple ethnic groups

Any mixed or multiple ethnic groups (please say what)

C Asian, Asian Scottish or Asian British

Pakistani, Pakistani Scottish or Pakistani British

Indian, Indian Scottish or Indian British

Bangladeshi, Bangladeshi Scottish or Bangladeshi British

Chinese, Chinese Scottish or Chinese British

Other (please say what)

D African, Caribbean or Black

African, African Scottish or African British

Caribbean, Caribbean Scottish or Caribbean British

Black, Black Scottish or Black British

Other, (please say what)

E Other ethnic group

Arab

Other, (please say what)

CARD Q4

- 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 Q5

- 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

CARD S5

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)

CARD S7

- 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)

CARD S17

- B Underweight
- L About right
- J Overweight
- H Very overweight

CARD S18

(there are no options 10,11)

- 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)

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)

SCOTTISH HEALTH SURVEY

NURSE SHOWCARDS

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



P7062

Yr	Sample Type	Point	Address	HHL D	CKL	Child no
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
1-11						

First name of **child**:

Person no of parent

<input type="text"/>	<input type="text"/>
12-13	

First name of **parent** completing booklet:

Card	Batch
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
14-16	17-21

Survey month

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:

	Tick one box			
	Very healthy life	Fairly healthy life	Not very healthy life	An unhealthy life
Do you feel that you lead a	1	②	3	4

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.

22-228 spare
229-230 BLANK

(CIRCLE **ONE** NUMBER ON EACH LINE)

	Not true	Somewhat true	Certainly true	
1. Considerate of other people's feelings	1	2	3	231
2. Restless, overactive, cannot stay still for long	1	2	3	232
3. Often complains of headaches, stomach-aches or sickness	1	2	3	233
4. Shares readily with other children (treats, toys, pencils etc.)	1	2	3	234
5. Often has temper tantrums or hot tempers	1	2	3	235
6. Rather solitary, tends to play alone	1	2	3	236
7. Generally obedient, usually does what adults request	1	2	3	237
8. Many worries, often seems worried	1	2	3	238
9. Helpful if someone is hurt, upset or feeling ill	1	2	3	239
10. Constantly fidgeting or squirming	1	2	3	240
11. Has at least one good friend	1	2	3	241
12. Often fights with other children or bullies them	1	2	3	242
13. Often unhappy, down-hearted or tearful	1	2	3	243
14. Generally liked by other children	1	2	3	244
15. Easily distracted, concentration wanders	1	2	3	245
16. Nervous or clingy in new situations, easily loses confidence	1	2	3	246
17. Kind to younger children	1	2	3	247
18. Often lies or cheats	1	2	3	248
19. Picked on or bullied by other children	1	2	3	249

(CIRCLE **ONE** NUMBER ON EACH LINE)

	Not true	Somewhat true	Certainly true	
20. Often volunteers to help others (parents, teachers, other children)	1	2	3	250
21. Thinks things out before acting	1	2	3	251
22. Steals from home, school or elsewhere	1	2	3	252
23. Gets on better with adults than with other children	1	2	3	253
24. Many fears, easily scared	1	2	3	254
25. Sees tasks through to the end, good attention span	1	2	3	255

Spare 256 onwards

**Thank you for answering these questions.
Please give the booklet back to the interviewer**



P7062

Yr	Sample Type	Point	Address	HHLID	CKL	Child no
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
1-11						

First name:

Spare	Card	Batch
12	3 1 3	13-15 16-20

Survey month

Scottish Health Survey

Booklet for 13-15 year olds

In Confidence

- Here are some questions for you to answer on your own.
- We are interested in your honest answers.
- We will not tell anyone what your answers are.
- 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 ₁

No 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:

21-188 BLANK

Tick ONE box

189

	Better than usual	Same as usual	Less than usual	Much less than usual
Q1. Been able to concentrate on whatever you're doing?	<input style="width: 40px; height: 30px;" type="checkbox"/> <small>1</small>	<input style="width: 40px; height: 30px;" type="checkbox"/> <small>2</small>	<input style="width: 40px; height: 30px;" type="checkbox"/> <small>3</small>	<input style="width: 40px; height: 30px;" type="checkbox"/> <small>4</small>

Tick ONE box

190

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q2. Lost much sleep over worry?	<input style="width: 40px; height: 30px;" type="checkbox"/> <small>1</small>	<input style="width: 40px; height: 30px;" type="checkbox"/> <small>2</small>	<input style="width: 40px; height: 30px;" type="checkbox"/> <small>3</small>	<input style="width: 40px; height: 30px;" type="checkbox"/> <small>4</small>

Tick ONE box

191

	More so than usual	Same as usual	Less useful than usual	Much less useful
Q3. Felt you were playing a useful part in things?	<input style="width: 40px; height: 30px;" type="checkbox"/> <small>1</small>	<input style="width: 40px; height: 30px;" type="checkbox"/> <small>2</small>	<input style="width: 40px; height: 30px;" type="checkbox"/> <small>3</small>	<input style="width: 40px; height: 30px;" type="checkbox"/> <small>4</small>

Tick ONE box

192

	More so than usual	Same as usual	Less so than usual	Much less capable
Q4. Felt capable of making decisions about things?	<input style="width: 40px; height: 30px;" type="checkbox"/> <small>1</small>	<input style="width: 40px; height: 30px;" type="checkbox"/> <small>2</small>	<input style="width: 40px; height: 30px;" type="checkbox"/> <small>3</small>	<input style="width: 40px; height: 30px;" type="checkbox"/> <small>4</small>

Tick ONE box

193

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q5. Felt constantly under strain?	<input style="width: 40px; height: 30px;" type="checkbox"/> <small>1</small>	<input style="width: 40px; height: 30px;" type="checkbox"/> <small>2</small>	<input style="width: 40px; height: 30px;" type="checkbox"/> <small>3</small>	<input style="width: 40px; height: 30px;" type="checkbox"/> <small>4</small>

Tick ONE box

194

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q6. Felt you couldn't overcome your difficulties?	<input style="width: 40px; height: 30px;" type="checkbox"/> <small>1</small>	<input style="width: 40px; height: 30px;" type="checkbox"/> <small>2</small>	<input style="width: 40px; height: 30px;" type="checkbox"/> <small>3</small>	<input style="width: 40px; height: 30px;" type="checkbox"/> <small>4</small>

HAVE YOU RECENTLY:

Tick ONE box

¹⁹⁵

More so than usual Same as usual Less so than usual Much less than usual

Q7. Been able to enjoy your normal day-to-day activities?

1	2	3	4
---	---	---	---

Tick ONE box

¹⁹⁶

More so than usual Same as usual Less able than usual Much less able

Q8. Been able to face up to your problems?

1	2	3	4
---	---	---	---

Tick ONE box

¹⁹⁷

Not at all No more than usual Rather more than usual Much more than usual

Q9. Been feeling unhappy and depressed?

1	2	3	4
---	---	---	---

Tick ONE box

¹⁹⁸

Not at all No more than usual Rather more than usual Much more than usual

Q10. Been losing confidence in yourself?

1	2	3	4
---	---	---	---

Tick ONE box

¹⁹⁹

Not at all No more than usual Rather more than usual Much more than usual

Q11. Been thinking of yourself as a worthless person?

1	2	3	4
---	---	---	---

Tick ONE box

²⁰⁰

More so than usual About same as usual Less so than usual Much less than usual

Q12. Been feeling reasonably happy, all things considered?

1	2	3	4
---	---	---	---

General Health Questionnaire (GHQ-12)
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201-255 BLANK

256 ONWARDS SPARE

Thank you for answering these questions.

Please give the booklet back to the interviewer.



P7062

Yr	Sample Type	Point	Address	HHLID	CKL	Person no
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
1-11						

First name:

Spare	Card	Batch
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
12	13-15	16-20

Survey month

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:

Tick **one** box

	Very healthy life	Fairly healthy life	Not very healthy life	An unhealthy life
Do you feel that you lead a ...	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4

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

Example:

Write in no.

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

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

Example:

Tick **ONE** box

Yes	<input checked="" type="checkbox"/>	→ Go to Q4
No	<input type="checkbox"/>	→ Go to Q5

SMOKING

Q1 Have you ever smoked a cigar or a pipe?

Tick ALL that apply
21-22

Yes – cigar

1

Yes – pipe

2

No

3

→ Go to Q2

Q2 Have you ever smoked a cigarette?

Tick ONE box
23

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?

24-25

Write in how old you were then

→ Go to Q4

Q4 Do you smoke cigarettes at all nowadays?

Tick ONE box
26

Yes

1

→ Go to Q6a

No

2

→ Go to Q5

Q5 Did you smoke cigarettes regularly or occasionally?

Tick ONE box
27

Regularly, that is at least one cigarette a day

1

Occasionally

2

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

3

→ Go to Q7 on page 2

CURRENT SMOKERS

Q6a About how many cigarettes a day do you usually smoke on weekdays?

28-29

Write in number smoked a day

→ Go to Q6b

Q6b And about how many cigarettes a day do you usually smoke at weekends?

30-31

Write in number smoked a day

→ 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

32-37

- At home 1
 - At work 2
 - On public transport 3
 - In other people's homes 4
 - In pubs 5
 - In other public places 6
 - No, none of these 7
- Go to Q8
- Go to Q9 on p3

Q8 Does this bother you?

Tick ONE box

38

- Yes 1
- No 2

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

39

Yes

1

→ Go to Q12

No

2

→ Go to Q10

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

40

Very occasionally

1

→ Go to Q12

Never

2

→ Go to Q11

Q11 Have you always been a non-drinker or did you stop drinking for some reason?

Tick ONE box

41

Always a non-drinker

1

Used to drink but stopped

2

→ Go to Q37 on p15

Q12 How old were you the first time you ever had a proper alcoholic drink – a whole drink, not just a sip?

42-43

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

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
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

Go to QB

How much did you usually drink on any one day? WRITE IN NUMBER

2	Half-pints	
AND/OR		Large cans or bottles
AND/OR	1	Small cans or bottles

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

44

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
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

Go to Q14→

How much did you usually drink on any one day? WRITE IN NUMBER

45-46		Half-pints
AND/OR		Large cans or bottles 47-48
AND/OR		Small cans or bottles 49-50

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

51

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8

Go to Q15↓

How much did you usually drink on any one day? WRITE IN NUMBER

52-53

<input type="checkbox"/>	Half-pints	
AND/OR <input type="checkbox"/>	Large cans or bottles	54-55
AND/OR <input type="checkbox"/>	Small cans or bottles	56-57

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

58

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8

Go to Q16→

How much did you usually drink on any one day? WRITE IN NUMBER

59-60

<input type="checkbox"/>	Glasses (count doubles as 2 singles)
--------------------------	--------------------------------------

Q16 Sherry or martini (including port, vermouth, cinzano, dubonnet) or Buckfast

How often have you had this type of drink in the past year?

Tick ONE box

61

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
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

Go to Q17↓

How much did you usually drink on any one day? WRITE IN NUMBER

62-63

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?

Tick ONE box

64

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
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

Go to Q18→

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)

65-66

Standard Glasses (175ml)

67-68

Small Glasses (125ml)

69-70

Bottles (750ml)

71-72

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

73

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
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

Go to Q19 ↓

How much did you usually drink on any one day? WRITE IN NUMBER

<input type="text"/>	Small cans	74-75
<input type="text"/>	Standard bottles (275ml)	76-77
<input type="text"/>	Large bottles (700ml)	78-79

Q19 Have you had any other kinds of alcoholic drink in the last 12 months?

Tick ONE box

80

No 1 → Go to Q21 on p9

Yes 2

WRITE IN NAME OF DRINK

81-82

How often have you had this type of drink in the past year?

Tick ONE box

83

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
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

How much did you usually drink on any one day? WRITE IN NUMBER

<input type="text"/>	Glasses (count doubles as 2 singles)	84-85
AND/OR <input type="text"/>	Half-pints	86-87
AND/OR <input type="text"/>	Large cans or bottles	88-89
AND/OR <input type="text"/>	Small cans or bottles	90-91

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

92
 1

→ Go to Q21 on p9

Yes

2

WRITE IN NAME OF DRINK

93-94

How often have you had this type of drink in the past year?

Tick ONE box

95

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

1

2

3

4

5

6

7

How much did you usually drink on any one day? WRITE IN NUMBER

Glasses (count doubles as 2 singles)

96-97

AND/OR

Half-pints

98-99

AND/OR

Large cans or bottles

100-101

AND/OR

Small cans or bottles

102-103

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

104

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

1

2

3

4

5

6

7

8

→ Go to Q22

Q22 Did you have an alcoholic drink in the seven days ending yesterday?

Tick ONE box

105

Yes

1

→ Go to Q23

No

2

→ Go to Q25 on p11

Q23 On how many days out of the last seven did you have an alcoholic drink?

Tick ONE box

106

- One
- Two
- Three
- Four
- Five
- Six
- Seven

1

2

3

4

5

6

7

→ 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.

TICK <u>ALL</u> DRINKS DRUNK ON THAT DAY	WRITE IN HOW MUCH DRUNK ON THAT DAY			
	Glasses (count doubles as 2 singles)	Half-pints	Large cans or bottles	Small cans or bottles
Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol)-exclude bottles/cans of shandy.	107-122 <input type="text"/> 01	123-124 <input type="text"/>	125-126 <input type="text"/>	127-128 <input type="text"/>
Strong beer, lager, stout or cider (6% alcohol or more, such as Tennent's Super, Special Brew, White Lightning)	<input type="text"/> 02	129-130 <input type="text"/>	131-132 <input type="text"/>	133-134 <input type="text"/>
Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails	<input type="text"/> 03	135-136 <input type="text"/>		
Sherry or martini (including port, vermouth, cinzano, dubonnet) or Buckfast	<input type="text"/> 04	137-138 <input type="text"/>		
Wine (including babycham and champagne) You can write in parts of a bottle, e.g. half a bottle If you drank <u>small</u> bottles (e.g. 250ml or 175ml) enter the number of glasses drunk from the bottle	<input type="text"/> 05	Large glasses (250ml) <input type="text"/> 139-140	Standard glasses (175ml) <input type="text"/> 141-142	Small glasses (125ml) <input type="text"/> 143-144
Alcoholic soft drinks or 'alcopops' (such as WKD, Smirnoff Ice, Bacardi Breezer)	<input type="text"/> 06		Small cans <input type="text"/> 147-148	Standard bottles (275ml) <input type="text"/> 149-150
Other kinds of alcoholic drink WRITE IN NAME OF DRINK		Glasses (count doubles as 2 singles) 153-154	Half-pints 155-156	Large cans or bottles 157-158
1. <input type="text"/>	<input type="text"/> 07	<input type="text"/> 161-162	<input type="text"/> 163-164	<input type="text"/> 165-166
2. <input type="text"/>	<input type="text"/> 08	<input type="text"/>	<input type="text"/>	<input type="text"/> 167-168

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".

Q25 I have felt that I ought to cut down on my drinking

Tick ONE box

169

Yes

No

Q26 I have felt ashamed or guilty about my drinking

Tick ONE box

170

Yes

No

Q27 People have annoyed me by criticising my drinking

Tick ONE box

171

Yes

No

Q28 I have found that my hands were shaking in the morning after drinking the previous night

Tick ONE box

172

Yes

No

Q29 I have had a drink first thing in the morning to steady my nerves or get rid of a hangover

Tick ONE box

173

Yes

No

Q30 There have been occasions when I felt that I was unable to stop drinking

Tick ONE box

174

Yes

No

Q31 I have been drunk at least once a week, on average, in the last three weeks

Tick ONE box

175

Yes

No

→ Go to Q34a on p13

→ Go to Q32 on p12

Q32 Drinking has made me slightly (or very) drunk in the last three months

Tick ONE box

176

Yes

→ Go to Q33

No

→ Go to Q34a on p13

Tick ONE box

177

Once

Twice

Three times

Four or more times

Q33 If yes, please tick one of the boxes to show how many times in the last 3 months?

Q34a In which of these places would you say you drink the **most** alcohol?

Please tick one box only

Tick **ONE** box

178

In a pub or bar	<input type="checkbox"/>	1	→ Go to question 35a
In a restaurant	<input type="checkbox"/>	2	
In a club or disco	<input type="checkbox"/>	3	
At a party with friends	<input type="checkbox"/>	4	
At my home	<input type="checkbox"/>	5	
At someone else's home	<input type="checkbox"/>	6	
Out on the street, in a park or other outdoor area	<input type="checkbox"/>	7	
Somewhere else	<input type="checkbox"/>	8	Go to question 34b

↓

Q34b 179-180 In which place do you drink the **most** alcohol? **Write in:**

Q35a And which next?

Please tick one box only

Tick **ONE** box

181-182

In a pub or bar	<input type="checkbox"/>	01	→ Go to question 36a
In a restaurant	<input type="checkbox"/>	02	
In a club or disco	<input type="checkbox"/>	03	
At a party with friends	<input type="checkbox"/>	04	
At my home	<input type="checkbox"/>	05	
At someone else's home	<input type="checkbox"/>	06	
Out on the street, in a park or other outdoor area	<input type="checkbox"/>	07	
No further place	<input type="checkbox"/>	08	Go to question 35b
Somewhere else	<input type="checkbox"/>	09	

↓

Q35b 183-184 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

Tick **ONE** box

185

My boyfriend or girlfriend/partner/husband or wife	<input type="checkbox"/>	1	} → Go to question 36c
Male friends	<input type="checkbox"/>	2	
Female friends	<input type="checkbox"/>	3	
Male and female friends together	<input type="checkbox"/>	4	
Work colleagues	<input type="checkbox"/>	5	
Members of my family / relatives	<input type="checkbox"/>	6	
On my own	<input type="checkbox"/>	7	
Someone else	<input type="checkbox"/>	8	→ Go to question 36b

↓

186-187

Q36b Who are you usually with when you drink the **most** alcohol? **Write in:**

Q36c And who next?

Please tick **one** box only

Tick **ONE** box

188

My boyfriend or girlfriend/partner/husband or wife	<input type="checkbox"/>	1	} → Go to question 37 on page 15
Male friends	<input type="checkbox"/>	2	
Female friends	<input type="checkbox"/>	3	
Male and female friends together	<input type="checkbox"/>	4	
Work colleagues	<input type="checkbox"/>	5	
Members of my family / relatives	<input type="checkbox"/>	6	
On my own	<input type="checkbox"/>	7	
No one else	<input type="checkbox"/>	8	

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:

Tick ONE box
189

	Better than usual	Same as usual	Less than usual	Much less than usual
Q37 Been able to concentrate on whatever you're doing?	<input style="width: 40px; height: 25px;" type="checkbox"/> <small>1</small>	<input style="width: 40px; height: 25px;" type="checkbox"/> <small>2</small>	<input style="width: 40px; height: 25px;" type="checkbox"/> <small>3</small>	<input style="width: 40px; height: 25px;" type="checkbox"/> <small>4</small>

Tick ONE box
190

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q38 Lost much sleep over worry?	<input style="width: 40px; height: 25px;" type="checkbox"/> <small>1</small>	<input style="width: 40px; height: 25px;" type="checkbox"/> <small>2</small>	<input style="width: 40px; height: 25px;" type="checkbox"/> <small>3</small>	<input style="width: 40px; height: 25px;" type="checkbox"/> <small>4</small>

Tick ONE box
191

	More so than usual	Same as usual	Less useful than usual	Much less useful
Q39 Felt you were playing a useful part in things?	<input style="width: 40px; height: 25px;" type="checkbox"/> <small>1</small>	<input style="width: 40px; height: 25px;" type="checkbox"/> <small>2</small>	<input style="width: 40px; height: 25px;" type="checkbox"/> <small>3</small>	<input style="width: 40px; height: 25px;" type="checkbox"/> <small>4</small>

Tick ONE box
192

	More so than usual	Same as usual	Less so than usual	Much less capable
Q40 Felt capable of making decisions about things?	<input style="width: 40px; height: 25px;" type="checkbox"/> <small>1</small>	<input style="width: 40px; height: 25px;" type="checkbox"/> <small>2</small>	<input style="width: 40px; height: 25px;" type="checkbox"/> <small>3</small>	<input style="width: 40px; height: 25px;" type="checkbox"/> <small>4</small>

Tick ONE box
193

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q41 Felt constantly under strain?	<input style="width: 40px; height: 25px;" type="checkbox"/> <small>1</small>	<input style="width: 40px; height: 25px;" type="checkbox"/> <small>2</small>	<input style="width: 40px; height: 25px;" type="checkbox"/> <small>3</small>	<input style="width: 40px; height: 25px;" type="checkbox"/> <small>4</small>

Tick ONE box
194

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q42 Felt you couldn't overcome your difficulties?	<input style="width: 40px; height: 25px;" type="checkbox"/> <small>1</small>	<input style="width: 40px; height: 25px;" type="checkbox"/> <small>2</small>	<input style="width: 40px; height: 25px;" type="checkbox"/> <small>3</small>	<input style="width: 40px; height: 25px;" type="checkbox"/> <small>4</small>

HAVE YOU RECENTLY:

Q43 Been able to enjoy your normal day-to-day activities?

Tick ONE box
195

More so than usual	Same as usual	Less so than usual	Much less than usual
<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>

Q44 Been able to face up to your problems?

Tick ONE box
196

More so than usual	Same as usual	Less able than usual	Much less able
<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>

Q45 Been feeling unhappy and depressed?

Tick ONE box
197

Not at all	No more than usual	Rather more than usual	Much more than usual
<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>

Q46 Been losing confidence in yourself?

Tick ONE box
198

Not at all	No more than usual	Rather more than usual	Much more than usual
<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>

Q47 Been thinking of yourself as a worthless person?

Tick ONE box
199

Not at all	No more than usual	Rather more than usual	Much more than usual
<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>

Q48 Been feeling reasonably happy, all things considered?

Tick ONE box
200

More so than usual	About same as usual	Less so than usual	Much less than usual
<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>

General Health Questionnaire (GHQ-12)
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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

			Tick ONE box <small>201</small>			
	None of the time	Rarely	Some of the Time	Often	All of the time	
Q49	I've been feeling optimistic about the future	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>	<input type="checkbox"/> <small>5</small>

			Tick ONE box <small>202</small>			
	None of the time	Rarely	Some of the time	Often	All of the time	
Q50	I've been feeling useful	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>	<input type="checkbox"/> <small>5</small>

			Tick ONE box <small>203</small>			
	None of the time	Rarely	Some of the time	Often	All of the time	
Q51	I've been feeling relaxed	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>	<input type="checkbox"/> <small>5</small>

			Tick ONE box <small>204</small>			
	None of the time	Rarely	Some of the time	Often	All of the time	
Q52	I've been feeling interested in other people	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>	<input type="checkbox"/> <small>5</small>

			Tick ONE box <small>205</small>			
	None of the time	Rarely	Some of the time	Often	All of the time	
Q53	I've had energy to spare	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>	<input type="checkbox"/> <small>5</small>

			Tick ONE box <small>206</small>			
	None of the time	Rarely	Some of the time	Often	All of the time	
Q54	I've been dealing with problems well	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>	<input type="checkbox"/> <small>5</small>

			Tick ONE box <small>207</small>			
	None of the time	Rarely	Some of the time	Often	All of the time	
Q55	I've been thinking clearly	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>	<input type="checkbox"/> <small>5</small>

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

	None of the time	Rarely	Some of the time	Often	All of the time
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Tick ONE box

208

Q57 I've been feeling close to other people

	None of the time	Rarely	Some of the time	Often	All of the time
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Tick ONE box

209

Q58 I've been feeling confident

	None of the time	Rarely	Some of the time	Often	All of the time
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Tick ONE box

210

Q59 I've been able to make up my own mind about things

	None of the time	Rarely	Some of the time	Often	All of the time
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Tick ONE box

211

Q60 I've been feeling loved

	None of the time	Rarely	Some of the time	Often	All of the time
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Tick ONE box

212

Q61 I've been interested in new things

	None of the time	Rarely	Some of the time	Often	All of the time
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Tick ONE box

213

Q62 I've been feeling cheerful

	None of the time	Rarely	Some of the time	Often	All of the time
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Tick ONE box

214

CONTRACEPTION

Q63 Are you currently sexually active?

Tick ONE box

215

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? Please include permanent methods like sterilization.

Tick up to 3 Methods

216-221

Tick up to 3 methods

Not using any contraception (myself or my partner)

 01

→ Go to Q66 on page 20

I have been sterilized/My partner has been sterilized
(this includes male vasectomy)

 02

Mini pill

 03

Combined pill

 04

Pill – not sure which

 05

Mirena coil (hormone releasing coil)

 06

Coil/other device

 07

Condom/male sheath/Durex

 08

Femidom (female sheath)

 09

Cap/diaphragm

 10

Foams, gels, sprays, pessaries (spermicides)

 11

Contraceptive sponge

 12

Persona

 13

Safe period/rhythm method (other than Persona)

 14

Withdrawal

 15

Injection

 16

Implant

 17

Emergency contraception

 18

Going without sex

 19

Another method of contraception

 20

→ Go to Q65 ↓

**Go to
Q68 on
page 21**

Q65

What other method of contraception do you or your partner use? Write in:

222-223

ANSWER IF YOU ARE CURRENTLY SEXUALLY ACTIVE BUT YOU OR YOUR PARTNER ARE NOT USING CONTRACEPTION CURRENTLY

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 or your partner?

Tick ONE box

224-225

- | | | | |
|---|--------------------------|----|-----------------------------|
| I am / my partner is trying to become pregnant or is already pregnant | <input type="checkbox"/> | 01 | } → Go to Q68 on p21 |
| I am / my partner is unlikely to conceive because of the menopause | <input type="checkbox"/> | 02 | |
| I am / my partner is unlikely to conceive because of infertility | <input type="checkbox"/> | 03 | |
| Against my faith/beliefs | <input type="checkbox"/> | 04 | |
| I am having sex with someone of the same sex | <input type="checkbox"/> | 05 | |
| I don't like contraception / find methods unsatisfactory | <input type="checkbox"/> | 06 | |
| My partner doesn't like – or won't use – contraception | <input type="checkbox"/> | 07 | |
| Don't know where to obtain contraceptives / advice | <input type="checkbox"/> | 08 | |
| Find access to contraceptive services difficult | <input type="checkbox"/> | 09 | |
| Some other reason | <input type="checkbox"/> | 10 | |

Q67

Please write in other reason:

226-227

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

228

- | | | |
|-----------------------------|--------------------------|---|
| Bisexual (both sexes) | <input type="checkbox"/> | 1 |
| Gay or Lesbian (same sex) | <input type="checkbox"/> | 2 |
| Heterosexual (opposite sex) | <input type="checkbox"/> | 3 |
| Other | <input type="checkbox"/> | 4 |



P7062

Yr	Sample Type	Point	Address	HHLID	CKL	Person no
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
1-11						

First name:

Spare	Card	Batch
12	3 1 2	16-20
	13-15	

Survey month

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:

Tick ONE box

	Very healthy life	Fairly healthy life	Not very healthy life	An unhealthy life
Do you feel that you lead a ...	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4

- 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:

Tick ONE box

Yes	<input checked="" type="checkbox"/>	→ Go to Q4
No	<input type="checkbox"/>	→ Go to Q5
	1	
	2	

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".

BLANK 21 - 168

Q1 I have felt that I ought to cut down on my drinking

Tick ONE box

169

Yes

No

Q2 I have felt ashamed or guilty about my drinking

Tick ONE box

170

Yes

No

Q3 People have annoyed me by criticising my drinking

Tick ONE box

171

Yes

No

Q4 I have found that my hands were shaking in the morning after drinking the previous night

Tick ONE box

172

Yes

No

Q5 I have had a drink first thing in the morning to steady my nerves or get rid of a hangover

Tick ONE box

173

Yes

No

Q6 There have been occasions when I felt that I was unable to stop drinking

Tick ONE box

174

Yes

No

Q7 I have been drunk at least once a week, on average, in the last three weeks

Tick ONE box

175

Yes

No

→ 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

176

Yes

1

→ Go to Q9

No

2

→ Go to Q10 on p3

Tick ONE box

177

Once

Twice

Three times

Four or more times

Q9 If yes, please tick one of the boxes to show how many times in the last 3 months?

1

2

3

4

178-188 BLANK

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:

Q10 Been able to concentrate on whatever you're doing?

	Tick ONE box ¹⁸⁹			
	Better than usual	Same as usual	Less than usual	Much less than usual
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q11 Lost much sleep over worry?

	Tick ONE box ¹⁹⁰			
	Not at all	No more than usual	Rather more than usual	Much more than usual
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q12 Felt you were playing a useful part in things?

	Tick ONE box ¹⁹¹			
	More so than usual	Same as usual	Less useful than usual	Much less useful
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q13 Felt capable of making decisions about things?

	Tick ONE box ¹⁹²			
	More so than usual	Same as usual	Less so than usual	Much less capable
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q14 Felt constantly under strain?

	Tick ONE box ¹⁹³			
	Not at all	No more than usual	Rather more than usual	Much more than usual
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q15 Felt you couldn't overcome your difficulties?

	Tick ONE box ¹⁹⁴			
	Not at all	No more than usual	Rather more than usual	Much more than usual
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

HAVE YOU RECENTLY:

Q16 Been able to enjoy your normal day-to-day activities?

Tick ONE box ¹⁹⁵			
More so than usual	Same as usual	Less so than usual	Much less than usual
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q17 Been able to face up to your problems?

Tick ONE box ¹⁹⁶			
More so than usual	Same as usual	Less able than usual	Much less able
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q18 Been feeling unhappy and depressed?

Tick ONE box ¹⁹⁷			
Not at all	No more than usual	Rather more than usual	Much more than usual
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q19 Been losing confidence in yourself?

Tick ONE box ¹⁹⁸			
Not at all	No more than usual	Rather more than usual	Much more than usual
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q20 Been thinking of yourself as a worthless person?

Tick ONE box ¹⁹⁹			
Not at all	No more than usual	Rather more than usual	Much more than usual
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q21 Been feeling reasonably happy, all things considered?

Tick ONE box ²⁰⁰			
More so than usual	About same as usual	Less so than usual	Much less than usual
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

General Health Questionnaire (GHQ-12)
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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

		Tick ONE box <small>201</small>				
	None of the time	Rarely	Some of the Time	Often	All of the time	
Q22 I've been feeling optimistic about the future	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>	<input type="checkbox"/> <small>5</small>	

		Tick ONE box <small>202</small>				
	None of the time	Rarely	Some of the time	Often	All of the time	
Q23 I've been feeling useful	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>	<input type="checkbox"/> <small>5</small>	

		Tick ONE box <small>203</small>				
	None of the time	Rarely	Some of the time	Often	All of the time	
Q24 I've been feeling relaxed	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>	<input type="checkbox"/> <small>5</small>	

		Tick ONE box <small>204</small>				
	None of the time	Rarely	Some of the time	Often	All of the time	
Q25 I've been feeling interested in other people	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>	<input type="checkbox"/> <small>5</small>	

		Tick ONE box <small>205</small>				
	None of the time	Rarely	Some of the time	Often	All of the time	
Q26 I've had energy to spare	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>	<input type="checkbox"/> <small>5</small>	

		Tick ONE box <small>206</small>				
	None of the time	Rarely	Some of the time	Often	All of the time	
Q27 I've been dealing with problems well	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>	<input type="checkbox"/> <small>5</small>	

		Tick ONE box <small>207</small>				
	None of the time	Rarely	Some of the time	Often	All of the time	
Q28 I've been thinking clearly	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>	<input type="checkbox"/> <small>5</small>	

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

			Tick ONE box <small>208</small>			
	None of the time	Rarely	Some of the time	Often	All of the time	
Q29	I've been feeling good about myself	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>	<input type="checkbox"/> <small>5</small>

			Tick ONE box <small>209</small>			
	None of the time	Rarely	Some of the time	Often	All of the time	
Q30	I've been feeling close to other people	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>	<input type="checkbox"/> <small>5</small>

			Tick ONE box <small>210</small>			
	None of the time	Rarely	Some of the time	Often	All of the time	
Q31	I've been feeling confident	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>	<input type="checkbox"/> <small>5</small>

			Tick ONE box <small>211</small>			
	None of the time	Rarely	Some of the time	Often	All of the time	
Q32	I've been able to make up my own mind about things	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>	<input type="checkbox"/> <small>5</small>

			Tick ONE box <small>212</small>			
	None of the time	Rarely	Some of the time	Often	All of the time	
Q33	I've been feeling loved	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>	<input type="checkbox"/> <small>5</small>

			Tick ONE box <small>213</small>			
	None of the time	Rarely	Some of the time	Often	All of the time	
Q34	I've been interested in new things	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>	<input type="checkbox"/> <small>5</small>

			Tick ONE box <small>214</small>			
	None of the time	Rarely	Some of the time	Often	All of the time	
Q35	I've been feeling cheerful	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>	<input type="checkbox"/> <small>5</small>

CONTRACEPTION

Q36 Are you currently sexually active?

Tick ONE box

215

Yes

 1

→ Go to Q37

No

 2

→ Go to Q41 on page 9

Q37 Which method of contraception are you or your partner currently using? Please include permanent methods like sterilization.

Tick up to 3 Methods

216-221

Tick up to 3 methods

Not using any contraception (myself or my partner)

 01

→ Go to Q39 on page 8

I have been sterilized/My partner has been sterilized
(this includes male vasectomy)

 02

Mini pill

 03

Combined pill

 04

Pill – not sure which

 05

Mirena coil (hormone releasing coil)

 06

Coil/other device

 07

Condom/male sheath/Durex

 08

Femidom (female sheath)

 09

Cap/diaphragm

 10

Foams, gels, sprays, pessaries (spermicides)

 11

→ Go to Q41 on page 9

Contraceptive sponge

 12

Persona

 13

Safe period/rhythm method (other than Persona)

 14

Withdrawal

 15

Injection

 16

Implant

 17

Emergency contraception

 18

Going without sex

 19

Another method of contraception

 20

→ Go to Q38 ↓

Q38

What other method of contraception do you or your partner use? Write in:

222-223

Now go to Q41 on page 9 →

ANSWER IF YOU ARE CURRENTLY SEXUALLY ACTIVE BUT YOU OR YOUR PARTNER ARE NOT USING CONTRACEPTION CURRENTLY

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 or your partner?

Tick ONE box

224-225

- | | | | |
|---|--------------------------|----|----------------------------|
| I am / my partner is trying to become pregnant or is already pregnant | <input type="checkbox"/> | 01 | } → Go to Q41 on p9 |
| I am / my partner is unlikely to conceive because of the menopause | <input type="checkbox"/> | 02 | |
| I am / my partner is unlikely to conceive because of infertility | <input type="checkbox"/> | 03 | |
| Against my faith/beliefs | <input type="checkbox"/> | 04 | |
| I am having sex with someone of the same sex | <input type="checkbox"/> | 05 | |
| I don't like contraception / find methods unsatisfactory | <input type="checkbox"/> | 06 | |
| My partner doesn't like – or won't use – contraception | <input type="checkbox"/> | 07 | |
| Don't know where to obtain contraceptives / advice | <input type="checkbox"/> | 08 | |
| Find access to contraceptive services difficult | <input type="checkbox"/> | 09 | |
| Some other reason | <input type="checkbox"/> | 10 | |

Q40

Please write in other reason:

226-227

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

228

- Bisexual (both sexes) 1
- Gay or Lesbian (same sex) 2
- Heterosexual (opposite sex) 3
- Other 4



P8062

Scottish Health Survey 2011

Consent sheet: Personal Copy

SN:

Name:

BLOOD PRESSURE TO GP CONSENT FORM

BP

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

LF

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 _____

BLOOD SAMPLE CONSENT FORM

BS

- I. I, (name) _____ 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, c-reactive protein and vitamin D.

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

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, c-reactive protein and vitamin D. 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 _____

You can cancel this permission at any time in the future by writing to us at the following address:
Scottish Centre for Social Research, 73 Lothian Road, Edinburgh, EH3 9AW

SALIVA SAMPLE CONSENT FORM

S

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 _____

URINE SAMPLE CONSENT

U

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 _____



Year	Sample	Point	Address	HHLID	CKL	Person No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NHS (A)

SCOTTISH HEALTH SURVEY

Scottish Health Records

(Adults 16+)

- 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.

Your consent

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.



Year	Sample	Point	Address	HHLID	CKL	Person No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NHS (C)

SCOTTISH HEALTH SURVEY

Scottish Health Records

(Children 0-15)

- 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.

Your consents

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.



Year	Sample	Point	Address	HHL D	CKL	Person No.
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>

SG (A)

SCOTTISH HEALTH SURVEY

Scottish Government Follow-up Research

(Adults 16+)

- 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) _____ consent to the Scottish Centre for Social Research /UCL/MRC SPHSU passing my name, address and answers I have given in this interview to:

the **Scottish Government**

Signed _____

Date _____

I understand that these details will be used for the purpose of follow-up research only and that I am free to decline to take part in any future studies if asked.

Year Sample Point Address HHLD CKL Person No.

SG (C)

SCOTTISH HEALTH SURVEY

Scottish Government Follow-up Research

(Children 0-15)

- 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 consents

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.

Nurse Protocols
for
Measurements and samples
used by the
National Centre for Social Research

June 2010

1 HEIGHT MEASUREMENT INCLUDING SITTING HEIGHT

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 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.

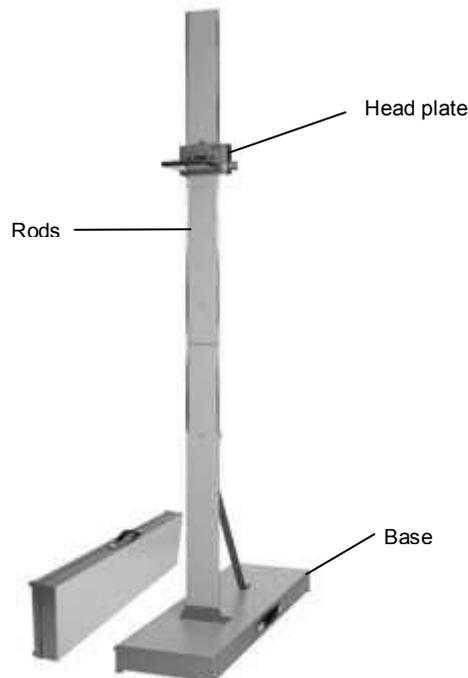


Figure 1 The stadiometer

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.

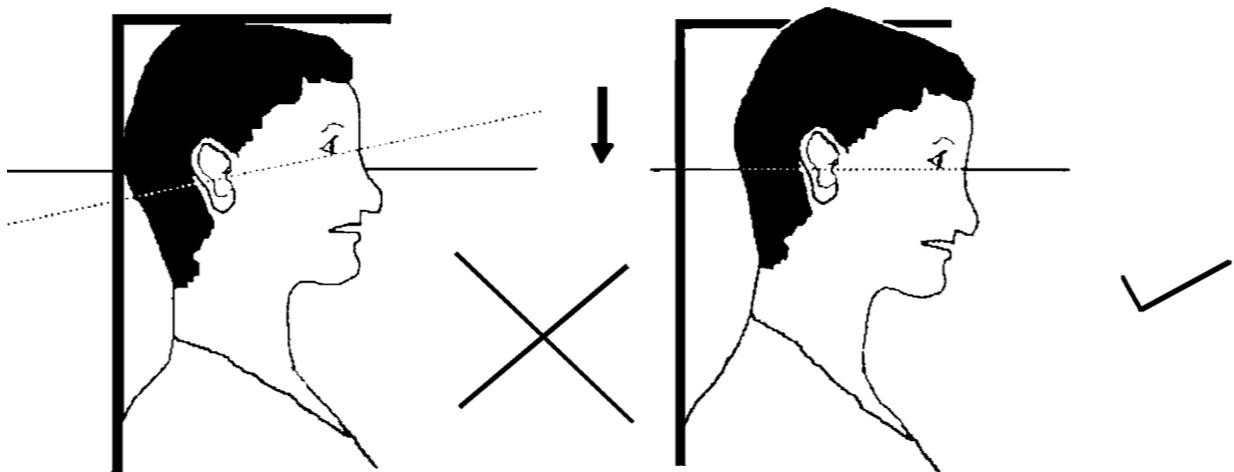


Figure 2 The Frankfort Plane

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).

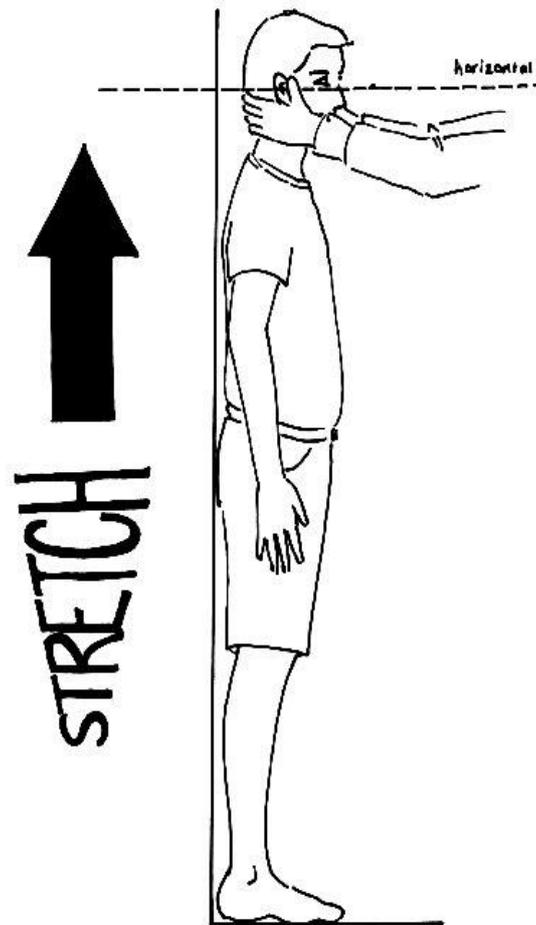


Figure 3 The child stretch

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

- Some surveys require the respondent to be measured more than once, this will be stated in the project specific instructions. The protocol for taking the additional height measurements remains the same. Both measurements are to be recorded in CAPI and if they differ significantly CAPI will instruct you to take a third measurement.
- 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

Fault	Action
<i>Tanita THD 305 scales</i>	
No row of 8s when turned on or will not turn on	<ul style="list-style-type: none"> • Replace batteries • If not solved, report to manager/Brentwood
Inconsistent readings	<ul style="list-style-type: none"> • Make sure on hard flooring • Ensure 0.0 on display when respondent steps on scales • Replace batteries • If not solved, report to manager/Brentwood
<i>Seca 870 scales</i>	
No „1888“ when turned on or will not turn on	<ul style="list-style-type: none"> • Insufficient light to operate solar cell • If not solved, report to manager/Brentwood
Inconsistent readings	<ul style="list-style-type: none"> • 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

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 5).



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 not 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.

Explain to the respondent that the waist and hip measurements taken on NatCen surveys are taken at different points to where the respondent might think their waist and hips are. Therefore measurements may differ to those taken for clothing purposes.

Some respondents may be wearing religious or other symbols which they cannot remove and which may affect the measurement. Do not embarrass or offend the respondent by asking them to remove such items. Record in CAPI if the measurement is likely to be affected by this.

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 USING VITALOGRAPH ESCORT

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 unfit, 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

Test	Abbrev	Definition
Forced Vital Capacity	FVC	The total amount of air that can forcibly be blown out after a full inspiration, measured in litres.
Forced Expiratory Volume in 1 Second	FEV ₁	The amount of air that can be blown out in one second, measured in litres.
FEV1%	FEV ₁ /FVC	The ratio of FEV ₁ to FVC.
Peak Expiratory Flow	PEF	The speed of air moving out of your lungs at the beginning of expiration, measured in litres per second.
Forced Expiratory Flow	FEF	The average flow (or speed) of air coming out of the lung during the middle portion of expiration.
Forced Inspiratory Flow	FIF	Similar to FEF except the measurement is taken during inspiration.
Forced Expiratory Time	FET	The length of expiration in seconds.
Tidal Volume	TV	The specific volume of air that is drawn into the lungs and then expired during a normal respiratory cycle.

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

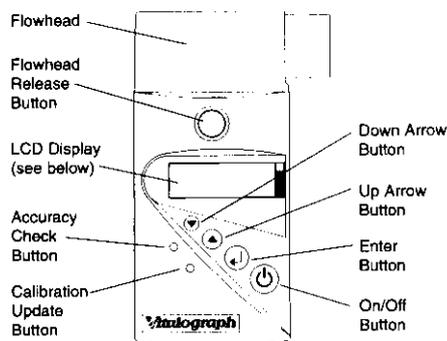
6.3.1 Caring for the spirometer

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.

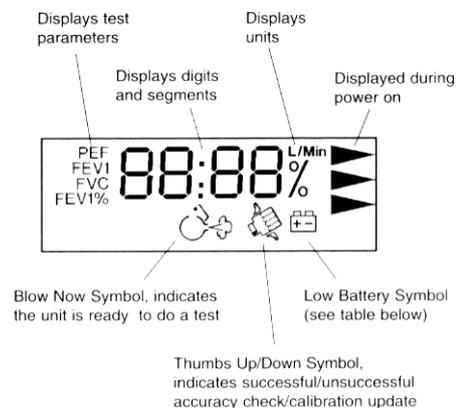
6.3.2 Using the spirometer

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

Vitalograph micro Unit



Vitalograph micro Display



Symbol <i>(on or flashing)</i>	Condition	Result	Action
	Battery Low	You can perform test	Replace PP3 battery
	Battery nearly dead	You cannot perform test	Replace PP3 battery

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

Fault	Action
Nothing is displayed when the ON button is pressed	<ul style="list-style-type: none"> • Replace battery • The ON button is not being held down for long enough • Display panel failure – contact Brentwood
False readings suspected	<ul style="list-style-type: none"> • Ensure the unit is being held correctly during the test • Re-test accuracy
Calibration values vary greatly	<ul style="list-style-type: none"> • 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 the required number of technically satisfactory blows (refer to project specific instructions). 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:

- Aged 4 years and below
- Pregnant

If a pregnant woman wishes to have her blood pressure measured, you may do so, but do not record the readings in CAPI.

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 7 shows the monitor of the Omron

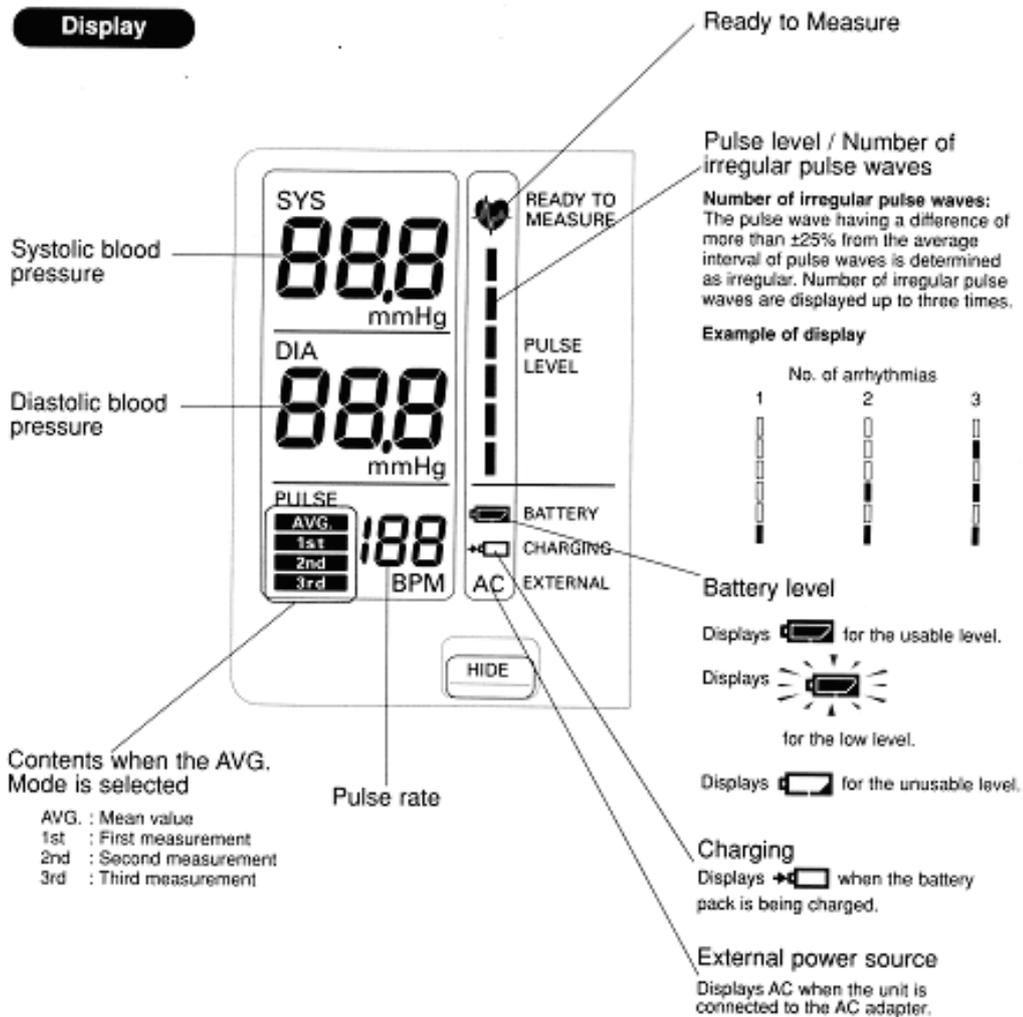


Figure 6 The Omron HEM 907 monitor

1. Switch the monitor on by pressing the ON/OFF button. Wait for the READY TO MEASURE symbol to light, indicating the monitor is ready to start the measurement (approximately 2 seconds).
2. Check that the MODE selector is set to AVG (average) and P-SET Volume (pressure setting) is set to auto.
3. Press the start button to begin the measurement. The cuff will start to inflate and take the first measurement. When the first measurement is complete, the LCD screen will show the systolic pressure, diastolic pressure and pulse rate. It will continue to do this at one minute intervals.
4. Press the ON/OFF button to turn it off.
5. If at any stage while you are taking the measurement you need to stop the monitor, press STOP and start the procedure again, 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

Error No.	Action
Er1, Er2	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Check that the tube connecting the cuff to the monitor is not bent • Repeat the measure
Er4	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Check that the cuff is properly wrapped around the arm • Repeat the measure
Er7, Er8	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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

Adults

Do **not** measure the upper arm circumference to determine which cuff size to use. Instead, choose the correct cuff size based on the acceptable range which is marked on the inside of the cuff. You will note that there is some overlap between the cuffs. If the respondent falls within this overlap range then use the **standard** cuff where possible.

Children

It is important to select the correct cuff size to obtain an accurate reading and avoid injuring the child. The appropriate cuff is the largest cuff which fits between the axilla (underarm) and the antecubital fossa (front of elbow) without obscuring the brachial pulse and so that the index line is within the range marked on the inside of the cuff. You will be provided with a child's cuff as well as the other adult cuffs. Many children will not need the children's cuff and instead will require an adult cuff. You should choose the cuff that is appropriate to the circumference of the arm.

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 (this is not applicable for all surveys, refer to the project specific instructions).

8. After five minutes explain that you are starting the measurement, also explain that the cuff will inflate three times and each time they will feel some pressure on their arm. Ask them to relax, be seated in the position detailed in step 3 and not to speak until the measurement has been completed, as it may affect their reading.
9. Press start on the Omron HEM 907 to start the measurement. When the first measurement is complete it will be displayed on the LCD screen. Record this.
10. The unit will produce readings at one minute intervals thereafter, record the next two so you have three sets of readings in total. To check the readings press the „Deflation“ button. It is important that the three readings are recorded as the first reading is usually higher, and thus less accurate, than the other two readings as the respondent may be feeling nervous.
11. Press ON/OFF on the Omron to switch the unit off and remove the cuff from the respondent's arm.
12. If the respondent wishes, you should record details of their readings on the measurement record card.

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 Child respondents

Do not comment on a child's blood pressure readings to the child or parents. If they seek comment, state that you are not able to interpret a single blood pressure measurement without checking to see whether it is normal for the child's age and height. Reassure them that if it is found to be markedly abnormal, the Survey Doctor will get in touch with them or their GP and advise them to get it checked. This rule applies for all readings you obtain.

7.7.2 Adult respondents

As stated previously we have a duty to inform people that they need to see their GP if their blood pressure is high. It is important that the instructions below are carefully read and guidelines always followed precisely.

The computer tells you which readings your advice should be based on. This will be based on the **lowest** systolic and **lowest** diastolic reading from the last two readings (this is a change from previous practice when the highest readings were used). This will usually, but not always, be from the same reading. For example, occasionally it may be the systolic from the second reading and the diastolic from the third reading. Furthermore if the lowest systolic reading falls in one category and the lowest diastolic reading falls in another category, the higher of the two categories will be used to trigger the advice to respondents. For example the lowest systolic reading is 138 (normal) and the lowest diastolic is 96 (mildly raised) then the advice given will be based on a mildly raised reading. If the first reading is higher than the other two it should be explained that the first reading can be high because people are nervous of having their pressure taken.

Definitions of raised blood pressure differ slightly. The Survey Doctor has recommended the blood pressure ratings given below based on the most recent guidelines from the British Hypertension Society. It is important that you adhere to these definitions, so that all respondents are treated in an identical manner. These are shown in table 5.

Table 5 Definition of blood pressure ratings

ADULTS ONLY			
SURVEY DEFINITION OF BLOOD PRESSURE RATINGS			
For men and women aged 16+			
<u>Rating</u>	<u>Systolic</u>		<u>Diastolic</u>
Normal	<140	and	<90
Mildly raised	140 - 159	or	90 – 99
Raised	160 - 179	or	100 – 114
Considerably raised	180 or more	or	115 or more

Points to make to a respondent about their blood pressure (given on screen):

Normal:

'Your blood pressure is normal.'

Mildly raised:

'Your blood pressure is a bit high today.'

'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.

7.8.1 Children

No further action is required after taking blood pressure readings on children. All high readings are viewed routinely by the Survey Doctor. However, in the rare event that you encounter a child with a very high blood pressure, i.e. systolic 160 or above or diastolic 100 or above please call the Survey Doctor.

7.8.2 Adults

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

BLOOD PRESSURE	ACTION
Normal/mildly raised/raised BP	No further action necessary
Systolic less than 180 mmHg and Diastolic less than 115 mmHg	If you feel that the circumstances demand further action, inform the Survey Doctor who will then inform the respondent's GP immediately if she deems it necessary.*
Considerably raised BP	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.*
Systolic at or greater than 180 mmHg or Diastolic at or greater than 115 mmHg	If the respondent has any symptoms of a hypertensive crisis** contact the survey doctor immediately or call an ambulance. The Survey Doctor must be informed as soon as possible.

* You must still contact the Survey Doctor even if respondents tell you that their GP knows about their raised BP.

** A hypertensive crisis is an extremely rare complication of high blood pressure. Its signs and symptoms include diastolic bp > 135 mmHg, headache, confusion, sleepiness, stupor, visual loss, seizures, coma, cardiac failure, oliguria, nausea & vomiting.

The Survey Doctor will look at all high or unusual readings when they reach the office. If the reading is high, then the Survey Doctor will contact the respondent directly. The Survey Doctor will also routinely check fast and slow pulse rates so no further action is necessary regarding these.

Contact details for your Survey Doctor can be found 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 or by the parent or legal guardian in the case of children aged 15 years and below. 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.

There are two different procedures that can be followed depending on the aims/requirements of the survey. Please refer to the project instructions for the preferred method.

8.5 Procedure One

8.5.1 Equipment

You will need:

- A plain 5ml tube
- A short wide bore straw
- Kitchen paper
- Gloves

8.5.2 Procedure

1. Remove the cap from the plain tube Give the straw to the respondent. Explain that you want him/her to collect their saliva in their mouth and then let it dribble down the straw into the tube. The saliva does not need to go through the straw, the straw is intended to direct the saliva into the tube. Ensure that you are not getting sputum i.e. they are not clearing their chest to collect their saliva.
2. Allow the respondent 3 minutes to do this, collecting as much as you can in this time. The saliva will be frothy and will look greater in volume than it actually is, so do not give up too soon. You need at least 0.5cm on depth in the tube, not including froth.
3. If respondents find it difficult to use the straw they may dribble into the tube directly. This is acceptable, but encourage them to use the straw where possible.
4. If a respondent's mouth is excessively dry and they cannot produce saliva allow them to have a drink of plain water. Wait for 5 minutes before collecting the sample to ensure that water is not retained when the sample is given.
5. Replace the cap on the tube and report any problems in CAPI. You should wear gloves at all times when you come in contact with a saliva sample.
6. Label and package as directed in the project specific instructions.

8.6 Procedure Two

8.6.1 Equipment

You will need:

- Salivettes
- Gloves

8.6.2 Procedure

1. Figure 10 is a picture of a salivette. „A” shows the salivette correctly assembled and „B” shows the four different parts that it consists of: the cap, absorbent swab, inner tube and outer tube.
2. To obtain the saliva sample, remove the inner tube from the outer tube. Remove the cap from the inner tube and instruct the respondent to take the absorbent swab from the inner tube, without touching it, by lifting the tube to their lips and letting the absorbent swab fall into their mouth. Further explain that they must leave it in their mouth until it is saturated with saliva.
3. Ask them to move it around in their mouth, gently biting on it, as this helps to ensure thorough wetting of the absorbent swab. It will vary from person to person, however 3 minutes will usually be ample.
4. If a respondent's mouth is excessively dry and they cannot produce saliva allow them to have a drink of plain water. Wait for 5 minutes before collecting the sample to ensure that water is not retained when the sample is given.

5. When the absorbent swab is sufficiently wet, ask the respondent to remove it from their mouth and put the absorbent swab back into the inner tube, avoiding touching it if they can.
6. Wearing gloves, check that the swab is saturated. The tube should feel noticeably heavier than an unused one. If the swab rattles around in the tube then it is not wet enough and you need to give it back to the respondent to put back in their mouth.
7. Once you are satisfied that it is saturated replace the cap on the inner tube and put the inner tube back in the outer one (the inner tube has a hole in the bottom so will leak in the post if not placed in the outer tube). Record in CAPI any problems you may have had. You should wear gloves at all times when you come in contact with a saliva sample.
8. Label and package as directed in the project specific instructions.

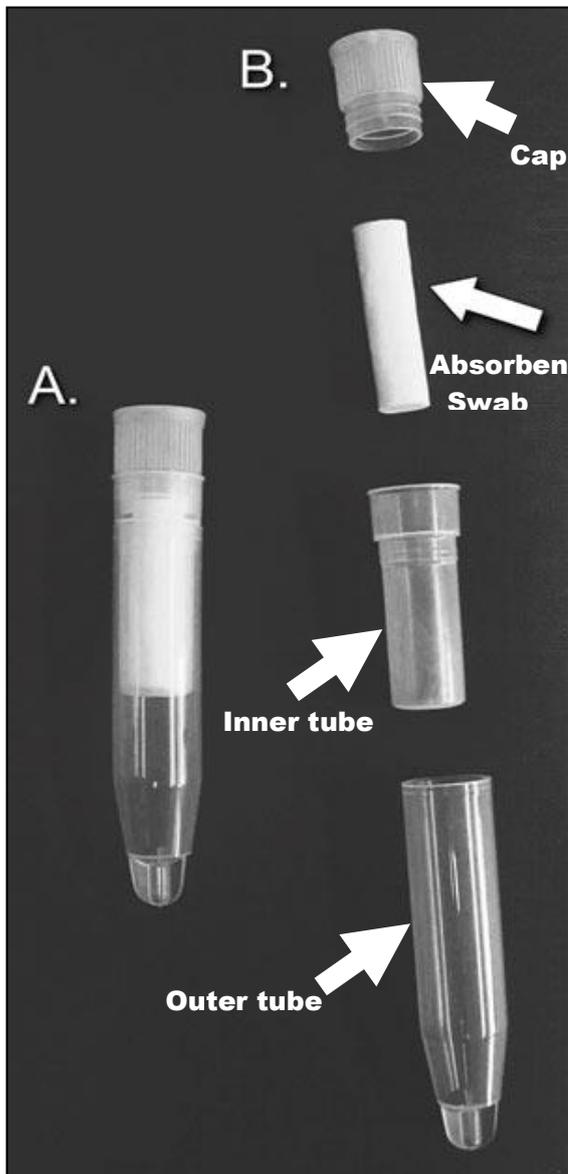


Figure 7 'A': an assembled salivette, 'B': the various components

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

Chemical	Definition
Potassium	Potassium is both an electrolyte and a mineral which works to keep a balance in bodily fluids and has an important role in nerve and muscle functioning. Potassium is found in fruit and vegetables and thus also indicates the fruit and vegetable intake of individuals.
Sodium (salt)	Sodium is both an electrolyte and a mineral which works to keep a balance in bodily fluids and has an important role in nerve and muscle functioning. Sodium is found in most foods and has been shown to contribute to high blood pressure which is a major risk factor in the development of cardiovascular disease.
Urea and Nitrogen	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.

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 or by the parent/legal guardian in the case of respondents aged 15 years and below. Please make it clear to respondents that they will not receive results regarding their urine sample.

9.4 Equipment

You will need:

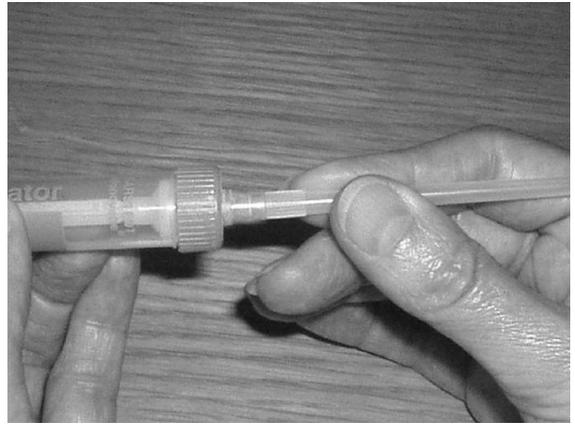
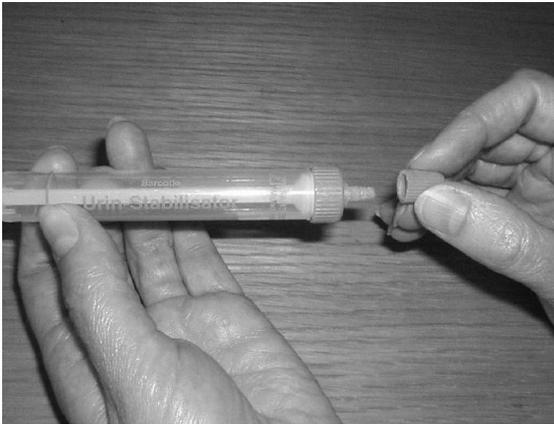
- A 100ml Polypropylene disposable beaker
- A 10ml Sarstedt urine collection syringe and extension tube containing a small amount of a preservative
- An instruction leaflet on how to use and fill the Sarstedt syringe
- Coloured labels
- Gloves
- A polythene bag to store the equipment in and can be used 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

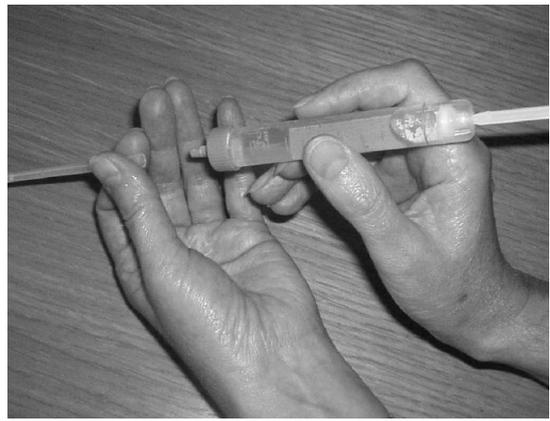
1. Collect your sample in the disposable pot.
2. Remove the small push cap.
3. Push the extension tube on the syringe nozzle.



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 project specific instructions.
8. To dispose of the sample, pour the remaining urine in the toilet and throw the beaker and used equipment in the rubbish bin (if the respondent prefers, this can be put in a polythene bag first and then thrown in the rubbish bin).

10 24 HOUR URINE

10.1 Introduction

A 24 hour urine sample is taken for the same reasons as presented in section 16.1, however it gives a more comprehensive overview of a respondent's nutrition and diet that cannot be obtained from a spot sample.

10.2 Exclusion criteria

All respondents with the following exceptions are able to give urine:

- Women who are pregnant
- Women who have their period are not excluded from giving a sample, however they may prefer to collect the urine on non period days
- To test for the completeness of a sample, respondents might be asked to take p-aminobenzoic acid (PABA) tablets. Some surveys will exclude respondents if they are unwilling or unable (due to medications they are currently taking or allergies) to take these tablets, other surveys will include them even if they cannot/will not take PABA. Please refer to project specific instructions for further information regarding this.

10.3 Consent

There is a separate consent form for the urine sample. This must be signed and dated by the respondent or by the parent/legal guardian in the case of respondents aged 15 years and below. Please make it clear to respondents that they will not receive results regarding their urine sample.

There are two nurse visits in the 24 hour urine protocol. The first requires the nurse to introduce and explain to the respondent how to collect the sample over the allocated 24 hour period. The second visit requires the nurse to take sub samples from the urine that the respondent has collected. Both of these visits are outlined below.

10.4 Nurse visit one

10.4.1 Equipment

To collect the urine sample the respondent will need:

- A 5 litre capacity screw cap (or jerry can) 24 hour container to serve as the collection container for urine. This contains a small amount of the preservative boric acid (powder).
- A 2 litre capacity screw cap collection container for collections made away from the home
- A 1 litre capacity plastic jug to be kept inside a re-sealable plastic bag when not used
- A funnel to be kept inside a re-sealable plastic bag when not used
- Plastic carrier bags for transporting the equipment away from home

- An *aide memoire* safety pin for the respondent to pin the under and outer garments together during the period of the collection to remind that the specimen of urine about to be passed should be collected.
- Three PABA tablets

What is PABA?

To test for the completeness of the urine sample, three p-aminobenzoic acid (PABA) tablets need to be taken by the respondent (also see section 17.2). PABA is an intermediate in the synthesis of folic acid in bacteria. It is consumed in small amounts as part of our usual diet and is found, for example, in liver, kidney, brewer's yeast, molasses, whole grains, mushrooms and spinach and can be made by intestinal bacteria. Larger amounts of PABA are found in some vitamin preparations.

Following ingestion, PABA is passively absorbed mainly from the small intestine. From there it enters the portal circulatory system. Some metabolism of PABA occurs in the liver and PABA and its metabolites are mainly excreted in the urine.

The PABA tablet is very small and best swallowed whole. It is not recommended to dissolve it in water or any other drink. If crushed between the teeth PABA tastes acidic and is unpleasant but there is no long lasting after taste.

Some medicines, such as paracetamol, interfere with the test used for PABA and PABA itself may interfere with the functioning of sulphonamide based antibiotics (however it will not cause the respondent direct harm if they are taking sulphonamide based antibiotics). People will be excluded from taking PABA if they are on sulphonamide based antibiotics. Other reasons why people are excluded from taking PABA include those who are allergic to vitamin preparations, hair dyes or sunscreen lotions and those who have severe lactose intolerance (this may not mean that they are excluded from giving a sample however, refer to project specific instructions).

10.4.2 Preparing the respondent

- Using CAPI, check the respondents eligibility to take part in the measurement
- Introduce and explain the 24 hour urine sample to the respondent, explaining the instructions for collection (sections 17.4.3 and 17.4.4) in detail.
- Provide the respondent with any written instructions and the equipment that they will need.

10.4.3 Procedure for taking PABA

Please explain this procedure to the respondents:

1. Each respondent will have three PABA tablets which are to be taken at evenly spaced intervals throughout the waking day.
2. The first tablet should be taken just before the urine collection starts, i.e. after the first morning void that is not collected.
3. The second PABA tablet should be taken around midday and the third and final tablet in the evening, preferably with supper.
4. If respondents forget to take the morning PABA tablet they should take it as soon as they remember and no later than midday. If respondents forget the midday

tablet they should take it as soon as they remember and no later than 4pm. PABA should not be taken after 10pm because approximately 8 hours are needed for PABA clearance through the kidneys to ensure that all PABA is excreted by the time the respondent collects their final sample, the first morning void.

10.4.4 Respondent procedure for collecting the sample

Please explain this procedure to the respondent:

1. The 24 hour collection should start with the second morning void. The 24 hour period will last throughout the night and will include the first morning void on the following day e.g. if the respondent starts the 24 hour collection with the second morning void on a Tuesday then they stop collecting after their first morning void on Wednesday. During this time period all urine that is passed is to be collected.
2. Respondents are to pass urine into the 1 litre plastic jug. Using the funnel provided, the respondent needs to pour the urine into the 5 litre collection container. It needs to be stressed to respondents that it is crucial that they pass the urine into the 1 litre jug first as the 5 litre collection container contains the preservative boric acid which can cause skin irritations if they come in direct contact with it.
3. If, during the 24 hour period, the respondent is away from home, they have the option to take the 2 litre storage container to store the urine in until they get home. They must still pass the urine into the 1 litre jug and then use the funnel to transfer it into the 2 litre container. When respondents get home the urine collected in the 2 litre container must be transferred into the 5 litre container so that it can mix with the preservative.
4. Instruct the respondent to store the 5 litre collection container in a cool, dry place until it is collected.

10.5 Nurse visit two

10.5.1 Equipment

To collect sub samples of the 24 hour urine collection, the nurse will need:

- Electro Samson hand held scales for weighing the urine collection container
- 10ml Sarstedt Urine syringe (for instructions on use, refer to section 16.5.1), as many as is required for each survey e.g. the survey asks for five aliquots you will need five Sarstedt syringes per respondent.
- Disposable gloves
- Disposable work mat
- Disposable apron

10.5.2 How to use the scales

1. Attach handle to the scales. Start with the notch in the handle facing you, hook pointed upwards. Position the loop at the top of the scales in the notch until the loop is flat against the back of the notch. Lift the handle slightly so the scales are hanging from the hook of the handle.

2. Press the „On/Zero“ button to turn the scales on. The display will briefly show a row of 8s, followed by 0.00. Do not weigh anything until the display shows 0.00.
3. Holding the handle of the scales in the middle, as this will ensure the scales are vertical and provide a more accurate reading, place the handle of the 5L collection bottle onto the hook of the scales.
4. Allow the reading on the display to stabilise and press „Hold“ to lock in the weight shown on the display.
5. Press „Off“ to turn scales off.
6. Remove handle before storing the scales.

10.5.3 Nurse procedure for collecting the sub samples

1. Collect the urine sample in the 5 litre collection container from the respondent so that it can be weighed.
2. Assemble the scales, turn them on and wait for the display to read 0.00. Holding the handle in the middle, place the sample on the hook at the bottom of the scales. Place the „Hold“ button to lock in the reading on the display.
3. Record the weight in CAPI and on the despatch sheet. The weight must be recorded on the despatch sheet as it helps the lab to identify if the sample is complete or not.
4. Remove the sample and reset the display to zero by pressing „On/Zero“. Weigh the sample for a second time according to steps 2 and 3.
5. If the two recorded weights differ by more than 0.2kg, weigh the sample for a third time and record this reading in CAPI and on the despatch note.
6. After the container has been weighed, invert it and rotate the sample 20 times to ensure that the urine is thoroughly mixed.
7. Lay out the disposable working mat and, wearing gloves and the apron, transfer some of the urine from the 5 litre collection container into the 1 litre jug.
8. Still wearing gloves and apron, use the Sarstedt syringe(s) to collect as many sub samples from the jug as required (specified in the project specific instructions). For instruction on how to use the Sarstedt syringe refer to section 16.5.1.
9. Label the sub samples as you take them and prepare them for despatch as described in the project specific instructions.
10. After collecting the sub samples, dispose of the rest of the urine sample in the 5 litre collection container and what is remaining in the 1 litre jug by pouring it in the toilet (you or the respondent can do this).

11. Rinse any containers that have been used and ask the respondent to dispose of them with the household waste. If the respondent is unable to do this, pack the used equipment away and take it away for disposal elsewhere.
12. Some surveys will also require the respondent to complete a sheet which records if any urine samples were missed during the 24 hour period. If this is the case, you will need to go through this sheet with the respondent to check that it is complete.

11 BLOOD SAMPLING (NON FASTING AND 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.

11.1 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 to be analysed for each survey can be found in the project specific instructions. Table 8 shows information regarding the different analytes and what they measure.

Table 8 Blood analytes

ANALYTE	WHAT IT MEASURES
Apolipoprotein E	This is involved in the transport of cholesterol and plays a protective role.
C-reactive protein	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.
Creatinine	Creatinine is a waste product of protein metabolism and is used in the assessment of kidney function. An abnormally high level of creatinine is found in individuals with kidney insufficiency and failure.
Fibrinogen	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.
Folic acid (folate)	Folic acid is a B vitamin. It is used in the body to make new cells and helps to prevent anaemia and birth defects of the brain and spinal cord.
Genetics	Genetic factors are associated with some common diseases such as diabetes and heart disease and relate to general biological aspects of the ageing process.
Glycated Haemoglobin	Glycated haemoglobin is a measure of the respondent's longer term glycaemic status. High levels are indicative of poor control of, or undiagnosed diabetes.
Haemoglobin, ferritin and transferrin receptors	Haemoglobin carries oxygen around the body to cells. It is too low in people with anaemia. Ferritin and transferrin receptors are indicators of iron stores: ferritin is reduced and soluble and transferrin receptor levels are increased if there is iron-deficiency, e.g. an inadequate iron supply in the diet.

Mean corpuscular (cell) volume	A measure of the average red blood cell volume. Mainly used in the classification of anaemia.
Minerals Se and Zn	<p>Selenium (Se) is a component of some of the enzymes which protect the body against damage due to oxidation. It is also necessary for the use of iodine in thyroid hormone production and for immune system function.</p> <p>Zinc (Zn) is present in many enzymes and is essential for cell division and therefore growth and tissue repair. It is also necessary for normal reproductive development. Zinc is required for the functioning of the immune system and in the structure and function of the skin and thus wound healing.</p>
Serum Albumin	Albumin is a blood plasma protein which is essential in maintaining fluid pressure in the body. It also plays a role in transporting fatty acids around the body. It is analysed in blood samples as an indicator of liver disease and kidney disorders.
Total, LDL and HDL cholesterol	Total cholesterol and LDL cholesterol increase the risk of atherosclerosis („furring“ of the arteries). Raised levels are associated with higher risks of heart attacks, while HDL cholesterol has a protective role.
Triglycerides	Together with total and HDL cholesterol, they provide a lipid (fat) profile which can give information on the risk of CVD.
Vitamin A and carotenoids	<p>Vitamin A is essential to the normal structure and function of the skin and mucous membranes. It is also required for cell differentiation and therefore normal growth and development, and for normal vision and the immune system.</p> <p>Some carotenoids have provitamin A activity, thus acting as antioxidants to protect cells against oxidative damage.</p>
Vitamin B1 (thiamin)	Vitamin B1 is required for energy production and carbohydrate metabolism. It is also involved in the normal functioning of the nervous system and the heart.
Vitamin B2 (riboflavin)	Vitamin B2 is needed for the release of energy from fats, carbohydrates and protein and the production of red blood cells. It is also needed for the normal structure and function of the mucous membranes and skin.
Vitamin B6 (pyridoxine)	Vitamin B6 is essential for the metabolism of protein. It is also involved in iron metabolism and transport.
Vitamin B12 (cyanocobalamin)	Vitamin B12 is required to make new cells as well as for normal blood formation and function. It is also needed for the normal structure and function of nerves. Dietary intake is exclusively from animal sources, e.g. eggs, milk, meat and fortified foods.
Vitamin C	Vitamin C is required for normal structure and function of skin, cartilage and bone as it is involved in the production of collagen, the protein in connective tissue. Thus it is involved in the healing process as well as the normal structure and function of blood vessels and neurological function. Vitamin C also contributes to the absorption of iron from some foods, in particular plant foods.

Vitamin D	Vitamin D is formed by the action of ultra violet light on the skin. This is the most important source as few foods contain significant amounts of vitamin D, e.g. eggs, oily fish and meat. Vitamin D undergoes changes in both the liver and the kidneys before working as a hormone in controlling the amount of calcium absorbed by the intestine. It is also essential for the absorption of phosphorous and for normal bone mineralization and structure. Vitamin D is also involved in the process of cell division in many other body tissues.
Vitamin E	Vitamin E is a group of compounds called tocopherols, of which alpha tocopherols is the most active. It acts as an antioxidant and is required to protect cells against oxidative damage by free radicals.
White blood cells	White blood cells are made by bone marrow and help the body fight infection and other diseases. There are various types of white blood cells.

The blood will **not** be tested for any viruses, such as HIV (AIDS).

11.2 Exclusion criteria

All respondents with the following exceptions are eligible to give blood:

- Pregnant women
- Respondents who are HIV positive or who have hepatitis B or C (see section 11.8.6)
- People with clotting or bleeding disorder
By clotting or bleeding disorders we mean conditions such as haemophilia and low platelets, i.e. thrombocytopenia. There are many different types of bleeding/clotting disorders but they are all quite rare. The reason these respondents are excluded from blood sampling is that:
 - a) the integrity of their veins is extremely precious
 - b) we do not wish to cause prolonged blood loss

For the purposes of blood sampling, those who have had, for example, a past history of thrombophlebitis, a deep venous thrombosis, a stroke caused by a clot, a myocardial infarction or an embolus are NOT considered to have clotting disorders.

- Those aged 16 and over who have had a fit (e.g. epileptic fit or convulsion) in the **last 5 years** should not be asked to provide a blood sample. Children, those aged 15 and under, who have **ever** had a fit should not be asked to provide a blood sample, even if the fit 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 or children whose parent/guardian is unwilling or unable to give consent in writing.

Additional exclusions for fasting blood:

- People who have eaten or drunk something (except water) in the last eight hours
- Children under the age of 4 will not be asked to fast.

Insulin-dependent diabetic informants who had to eat in the last 8 hours before their insulin injection are eligible to give a fasting blood sample but you should make a note in CAPI. They should also take breakfast as soon as possible after blood sampling.

11.3 Consent

As blood sampling is an invasive procedure we need to ensure that fully informed written consent is obtained from each respondent. Information on what they are consenting to is mainly given in the Stage 2 leaflet, and the respondent confirms that they have been provided with this information on the consent form.

The leaflet „Giving a blood sample“ also provides useful information about the risks around giving a sample and after-care. This is information that you should be giving verbally in any case, and you therefore do not need to ensure that the respondent has read this leaflet in advance as long as you make sure you have covered all the points yourself.

On **no** account should you ever take blood before you have obtained written consent to do so from the respondent.

There are three further written consents we wish to obtain in most surveys 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). Your survey specific instructions will specify whether or not there may be any genetic testing. 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.

11.4 Equipment

The equipment required is listed on page 8 of the Clinical Practice Guideline for Venepuncture (CPG). Any additional equipment, specific to a project, will be listed in the project instructions.

11.5 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

11.6 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.

Some surveys will use a different system for taking blood samples e.g. the monovette system. Refer to project specific instructions for how to use the specific equipment and take the blood sample. In all surveys the CPG should be referred to for guidelines on evidence based best practice.

Additional points to note include:

- Ametop Gel[®], a local anaesthetic, will only be used in some projects (refer to project instructions). There is a CPG on use of Ametop which must be followed.
- The vacutainers should be filled to capacity in turn and inverted gently on removal to ensure complete mixing of blood and preservatives (in some surveys not all tubes will need to be inverted, refer to project specific instructions).

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

11.7 Labelling & packaging the sample(s)

Label the tubes as you take the blood. Refer to project specific instructions for further guidance about labelling and packaging the blood samples.

It cannot be stressed enough the importance of correctly labelling each tube with the correct serial number for the person from whom the blood was obtained. Apart from the risk of matching up the blood analyses to the wrong person's data, we will be sending the GP the wrong results. Imagine the implications of an abnormal result being reported to the wrong respondent.

11.8 Other important points

11.8.1 'Giving a blood sample' leaflet

We need to be sure that each respondent is left with information about giving a blood sample, including information about who to contact should they experience any side effects as a result of the blood sample.

To provide them with this information, leave the respondent with the leaflet „Giving a blood sample“. The leaflet includes information on any possible side effects they may experience such as pain and bruising, and how to care for the puncture site. It is also a useful leaflet to leave behind to reassure the friends and family of the respondent of the procedure used should they have any concerns after your visit.

There are two versions of this leaflet, depending on whether ametop gel will be offered. Your survey specific instructions will tell you which one to use.

11.8.2 Venupuncture check questions

Always complete the Venepuncture checklist on CAPI for every respondent from whom you attempt to take blood. This shows that you have followed the correct procedure, and noted, where applicable, any abnormalities, and the action you took. The checklist is usually towards the end of the CAPI.

Please remember to check the respondent just before you leave and note any changes in their physical appearance in CAPI.

11.8.3 Fainting respondents

If a respondent looks or feels faint during the venepuncture procedure, it should be discontinued. The respondent should be asked to lie down with feet elevated.

If they agree for the test to be continued after a suitable length of time, the procedure should be performed with the respondent lying down and the circumstances should be recorded in CAPI. 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.

11.8.4 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.

11.8.5 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.

11.8.6 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.

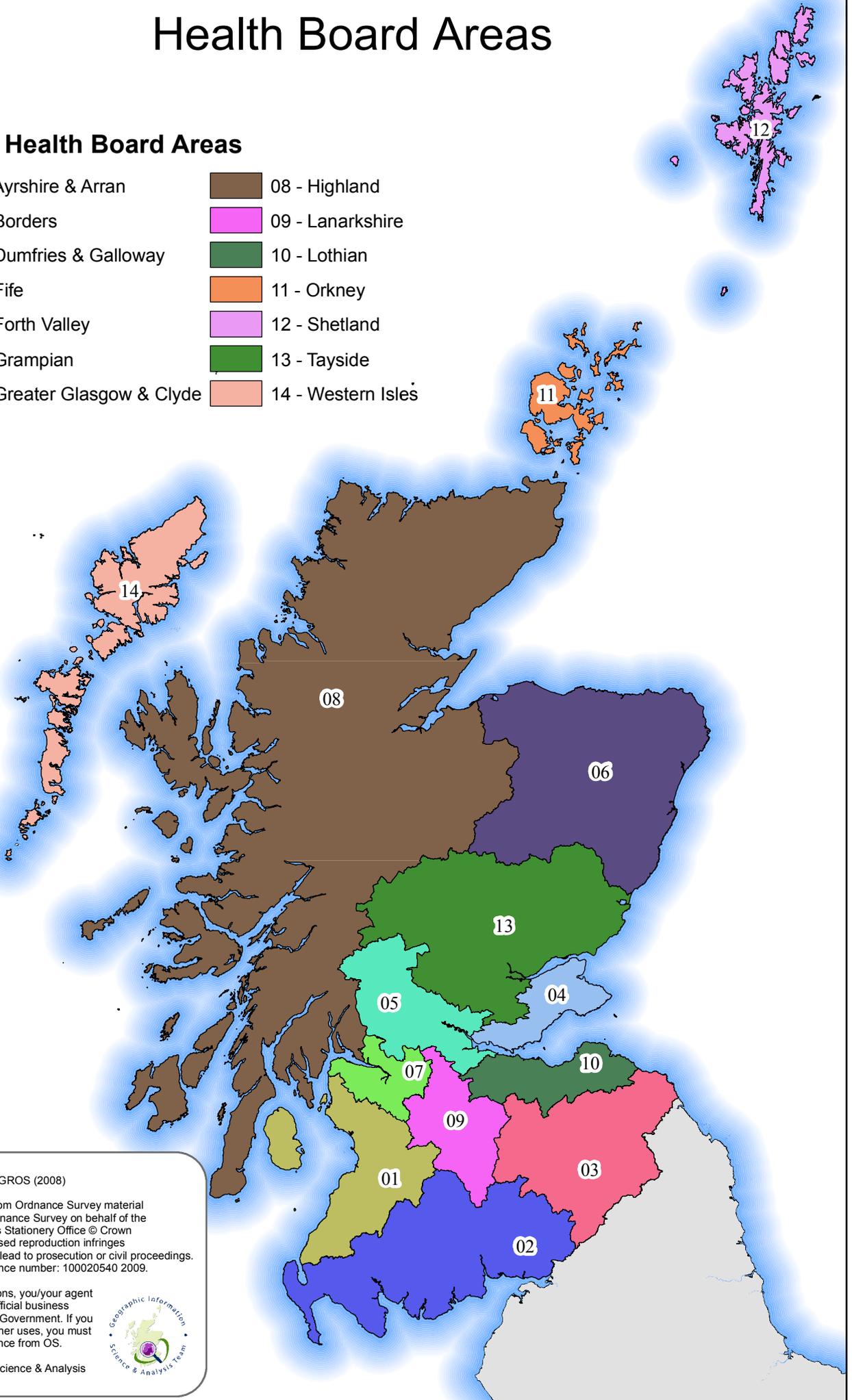
11.9 Respondent feedback

Results from some blood tests (though not necessarily all) can be sent to the respondent. If the respondent gives written consent for the results of their blood sample to be sent to their GP then they are able to get feedback on the results.

Health Board Areas

Scottish Health Board Areas

- | | | | |
|---|------------------------------|---|--------------------|
|  | 01 - Ayrshire & Arran |  | 08 - Highland |
|  | 02 - Borders |  | 09 - Lanarkshire |
|  | 03 - Dumfries & Galloway |  | 10 - Lothian |
|  | 04 - Fife |  | 11 - Orkney |
|  | 05 - Forth Valley |  | 12 - Shetland |
|  | 06 - Grampian |  | 13 - Tayside |
|  | 07 - Greater Glasgow & Clyde |  | 14 - Western Isles |



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 LA Boundaries OS (2008)
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Scottish Government GI Science & Analysis Team May 2009.



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-2011 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

See **Mean**

Blood analytes See **Cholesterol (total and HDL), Fibrinogen, C-reactive protein, Glycated Haemoglobin, vitamin D.**

Blood pressure Systolic (SBP) and diastolic (DBP) blood pressure were measured using a standard method (see Volume 3, Appendix B for measurement protocol). In adults, high blood pressure is defined as SBP ≥ 140 mmHg or DBP ≥ 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:

<i>BMI (kg/m²)</i>	<i>Description</i>
Less than 18.5	Underweight
18.5 to less than 25	Normal
25 to less than 30	Overweight
30 to less than 40	Obese
40 and above	Morbidly obese

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. Children can be classified into the following groups:

<i>Percentile cut-off</i>	<i>Description</i>
At or below 5th percentile	Underweight
Above 5th percentile and below 85th percentile	Healthy weight
At or above 85th percentile and below 95th percentile	Overweight
At or above 95th percentile and below 98th percentile	Obese
At or above 98th percentile	Morbidly obese

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 ≥ 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. In this report, anyone with a salivary cotinine level of 12 nanograms per millilitre or more was judged highly likely to be a tobacco user. In previous reports the threshold for detecting tobacco use was set 15 nanograms per millilitre or more of cotinine. Chapter 4 in this report explains the reasoning for the threshold change. Saliva samples were collected during the nurse visit.

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.

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 3, 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.

First adult (HRP)	0.61
Spouse/partner of HRP	0.39
Other second adult	0.46
Third adult	0.42
Subsequent adults	0.36
Dependant aged 0-1	0.09
Dependant aged 2-4	0.18
Dependant aged 5-7	0.21
Dependant aged 8-10	0.23
Dependant aged 11-12	0.25
Dependant aged 13-15	0.27
Dependant aged 16+	0.36

2 The equivalised income was derived as the annual household income divided by the 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.

Reference: McClements, D. (1977). Equivalence scales for children. *Journal of Public Economics*. 8: 191-210.

FEV₁

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.

Reference: Maresca, G., Di Blasio, A., Marchioli, R. and Di Minno, G. (1999). Measuring plasma fibrinogen to predict stroke and myocardial infarction. *Arteriosclerosis, Thrombosis and Vascular Biology*. 19:1368-1377.

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.

Geometric mean The geometric mean is a measure of central tendency. It is sometimes preferable to the arithmetic mean, since it takes account of positive skewness in a distribution. An arithmetic mean is calculated by summing the values for all cases and dividing by the number of cases in the set. The geometric mean is instead calculated by multiplying the values for all cases and taking the n th root, where n is the number of cases in the set. For example, a dataset with two cases would use the square root, for three cases the cube root would be used, and so on. The geometric mean of 2 and 10 is 4.5 ($2 \times 10 = 20$, $\sqrt{20} = 4.5$). Geometric means can only be calculated for positive numbers so zero values need to be handled before geometric means are calculated. See also **Arithmetic mean**.

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.

Reference: Goldberg D, Williams PA. *User's Guide to the General Health Questionnaire*. NFER-NELSON, 1988.

Glycated Haemoglobin The percentage of glycated haemoglobin is the percentage of haemoglobin in the circulation to which glucose is bound. Glycated haemoglobin (HbA_{1c}) concentration is an indicator of average blood glucose concentration over 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. In this report, a glycated haemoglobin value of 6.5% or above in people with no existing diabetes diagnosis was taken to indicate possible undiagnosed diabetes.

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.
Reference: Hosmer, D.W. Jr. and Lemeshow. S. (1989). *Applied logistic regression*. New York: John Wiley & Sons.

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 prior to 2008 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. (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 3: 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. This report mostly 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 some instances 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 is collected in the nurse visit 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 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 2009.

<http://www.scotland.gov.uk/Topics/Statistics/SIMD>

Sodium

The intake of sodium (Na) can be estimated by measuring urinary excretion. This was collected in the nurse visit using a spot urine sample. There is an association between sodium intake and blood pressure. See also **Urine, Potassium, Creatinine**.

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 Difficulties' 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, 2009, 2010 and 2011 surveys.

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. Reference: Goodman, R. (1997). The Strengths and Difficulties Questionnaire: A Research Note. *Journal of Child Psychology and Psychiatry*. 38: 581-586.

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).

Vitamin D

Vitamin D is a fat-soluble vitamin. It is mainly produced in the skin in response to sunlight, but is also available from dietary sources and supplements. Vitamin D deficiency causes the bone diseases rickets and osteomalacia. The blood samples were tested for 25 hydroxy-vitamin D (25(OH)D) and were commissioned by the Food Standards Agency in Scotland and the Scottish Government Directorate for Chief Medical Officer, Public Health and Sport.

Waist-Circumference

Waist circumference is a measure of deposition of abdominal fat. It was measured during the nurse visit. A raised waist circumference has been defined as more than 102cm in men and more than 88cm in women.

Waist-hip ratio

Waist-hip ratio (WHR) was defined as the waist circumference divided by the hip circumference, i.e. waist girth (m)/ hip girth (m). WHR is a measure of deposition abdominal fat. Unlike BMI there is no consensus to define cut-off point for WHR. For consistency the cut-off values as in the 1995, 1998 and 2003 reports have been used. A raised WHR has been taken to be 0.95 or more in men and 0.85 or more in women.

Reference: Molarius A, Seidell JC. *Selection of anthropometric indicators for classification of abdominal fatness - a critical review*. Int J Obes 1998; 22:719-727

WEMWBS

The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) was developed by researchers at the Universities of Warwick and Edinburgh, with funding provided by NHS Health Scotland, to enable the measurement of mental well-being of adults in the UK. It was adapted from a 40 item scale originally developed in New Zealand, the Affectometer 2. 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. The 14 items are designed to assess positive affect (optimism, cheerfulness, relaxation); and satisfying interpersonal relationships and positive functioning (energy, clear thinking, self-acceptance, personal development, mastery and autonomy).

References:

Kammann, R. and Flett, R. (1983). *Sourcebook for measuring well-being with Affectometer 2*. Dunedin, New Zealand: Why Not? Foundation.

The briefing paper on the development of WEMWBS is available online from: <www.wellscotland.info/indicators.html>

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