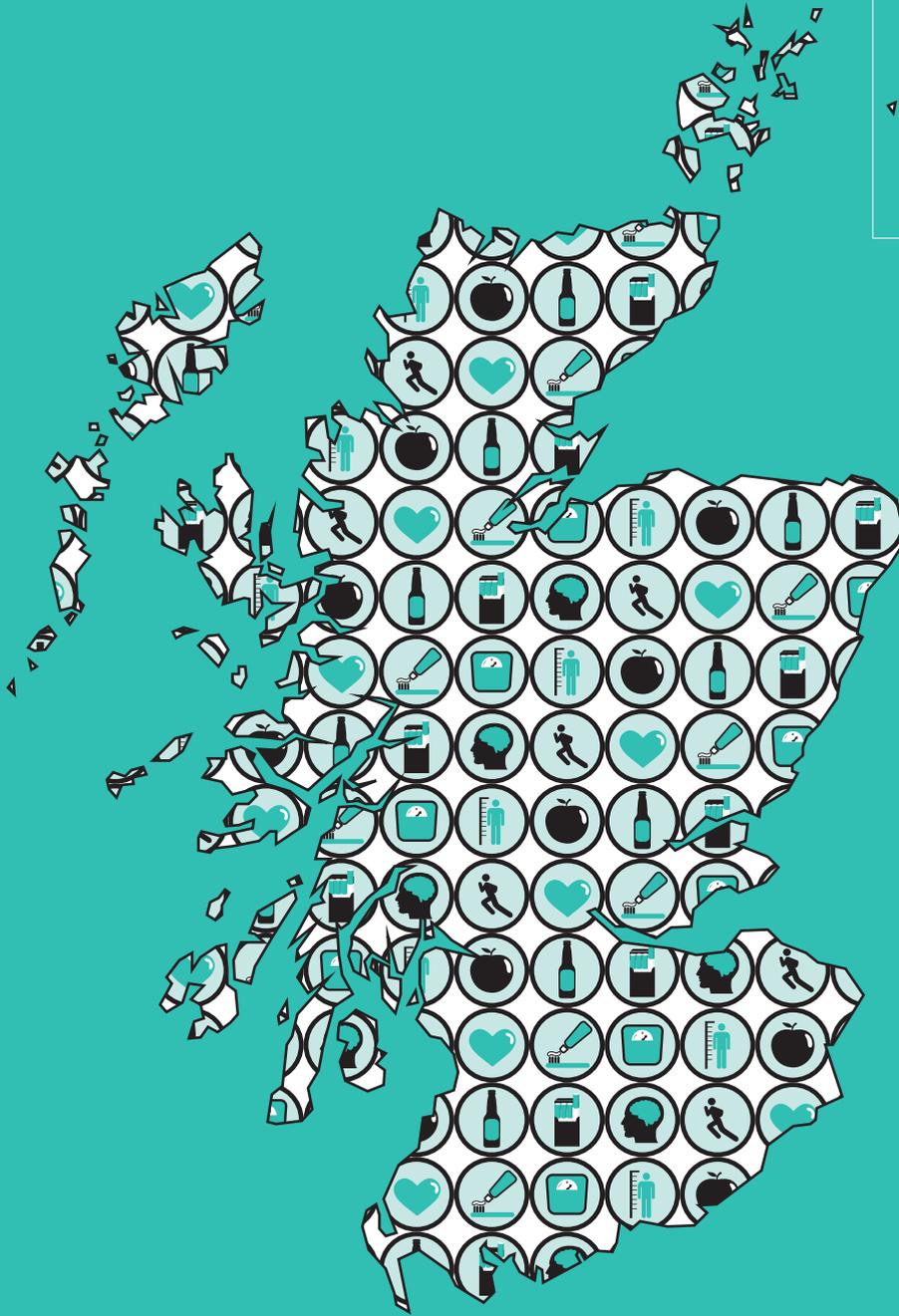
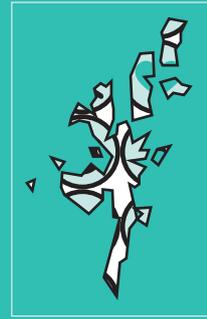




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The Scottish Health Survey

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A National Statistics Publication for Scotland

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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 in 1995 to provide data about the health of the population living in private households in Scotland. It was repeated in 1998 and 2003 and has been carried out annually since 2008.

The 2012-2017 surveys are being conducted by ScotCen Social Research and Medical Research Council Social and Public Health Sciences Unit (MRC SPHSU) in collaboration with the Centre for Population Health Sciences at the University of Edinburgh and the Public Health Nutrition Research Group at the University of Aberdeen¹.

1.1.2 Aims of the Scottish Health Survey

The purpose of SHeS is to provide information at the national level about the health of the population and the ways in which lifestyle factors are associated with health. This level of information is not available from administrative or operational databases, as hospitals and GPs are not able to collect detailed information about peoples' lifestyles and health-related behaviours. In addition, it is crucial that the Scottish Government has information about the health of the population, including people who do not access health services regularly.

The specific aims of SHeS are:

- To estimate the prevalence of particular health conditions in Scotland
- To estimate the prevalence of certain risk factors associated with these health conditions and to document the pattern of related health behaviours
- To look at differences between regions and between subgroups of the population in the extent of their having these particular health conditions or risk factors, and to make comparisons with other national statistics for Scotland and the rest of Britain
- To monitor trends in the population's health and health related behaviour over time
- To make a major contribution to monitoring progress towards health targets.

Each year, the survey consists of a set of core questions and measurements (for example, anthropometric and, if applicable, blood pressure measurements and analysis of urine and saliva samples), plus modules of questions on specific health conditions. As with the earlier surveys in the series, the principal focus of the 2012-2017 surveys

remains 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. Although the number of deaths by IHD has reduced over recent years, it remains one of the most common causes of death in Scotland².

The SHeS series now has trend data going back 21 years; providing the time series is an important function of the survey.

1.1.3 Key changes to the survey methodology in 2012

A number of changes to the survey methodology were introduced following the 2011 Scottish Government review of Scotland's major household surveys. The key changes to SHeS introduced in 2012 for the 2012-2017 surveys were:

- Sample of addresses drawn by the Scottish Government
- Inclusion of a set of harmonised core questions asked across the three major Scottish Government household surveys³
- Reduction in the achieved sample size
- Discontinuation of a module of questions on Knowledge, Attitudes and Motivations (KAM) to health
- Introduction of interviewer administered biological samples and measurements to replace the nurse interview

These changes are discussed in greater detail in Volume 2 of the 2012 technical report⁴.

1.1.4 The 2016 survey

The 2016 SHeS was designed to provide data at national level about the population living in private households in Scotland. The eligible age range for the survey was 0+.

A sample of 9,623 addresses was drawn from the Postcode Address File (PAF) in 2016. These addresses comprised four sample types: main (core) sample with biological measures, main (core) sample without biological measures, child boost screening sample, and Health Board boost sample. Ayrshire and Arran, Fife and Grampian opted to boost the number of adults (16+) interviewed in their area in 2016. The table below shows the number of addresses drawn for each sample type and the people eligible for interview within each sample type.

The 9,623 addresses were grouped into 477 interviewer assignments, with around 40 assignments being issued to interviewers each month between January 2016 and December 2016.

Sample type	Number of addresses issued in 2016	Eligible for interview
Main (core non-bio)	2,807	Max of 10 adults (age 16+) and 2 children (age 0-15)
Main (core bio)	1,689	Max of 10 adults (age 16)
Child Boost	4,181	Only households containing children aged 0-15 were eligible to participate (up to two children at these households were eligible to be interviewed)
Health Board Boost	946	Adults only (age 16+) (Max of 10)
<i>Total</i>	<i>9,623</i>	

Data collection involved a main computer assisted interview (CAI), a paper self-completion questionnaire, height and weight measurements and, if applicable, adults also completed the biological module. Of the 4,496 main addresses issued, 1,689 were flagged as eligible for the 'biological module sample'. At these addresses all adults (16+) that participated in the main interview were eligible to take part in the biological module. Only interviewers that were specially trained in administering biological measures and samples were allocated to work on these addresses.

1.1.5 The 2016 SHeS annual report

The 2016 report consists of two volumes, published as a set as 'The Scottish Health Survey 2016'. Volume 1 presents results for adults and children on a variety of health topics. This report (Volume 2) provides methodological information and survey documentation. Both volumes are available on the Scottish Government's SHeS website along with a short summary report of the key findings from the 2016 survey (www.gov.scot/scottishhealthsurvey). Supplementary web tables are also available on the website. These provide a large number of breakdowns by age group, deprivation, income, occupation and long-term condition.

1.1.6 Comparisons with previous surveys in the SHeS series

In the 2016 report comparisons are made with data collected earlier in the series (1998-2015 for children and 2003-2015 for adults). Having such an extensive trend period makes it possible to comment on whether any changes in health behaviours identified between years were real or an instance of sample fluctuation.

In addition, this report includes analysis from a number of combined datasets: one for the years 2013 to 2016 combined and one for the years 2015 and 2016 combined to aid analysis of small subsamples of the population; and one for the years 2014 and 2016, for the analysis of

questions which are included every second year. Combining data across years in this way allows for a more detailed analysis of subgroups in the sample and of questions with small sample sizes in one survey year – for example number of hours provided by carers and eating habits for adults which are only asked on a biennial basis as part of the Core Version A rotating module. Tables in the report indicate whether the figures presented are based on a single year's data or combined data from across survey years.

1.1.7 Health Board level analysis

Since 2008, the SHeS sample has been designed to be representative of adults at the Health Board level (for all Boards) after four years of data collection have taken place. Analysis of the 2013 to 2016 data by NHS Health Board is published at the same time as this report, and is available on the SHeS website (www.gov.scot/scottishhealthsurvey). Health Boards with larger samples may be able to analyse data at their Board level based on fewer years of data collection and users should consult the SHeS website for further guidance on sub-geographies analysis.

Changes in the sample design for the 2012 survey mean that users are not advised to combine data for periods spanning 2011 and 2012. Going forwards, however, the sample has been designed to be representative of the population of Scotland at Health Board level for every four year period. Hence the survey can be analysed on data from 2012 to 2015 combined, 2013 to 2016 combined and once it becomes available, also for 2014 to 2017 combined.

1.1.8 Access to SHeS data

Data from the 2016 survey will be deposited at the UK Data Service along with a combined 2013-2016 dataset and a combined 2014/2016 dataset as well as a 2015/2016 dataset. Datasets from earlier years in the series are also deposited here (www.data-archive.ac.uk).

1.2 SAMPLE DESIGN

1.2.1 Requirements

The sample specification for the 2012-2016 Scottish Health Survey (SHeS) was designed by the Scottish Government. The design was coordinated with the designs for the Scottish Household Survey and the Scottish Crime and Justice Survey as part of a survey efficiency project and to allow the samples of the three surveys to be pooled for further analysis⁵.

There were three elements to the SHeS sample in 2012-2016:

- 1) Main adult sample - to allow annual reporting of Scotland level results and results at Health Board level at the end of the 2013-2016 four year cycle. This required an annual interview target of

4,006 adults for Scotland as a whole and a minimum of 125 for each Health Board. There was an additional requirement for a minimum of 1,000 adults to complete each biological measure each year.

- 2) Child sample boost – overall there was a requirement for 1,785 child interviews for Scotland. As the main sample was only expected to yield 780 child interviews, a further 1,005 interviews were required from a separate boost sample.
- 3) Health Board boosts – in 2016, Ayrshire and Arran, Fife, and Grampian Health Boards commissioned boosts to increase the number of adult interviews in their Board area. Each of the Health Boards specified a target of 300 additional interviews for their boost.

1.2.2 Sample design and assumptions

For all three elements a two-stage clustered sample design with intermediate geographies randomly selected at the first stage and address points at the second stage, was used. With the exception of Orkney, Shetland and Na h-Eileanan Siar councils, the sample was clustered by intermediate geographies (IG) with one quarter of IGs selected for each year of fieldwork. This means that over four years of fieldwork all IGs are included in the sample and the combined 2013-2016 sample will be unclustered. In Orkney, Shetland and Na h-Eileanan Siar the sample was clustered by datazone.

1.2.3 Main sample

As stated above, the annual sample size for Scotland was 4,006 adults with a minimum Health Board sample size of 125 adults. These sample sizes were the minimum required to allow effective reporting of Scotland-level results annually and Health Board results at the end of the four year cycle. An iterative approach was taken to efficiently allocate the sample across all Health Boards. For the first iteration 4,000 adult interviews were allocated across Health Boards in proportion to the adult population. Any Health Boards allocated fewer than 125 adult interviews had their allocation increased to 125.

The remaining sample was then allocated over the remaining Health Boards. Where allocations were not whole numbers the number was rounded up. This resulted in a total target of 4,006 adult interviews. The results of the allocation are shown in Figure 1A.

Figure 1A: SHeS target annual adult interviews, 2012-2016, by Health Board

Health Board	Target Annual Adult Interviews
Ayrshire and Arran	256
Borders	125
Dumfries and Galloway	125
Fife	252
Forth Valley	201
Grampian	379
Greater Glasgow and Clyde	836
Highland	217
Lanarkshire	383
Lothian	578
Orkney	125
Shetland	125
Tayside	279
Western Isles	125
Total	4,006

While the required sample sizes were set at Health Board level, to allow for coordination with the sample selection of the SHS and SCJS, the sample design was implemented using Local Authorities as strata. This was done by allocating the target Health Board samples to Local Authorities proportionate to population.

Prior to April 2014, there was a slight complication in the design due to Local Authority boundaries not being concurrent with Health Board boundaries. Further information on this can be found in section 1.2.3 of the 2015 Technical Report.

The number of addresses selected in order to provide the target number of interviews was calculated by:

- 1) Estimating the number of productive adult interviews per co-operating household. Based on response data to the 2008 and 2009 surveys, it was estimated that for Greater Glasgow and Clyde there would be 1.5 interviews per co-operating household, with 1.55 interviews in all other Health Boards.
- 2) Allocation of the target interviews and associated estimate of co-operating households to Local Authority strata proportionate to population.
- 3) As the sample was stratified by Local Authorities, the response rates from the previous surveys were examined. It was found that sample sizes for individual authorities were too small to base response assumptions on. It was also found that it would be inappropriate to base assumptions on Health Boards as there was a high degree of variability for Local Authorities within the same Health Board. Therefore, Local Authorities were placed in

9 groups which had common attributes and comparable response rates. The response rate assumptions for the Local Authority groups for 2016 were then based on the weighted average of responses for 2013, 2014 and 2015. Figure 1B below shows the Local Authority groupings.

- 4) The final step was to estimate the level of ineligible addresses. The estimates were calculated at Local Authority level and based on the average level of ineligible addresses from the Scottish Health Survey, Scottish Household Survey, Scottish Crime and Justice Survey, and Scottish House Condition Survey from 2007 to 2009/2010.

Figure 1B: Local Authority groupings for response rate assumptions

Local authority group	Constituent local authorities
Ayrshire & Arran and Dumfries & Galloway	East Ayrshire, North Ayrshire, South Ayrshire, Dumfries and Galloway
Highlands	Aberdeenshire, Argyll and Bute, Highland, Moray
Islands	Na h-Eileanan Siar, Orkney Islands, Shetland Islands
West	East Renfrewshire, East Dunbartonshire, West Dunbartonshire, Renfrewshire, Inverclyde
Large Cities	Aberdeen City, City of Edinburgh, Glasgow City
Lothian and Borders	West Lothian, East Lothian, Midlothian, Scottish Borders
Tayside	Perth and Kinross, Angus, Dundee City
Forth Valley and Fife	Clackmannanshire, Fife, Stirling, Falkirk
Lanarkshire	North Lanarkshire, South Lanarkshire

Figure 1E shows the number of selected addresses for the main sample in 2016.

1.2.4 Child boost sample

For the 2012-2016 surveys, 1,785 child interviews were required each year. Based on the 2009 survey, it was estimated that the main sample would provide 780 child interviews, therefore, to reach the target number of child interviews, a child boost sample was required to yield a further 1,005 interviews.

While the target number of child interviews was specified at Health Board level, as with the main sample, the child boost sample was also stratified by Local Authority. The process for calculating the number of addresses to select for the child boost sample was as follows:

- 1) The overall target sample of 1,785 child interviews was allocated proportionally to Health Boards based on the child (under 16) population. The expected number of child interviews from the main sample was then subtracted from the overall target sample to obtain the child boost target sample for Health Boards. If the number expected from the main sample was greater than the overall required number of child interviews for a Health Board then the boost target was set to zero and the remaining sample was redistributed so the overall target remained 1,785. The following table shows the target sample sizes for the main sample and child boost sample by Health Board.

Figure 1C: Target annual child interviews, 2012-2016, by Health Board

	Expected child interviews from main sample	Child interviews from boost	Total child interviews
Ayrshire and Arran	50	73	123
Borders	24	14	38
Dumfries and Galloway	24	24	48
Fife	49	75	124
Forth Valley	39	64	103
Grampian	73	108	181
Greater Glasgow and Clyde	167	229	396
Highland	42	60	102
Lanarkshire	74	127	201
Lothian	112	155	267
Orkney	24	0	24
Shetland	24	0	24
Tayside	54	76	130
Western Isles	24	0	24
Total	780	1,005	1,785

- 2) The number of co-operating households with children required in each Health Board for the child boost sample was estimated using the performance of the child boost sample in the 2008 and 2009 surveys.
- 3) To estimate the proportion of child-less households data from the 2007-2008 Scottish Household Survey was used. As there was little variation across different areas a Scotland level estimate of households without children (74.6%) was used.
- 4) Analysis of survey response to the child boost samples in the 2008 and 2009 surveys found that the response rate was consistently higher for the child boost than the main sample. Therefore, for each Local Authority area, the estimated response

rates for the child boost sample were set at 6% higher than the main sample response rate.

- 5) The assumptions made on ineligible addresses for the main sample were applied to the address calculations for the child boost sample.

The total numbers of addresses selected for the child boost sample are shown in Figure 1E.

1.2.5 Health Board boost samples

Each year individual Health Boards are given the opportunity to fund a boost sample to enable them to boost the number of adult interviews in their Board area. For the 2016 survey, Ayrshire and Arran, Fife and Grampian opted to boost the main sample in their areas. The following table shows the target sample size for each of the boosts.

Figure 1D: Target sample for Health Board boosts in 2016

Health Board	Target interviews for boost
Ayrshire and Arran	300
Fife	260
Grampian	300
Total	860

As the main sample was selected before boost areas were confirmed, boost samples were supplementary to the main sample. For Ayrshire and Arran and Grampian the sample design followed the process outlined above for the main sample. Fife Health Board requested that the combined main sample and boost sample was equally distributed across its three Community Health Partnership areas. This required an extra level of stratification for Fife before the process above could be followed. For the boost samples, and for samples drawn to addresses shortfalls over the four year period, the same active PSUs as the main sample were used.

Figure 1E: Selected addresses by strata in 2016

Sample strata	Main sample	Health Board boost	Child Boost	Total sample
Aberdeen City	189	150	173	512
Aberdeenshire	171	135	203	509
Angus	71	-	77	148
Argyll & Bute	74	-	70	144
Clackmannanshire	36	-	44	80
Dumfries & Galloway	129	-	93	222
Dundee City	96	-	95	191
East Ayrshire	83	102	91	276
East Dunbartonshire	81	-	84	165
East Lothian	74	-	86	160
East Renfrewshire	69	-	80	149
Edinburgh, City of	432	-	366	798
Eilean Siar	133	-	-	133
Falkirk	108	-	128	236
Fife	262	302	291	855
Glasgow City	538	-	493	1031
Highland	168	-	179	347
Inverclyde	67	-	67	134
Midlothian	61	-	70	131
Moray	65	52	70	187
North Ayrshire	96	112	107	315
North Lanarkshire East	247	-	311	558
North Lanarkshire West	17	-	19	36
Orkney Islands	125	-	-	125
Perth & Kinross	99	-	101	200
Renfrewshire	138	-	141	279
Scottish Borders	145	-	61	206
Shetland Islands	122	-	-	122
South Ayrshire	80	93	79	252
South Lanarkshire East	207	-	244	451
South Lanarkshire West	49	-	50	99
Stirling	65	-	76	141
West Dunbartonshire	73	-	75	148
West Lothian	126	-	157	283
Total	4496	946	4181	9623

1.2.6 Sample Selection

The Royal Mail's small user Postcode Address File (PAF) was used as the sample frame for the address selection. The advantages of using the PAF are as follows:

- It has previously been used as the sample frame for Scottish Government surveys so previously recorded levels of ineligible

addresses can be used to inform assumptions for 2015 sample design

- It has excellent coverage of addresses in Scotland
- The small user version excludes the majority of businesses

The Assessor's Portal, the council tax list of all dwellings in Scotland, was considered as an alternative sample frame but since it had not previously been used as a sample frame for large scale surveys in Scotland there would have been a greater risk attached to assumptions for response rates and ineligible addresses.

The PAF does still include a number of ineligible addresses, such as small businesses, second homes, holiday rental accommodation and vacant properties. A review of the previous performance of individual surveys found that they each recorded fairly consistent levels of ineligible address for each Local Authority. This meant that robust assumptions could be made for the expected levels of ineligible addresses in the sample size calculations.

As the samples for the SHS, SHeS and SCJS have all been selected by the Scottish Government since 2012, addresses selected for any of the surveys are removed from the sample frame so that they cannot be re-sampled for another survey. This helps to reduce respondent burden. The addresses are removed from the sample frame for a minimum of 4 years.

The sample design specified in Section 1.2 was implemented in three stages:

- 1) All primary sampling units (datazones on the islands, intermediate geographies elsewhere) were randomly allocated to one of the four years of fieldwork. This meant that the sample was drawn from one quarter of PSUs each year and ensured that over four years (2013 to 2016) of fieldwork all addresses had a non-zero probability of selection. One quarter of target adult sample was required to complete the biological module. To make fieldwork more efficient, rather than randomly allocating addresses from the entire survey to the module, each year PSUs were allocated to the biological module and all selected addresses within those PSUs were eligible for the biological interview. To guard against a lower response rate to the different elements of the biological module, and to correct for inaccurate response assumptions in previous years, a proportion higher than the required one quarter of PSUs (37.6% in 2016) were allocated to the biological module.

Figure 1F: Primary sampling units selected in 2016

Health Board	PSUs in 2016 Sample	Total PSUs
Ayrshire and Arran	23	92
Borders	7	29
Dumfries and Galloway	8	35
Fife	26	103
Forth Valley	18	74
Grampian	32	128
Greater Glasgow and Clyde	62	273
Highland	20	76
Lanarkshire	40	137
Lothian	45	177
Orkney	6	27
Shetland	7	30
Tayside	23	90
Western Isles	9	36
Total	326	1,307

- 2) The required numbers of addresses for the main sample and child boost sample were combined to give an overall total of addresses to sample for each stratum (local authorities plus Lanarkshires split). The overall number of addresses for each stratum was then sampled from the sample frame of addresses in active PSUs. Systematic random sampling was used with addresses within PSUs ordered by urban-rural classification, SIMD rank and postcode.
- 3) Once the overall sample was selected, each address was randomly allocated to the main sample or the child boost sample.

1.2.7 Selecting households at addresses with multiple dwellings

A small number of addresses have only one entry in the Postcode Address File (PAF) but contain multiple dwelling units. Such addresses are identified in the PAF by the Multiple Occupancy Indicator (MOI). To ensure that households within MOI addresses had the same probability of selection as other households, the likelihood of selecting the addresses was increased in proportion to the MOI. At addresses with more than one dwelling unit fieldworkers have a programme to randomly select the household at which interviews should be sought. There are generally a few cases where the MOI on the PAF is inconsistent with the actual number of dwelling units. When this occurred the fieldworkers recorded the information and a correction was made through the survey weighting.

1.2.8 Selecting individuals within households

For both the main and Health Board boost samples all adults aged 16 and over in responding households were selected for interview. To ease respondent burden, for child interviews for both the main sample and the child boost sample a maximum of two children were interviewed at each household. If a household contained more than two children then two were randomly selected for interview.

1.3 TOPIC COVERAGE

1.3.1 Introduction

Topics covered in the 2012 to 2017 surveys were agreed following a consultation carried out in 2011⁶. Many of the topics and questions included in earlier years of the survey were included again, to continue time series. The 2016 survey included the same topics as the 2014 and 2012 surveys, though a small number of new questions were added (see section 1.3.3). As with previous years, the survey had a focus on cardio-vascular disease (CVD) and its associated risk factors.

A public consultation about the content of the survey from 2018 began in September 2016, with a deadline for responses of Monday 17th October 2016. The consultation analysis report is available from <http://www.gov.scot/Publications/2017/04/6455>. Decisions about the content of the survey from 2018 will be made and published online in due course.

1.3.2 Documentation

Copies of all the documents used in data collection are included in Appendix A. Full copies of the questionnaire documentation used in the main interview and biological module are also included in Appendix A. Protocols for taking measurements (height, weight, waist and blood pressure) and collecting biological samples (saliva and urine) are available on request from ScotGen. A summary of the main interview content and the content of the biological module is provided below.

1.3.3 Main 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 both on their age and the sample type to which their address had been allocated. The age criteria for each topic are included in brackets after the topic name.

Version A households accounted for 62% of the main (core) sample. At these households the questionnaire included the core questions and the questions included in the Version A rotating module. In 2016, the topics included in the Version A rotating module were: respiratory symptoms, additional asthma questions, additional physical activity questions and

questions about eating habits included for adults (children are asked these questions every year).

Version B households accounted for the remaining 38% of the main (core) sample. At these addresses participants were only asked the core questions during the main interview with participating adults (aged 16+) also eligible to complete the biological module.

Figure 1G: Content of the 2016 Interview

CORE SAMPLE – Main interview outline	
Version A	Version B
Household questionnaire including household composition	
General health (0+) including caring (4+)	
Respiratory symptoms 16+	-
General CVD (16+)	
Use of health services (0+)	
Asthma (0+)	
Asthma additional 16+	-
Physical activity adults (16+) and children (2-15)	
Sedentary activity adults (16+) and children (2-15)	
Additional physical activity questions 2+	-
Eating habits adults 16+	-
Eating habits children (2-15)	
Fruit and veg consumption (2+)	
Vitamins and supplements (16+)	
Smoking and Drinking (16+) [16-19 in a self-completion]	
Dental health (16+)	
Economic activity (16+)	
Education (16+)	
Ethnic background, religion and country of birth(0+)	
Family health background and parental job details (16+)	
Self-completions (13+ & parents of 4-12 yr olds)	
Height (2+) and Weight (2+)	
Data linkage and follow-up research consents (0+)	
-	Biological module (16+)

A significant number of changes were made to the questionnaire content in advance of the 2012 survey based on the 2011 consultation. These changes are discussed in the 2012 Technical Report⁴ and the SHeS Questionnaire Review Report 2012-2015⁶.

In addition, a small number of questions were introduced to the questionnaire in 2016.

Additional questions on the use of e-cigarettes and vaping devices were added, including questions about frequency of use, age started using e-cigarettes and length of time using e-cigarettes:

The full question wording of all the questions can be found in Appendix A.

1.3.4 Self-completion questionnaire

Participants aged 13 and over and parents of participants aged between 4 and 12 were asked to fill in a self-completion booklet during the interview. In all, four different booklets were administered. The version completed was dependent on the age of the participant.

The booklet for young adults aged 16-17 included questions on smoking and drinking behaviour (instead of being asked as part of the CAPI interview). Interviewers also had the option of using this young adults booklet for those aged 18-19 if they felt that it would be more appropriate for them to answer the questions in this format rather than face to face (e.g. might be more likely to give more honest answers than in the face to face interview when other household members including parents may be present).

Paper questionnaire booklets were administered for the following groups in the 2016 survey:

Adults	AUDIT questionnaire (designed to identify signs of hazardous or harmful drinking or possible alcohol dependence), General Health Questionnaire (GHQ12), Warwick Edinburgh Mental Well-being scale (WEMWBS), gambling, use of contraception, knowledge of the physical activity recommendations, sexual orientation, and cosmetic procedures
Young adults	Smoking (including use of e-cigarettes), drinking, AUDIT questionnaire, GHQ12, WEMWBS, gambling, use of contraception, knowledge of physical activity recommendations, and sexual orientation
13-15 year olds	GHQ12, WEMWBS, and knowledge of the physical activity recommendations
Parents of 4-12 year olds	Strengths and Difficulties questionnaire (SDQ) designed to detect behavioural, emotional and relationship difficulties in children and knowledge of the physical activity recommendations.

1.3.5 Height and weight

Interviewers measured the height and weight of all participants aged 2 and over, with their consent. Protocols for taking height and weight measures are available on request from ScotCen.

1.3.6 Biological module

As highlighted previously, at a sub-sample (of around 38%) of main core sample addresses, adults (aged 16 and over) were eligible to complete the biological module. Since 2012, specially trained interviewers have been collecting some of the measurements and samples which were collected by nurses prior to this date.

Since the same interviewer administered the main interview and the biological module, the latter could either be completed either immediately after the main interview or on a separate occasion.

As part of the module, participants were asked whether they used any medicines, pills, syrups, ointments, puffers or injections prescribed to them by a doctor or nurse. If participants answered yes to questions in the main interview about taking medication for high blood pressure, a heart condition or stroke then they would be asked to give the names of the drugs to the interviewer. This information is used to interpret blood pressure readings.

In addition to height and weight measurements, interviewers also took blood pressure and waist circumference measurements from participants taking part in the biological module. 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).

Participants were also asked a set of questions about depression, anxiety, suicide attempts and self-harm (taken from the Adult Psychiatric Morbidity Survey) in computer assisted self-interviewing (CASI) format.

Figure 1H: Content of the 2016 Biological Module

Outline of the Biological Module (age 16+)
Prescribed medicines (if has heart condition, high blood pressure or has had stroke)
Blood pressure
Waist measurement
Use of Nicotine Replacement therapy
Saliva sample
Urine sample
Depression, anxiety, suicidal attempts and self-harm

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. Three versions of the advance letter were used in 2016; one for the core version A, additional sample and Health Board boost addresses, one for the core version B (with the biological module) addresses, and a separate version was sent to 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.

In 2016 both the advance letters and survey leaflets were amended to include more details on how personal data are handled by the survey team. Copies of the letters and leaflet are included in Appendix A.

1.4.2 Making contact

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

The interviewer then attempted to make 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 households, interviewers first screened for children aged 0-15. In those households where children were present up to two children were randomly selected for interview. Interviewers obtained the verbal consent of both the parent / guardian and the child before commencing the interview. At additional sample and Health Board boost sample households interviewers attempted to interview a maximum of ten adults at selected households. Children were not

eligible for interview at Health Board boost addresses or additional sample addresses.

1.4.3 Collecting data

Interviewers used computer assisted interviewing (CAI).

At each co-operating eligible household (across all sample types), the interviewer first completed a household questionnaire, with information collected from the household reference person⁷ or their partner wherever possible. This questionnaire obtained basic information (including date of birth and relationship to other household members) about all members of the household, regardless of age and whether or not they were eligible to take part in the interview. The CAPI program then created individual questionnaires for each eligible participant in the household.

Where possible an individual interview was then carried out with all eligible adults and children in a household. In order to reduce the amount of time spent in the home, interviews could be carried out concurrently, with the program allowing up to four participants to be interviewed in a single 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 interview. Adults in households eligible for the biological module were given a longer version of this leaflet, providing information on the measurements and samples being taken.

A separate version of this leaflet was used for children in main and child boost households. Parents at child boost addresses were also provided with a leaflet containing background information on the survey. Copies of all the participant leaflets used in the survey are included in Appendix A.

1.4.4 Introducing the biological module

Only a sub-sample of adults in the main sample was eligible to take part in the biological module. At the end of the main interview, adult participants in Version B addresses were given a Measurement Record Card which included additional information about the measurements and samples collected in the biological module. Wherever possible, interviewers would complete the module directly after the main interview to minimise attrition. If this was not possible then the interviewer would arrange to go back at a convenient time to complete the module. The module included the measurements described in Section 1.3.6. Written consent was obtained from participants before saliva and urine samples were taken. The consent statements are included in Appendix A.

1.4.5 Interviewing and measuring children

Children aged 13-15 were interviewed directly by interviewers, after verbal consent had been obtained from both the child and their 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 (aged 0-12) 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 measurement record card.

Participants eligible for the biological module were given the Measurement Record Card for reference. If participants had their waist measurement and blood pressure taken then interviewers recorded their results on this card (if the participant wished).

Interviewers were issued with a set of guidelines to follow when commenting on participants' blood pressure readings. If an adult's blood pressure reading was severely raised, interviewers were instructed to contact the Survey Doctor at the earliest opportunity. The Survey Doctor would then phone the participant and advise them to contact their GP as soon as possible.

1.5 FIELDWORK QUALITY CONTROL AND ETHICAL CLEARANCE

1.5.1 Training interviewers

Interviewers were fully briefed on the administration of the survey, including screening for households with children for the child boost sample. They were also trained and accredited in measuring height and weight.

Interviewers who had not previously worked on SHeS were accompanied by an interviewer supervisor during the early stages of their work to ensure that interviews and protocols were being correctly administered.

Interviewers interested in administering the biological module were initially screened for suitability. Minimum competency levels were set and only interviewers that met the set criteria were invited to training and accreditation sessions.

Training to administer the biological module took place over three days. At the end of the training session interviewers were accredited on

administering each of the measurements and samples and were only able to work on the module if they passed their accreditation.

Interviewers were also accompanied by a nurse supervisor (with previous experience of working on the survey) on their initial biological module visit. They are also supervised in the field annually by an experienced survey nurse to ensure they are administering the measurements and samples in line with SHeS protocols. Interviewers are reaccredited annually by the research team and survey nurses.

Full sets of written instructions, covering both survey procedures and measurement protocols, were provided to interviewers (protocols are available on request from ScotGen).

1.5.2 Checking interviewer and measurement quality

A large number of quality control measures were built into the survey to check on the quality of interviewer performance at both the data collection stage and subsequently. Recalls to check on the work of interviewers 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 entered which fell outside a pre-determined 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, some checks were age specific. Some young children 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 child. 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.

1.5.3 Ethical clearance

Ethical approval for the 2016 survey was obtained from the Health and Care Research Ethics Committee for Wales (REC reference number: 12/WA/0261).

1.6 SURVEY RESPONSE

1.6.1 Introduction

This section presents the fieldwork outcomes for the sampled addresses. Survey response is an important indicator of survey quality as non-response can introduce bias into survey estimates. Standardised outcome codes (based on an updated version of those published in Lynn et al (2001)⁸ for survey fieldwork were applied across

the SHeS, SHS and SCJS. This enables consistent reporting of fieldwork performance and effective comparison between the performance of the surveys.

1.6.2 Household response

Table 1.1 shows a detailed breakdown of the SHeS response for all sampled addresses for Scotland in 2016. Addresses with unknown eligibility have been allocated as eligible and ineligible proportional to the levels of eligibility for the remainder of the sample. This approach provides a conservative estimate of the response rate as it estimates a high proportion of eligible cases amongst addresses with unknown eligibility.

At each selected household in the main sample all adults and a maximum of two children were eligible for interview. When considering the household response rate, households classed as “responding” were those where at least one eligible person was interviewed. The table shows that for the combined main, additional sample and Health Board boost sample, 57.6% of eligible households were classed as responding, and with all individual interviews complete at 46.6% of households.

For the child boost sample around three-quarters of households were ineligible as they did not contain any children under the age of 16. For eligible households 64.8% were classed as responding, with all interviews complete at 64.7% of households.

Table 1.2 shows that across Health Boards the household response rate ranges from 49% (Lothian) to 70% (Orkney Islands). Fully cooperating households were those where all eligible individuals were interviewed, all height and weight measured and, if eligible, completed the biological module. The definition of a fully cooperating household changed in 2012 and is therefore not comparable with fully cooperating figures prior to this.

Table 1.3 shows that the household response rate for eligible addresses in the child boost sample varied from 50% (Borders, albeit based on a sample of just 10 eligible addresses – next lowest area being Tayside at 53%) to 84% (Highland). **Tables 1.1-1.3**

1.6.3 Individual response for adults

Overall there were 4,323 adult responses to the 2016 SHeS with 968 responses to the biological module, detailed in Table 1.4.

In order to calculate the adult response rate, since all adults in households were eligible for interview, the number of adults in non-responding households had to be estimated to calculate the total number of adults in all households. This was undertaken by calculating the average number of men and women per household for responding households and non-responding households (where information on the

composition is known) and applying this to the households where nothing is known. The total estimated number of adults from sampled addresses eligible for interview is referred to as the “set” sample. For 2016 the set sample of men was 3,973 and for women 4,462.

Table 1.4 shows the adult response rate broken down by gender. The adult response rate was 48% for men, 54% for women and 51% overall. In responding households (those households where at least one interview was completed) additional information on respondents allowed the consideration of response to stages of the survey by gender and age group. This is shown in Tables 1.5 and 1.6. For both men and women the younger age groups were found to have a lower response rate (67% for men aged 16 to 24 and 74% for women aged 16 to 24) than older age groups (91% or higher response rate for men over 65 and for women over 25).

As part of the biological module, respondents were asked to have their waist and blood pressure measured and to provide saliva and urine samples. Almost all individuals completing the biological module interview allowed the waist and blood pressure measurements to be taken, and provided a saliva sample, but there was a drop off in providing the urine sample. Of those eligible for the biological module (including non-responders to the main interview in participating households), 60% of men participated in the module (57% provided waist measurements, 56% blood pressure measurements, 54% a saliva sample, and 50% a urine sample), as did 69% of women (65% with waist measurements, 63% blood pressure, 63% saliva, and 56% urine).

Table 1.9 shows that men are under-represented in the SHeS sample compared to NRS population estimates as they made up 44% of the sample but 48% of the population. Younger age groups were also under-represented in the SHeS sample when compared to NRS population estimates. In particular, men under 35 and women under 25 were under-represented. Conversely, men and women over 65 were over-represented in the sample. **Tables 1.4-1.6, Table 1.9**

1.6.4 Individual response for children (0-15)

Interviews were undertaken with 1,561 children aged 0 to 15, with 757 interviews taking place as part of the main sample and 804 as part of the child boost.

As was the case with the adult sample, in order to calculate the response rate for children, the number of eligible children in selected households (the “set” sample) had to be estimated. This was done by assuming that, for both the main sample and the child boost sample, the non-responding and responding households contained the same average number of children.

Table 1.7 shows that overall response rates for the main sample and child boost sample were similar for boys and girls (57-58% in the main sample and 64% for both in the child boost sample).

Child response rates have also been calculated for children in responding households. Table 1.8 shows that for age groups under 11 years old the response rate for boys and girls was fairly consistent at 98% or higher for every group, however, the response rate for children aged 11 to 15 was slightly lower at 93% for boys and 92% for girls.

Table 1.7, Table 1.8

1.7 WEIGHTING THE DATA

1.7.1 Introduction

This section presents information on the weighting procedures applied to the survey data. Since 2012 the weighting for SHeS has been undertaken by the Scottish Government rather than the survey contractor (as had previously been the case), but the methodology applied was largely consistent with that of the 2008 to 2011 sweeps of the survey. The procedures for the implementation of the weighting methodology were developed by the Scottish Government working with the Methodology Advisory Service at the Office for National Statistics⁹.

To undertake the calibration weighting the ReGenesees Package for R was used and within this to execute the calibration a raking function was implemented.

1.7.2 Main adult weights

The main adult weight is applicable for all adults interviewed as part of the main sample and the health board boosts. There were six steps to calculating the overall adult weights. These were as follows:

1) Address selection weights (w1)

The address selection weights were calculated to compensate for unequal probabilities of selection of addresses in different survey strata. For the main sample with the health board boost there were 36 strata overall (one for each local authority, an extra strata for the Lanarkshires and two extra strata in Fife as a result of the boost). The address selection weight for each stratum was calculated as:

$$w1 = \frac{\text{Number of PAF addresses in the stratum}}{\text{Number of addresses selected for the stratum}}$$

2) Dwelling unit selection weights (w2)

As stated in Section 1.2.7, the MOI for the PAF was used to ensure that if there were multiple dwelling units at a single address point then they would have the same selection probability as individual addresses. However, there were some cases where the MOI was incorrect. The following correction was applied where this was the case:

$$w2 = \frac{\text{Recorded dwelling units at the address}}{\text{PAF MOI for the address}}$$

With w2 trimmed to a maximum of 3.

3) Household selection weights (w3)

Similarly, within a very small number of dwelling units fieldworkers found multiple households, of which only one was selected for participation in the SHeS. The following correction was applied for multiple households:

$$w3 = \text{Number of households within dwelling unit}$$

With w3 trimmed to a maximum of 3.

4) Calibrated household weights (w4)

The three selection weights were combined ($w1 * w2 * w3$) before the household calibration stage. This combined weight was applied to the survey data to act as entry weights for the calibration. The execution of the calibration step then modified the entry weights so that the weighted total of all members of responding households matched the population totals for Health Boards, Scotland-level population totals for age / sex breakdown, and the population within SIMD15 areas. The population totals that were used were the National Records of Scotland's (NRS) mid-2015 estimates for private households.

5) Adult non-response weights (w5)

All adults within selected households were eligible for interview, but within responding households not all individuals completed an interview. The profiles of household members that did not complete the interview were different from those that did. Information on all individuals within responding households was available through information gathered as part of the household interview. This allowed the differential response rates for individuals within households to be modelled using logistic regression to calculate a probability of responding based on their profiles. The logistic regression was only applicable for households containing more than one adult since households consisting of only one adult either responded to the household and individual interviews or did not respond at all.

The following variables were considered for inclusion in the model:

- Health Board
- Age / sex
- Number of adults in the household
- Employment status of household reference person
- Presence of a smoker in the household
- Marital status
- Tenure
- Urban / rural classification
- Access to a car
- Located within SIMD15 area
- Frequency of eating meals together

Through running backwards and forwards selection procedures for the logistic regression the following variables were included in the final model:

- Health Board
- Age / sex
- Number of adults in the household
- Presence of a smoker in the household
- Marital status
- Tenure
- Access to a car
- Located within SIMD15 area
- Frequency of eating meals together

The final logistic regression model was then used to calculate the probability of response for all individuals that did respond. The adult non-response weight (w5) was then calculated as the reciprocal of this probability:

$$w5 = \frac{1}{\text{Probability of individual's response}}$$

For households of only one adult the non-response weight was one.

6) Individual calibration and final adult weight (int16wt)

The household (w4) and non-response (w5) were combined (w4*w5) and applied to the survey data prior to the final stage of calibration weighting which matched weighted totals for the survey data to the NRS 2015 mid-year population estimates for Health Boards, age / sex distribution at Scotland level and age / sex distribution for the Glasgow and Greater Clyde Health Board.

Figure 1I: 2015 Mid-year population estimates for private households in Scotland by Health Board

Health Board	Children	Adults	Total
Ayrshire & Arran	62,085	304,281	366,366
Borders	18,930	93,946	112,876
Dumfries & Galloway	23,620	124,131	147,751
Fife	63,960	296,401	360,361
Forth Valley	52,604	242,652	295,256
Grampian	98,925	475,170	574,095
Greater Glasgow & Clyde	192,727	935,388	1,128,115
Highland	52,891	260,538	313,429
Lanarkshire	118,105	530,650	648,755
Lothian	146,159	700,130	846,289
Orkney	3,422	17,977	21,399
Shetland	4,187	18,778	22,965
Tayside	67,613	335,539	403,152
Western Isles	4,339	22,390	26,729
Total	909,567	4,357,971	5,267,538

Total figures might not be exact due to rounding

Figure 1J: 2015 Mid-year population estimates for private households in Scotland by SIMD15 indicator

SIMD15	Total population
15% most deprived datazones	914,981
All other datazones	4,352,557
Total	5,267,538

Total figures might not be exact due to rounding

Figure 1K: 2015 Mid-year population estimates for private households in Scotland by age group

Age group	Male	Female	Total
0-4	148,745	141,568	290,313
5-9	148,357	143,136	291,493
10-15	167,685	160,076	327,761
16-24	290,881	285,484	576,365
25-34	340,994	356,701	697,695
35-44	322,838	340,841	663,679
45-54	385,532	410,734	796,266
55-64	328,975	346,912	675,887
65-74	256,808	283,587	540,395
75+	168,129	239,555	407,684
Total	2,558,944	2,708,594	5,267,538

1.7.3 Biological module weights

A similar process was applied to derive the weights for the biological module. This is outlined below.

1) Address selection weight (bw1)

New address selection weights were calculated using the same process as described for w1 but with the Health Board boost addresses excluded.

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

The dwelling unit and household selection weights from the main adult weight were applied as above.

3) Calibrated household weight (bw4)

The three selection weights were combined ($bw1*w2*w3$) and applied to the survey data before the household calibration was run so that survey data matched the population totals for Health Boards, Scotland-level age / sex breakdown, and the population within SIMD15 areas.

4) Adjustment for biological module selection (bw5)

35.8% of the main sample was allocated to the biological module. To incorporate this probability of selection a correction was applied to the calibrated household weight (bw4). The correction was:

$$bw5 = \frac{(\text{Number of PAF addresses in the stratum}) / (\text{Stratum selected addresses for bio mod})}{bw4}$$

5) Application of adult non-response (w5)

For within household non-response, the non-response weight (w5) calculated for all households was also applicable for the biological module.

6) Non-response weight for biological module interview

Not all of the adults that responded to the main section of the interview responded to the biological module. Using the information collected for the respondent in the main interview and household interview the likelihood of responding to the biological module was modelled with logistic regression.

The following variables were considered for inclusion in the model:

- Health Board
- Age / sex
- Number of adults in the household
- Employment status of Household reference person
- Presence of a smoker in the household
- Frequency of eating meals together
- Self-assessed general health
- Gardening / DIY / building work in past 4 weeks
- Any physical activity in past 4 weeks
- Any housework in past 4 weeks
- Economic activity (working / retired / sick)
- Marital status
- Tenure
- Urban / rural classification
- Access to a car
- Located within SIMD15 area
- Long-term illness or disability
- Highest qualification held
- Ever had high blood pressure
- Current smoker
- Currently drink alcohol
- Number of natural teeth

Through running backwards and forwards selection procedures for the logistic regression the following variables were included in the final model for response to the biological module:

- Health Board
- Age / sex
- Number of adults in the household
- Frequency of eating meals together
- Marital status
- Urban / rural classification
- Located within SIMD15 area
- Current smoker
- Currently drink alcohol

The final logistic regression model was then used to estimate the probability of response for all individuals that did respond to the biological module. The biological module non-response weight (bw6) was then calculated as the reciprocal of this probability:

$$bw6 = \frac{1}{\text{Probability of individual's response to bio module}}$$

7) Final calibration for biological module (bio16_wt)

The household (bw4), biological sample correction (bw5), adult non-response (w5), and biological non-response (bw6) weights were combined ($bw4 * bw5 * w5 * bw6$) and applied to the survey data.

For the final stage of biological module weighting the weighted totals for the survey data were calibrated to match the NRS 2015 mid-year population estimates for private households for Health Boards, age / sex distribution at Scotland level. However, due to the low sample size for the module a number of the categories had to be collapsed. In terms of Health Boards, all areas except for Grampian, Greater Glasgow and Clyde, Highland, and Lanarkshire were grouped together. For the age groups, the lowest two age groups were combined as were the highest two age groups.

Weights were also created specifically for use with data resulting from the urine samples due to the higher level of non-response to this element of the biological module. These were created in a similar fashion to that described for the whole of the biological module.

1.7.5 Non-biological module weights (Version A)

A weight titled "Version A" was calculated for the individual respondents in the main sample that were not selected for the biological module. This consisted of the main sample without the Health Board boost sample. The following steps were followed to derive the weight:

1) Address selection weight (bw1)

As derived in the first step of the biological module weight.

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

The dwelling unit and household selection weights from the main adult weight were applied as above.

3) Calibrated household weight (bw4)

As derived for the biological module.

4) Adult non-response weight (w5)

For within household non-response, the non-response weight (w5) calculated for all households was also applicable for the biological module.

5) Final calibration for Version A weight (verA16wt)

The household (bw4) and adult non-response (w5) weights were combined ($bw4 * w5$) and applied to the survey data. As was the case with the main adult weight and biological module weight, the weighted totals for the survey data were calibrated to match the NRS 2015 mid-year population estimates for private households for Health Boards, age / sex distribution at Scotland level.

1.7.6 Overall child weights

An overall child weight was derived for child responses from the main sample and from the child boost combined. Separate logistic regression non-response weights were not required for the child samples as the response rate for children within cooperating households was sufficiently high at 97%. The weighting steps are shown below. Steps (1) and (2) followed the same process as described in 3.2 above.

- 1) Address selection weight for main sample and child boost combined (cw1)
- 2) Dwelling unit (cw2) and household (cw3) selection weights
- 3) Selection of children within each household (cw4)

A maximum of two children were eligible for interview in each household. To ensure that children in larger households were not under-represented in the final sample the following child selection weight was calculated for households with more than two children to compensate for the probability of selection:

$$cw4 = \frac{\text{Number of children in the household}}{2}$$

For households with two or fewer children $cw4=1$.

- 4) Calibration for child interview weight (cint16wt)

The address selection (cw1), dwelling unit (cw2), household (cw3) and child selection weights (cw4) were combined ($cw1*cw2*cw3*cw4$) and applied to the survey data. The weighted totals for the survey data were calibrated to match the NRS 2015 mid-year population estimates for private households for Health Boards, age / sex distribution at Scotland level.

Weights were also created specifically for within household analysis, comparing children's characteristics with those of their parents. As data were only collected with respect to both children and adults in the core sample, these weights were only created for children at core sample addresses. They were created in a similar fashion to that described for the whole of the overall child weights.

1.7.7 Combined weights

A number of different combinations of annual sweeps have been produced to allow the analysis of combined datasets.

The weights provided for combined years of data are:

Weight name	Purpose of combined weight
int13141516wt	For analysis of 2013, 2014, 2015 and 2016 combined adult data
cint13141516wt	For analysis of 2013, 2014, 2015 and 2016 combined child data
cmint13141516wt	For analysis of 2013, 2014, 2015 and 2016 combined child data core sample only (for within household analysis)
bio13141516wt	For analysis of 2013, 2014, 2015 and 2016 combined biological data (not urine)
uri13141516wt	For analysis of 2013, 2014, 2015 and 2016 combined urine data
int1516wt	For analysis of 2015 and 2016 combined adult data
cint1516wt	For analysis of 2015 and 2016 combined child data
cmint1516wt	For analysis of 2015 and 2016 combined child data core sample only (for within household analysis)
bio1516wt	For analysis of 2015 and 2016 combined biological data (not urine)
uri1516wt	For analysis of 2015 and 2016 combined urine data
int1416wt	For analysis of 2014 and 2016 combined adult data
vera1416wt	For analysis of 2014 and 2016 combined version A adult module data
cvera1416wt	For analysis of 2014 and 2016 combined version A child module data

In each case, the calculation of the weights followed the same procedure. The pre-calibration weights which had already been calculated for the individual years (which take into account selection weighting and (except for the child weights) non-response weighting) were combined and calibrated to Health Board and age / sex 2015 population totals for private households.

1.8 DATA ANALYSIS AND REPORTING

SHeS is a cross-sectional survey of the population. It examines associations between health status, personal characteristics and behaviour. However, such associations do not necessarily imply causality. In particular, associations between current health status 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.

1.8.1 Reporting age variables

Defining age for data collection

A considerable part of the data collected in the 2016 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.

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 2016 and was interviewed on October 1 2016 would be classified as being aged 24.75).

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 2016 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 have 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 most occasions data for all adults are 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 2015 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 $q_i = 1 - p_i$.

1.8.2 Standard analysis breakdowns

Scottish Index of Multiple Deprivation (SIMD)

The analysis of 2016 data was based on the 2016 version of the Scottish Index of Multiple Deprivation¹⁰. 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 (6,977) 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 this report. The full index is not available on the archived dataset due to concerns about its potential for identifying individual respondents or households.

1.8.3 Design effects and true standard errors

SHeS 2016 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 2016 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 1.10 to 1.19 for selected survey estimates presented in the main report.

Tables 1.10 - 1.19

References and notes

- ¹ The 1995 and 1998 surveys were carried out by the Joint Health Surveys Unit of the National Centre for Social Research (NatCen Social Research) and the Department of Epidemiology and Public Health University College London Medical School (UCL). The MRC Social and Public Health Sciences Unit at the University of Glasgow (MRC SPHSU) joined the consortium in 2003. ScotCen Social Research (a branch of NatCen Social Research), UCL and MRC SPHSU conducted the 2008-2011 surveys after a decision was made to carry out the survey annually.
- ² Scotland's Population 2016 – The Registrar General's Annual Review of Demographic Trends 162nd edition, Edinburgh: Scottish Government. 2016. Available from:
<https://www.nrscotland.gov.uk/files//statistics/rgar/16/16rgar.pdf>
- ³ See <http://www.gov.scot/Topics/Statistics/About/Surveys/SSCQ/SSCQ2014>
- ⁴ Corbett, J., Davidson, M., Dowling, S., Hinchliffe S. and Rutherford, L. (2013). Chapter 1: Methodology and response. In Rutherford, L., Hinchliffe, S. and Sharp, C. (eds.) Scottish Health Survey 2012 – Volume 2: Technical Report. Edinburgh: Scottish Government.
<http://www.gov.scot/Resource/0043/00434643.pdf>
- ⁵ Further information on the sample designs and the methodology used is available here:
<http://www.gov.scot/Topics/Statistics/About/SurveyDesigns201215>
- ⁶ Further information on the 2011 Scottish Health Survey questionnaire review for the 2012-2015 surveys can be found on the Scottish Government SHeS website:
<http://www.gov.scot/Topics/Statistics/Browse/Health/scottish-health-survey/questionnairereviewreport>
- ⁷ The household reference person (HRP) is defined as the householder (a person in whose name the property is owned or rented) with the highest income. If there is more than one householder and they have equal income, then the household reference person is the eldest.
- ⁸ Lynn, Peter, Beerten, Roeland, Laiho, Johanna and Martin, Jean 'Recommended Standard Final Outcome Categories and Standard Definitions of Response Rate for Social Surveys', Working Papers of the Institute for Social and Economic Research, paper 2001-23. Colchester: University of Essex. 2001.
- ⁹ A report on the development of the weighting procedures is available here:
<http://www.gov.scot/Topics/Statistics/About/Surveys/WeightingProjectReport>
- ¹⁰ Where time series SIMD data are presented, the appropriate version of the SIMD is used for each year. More details are provided within the main report and at
<http://www.gov.scot/Topics/Statistics/SIMD/Publications>

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Table 1.1 Detailed fieldwork outcomes

2016

Fieldwork Outcome	Main sample and HB boost			Child boost		
	Sample	% issued	% eligible	Sample	% issued	% eligible
All eligible individuals interviewed	2272	41.7%	46.6%	521	12.5%	64.7%
Responding	2811	51.7%	57.6%	523	12.6%	64.9%
Refused						
Sampling unit information refused	161	3.0%	3.3%	17	0.4%	2.1%
Office refusal	149	2.7%	3.1%	52	1.2%	6.5%
Refusal at introduction / before interview	950	17.5%	19.5%	123	3.0%	15.3%
Refusal during the interview	2	0.0%	0.0%	0	0.0%	0.0%
Broken appointment - no re-contact	184	3.4%	3.8%	36	0.9%	4.5%
Total refused	1446	26.6%	29.6%	228	5.5%	28.3%
Non-contact						
No contact with anyone at the address	194	3.6%	4.0%	34	0.8%	4.2%
Contact made at address, but not with target respondent	38	0.7%	0.8%	6	0.1%	0.7%
Total non-contact	232	4.3%	4.8%	40	1.0%	5.0%
Other non-response						
Ill at home during field period	60	1.1%	1.2%	2	0.0%	0.2%
Away or in hospital throughout field period	68	1.2%	1.4%	4	0.1%	0.5%
Physically or mentally unable/incompetent	88	1.6%	1.8%	3	0.1%	0.4%
Language barrier	19	0.3%	0.4%	0	0.0%	0.0%
Other non-response (not covered by categories above)	119	2.2%	2.4%	1	0.0%	0.1%
Total other non-response	354	6.5%	7.3%	10	0.2%	1.2%

Continued...

Table 1.1 - Continued

2016

Fieldwork Outcome	Main sample and HB boost			Child boost		
	Sample	% issued	% eligible	Sample	% issued	% eligible
Unknown eligibility						
Not attempted	7	0.1%		11	0.3%	
Inaccessible	6	0.1%		2	0.0%	
Unable to locate address	6	0.1%		5	0.1%	
Other unknown eligibility	23	0.4%		9	0.2%	
Total unknown eligibility	42	0.8%		27	0.6%	
Estimated eligible addresses in set of unknown eligibility addresses	37	0.7%	0.8%	5	0.1%	0.6%
Total eligible addresses	4880	89.7%	100.0%	806	19.4%	100.0%
Not eligible						
No children 0-15 in household	n/a			3129	75.2%	
Not yet built / under construction	2	0.0%		1	0.0%	
Demolished / derelict	21	0.4%		10	0.2%	
Vacant / empty	338	6.2%		118	2.8%	
Non-residential	48	0.9%		38	0.9%	
Address occupied, but no resident household	130	2.4%		32	0.8%	
Communal establishment / institution	5	0.1%		4	0.1%	
Other ineligible	13	0.2%		3	0.1%	
Estimated ineligible addresses in set of unknown eligibility addresses	5	0.1%		22	0.5%	
Total not eligible	562	10.3%		3357	80.6%	
All issued addresses	5442	100.0%		4163	100.0%	

Table 1.2 Main sample household response, by Health Board

Selected addresses/eligible households

2016

Address and household outcome	Health Board														Total
	Ayrshire & Arran	Lothian	Orkney Islands	Shetland Islands	Tayside	Western Isles	Borders	Dumfries & Galloway	Fife	Forth Valley	Grampian	Greater Glasgow & Clyde	Highland	Lanarkshire	
Main sample^a	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Selected addresses	566	693	125	122	266	133	145	129	564	209	762	1032	242	454	5442
Ineligible addresses	59	64	13	14	30	34	15	18	57	13	103	72	38	31	562
Total eligible households	507	629	112	108	236	99	130	111	507	196	659	960	204	423	4880

Continued...

Table 1.3 Child boost sample household response, by Health Board^a

Selected addresses/eligible households

2016

Address and household outcome	Health Board																							
	Ayrshire & Arran		Lothian		Tayside		Borders		Dumfries & Galloway		Fife		Forth Valley		Grampian		Greater Glasgow & Clyde		Highland		Lanarkshire		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Selected addresses	277		679		273		61		93		291		248		446		1009		249		555		4181	
Ineligible address	19		25		14		7		8		13		6		25		33		34		23		208	
Ineligible - no children ^b	208		497		212		44		69		216		198		341		779		172		416		3151	
Total eligible households	50		157		47		10		16		62		44		80		197		43		116		822	
Responding households ^c	28	56	89	57	25	53	5	50	11	69	39	63	26	59	55	69	138	70	36	8	71	61	523	64
All interviewed ^d	28	56	89	57	25	53	5	50	11	69	39	63	26	59	54	68	137	70	36	84	71	61	521	63
Fully co-operating ^e	26	52	84	53	19	40	5	50	11	69	37	59	25	57	53	66	126	64	35	81	64	55	485	59
Non-responding households	21	42	68	43	22	47	5	50	5	31	23	37	18	41	25	31	59	30	7	16	45	39	298	36
Non-contact - eligible	3	6	13	8	1	2	1	10	0	0	0	0	4	9	3	4	10	5	3	7	2	2	40	5
Non-contact - unknown eligibility	0	0	17	11	0	0	0	0	0	0	1	2	1	2	0	0	2	1	6	14	0	0	27	3
Refusal	14	28	46	29	19	40	3	30	5	31	21	34	14	32	19	24	41	21	3	7	43	37	228	28
Other non-response - eligible	4	8	6	4	2	4	1	10	0	0	2	3	0	0	3	4	7	4	0	0	0	0	25	3
Other non-response - unknown eligibility	0	0	0	0	0	0	0	0	0	0	1	2	0	0	0	0	1	1	0	0	0	0	2	0

a There were no child boost addresses issue in the following Health Boards: Orkney, Shetland, Western Isles

b Child boost sample addresses where no persons aged 0-15 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

e 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' of adults aged 16 and over)^a

2016

Individual response	Men		Women		All adults	
	N	%	N	%	N	%
Interviewed	1894	48	2429	54	4323	51
Non responding						
In co-operating households	454	11	208	5	662	8
In non-responding households	1625	41	1825	41	3449	41
Measurements						
Height	1639	41	2057	46	3696	44
Weight	1626	41	2018	45	3644	43
Eligible for biological module^{b,c}	696	57	796	57	1492	57
Completed biological module	418	34	550	40	968	37
Waist ^d	400	33	520	37	920	35
Blood pressure ^e	389	32	503	36	892	34
Saliva	378	31	503	36	881	34
Urine	348	29	447	32	795	31
<i>Base:</i>						
<i>Set sample: all main and boost adults</i>	3973		4462		8434	
<i>Set sample: biological module</i>	1215		1389		2604	

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 biological module addresses. At these addresses all adults who participated in the stage 1 interview were eligible to take part in the biological module. There were no biological modules in the Health Board boost sample

c Percentages are calculated as a proportion of those in the biological set sample. This is a change from previous years

d 2 valid measurements obtained

e 3 valid readings obtained

Table 1.5 Men in responding households, response to the stages of the survey, by age

Men aged 16 and over in responding households

2016

Individual response	Age							Total
	16-24	25-34	35-44	45-54	55-64	65-74	75+	
	%	%	%	%	%	%	%	%
Interviewed								
Interviewed	67	72	77	81	83	91	91	81
Not contacted/refused	33	28	23	19	17	9	9	19
Height								
Measured	57	64	70	70	73	77	72	70
Refused	5	4	6	6	4	7	9	6
Measurement not attempted	4	3	1	4	5	6	9	4
Not contacted/not obtained ^a	33	29	23	19	17	10	10	20
Weight								
Measured	56	64	70	70	73	76	72	69
Refused	6	4	6	6	5	8	9	6
Measurement not attempted	5	3	1	4	5	6	8	5
Not contacted/not obtained ^b	34	28	23	20	18	10	11	20
Of those eligible for biological module								
Completed main interview	55	82	78	72	80	88	85	78
Completed bio module	49	63	56	55	63	69	65	60
Bio interview not complete ^b	51	37	44	45	37	31	35	40

Continued...

Table 1.5 - Continued

Men aged 16 and over in responding households

2016

Individual response	Age							Total
	16-24	25-34	35-44	45-54	55-64	65-74	75+	
	%	%	%	%	%	%	%	%
Waist								
2 valid measurements	49	59	53	52	61	66	61	57
Bio interview not complete ^c	51	37	44	45	37	31	35	40
Refused/not obtained	0	4	3	3	2	3	3	3
Blood pressure								
3 valid measurements	43	58	55	48	59	64	63	56
Bio interview not complete ^b	51	37	44	45	37	31	35	40
Refused/not obtained	5	5	1	7	3	4	2	4
Saliva sample								
Obtained	43	57	50	50	57	63	58	54
Bio interview not complete ^b	51	37	44	45	37	31	35	40
Refused/not obtained	5	6	6	5	6	6	6	6
Urine								
Obtained	39	51	48	48	51	57	55	50
Bio interview not complete ^b	51	37	44	45	37	31	35	40
Refused/not obtained	9	12	8	7	11	12	10	10
<i>Bases:</i>								
<i>Men aged 16+ in responding households</i>	254	296	342	423	433	372	228	2348
<i>Men aged 16+ in responding households eligible for biological module</i>	74	97	107	123	115	118	62	696

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

b Includes non-responders to interview

Table 1.6 Women in responding households, response to the stages of the survey, by age

Women aged 16 and over in responding households

2016

Individual response	Age							Total
	16-24	25-34	35-44	45-54	55-64	65-74	75+	
	%	%	%	%	%	%	%	%
Interviewed								
Interviewed	74	94	92	93	94	97	96	92
Not contacted/refused	26	6	8	7	6	3	4	8
Height								
Measured	63	79	79	84	81	82	69	78
Refused	7	7	9	7	8	7	7	8
Measurement not attempted	2	8	3	2	4	6	18	6
Not contacted/not obtained ^a	27	6	8	7	7	4	6	9
Weight								
Measured	60	78	79	82	79	81	69	77
Refused	9	9	10	8	9	9	7	9
Measurement not attempted	1	2	2	3	5	6	19	5
Not contacted/not obtained ^b	28	6	8	7	7	4	6	9
Of those eligible for biological module								
Completed main interview	76	93	91	93	89	96	96	91
Completed bio module	60	68	66	73	71	75	67	69
Bio interview not complete ^b	40	32	34	27	29	25	33	31

Continued...

Table 1.6 - Continued

Women aged 16 and over in responding households

2016

Individual response	Age							Total
	16-24	25-34	35-44	45-54	55-64	65-74	75+	
	%	%	%	%	%	%	%	%
Waist								
2 valid measurements	57	61	63	71	69	69	63	65
Bio interview not complete ^c	40	32	34	27	29	25	33	31
Refused/not obtained	4	7	3	2	2	5	4	4
Blood pressure								
3 valid measurements	55	61	59	69	66	69	58	63
Bio interview not complete ^b	40	32	34	27	29	25	33	31
Refused/not obtained	5	7	7	4	5	5	9	6
Saliva sample								
Obtained	57	57	63	67	66	68	62	63
Bio interview not complete ^b	40	32	34	27	29	25	33	31
Refused/not obtained	4	11	3	5	5	7	5	6
Urine								
Obtained	45	52	57	61	58	62	53	56
Bio interview not complete ^b	40	32	34	27	29	25	33	31
Refused/not obtained	16	16	9	12	13	13	14	13
<i>Bases:</i>								
<i>Women aged 16+ in responding households</i>	269	347	377	472	462	414	296	2637
<i>Women aged 16+ in responding households eligible for biological module</i>	83	122	123	129	131	130	78	796

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

b Includes non-responders to interview

Table 1.7 Summary of children's individual response to the survey, by sample type and sex

Eligible child sample aged 0-15 ('set' sample of children)^a 2016

Individual response	Boys		Girls		All children	
	N	%	N	%	N	%
Main sample						
Interviewed	363	57	394	58	757	57
Eligible non-responders: ^b						
In responding households	21	3	25	4	46	3
In non-responding households	255	40	265	39	520	39
Measurements obtained:						
Height ^c	238	37	255	37	493	37
Weight ^c	237	37	251	37	488	37
Child boost sample						
Interviewed	408	64	396	64	804	64
Eligible non-responders: ^b						
In responding households	1	0	1	0	2	0
In non-responding households	232	36	218	35	450	36
Measurements obtained:						
Height ^c	312	49	311	51	623	50
Weight ^c	308	48	298	48	606	48
All children						
Interviewed	771	60	790	61	1561	61
Eligible non-responders: ^b						
In responding households	22	2	26	2	48	2
In non-responding households	487	38	483	37	970	38
Measurements obtained:						
Height ^c	550	43	566	44	1116	43
Weight ^c	545	43	549	42	1094	42
<i>Base: set sample</i>						
Main sample	639		684		1323	
Child boost	641		615		1256	
All children	1280		1299		2579	

a For the method of estimating the child 'set' sample, see Section 1.6.4. Estimated bases have been rounded

b Only 2 children per household were eligible for interview so if more than 2 children were in the household the additional ones were not interviewed

c Height and weight measurements were only taken from children aged 2+. As the set sample is based on children aged 0 to 15 the figures shown will underestimate the height and weight response rates

Table 1.8 Children in responding households, response to the stages of the survey, by age and sex

<i>Eligible boys and girls in responding households</i>						2016
Individual response	Age					Total
	0-1	2-4	5-6	7-10	11-15	
	%	%	%	%	%	%
Boys						
Interviewed (0 to 15)	100	99	99	98	93	97
Not contacted/refused	0	1	1	2	7	3
Height (2-15)						
Measured	n/a	74	76	84	81	80
Refused		8	6	5	6	6
Measurement not attempted		13	14	9	5	9
Not contacted/not obtained ^a		6	5	2	8	5
Weight (2-15)						
Measured	n/a	78	76	84	79	80
Refused		6	6	5	8	6
Measurement not attempted		13	14	9	5	9
Not contacted/not obtained ^a		2	5	2	8	4
Girls						
Interviewed (0 to 15)	100	98	100	98	92	97
Not contacted/refused	0	2	0	2	8	3
Height (2-15)						
Measured	n/a	80	82	83	77	80
Refused		9	8	6	7	7
Measurement not attempted		6	9	9	7	8
Not contacted/not obtained ^a		5	0	3	9	5
Weight (2-15)						
Measured	n/a	77	82	84	72	78
Refused		10	9	5	11	9
Measurement not attempted		7	8	9	8	8
Not contacted/not obtained ^a		6	0	3	8	5
Bases:						
<i>All eligible boys in co-operating households</i>	105	141	109	212	226	793
<i>All eligible boys aged 2-15 in co-operating households</i>		141	109	212	226	688
<i>All eligible girls in co-operating households</i>	110	173	108	200	225	816
<i>All eligible girls aged 2-15 in co-operating households</i>		173	108	200	225	706

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

Table 1.9 Age distribution of responding adult sample compared with 2015 mid-year population estimates for Scotland, by sex

Responding adults 2016

Age	Health survey responding adult sample		
	At interview	Biological module ^a	Mid-2015 population estimate ^b
	%	%	%
Men			
16 to 24	9	9	14
25 to 34	11	15	16
35 to 44	14	14	15
45 to 54	18	16	18
55 to 64	19	17	16
65 to 74	18	19	12
75 plus	11	10	8
All men	44	43	48
Women			
16 to 24	8	9	13
25 to 34	13	15	16
35 to 44	14	15	15
45 to 54	18	17	18
55 to 64	18	17	15
65 to 74	16	18	13
75 plus	12	9	11
All women	56	57	52
<i>Bases:</i>			
<i>Men</i>	1894	418	2094
<i>Women</i>	2429	550	2264

a Only a sub-sample of adults were eligible to take part in the biological module. There was no biological module for the Health Board boost sample
b 2015 private household population for Scotland (Source: National Records of Scotland), base shown in thousands

Table 1.10 True standard errors and 95% confidence intervals for alcohol variables

2016

		% (p) / Mean	Sample size (un-weighted)	True standard error	95% confidence interval		Design Factor
					lower	upper	
Estimated usual weekly alcohol consumption level							
Men	Non-drinker	13	1869	0.9	10.9	14.4	1.22
	Moderate (up to and including 14 units)	53	1869	1.6	49.5	55.6	1.41
	Hazardous/harmful (over 14 units)	35	1869	1.5	32.1	37.8	1.39
Women	Non-drinker	19	2395	1.0	17.5	21.6	1.23
	Moderate (up to and including 14 units)	63	2395	1.2	61.0	65.8	1.20
	Hazardous/harmful (over 14 units)	17	2395	1.0	15.2	19.1	1.25
Estimated usual weekly alcohol consumption level (mean units per adult drinker)							
Men	Mean number of alcohol units usually consumed per week	16.9	1587	0.80	15.3	18.5	1.50
Women	Mean number of alcohol units usually consumed per week	8.8	1889	0.37	8.0	9.5	1.27
Mean units per adult drinker on heaviest drinking day							
Men	Mean number of alcohol units usually consumed per week	8.3	1170	0.27	7.7	8.8	1.40
Women	Mean number of alcohol units usually consumed per week	6.1	1198	0.28	5.6	6.7	1.55

Continued...

Table 1.10 - Continued

2016

		% (p) / Mean	Sample size (un-weighted)	True standard error	95% confidence interval		Design Factor
					lower	upper	
Drinks more than 4 units on heaviest drinking day							
Men	Drinks more than 4 units on heaviest drinking day	39	1839	1.6	36.5	42.6	1.36
Drinks more than 8 units on heaviest drinking day							
Men	Drinks more than 8 units on heaviest drinking day	24	1839	1.4	21.7	27.1	1.37
Drinks more than 3 units on heaviest drinking day							
Women	Drinks more than 3 units on heaviest drinking day	32	2391	1.2	29.8	34.5	1.25
Drinks more than 6 units on heaviest drinking day							
Women	Drinks more than 6 units on heaviest drinking day	17	2391	1.1	14.5	19.0	1.48

Table 1.11 True standard errors and 95% confidence intervals for smoking variables

2016

		% (p) / Mean	Sample size (un-weighted)	True standard error	95% confidence interval		Design Factor
					lower	upper	
Cigarette smoking status							
Men	Current cigarette smoker	23	1882	1.2	20.3	25.1	1.32
	Used to smoke cigarettes regularly	25	1882	1.1	23.3	27.7	1.18
	Never smoked or used to smoke cigarettes occasionally	52	1882	1.4	49.2	54.8	1.30
Women	Current cigarette smoker	20	2416	1.0	17.8	21.8	1.22
	Used to smoke cigarettes regularly	23	2416	1.0	20.8	24.8	1.14
	Never smoked or used to smoke cigarettes occasionally	58	2416	1.2	55.1	60.0	1.18
Mean cigarettes smoked per smoker per day							
Men	Mean number of cigarettes smoke a day (smokers only)	13.7	371	0.67	12.4	15.0	1.43
Women	Mean number of cigarettes smoke a day (smokers only)	11.7	434	0.38	10.9	12.4	1.06
e-cigarette use							
Men	Current user	7	1884	0.7	5.8	8.7	1.26
	Have used in the past	13	1884	1.1	11.4	15.7	1.47
	Never used e-cigarette	79	1884	1.2	77.0	81.8	1.37
Women	Current user	7	2413	0.6	5.8	8.3	1.19
	Have used in the past	10	2413	0.8	9.0	12.2	1.25
	Never used e-cigarette	83	2413	1.0	80.5	84.4	1.24

Continued...

Table 1.11 - Continued

2016

		% (p) / Mean	Sample size (un-weighted)	True standard error	95% confidence interval		Design Factor
					lower	upper	
Non-smokers' exposure to second-hand smoke							
Men	At own home	6	1487	1.0	4.6	8.7	1.72
	In other people's homes	6	1487	0.9	4.8	8.4	1.48
	At work	4	1487	0.7	3.1	6.0	1.41
	Outside buildings (e.g. pubs, shops, hospitals)	13	1487	1.3	10.4	15.5	1.56
	In cars/vans etc	1	1487	0.4	0.6	2.2	1.48
	In other public places	8	1487	1.2	5.9	10.7	1.80
	In own or other's home	11	1487	1.2	9.1	14.0	1.58
	In any public place	16	1487	1.4	13.5	19.0	1.54
	None of these	73	1487	1.7	69.8	76.5	1.57
Women	At own home	6	1976	0.7	4.3	7.1	1.31
	In other people's homes	7	1976	0.8	5.9	9.0	1.32
	At work	3	1976	0.5	2.6	4.5	1.12
	Outside buildings (e.g. pubs, shops, hospitals)	14	1976	1.1	12.1	16.5	1.36
	In cars/vans etc	1	1976	0.3	0.7	2.1	1.35
	In other public places	8	1976	0.8	6.7	10.0	1.32
	In own or other's home	12	1976	1.0	10.1	14.1	1.34
	In any public place	17	1976	1.2	15.2	19.8	1.32
	None of these	72	1976	1.4	69.6	75.1	1.35
Children's exposure to second-hand smoke in home							
Boys	Yes	7	769	1.1	4.7	9.0	1.22
	No	93	769	1.1	91.0	95.3	1.22
Girls	Yes	7	786	1.1	4.7	9.2	1.25
	No	93	786	1.1	90.8	95.3	1.25

Table 1.12 True standard errors and 95% confidence intervals for physical activity variables

2016

		% (p) / Mean	Sample size (un-weighted)	True standard error	95% confidence interval		Design Factor
					lower	upper	
Proportion of adults meeting physical activity guidelines							
Men	Meets MVPA guidelines	69	1874	1.3	66.3	71.5	1.30
Women	Meets MVPA guidelines	59	2401	1.2	57.0	61.8	1.18
Proportion of children meeting physical activity guidelines (including school)							
Boys	Including school	79	653	1.9	75.4	82.7	1.18
Girls	Including school	72	672	2.0	68.1	75.9	1.14
Proportion of children meeting physical activity guidelines (excluding school)							
Boys	Excluding school	73	653	2.0	68.5	76.3	1.16
Girls	Excluding school	64	672	2.2	59.7	68.4	1.18
Proportion of children participating in sport							
Boys	Any sport or exercise	70	666	2.1	65.6	73.7	1.17
	No sport or exercise	30	666	2.1	26.3	34.4	1.17
Girls	Any sport or exercise	67	679	2.0	63.0	70.9	1.11
	No sport or exercise	33	679	2.0	29.1	37.0	1.11

Table 1.13 True standard errors and 95% confidence intervals for diet variables

2016

		% (p) / Mean	Sample size (un-weighted)	True standard error	95% confidence interval		Design Factor
					lower	upper	
Adult portions of fruit and veg							
Men	None	14	1892	1.1	12.0	16.2	1.41
	Less than 1 portion	5	1892	0.6	4.0	6.6	1.33
	1 portion or more but less than 2	20	1892	1.1	17.6	22.1	1.32
	2 portions or more but less than 3	19	1892	1.0	17.0	21.1	1.22
	3 portions or more but less than 4	15	1892	1.0	13.0	16.8	1.22
	4 portions or more but less than 5	10	1892	0.8	8.7	11.7	1.14
	5 portions or more	17	1892	1.1	15.3	19.6	1.31
Women	None	9	2427	0.9	7.7	11.2	1.44
	Less than 1 portion	7	2427	0.6	5.5	8.1	1.23
	1 portion or more but less than 2	17	2427	1.0	15.2	19.0	1.22
	2 portions or more but less than 3	18	2427	0.9	16.3	19.7	1.06
	3 portions or more but less than 4	16	2427	0.8	14.0	17.4	1.11
	4 portions or more but less than 5	12	2427	0.8	10.4	13.5	1.13
	5 portions or more	22	2427	1.1	19.5	23.9	1.31
Adult mean adult fruit and vegetable consumption							
Men	Mean portions	2.8	1892	0.07	2.7	3.0	1.42
Women	Mean portions	3.2	2427	0.07	3.1	3.4	1.35

Continued...

Table 1.13 - Continued

2016

		% (p) / Mean	Sample size (un-weighted)	True standard error	95% confidence interval		Design Factor
					lower	upper	
Child portions of fruit and veg							
Boys	None	10	665	1.3	7.7	12.9	1.15
	Less than 1 portion	4	665	0.9	2.8	6.2	1.11
	1 portion or more but less than 2	23	665	1.8	20.0	27.0	1.10
	2 portions or more but less than 3	22	665	1.7	19.3	25.9	1.06
	3 portions or more but less than 4	17	665	1.5	14.2	20.2	1.06
	4 portions or more but less than 5	12	665	1.3	9.4	14.5	1.05
	5 portions or more	11	665	1.3	9.0	14.2	1.07
Girls	None	8	680	1.2	5.8	10.7	1.18
	Less than 1 portion	5	680	0.8	3.3	6.6	1.03
	1 portion or more but less than 2	19	680	1.7	15.5	22.2	1.14
	2 portions or more but less than 3	22	680	1.7	19.1	25.8	1.06
	3 portions or more but less than 4	20	680	1.6	17.2	23.3	1.00
	4 portions or more but less than 5	11	680	1.2	9.0	13.6	0.96
	5 portions or more	15	680	1.6	12.3	18.8	1.18
Child mean adult fruit and vegetable consumption							
Boys	Mean portions	2.7	665	0.08	2.5	2.8	1.12
Girls	Mean portions	2.9	680	0.09	2.7	3.1	1.20

Table 1.14 True standard errors and 95% confidence intervals for obesity variables

		2016					
		% (p) / Mean	Sample size (un-weighted)	True standard error	95% confidence interval		Design Factor
					lower	upper	
Mean Adult BMI							
Men	Mean	27.7	1603	0.17	27.3	28.0	1.38
Women	Mean	27.7	1980	0.18	27.3	28.0	1.21
BMI 25 and over							
Men	25 and over	68	1603	1.5	65.3	71.1	1.33
Women	25 and over	61	1980	1.4	58.3	63.7	1.20
BMI 30 and over							
Men	30 and over	29	1603	1.4	25.9	31.4	1.31
Women	30 and over	29	1980	1.3	26.6	31.6	1.19
BMI 40 and over							
Men	40 and over	3	1603	0.5	2.0	4.2	1.34
Women	40 and over	4	1980	0.5	3.5	5.5	1.06
Child BMI, within / outwith healthy range							
Boys	Within healthy range	70	533	2.2	65.5	74.0	1.10
	Outwith healthy range	30	533	2.2	26.0	34.5	1.10
Girls	Within healthy range	71	542	2.0	66.4	74.3	1.03
	Outwith healthy range	29	542	2.0	25.7	33.6	1.03

Continued...

Table 1.14 - Continued

2016

		% (p) / Mean	Sample size (un-weighted)	True standard error	95% confidence interval		Design Factor
					lower	upper	
Child BMI, at risk of overweight (including obese)							
Boys	At risk of overweight (including obese)	28	533	2.1	24.2	32.6	1.10
Girls	At risk of overweight (including obese)	29	542	2.0	25.3	33.2	1.03
Child BMI, at risk of obesity							
Boys	At risk of obesity	14	533	1.5	11.2	17.1	1.01
Girls	At risk of obesity	14	542	1.6	10.8	17.1	1.07

Table 1.15 True standard errors and 95% confidence intervals for multiple risk variables

2013-2016 combined

		% (p) / Mean	Sample size (un-weighted)	True standard error	95% confidence interval		Design Factor
					lower	upper	
Number of multiple risks							
Men	0	27	6946	0.7	26.1	28.8	1.33
	1	40	6946	0.7	38.4	41.3	1.32
	2	25	6946	0.6	23.5	26.0	1.27
	3	7	6946	0.4	6.4	7.8	1.21
	4	1	6946	0.1	0.7	1.3	1.26
Women	0	30	8513	0.6	29.1	31.6	1.22
	1	40	8513	0.6	38.8	41.3	1.15
	2	24	8513	0.5	22.8	24.9	1.14
	3	5	8513	0.3	4.7	5.8	1.13
	4	0	8513	0.1	0.3	0.7	1.14

Table 1.16 True standard errors and 95% confidence intervals for general health and caring variables

2016, 2015/2016 combined

		% (p) / Mean	Sample size (un-weighted)	True standard error	95% confidence interval		Design Factor
					lower	upper	
Adult self-assessed general health, 2016							
Men	Very good/good	74	1894	1.1	71.2	75.7	1.19
	Fair	19	1894	1.0	16.6	20.6	1.19
	Bad/very bad	8	1894	0.7	6.6	9.5	1.23
Women	Very good/good	73	2428	1.1	70.4	74.8	1.18
	Fair	18	2428	0.9	16.5	20.2	1.15
	Bad/very bad	9	2428	0.7	7.9	10.5	1.10
Child self-assessed general health, 2015/2016 combined							
Boys	Very good/good	94	1506	0.6	92.9	95.3	1.02
	Fair	5	1506	0.6	3.9	6.1	1.00
	Bad/very bad	1	1506	0.3	0.5	1.6	1.05
Girls	Very good/good	97	1475	0.6	95.4	97.7	1.23
	Fair	2	1475	0.5	1.6	3.7	1.28
	Bad/very bad	1	1475	0.3	0.4	1.5	1.15
Adult Prevalence of long-term conditions (limiting/non-limiting), 2016							
Men	Limiting LI	30	1893	1.3	27.7	33.0	1.33
	Non limiting LI	14	1893	0.8	12.3	15.6	1.12
	No LI	56	1893	1.5	52.9	58.8	1.36
Women	Limiting LI	35	2425	1.2	32.4	37.1	1.20
	Non limiting LI	15	2425	0.8	13.1	16.4	1.12
	No LI	51	2425	1.2	48.2	53.1	1.17

Table 1.16 - Continued

2016, 2015/2016 combined

		% (p) / Mean	Sample size (un-weighted)	True standard error	95% confidence interval		Design Factor
					lower	upper	
Adult Prevalence of long-term conditions (total with and without conditions), 2016							
Men	With	44	1893	1.5	41.2	47.1	1.36
	Without	56	1893	1.5	52.9	58.8	1.36
Women	With	49	2425	1.2	46.9	51.8	1.17
	Without	51	2425	1.2	48.2	53.1	1.17
Child Prevalence of long-term conditions (limiting/non-limiting), 2016							
Boys	Limiting LI	9	771	1.1	7.0	11.3	1.07
	Non limiting LI	9	771	1.1	6.9	11.3	1.09
	No LI	82	771	1.4	79.2	84.8	1.05
Girls	Limiting LI	6	790	0.9	4.1	7.5	1.03
	Non limiting LI	8	790	1.0	6.2	10.3	1.05
	No LI	86	790	1.3	83.7	88.7	1.03
Child Prevalence of long-term conditions (total with and without conditions), 2016							
Boys	With	18	771	1.4	15.2	20.8	1.05
	Without	82	771	1.4	79.2	84.8	1.05
Girls	With	14	790	1.3	11.3	16.3	1.03
	Without	86	790	1.3	83.7	88.7	1.03

Table 1.17 True standard errors and 95% confidence intervals for mental wellbeing variables

2016

		% (p) / Mean	Sample size (un-weighted)	True standard error	95% confidence interval		Design Factor
					lower	upper	
Adult WEMWBS mean scores							
Men	Mean score	50	1708	0.25	49.4	50.3	1.25
Women	Mean score	50	2192	0.24	49.3	50.3	1.21
Adult GHQ12 mean scores							
Men	Score 0	65	1710	1.5	62.00	67.90	1.36
	Score 1-3	22	1710	1.2	19.50	24.30	1.29
	Score 4+	13	1710	1.0	11.4	15.2	1.24
Women	Score 0	58	2209	1.2	55.5	60.1	1.08
	Score 1-3	25	2209	1.0	22.9	26.9	1.08
	Score 4+	17	2209	1.0	15.4	19.4	1.19
Adult Life satisfaction mean scores							
Men	Mean score	7.7	2420	0.05	7.64	7.84	1.31
Women	Mean score	7.8	1889	0.05	7.67	7.85	1.20

Table 1.18 True standard errors and 95% confidence intervals for CVD variables

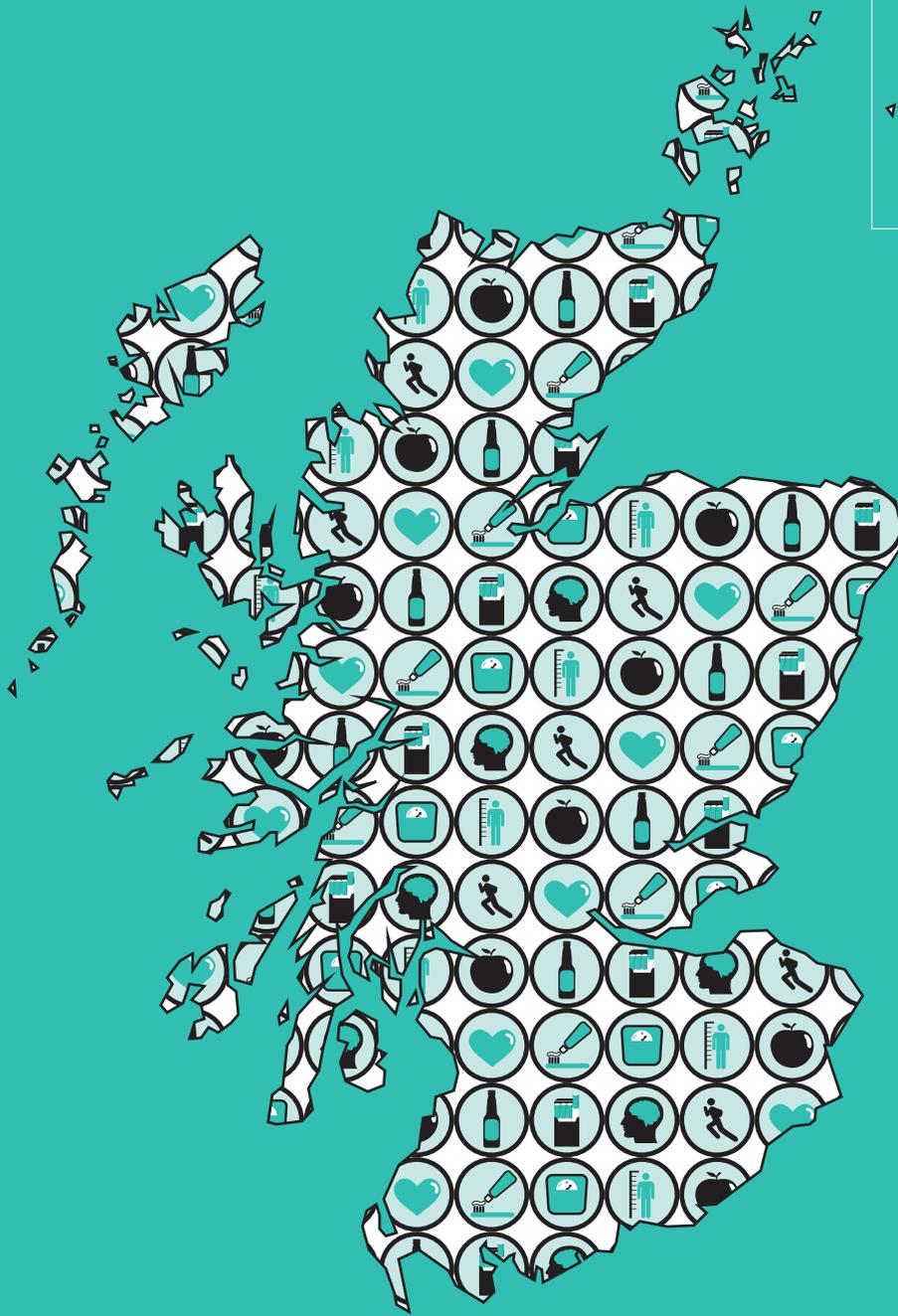
2016

		% (p) / Mean	Sample size (un-weighted)	True standard error	95% confidence interval		Design Factor
					lower	upper	
Any CVD							
Men	Any CVD	16	1894	0.9	13.8	17.4	1.17
Women	Any CVD	15	2427	0.8	13.4	16.7	1.12
Doctor-diagnosed diabetes							
Men	Doctor-diagnosed diabetes	6	1894	0.6	4.9	7.2	1.10
Women	Doctor-diagnosed diabetes	5	2428	0.5	4.0	6.1	1.13
Any CVD or diabetes							
Men	Any CVD or diabetes	19	1894	1.0	17.2	21.3	1.21
Women	Any CVD or diabetes	18	2427	0.9	16.7	20.2	1.11
IHD							
Men	IHD	7	1893	0.6	5.7	8.0	1.04
Women	IHD	4	2429	0.5	3.4	5.2	1.07
Stroke							
Men	Stroke	3	1894	0.4	2.5	4.1	1.08
Women	Stroke	3	2429	0.4	2.1	3.6	1.10
IHD or stroke							
Men	IHD or stroke	9	1893	0.7	8.0	10.7	1.06
Women	IHD or stroke	6	2429	0.6	5.3	7.5	1.08

Table 1.19 True standard errors and 95% confidence intervals for respiratory variables

2016

		% (p) / Mean	Sample size (un-weighted)	True standard error	95% confidence interval		Design Factor
					lower	upper	
Adult respiratory symptoms							
Men	Ever Wheezed	28	1892	1.3	25.9	31.0	1.33
	Wheezed in last 12 months	16	1892	0.9	13.8	17.4	1.14
	Doctor-diagnosed asthma	15	1891	1.0	13.0	17.0	1.28
Women	Ever Wheezed						
	Wheezed in last 12 months	27	2428	1.1	24.6	29.0	1.20
	Doctor-diagnosed asthma	15	2428	0.8	13.5	16.9	1.12
		16	2424	0.9	14.2	17.7	1.16
Child respiratory symptoms							
Boys	Ever Wheezed						
	Wheezed in last 12 months	26	771	1.7	23.0	29.5	1.06
	Doctor-diagnosed asthma	15	771	1.4	12.4	17.7	1.08
		10	769	1.2	8.2	13.0	1.13
Girls	Ever Wheezed						
	Wheezed in last 12 months	19	790	1.6	16.3	22.6	1.11
	Doctor-diagnosed asthma	12	790	1.3	9.4	14.5	1.10
		9	789	1.2	6.9	11.7	1.17
Doctor-diagnosed COPD							
Men	Yes						
	No	4	1894	0.4	2.8	4.4	0.99
		96	1894	0.4	95.6	97.2	0.99
Women	Yes						
	No	4	2429	0.4	3.4	5.0	1.00



Chapter 2

Quality control of urine and saliva analytes

CHAPTER 2: QUALITY CONTROL OF URINE AND SALIVA ANALYTES

Julie Day, Mira Doig, Anna Terje

2.1 INTRODUCTION AND KEY CONCLUSIONS

This section describes the assay of analytes for the 2016 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 available on request from ScotCen.

The overall conclusion for the data provided in this chapter is that methods and equipment used for the measurement of 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 urine analytes and saliva cotinine levels were acceptable for the 2016 SHeS.

2.2 ANALYSING LABORATORIES

As in previous years, the Royal Victoria Infirmary (RVI) in Newcastle upon Tyne was the analysing laboratory for the urine sample analyses in 2016. Salivary cotinine analysis of the 2016 samples was conducted by ABS Laboratories in Welwyn Garden City, Hertfordshire.

2.3 SAMPLES COLLECTED

2.3.1 Urine samples

A mid-flow spot urine sample was obtained from participants aged 16 and over taking part in the biological module. Urine samples were collected for analysis of sodium, potassium and creatinine. Participants were instructed to provide a sample of urine in the disposable collection beaker and then use the special urine collection syringe to draw up the sample. An instruction card was given to participants demonstrating how to use the syringe. Interviewers could also draw up the sample from the beaker if the participant preferred this. The urine collection syringe was then labelled and packaged ready for dispatch.

2.3.2 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. The saliva tube was then labelled and packaged ready for dispatch.

2.4 METHODOLOGY

2.4.1 Laboratory procedures for urine sample analyses

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.

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.

2.4.2 Laboratory procedures for saliva sample analyses

All analyses were carried out according to Standard Operating Procedures by analysts in a MHRA Good Laboratory and Good Clinical Practice (GLP & GCP) accredited laboratory. All work is reviewed by the Laboratory & QA Manager.

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' staff. Records were kept of when maintenance was due and carried out.

2.4.3 Urine sample analytical methods and equipment

Urinary sodium, potassium and creatinine analysis was carried out in the Blood Sciences Department at the RVI using a Roche Cobas 702 analyser. Urinary sodium and potassium were analysed using the indirect ISE method. Urinary creatinine was analysed using the Roche enzymatic Creatinine Plus method. Prior to the introduction of the Roche Cobas 702 analyser, the Roche Modular P analyser had been used in SHes since April 2010, prior to this an Olympus 640 analyser was used. Any difference in results due to the changes in analytical equipment was minimal and not considered to be clinically significant. Details are available on request.

2.4.4 Saliva sample analytical methods and equipment

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

The method of analysis used since the 2009 SHes study is high performance liquid chromatography coupled to tandem mass spectrometry with multiple reaction monitoring (LC-MS/MS), replacing

the gas chromatography nitrogen phosphorous detection (GC-NPD) method used in earlier SHeS studies¹. The sample preparation prior to LC-MS/MS was liquid / liquid extraction. Samples were divided for analysis into batches of self-reported smokers and non-smokers and analysed either using a method with a high calibration range, 1 to 750 ng/mL for the self-reported smokers, or low calibration range 0.1 to 50 ng/mL for the non-smokers. A Tomtec Quadra was used to allow for the automation of some of the sample preparation. All methods were validated before use. If any of the samples from self-reported smokers gave a result below 1 ng/mL on initial analysis they were repeated in a low range batch. Similarly if any of the non-smoker samples gave a result above 50 ng/mL then they were repeated in a high range batch.

2.5 INTERNAL QUALITY CONTROL (IQC)

2.5.1 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 from ScotCen Social Research upon request.

2.5.2 Urine samples

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

2.5.3 Saliva samples

ABS laboratories ran 16 non-zero calibration standards for each batch of the low range assay (0.1-50 ng/mL) or high range assays (1-750 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 $\pm 20\%$.

2.6 EXTERNAL QUALITY ASSESSMENT (EQA)

2.6.1 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 Welsh External Quality Assessment Schemes (WEQAS) are schemes in which the laboratories participate on a routine basis.

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

2.6.2 Urine samples

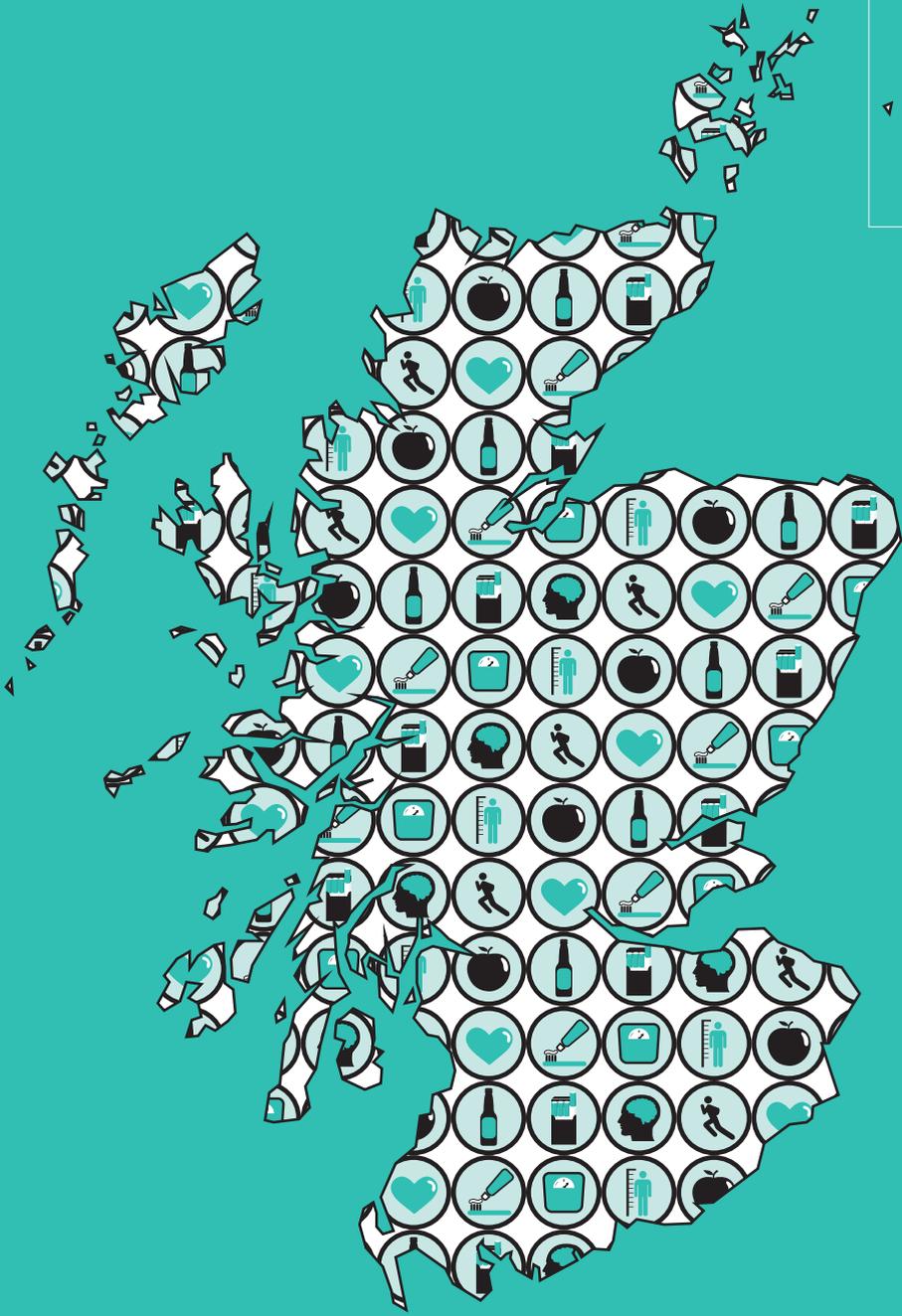
The Blood Sciences (formerly Clinical Biochemistry) laboratory participates in the WEQAS scheme for the urine analytes (sodium, potassium and creatinine).

2.6.3 Saliva samples

There was no external quality control scheme available in 2016 for saliva cotinine analysis but ABS Laboratories participates in inter-laboratory split analyses to ensure comparable results. The latest International inter-laboratory study was published in 2009¹.

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 <http://www.westgard.com/mltirule.htm>
- 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

Documents

How will you change the picture this year?

The information we collect provides an important picture of the health of the nation and helps the Scottish Government and others to plan more effective health services for the future. We rely on the goodwill of people like you to make the study a success. Please take part and help us to make a difference to the health of people in Scotland. Thank you.

We need your help with the Scottish Health Survey.

An interviewer from ScotCen will call at your address and will be able to explain more about the study. In the meantime, you can find out more at:

www.scottishhealthsurvey.org

Who is carrying out the study and why?

The Scottish Government has asked ScotCen Social Research to carry out the survey. The Scottish Government will use this information to help plan services and to identify inequalities in health.

The survey is used by other organisations, including:

- **NHS Health Scotland** have used the survey data to inform their work on monitoring and evaluating the measures taken to tackle problem drinking in Scotland.
- **The British Heart Foundation** have used the findings to help raise awareness of heart disease risk in Scotland.

Contact

ScotCen, 0800 652 4569.

ScotCen Social Research, Scotiabank House, 2nd Floor,
6 South Charlotte Street, Edinburgh, EH2 4AW
Email: scottishhealthsurvey@scotcen.org.uk

Scottish Health Survey Team, Scottish Government
St Andrew's House, Regent Road, Edinburgh, EH1 3DG
Email: scottishhealthsurvey@scotland.gsi.gov.uk

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The Scottish Health Survey

A brief introduction

ScotCen
Social Research that works for society



ScotCen
Social Research

We interview around 6,000 people each year as part of the **Scottish Health Survey**. It's an annual study that looks into the changing health and lifestyles of people living in Scotland.

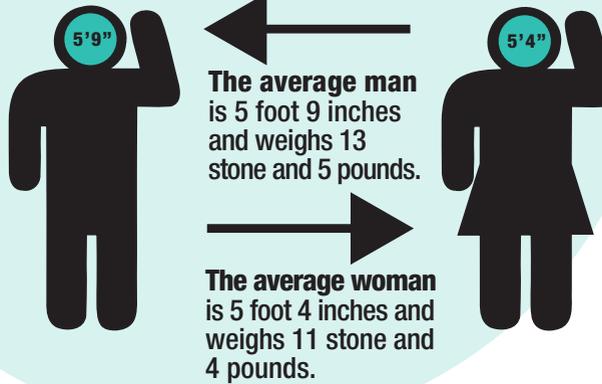
Everything is done with voluntary co-operation and with full respect for your privacy (in accordance with the Data Protection Act 1998).



Key aspects of the survey include height and weight measurements, plus questions on topics such as physical activity, fruit and vegetable intake, and general health



In recent years we found out that...



Just under **2 in 3** adults are overweight.

Children
eat 2.7 portions of
fruit and veg
a day on average.



Adults aged 16-24 are least likely to eat the recommended daily intake of fruit and veg.



Around 3 in 5 adults meet the recommended weekly level of moderate or vigorous physical activity



7 in 10 children are active at the recommended level



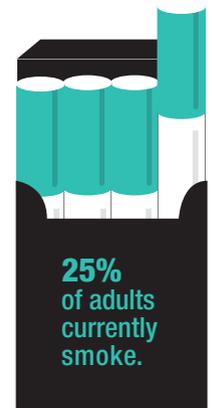
1 in 6 men and women have some form of cardiovascular disease.



of men and women say their health is 'good' or 'very good'.



In an average week **one fifth** of adults drink twice the recommended daily limit of alcohol on at least one day.



25% of adults currently smoke.



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Ref:

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What is the Scottish Health Survey?

It's an important annual study that looks at changes in the health and lifestyles of people all over Scotland. People just like you.



Have your say

This is a unique opportunity to have your say. By contributing to this important study, your answers could help identify priorities for health provision and plan services more effectively for the future. Last year around 6,000 people took part. Many found it to be rewarding and interesting. We hope you'll feel the same.



Interviewer visits

An interviewer from ScotCen Social Research will call at your address and will be able to explain more about the study. The interviewer will show you an identity card with their photograph and interviewer number.



Privacy

Your answers are treated with care and with respect for your privacy (in accordance with the Data Protection Act 1998). Information you provide will be used for statistical and research purposes only.



Thank you

We rely on the goodwill and voluntary co-operation of the people who are selected to take part to make the study a success. We need to speak to as many people as possible and from all walks of life to get an accurate picture of health across Scotland. **As a little thank you in advance, please take this letter to your local post office to receive £10.**



Further info

We have answered some of the questions you may have on the back of this letter. For more details, please see the enclosed leaflet or visit www.scottishhealthsurvey.org. If you would like to talk to someone about the study, please phone us free on **0800 652 4569**.

Emma Fenn
Project Coordinator,
ScotCen Social Research

ScotCen Social Research, Scotiabank House, 2nd Floor, 6 South Charlotte Street, Edinburgh, EH2 4AW. Tel. 0800 652 4569. A Company Limited by Guarantee, Charity No. SC038454

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Issue date:

Expiry date:

£10

Scottish Health Survey
www.scottishhealthsurvey.org

POST
OFFICE

EXAMPLE ONLY

How did you choose my address?

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

What will happen to any information I give?

We will treat information you provide in accordance with the Data Protection Act 1998. The results collected are used for statistical and research purposes only and your confidentiality will be protected in the publication of any results. Personal details like your name and address will only be known to a small survey team at ScotCen and the Scottish Government who process the survey results, unless you give your consent for information to be passed on, for example to take part in further research.

What will the results be used for?

The information you provide will help the survey team understand more about health conditions and behaviours which will in turn help policy-makers to develop policies aimed at improving people's health.

Who is carrying out the survey?

The Scottish Government has asked ScotCen Social Research, in collaboration with the Medical Research Council Social and Public Health Sciences Unit (MRC SPHSU) at the University of Glasgow, and academics from the Universities of Aberdeen and Edinburgh, to carry out the survey. ScotCen, the MRC SPHSU and the Universities of Aberdeen and Edinburgh are independent of all government departments and political parties. For more information about ScotCen Social Research visit www.scotcen.org.uk.

What is the interview about?

The interview covers a range of health topics, including general health and lifestyles. If you agree, the interviewer will also take some measurements, such as height and weight.

Where can I find out more?

See the enclosed leaflet, visit www.scottishhealthsurvey.org or phone us free on **0800 652 4569**.

The survey has been reviewed by an independent Research Ethics Committee to protect your safety, rights, wellbeing and dignity.

P10529.01

Take this voucher to any Post Office. Counter staff will make your payment in cash. You do not need to show any form of identity. Your voucher is valid until the expiry date shown.

Find your nearest branch:

Call: **08457 22 33 44** | Web: www.postoffice.co.uk

Please do not write on this voucher.





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Further info

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The interview covers a range of health topics, including general health and lifestyles. If you agree, the interviewer will also take some measurements, such as height, weight and blood pressure.

Where can I find out more?

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Your interviewer will be:

Ref:

Dear Sir or Madam,

Your household has been chosen to take part in the Scottish Health Survey.



What is the Scottish Health Survey?

It's an important annual study that looks at changes in the health and lifestyles of people all over Scotland. We are particularly interested in understanding the health of children and young people aged 0-15.



Have your say

This is a unique opportunity to have your say. By contributing to this important study, your answers could help identify priorities for health provision and plan services more effectively for the future. Last year around 6,000 people took part. Many found it to be rewarding and interesting. We hope you'll feel the same.



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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 Suirbhidh 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۔

Who has reviewed the study?

The study has been looked at by an independent group of people called a Research Ethics Committee, to protect your safety, rights, wellbeing and dignity. This study has been given a favourable opinion by Wales REC 3 on behalf of the NHS.

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.

Diarmid Campbell-Jack or Stephen Hinchliffe

ScotCen Social Research
Scotiabank House
2nd Floor
6 South Charlotte Street
Edinburgh
EH2 4AW

Tel: 0131 240 0210

www.scottishhealthsurvey.org

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

www.takelifeon.co.uk

Information about common health conditions is available here:

www.nhsinform.co.uk

ScotCen
Social Research



The 2016 Scottish Health Survey

This survey is being carried out for the Scottish Government by ScotCen Social Research, an independent research institute, the MRC Social and Public Health Sciences Unit at the University of Glasgow and academics from the Universities of Aberdeen and Edinburgh.

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

What is it about?

The first Scottish Health Survey was commissioned in 1995 by the Scottish Office because it was concerned about the lack of information about the health of people in Scotland. The survey was repeated again in 1998 and 2003 and has been conducted annually since 2008. The detailed information provided by these surveys has proved very valuable and is used to help develop ways of improving people's health and to plan the services people need at times of ill health. The 2016 survey will update the information collected in previous surveys.

The 2016 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 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, weight and blood pressure. 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 2016 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.

What happens to the information I provide?

Your answers are treated with care and with full respect for your privacy. 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 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.

Personal details like your name and address will only be known to the survey team processing the survey results at ScotCen and the Scottish Government (for example using postcodes to group together the answers for everyone living in particular areas). We won't pass on your details unless you give your consent, for example to take part in further research.

If you agree and give us your written consent, your NHS health records, including information about in-patient or out-patient visits or diagnosis, will be linked with your survey answers. This increases the value of the information you provide. This is done in such a way that no data which can identify you or any other individual will be 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 measurements are included in the survey?

Adults aged 16 and over will be asked to have their height, weight, waist circumference and blood pressure measured, and to provide urine and saliva samples. The interviewer has been given specialist training to conduct these measurements and to handle the samples. Taking part in the measurements and providing samples is voluntary – you can answer the questions in the rest of the survey and choose to miss out the measurements and samples if you prefer. The interviewer will give you a leaflet that explains more about the measurements and samples.

Any children aged 2-15 in your household that take part in the survey will be asked to have their height and weight measured. Children will not be asked to take part in any other measurements or to provide samples.

Your measurements:

With your permission we will measure your height and weight. We 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). Further information on this calculation and guidance on BMI can be found on this website:

www.nhs.uk/Tools/Pages/Healthyweightcalculator.aspx

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

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If you agree and give us your written consent, your NHS health records, including information about in-patient or out-patient visits or diagnosis, will be linked with your survey answers. This increases the value of the information you provide. This is done in such a way that no data which can identify you or any other individual will be 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.

Diarmid Campbell-Jack or Stephen Hinchliffe
ScotCen Social Research
Scotiabank House
2nd Floor
6 South Charlotte Street
Edinburgh
EH2 4AW

Tel: 0131 240 0210

www.scottishhealthsurvey.org

Your measurements:

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

Name:

HEIGHT: _____ cm
_____ ft/ins

WEIGHT: _____ kg
_____ st/lbs



Scottish Health Survey 2016

Information for Children

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

Every year around 1,700 children and 4,000 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.



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.

Diarmid Campbell-Jack or Stephen Hinchliffe

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ScotCen
Social Research



The 2016 Scottish Health Survey

Information for Parents

This survey is being carried out for the Scottish Government by ScotCen Social Research, an independent research institute, the MRC Social and Public Health Sciences Unit at the University of Glasgow and academics from the Universities of Aberdeen and Edinburgh.

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

What is it about?

The first Scottish Health Survey was commissioned in 1995 by the Scottish Office because it was concerned about the lack of information about the health of people in Scotland. The survey was repeated again in 1998 and 2003 and has been conducted annually since 2008. The detailed information provided by these surveys has proved very valuable and is used to help develop ways of improving people's health and to plan the services people need at times of ill health. The 2016 survey will update the information collected in previous surveys.

The 2016 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.

What happens to the information I provide?

Your answers are treated with care and with full respect for your privacy. 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 and ScotCen guarantee that the survey results will not be published in a form that can reveal your child's identity and that no attempts will be made to identify individuals from their answers.

Personal details like your child's name and address will only be known to the survey team processing the survey results at ScotCen and the Scottish Government (for example using postcodes to group together the answers for everyone living in particular areas). We won't pass on your details or your child's

details unless you give your consent, for example to take part in further research.

If you agree and give us your written consent, the information provided in this survey about your child's NHS health records, including information about in-patient or out-patient visits or diagnosis, will be linked to your survey answers. This increases the value of the information provided. This is done in such a way that no data which can identify you, your child or any other individual will be 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 and your child 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.

Cruse Bereavement Care Scotland

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

Phone: 0845 600 2227

www.crusescotland.org.uk

Parentline Scotland: Children 1st

Provides information and advice to anyone concerned about a child's safety and to anyone caring for a child in Scotland.

Phone: 0808 800 2222 free – (Tues, Wed, Thur 9am to 10pm; Mon, Fri 9am to 5pm; Sat and Sun 12pm to 8pm)

www.children1st.org.uk

Citizens Advice Scotland

Helps people resolve their legal, money and other problems by providing them with free information and advice.

For local offices see the listings in your local phonebook or on the website.

Phone: 0808 800 9060 free from landline

www.cas.org.uk

Carers Scotland

Provides advice, information and support to carers.

Phone: 0808 808 7777

www.carersuk.org/scotland

ScotCen
Social Research



Scottish Health Survey 2016

Useful Contacts

Local contacts:

A GP (General Practitioner): Your GP will be able to provide help and advice and can provide access to appropriate specialist services and local organisations.

There are also many local organisations providing a range of services including support groups, helplines 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.

Phone: 111 - 24 hours a day, 7 days a week

www.nhs24.com

www.nhsinform.co.uk (phone: 0800 22 44 88) also provides information about health and conditions in Scotland.

For more information about healthy eating or physical exercise please see the Healthier Scotland website:

www.takelifeon.co.uk

For more information about stopping smoking please see the NHS Smokefree website:

www.smokefree.nhs.uk

Alzheimer Scotland

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

Phone: 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.

Phone: 0800 9177 650 – free

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.

Phone: 0300 999 1212 (10am – midnight)

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 0345 603 9213 (8am-8pm Mon-Fri)

www.victimsupportsco.org.uk

UK supportline 0808 16 89 111 (Weeknights - 8pm-8am, Weekends-Saturday 5pm-Monday 8am)

www.victimsupport.org.uk

Scottish Domestic Abuse Helpline

Information service for those affected by domestic and/or sexual abuse.

Phone: 0800 027 1234 (24 hours)

www.sdah.info/

Domestic Abuse Helplines

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

Phone: 0808 2000 247 (free 24 hrs)

www.refuge.org.uk

LGBT Helpline Scotland

Helpline provides information and emotional support to lesbian, gay, bisexual and transgender people - or their friends or family.

Phone: 0300 123 2523 (Tuesday and Wednesday 12–9pm)

www.lgbthealth.org.uk

The Samaritans

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

116 123 – free (24 hour) phone line

www.samaritans.org

Breathing Space Scotland

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

Phone: 0800 83 85 87 – free (6pm-2am Mon-Thurs;

6pm Friday-6am Monday)

www.breathingspacescotland.co.uk

NHS Living Life

Free telephone service available to anyone over the age of 16 who is suffering from low mood, mild to moderate depression and/or anxiety.

Phone: 0800 328 9655 - Mon-Fri 1pm-9pm

www.nhs24.com/usefulresources/livinglife

SANE

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

Phone: 0300 304 7000 - 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.

Phone: 01708 765 200

www.supportline.org.uk

Participant name _____

The Measurements

Height and Weight

Lately there has been much discussion about the relationship between weight and health and we are looking at weight in relation to height.

Height:	_____	cm
	_____	ft/ins
Weight:	_____	kg
	_____	st/lbs

For adults, height and weight information can be used to calculate Body Mass Index (BMI). Further information on this calculation and guidance on BMI can be found on this website:

www.nhs.uk/Tools/Pages/Healthyweightcalculator.aspx

Waist measurement

Your waist measurement is useful for assessing distribution of weight over the body. The interviewer will ask you to pass the tape measure around your waist, over your clothes.

Waist measurement:		
First Measurement:	_____	cm
	_____	ins
Second Measurement:	_____	cm
	_____	ins

Blood Pressure

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

	Systolic (mmHg)	Diastolic (mmHg)	Pulse (bpm)
Average	<input type="text"/>	<input type="text"/>	<input type="text"/>
(i)	<input type="text"/>	<input type="text"/>	<input type="text"/>
(ii)	<input type="text"/>	<input type="text"/>	<input type="text"/>
(iii)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Blood pressure interpretation:

Summary of advice given by interviewer:

- Normal Raised
- Mildly raised Considerably raised

Visit your GP to have your blood pressure checked within:

Saliva Sample

We would like to take a sample of saliva (spit). This simply involves dribbling saliva into a tube, or sucking on a piece of cotton wool. The interviewer will ask you to sign a consent form before any sample is taken. 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

We would like you to provide a sample of your urine. The interviewer will ask you to sign a consent form before any sample is taken. Analysis of urine samples tells 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 be used to measure salt levels and will not be tested for drug or alcohol use.

What will happen to the saliva and urine samples I give?

Your saliva and urine samples will be sent to a laboratory, and analysed as outlined in the previous section. Your name and address will not be attached to the samples and so your samples will remain confidential. The anonymous saliva and urine samples will be destroyed after the analysis is carried out. No genetic (DNA) tests will be conducted, only the analysis outlined above.

As your results will be presented anonymously and cannot be linked to you, it would not be possible to remove your results from any published reports.

Physical and Health Measurements

The 2016 Scottish Health Survey

Information for Participants

This leaflet provides extra information about the measurements and samples collected as part of the **Scottish Health Survey**.

If you would like anything to be explained, or if you have any questions, please just ask the interviewer, or contact ScotCen directly (email scottishhealthsurvey@scotcen.org.uk or phone 0131 240 0210). The NHS Inform website (www.nhsinform.co.uk) and phonenumber (0800 224488) can also provide information about health conditions.

Participant name:

Scottish Health Survey 2016

Questionnaire documentation

Index

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Notes on how to use this documentation	2
Survey outline	3-6
Household interview	7-18
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Notes

1. This is an edited documentation of the computer programmes used in the SHeS household and individual 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' 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.

Important note for data users: You are advised to use the documentation accompanying the final dataset released by the UK Data Archive as there may be updates or corrections to the documentation between the publication of the annual report and the release of the final dataset.

Scottish Health Survey 2016 – Survey outline

- 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

Questionnaire content

Household questionnaire

There was only one version of the household questionnaire across all three sample types in 2016. The household questionnaire documentation begins on page 7 of this documentation.

Individual questionnaire

The 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 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. *'additional asthma questions and eating habits for adults'* in version A. The below on the following page 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 on following page).
- **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*.

Points to note:

- There are four versions of the questionnaire in the mainstage: Core Version A; Core Version B (biological module); Child Boost; and Health Board Boost.
- Children are not eligible for the biological module in Core Version B or at Health Board Boost sampled addresses.
- The below table indicates what should be in each version and the order of the interview. The associated CAPI block names are in [] after the topic.

Core Version A	Both A&B	Core Version B
	Household questionnaire [HHgrid]+[GenHHold]	
	General health including caring [GenHlth]	
Respiratory symptoms [CVD] 16+		
	General CVD (16+) and use of services [CVD] 0+	
	Asthma core [Asthma] 0+	
Asthma additional [Asthma] 0+		
	Physical activity adults - including Qs on activity at work, time spent at screens and other sedentary activity [AdPhysic] 16+	
	Physical activity kids – inc Qs on time spent at screens and other sedentary activity [ChPhysic] 2+	
Additional physical activity questions [AdPhysic] [ChPhysic] 2+		
Eating habits adults [Eating] 16+		
	Eating habits kids [Eating] 2 - 15	
	Fruit and Veg [Fruitveg] 2+	
	Smoking [Smoking] 18+ (16-17 year olds do self-comp/18-19 yr olds optional)	
	Passive Smoking [Smoking] 0+	
	Drinking [Drinking] 18+ (16-17 year olds do self-comp/18-19 yr olds optional)	
	Dental health [Dental] 16+	
	Education and employment details 16+	
	Ethnicity (0+) place of birth (0+)and religion (16+) [Ethnic]	
	Family health [Parent] 16+	
	Self-completions [Selfcomp] 4+	

	Height and weight [Measure] 2+	
	Consents [Consents] 0+	
		Biological module (16+)includes: <ul style="list-style-type: none"> • Prescription drugs • Blood Pressure • Waist • Saliva • Urine • Anxiety • Depression • Self harm

Child Boost
Household questionnaire [HHgrid]+[GenHHold]
General health including caring [GenHlth]
Use of services [CVD] 0+
Asthma core [Asthma] 0+
Asthma additional [asthma] 0+
Physical activity kids – inc Qs on time spent at screens and other sedentary activity [ChPhysic] 2+
Physical activity additional
Eating habits kids [Eating] 2+
Fruit and Veg [Fruitveg] 2+
Passive Smoking [Smoking] 0+
Ethnicity [Ethnic] 0+
Self-completions [Selfcomp] 4+
Height and weight [Measure] 2+
Consents [Consents] 0+

Health Board Boost
Household questionnaire [HHgrid]+[GenHHold]
General health including caring [GenHlth]
General CVD and use of services [CVD] 16+
Asthma core [Asthma] 16
Physical activity adults - including Qs on activity at work, time spent at screens and other sedentary activity [AdPhysic] 16+
Fruit and Veg [Fruitveg] 16+
Smoking [Smoking] 16+ 18/20+ in CAPI
Passive Smoking [Smoking] 16+
Drinking [Drinking] 16+ 18/20+ in CAPI
Dental health [Dental] 16+
Ethnicity and religion [Ethnic] 0+
Family health [Parent] 16+
Self-completions [Selfcomp] 16+
Height and weight [Measure] 16+
Consents [Consents] 16+

[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, 2011=4, 2012=5, 2013=6, 2014=7)

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

[Marital]

SHOW CARD A1

Please look at this card and tell me your legal marital or same-sex civil partnership status
INTERVIEWER: CODE FIRST THAT APPLIES.

- 1 Never married and never registered a same-sex civil partnership
- 2 Married
- 3 In a registered same-sex civil partnership
- 4 Separated, but still legally married
- 5 Separated, but still legally in a same-sex civil partnership
- 6 Divorced
- 7 Formerly in a same-sex civil partnership which is now legally dissolved
- 8 Widowed
- 9 Surviving partner from a same-sex civil partnership

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 someone 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?

INTERVIEWER: 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

How is (*name of respondent's*) related 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 AN INDIVIDUAL INTERVIEW ARE:

(List of eligible respondents)

PRESS <1> AND <Enter> TO CONTINUE.

ASK ALL AGED 16+

[OwnORent08]

SHOW CARD A3

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 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

[Car12]¹

In total, how many cars or vans are owned, or are available for private use, by members of your household? Include any company cars or vans available for private use

Range : 0..100.

ASK ALL

[PasSm]

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

INTERVIEWER: IF ASKED, RESPONDENT SHOULD INCLUDE THEMSELVES AND NON-HOUSEHOLD MEMBERS WHO SMOKE IN THE HOUSE/FLAT, BUT EXCLUDE ANY HOUSEHOLD MEMBERS WHO ONLY SMOKE OUTSIDE OF THE HOUSE/FLAT.

- 1 Yes
- 2 No

[SmokHm]²

SHOW CARD A4

Regardless of whether you smoke or not, using this card, what best describes the smoking rules in this (house/flat)? Please think about the people who live with you as well as visitors to your home?

INTERVIEWER: IF RESPONDENT DOES NOT HAVE ANY SMOKING RULES, ASK THEM TO THINK WHAT RULES THEY WOULD APPLY TO SMOKERS IN THEIR HOME:

- 1 People can smoke anywhere inside this house/flat
- 2 People can only smoke in certain areas or rooms inside this house/flat (include smoking out of the window and at an open back door)
- 3 People can only smoke in outdoor areas (e.g. gardens/balconies) of this house/flat
- 4 People cannot smoke indoors or in outdoor areas of this house/flat

¹ Revised wording and now single question, previously [car] and [numcar].

² New in 2012

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

INTERVIEWER: I'm now going to ask you some questions about your local area¹

ASK ALL

[LiveArea]

First, how many years have you lived in your local area? By this I mean the area within about a 15 minute walk from your home?

- 1 Less than 1 year
- 2 1 year but less than 2
- 3 2 years but less than 5
- 4 5 years but less than 10
- 5 10 years or more

IF lived in area 2 years or more (LiveArea >= 3)

[CrimArea]

How much would you say the crime rate in your local area has changed since two years ago? Would you say there is more, less or about the same?

INTERVIEWER: IF ANSWER IS 'MORE' ASK: Is that a lot more or a little more?

IF ANSWER IS 'LESS' ASK: Is that a lot less or a little less?

INTERVIEWER: IF ASKED: There is an interest in finding out if there is a relationship between people's experience of crime and their health and wellbeing:

- 1 A lot more
- 2 A little more
- 3 About the same
- 4 A little less
- 5 A lot less

ASK ALL

[PrevCrim]

SHOW CARD A5

How confident are you in the ability of police in your local area to prevent crime?

- 1 Very confident
- 2 Fairly confident
- 3 Not very confident
- 4 Not at all confident

¹ This section new in 2012. Note that PrevCrim, ActQuick, Deallnc, Investig, SolvCrim and CatchCri are asked in a randomised order.

[ActQuick]

SHOW CARD A5

How confident are you in the ability of police in your local area to respond quickly to appropriate calls and information from the public?

- 1 Very confident
- 2 Fairly confident
- 3 Not very confident
- 4 Not at all confident

[DealInc]

SHOW CARD A5

How confident are you in the ability of police in your local area to deal with incidents as they occur?

- 1 Very confident
- 2 Fairly confident
- 3 Not very confident
- 4 Not at all confident

[Investig]

SHOW CARD A5

How confident are you in the ability of police in your local area to investigate incidents after they occur?

- 1 Very confident
- 2 Fairly confident
- 3 Not very confident
- 4 Not at all confident

[SolvCrim]

SHOW CARD A5

How confident are you in the ability of police in your local area to solve crimes?

- 1 Very confident
- 2 Fairly confident
- 3 Not very confident
- 4 Not at all confident

[CatchCri]

SHOW CARD A5

How confident are you in the ability of police in your local area to catch criminals?

- 1 Very confident
- 2 Fairly confident
- 3 Not very confident
- 4 Not at all confident

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

[SrcInc]¹

SHOW CARD A6

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 of these you (*and your husband/wife/partner*) receive?

INTERVIEWER: PROBE FOR ALL SOURCES. CODE ALL THAT APPLY

- | | | |
|----|---|------------|
| 1 | Earnings from employment or self-employment (incl. overtime, tips, bonuses) | [SrcInc1] |
| 2 | State retirement pension | [SrcInc2] |
| 3 | Pension from former employer | [SrcInc3] |
| 4 | Personal pensions | [SrcInc4] |
| 5 | Child Benefit | [SrcInc5] |
| 6 | Job-Seekers Allowance | [SrcInc6] |
| 7 | Income Support | [SrcInc7] |
| 8 | Working Tax Credit, Child Tax Credit or any other Tax Credit | [SrcInc8] |
| 9 | Housing Benefit | [SrcInc9] |
| 10 | Other state benefits | [SrcInc10] |
| 11 | Student grants and bursaries (but not loans) | [SrcInc11] |
| 12 | Interest from savings and investments (eg stocks & shares) | [SrcInc12] |
| 13 | Rent from property (after expenses) | [SrcInc13] |
| 14 | Other kinds of regular income (e.g. maintenance or grants) | [SrcInc14] |
| 15 | No source of income | [SrcInc15] |

[JntInc]

SHOW CARD A7

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 over the last 12 months, before any deductions for income tax, National Insurance contributions, health insurance payments, superannuation payments, etc? Just tell me the number beside the row that applies to (*you/your joint incomes*).

INTERVIEWER: THIS QUESTION REFERS TO INCOME FROM ALL THE SOURCES LISTED IN CARD A6. PLEASE REFER RESPONDENT BACK TO CARD A6 IF NECESSARY.

INTERVIEWER: 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 |

¹ Additional option categories added for 2012

IF OthInc = Yes THEN

[HHInc]

SHOW CARD A7

Thinking of the income of your household as a whole, which of the groups on this card represents the households total income from all these sources over the last 12 months before any deductions for taxes, National Insurance contributions, health insurance payments, superannuation payments etc? Just tell me the number beside the row that applies.

INTERVIEWER: THIS QUESTION REFERS TO INCOME FROM ALL THE SOURCES LISTED IN CARD A6. PLEASE REFER RESPONDENT BACK TO CARD A6 IF NECESSARY.

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

Range: 1..97

EMPLOYMENT DETAILS OF HOUSEHOLD REFERENCE PERSON¹

[HEconAc12]

SHOW CARD P1

In the last week (that is the 7 days ending *date last Sunday*) were you doing any of the following, even if only for one hour?

INTERVIEWER: 'Temporarily away' includes away from work ill, on maternity leave, on holiday leave and temporarily laid off (as long as there is still an employment contract). It does not include those who are laid off and no longer have an employment contract.

INTERVIEWER: Code **all that apply**.

- | | | |
|---|---|------------|
| 1 | Working as an employee (or temporarily away) | [HWrkEmp] |
| 2 | On a Government sponsored training scheme (or temporarily away) | [HGvtSchm] |
| 3 | Self employed or freelance (or temporarily away) | [HSelfEmp] |
| 4 | Working unpaid for your own family's business (or temporarily away) | [HWrkFam] |
| 5 | Doing any other kind of paid work | [HOthWrk] |
| 6 | None of the above | [HNoneabv] |

IF (HRP Age 16 to 64) AND NOT (HGvtSchm) THEN

[HEducCour]

Are you at present (at school) or enrolled on any **full-time** education course excluding leisure classes? (Include correspondence courses and open learning as well as other forms of full-time education course).

INTERVIEWER: CODE **YES** IF FULL-TIME STUDENT ON HOLIDAY AND WILL BE STUDYING FULL-TIME WHEN NEXT TERM STARTS. IF RESPONDENT IS STUDYING PART-TIME CODE **NO** HERE.

- 1 Yes
- 2 No

IF ((HWrkFam) OR (HNoneabv)) AND NOT ((HWrkEmp) OR (HGvtSchm) OR (HSelfEmp) OR (HOthWrk)) THEN

[HWk4Look12]

Thinking of the 4 weeks ending (date last Sunday), were you looking for any paid work or Government training scheme at any time in those 4 weeks?

- 1 Yes
- 2 No

¹ The questions used to establish economic activity of the household reference person changed in 2012.

IF HWk4Look12 = No THEN

[HWaitJb12]

Are you waiting to take up a job that you have already obtained?

- 1 Yes
- 2 No

IF (HWk4Look12 = Yes OR HWaitJb12 = Yes) THEN

[HWk2Star12]

If a job or a place on a government scheme had been available in the week ending (*date last Sunday*), would you have been able to start within 2 weeks?

- 1 Yes
- 2 No

IF (HNoneabv) AND (HWk4Look12 = No) AND (HWaitJb12 = No) THEN

[HYNotWrk]

May I just check, what was the main reason you did not look for work in the last 4 weeks?

INTERVIEWER: CODE ONE ONLY

- 1 Waiting for the results of an application for a job/being assessed by a training agent
- 2 Student
- 3 Looking after family/home
- 4 Temporarily sick or injured
- 5 Long-term sick or disabled
- 6 Believes no job available
- 7 Not yet started looking
- 8 Doesn't need employment
- 9 Retired from paid work
- 10 Any other reason

IF (HNoneabv) AND (HWaitJb12 <> Yes) THEN

[HEverJob]

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

- 1 Yes
- 2 No

IF (HWaitJb12 = Yes) 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 (HEverJob = Yes) OR (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 (HWaitJb12 = Yes) OR (Hwrkemp AND NOT Hnoneabv) THEN
IF NOT (Hnoneabv) 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?

INTERVIEWER: IF RESPONDENT HAS MORE THAN ONE JOB/ACTIVITY ASK THEM ABOUT THE ONE THEY SPEND THE MOST TIME DOING.

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?

[HNEmploye]

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

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?

[LongII12]¹

Do you have a physical or mental health condition or illness lasting, or expected to last 12 months or more?

- 1 Yes
- 2 No

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

IF LongII12=Yes OR More=Yes THEN

[IIIcode]* (variable names IIIcode1 to IIIcode6)²

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

¹ Question wording changed in 2012.

² Note – the verbatim illness given by the respondent is coded in the office after interview.

- 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

(LimAct12 and More repeated for each illness mentioned at IllsM)

[LimAct12] (variable names LimitAc1-LimitAc6)¹

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

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

[More]* (variable names More1-More6)

(Can I check) do you have any other physical or mental health condition or illness?

- 1 Yes
- 2 No

ASK 4+

[RG1512]²

Apart from anything you do as part of paid employment, do you look after, or give any regular help or support to family members, friends, neighbours or others because of either long-term physical, mental ill-health, disability; or problems related to old age?

- 1 Yes
- 2 No

¹ Additional answer categories added in 2012

² Revised wording and extended age range in 2012

IF RG1512 = 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 RG1512=1-12 or 97 THEN

[RG16b]

Who else do 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

IF CARING FOR SOMEONE OUTSIDE THE HOUSEHOLD (IF RG16a = 97 OR RG16b = 97)

[RG16c]

Who is it that you provide regular help or care for outside your household?

INTERVIEWER: Code all that apply

- 1 Parent/parent-in-law [RG16c1]
- 2 Other relative [RG16c2]
- 3 Friend/neighbour [RG16c3]
- 4 Other person [RG16c4]

[RG1712]¹

SHOW CARD A9

In total, how many hours each week approximately do you spend providing any regular help or support?

INTERVIEWER: EXCLUDE ANY CARING THAT IS DONE AS PART OF PAID EMPLOYMENT

- 1 Up to 4 hours a week
- 2 5 - 19 hours a week
- 3 20 - 34 hours a week
- 4 35 - 49 hours a week
- 5 50 or more hours a week
- 6 Varies (spontaneous - not on SHOW CARD)

[RG18] new question in 2012

SHOW CARD A10

How long have you been providing this care for (him/her/them)?

INTERVIEWER: Please code the longest period of care if caring for more than one person.

- 1 Less than one year
- 2 One year but less than 5 years
- 3 5 years but less than 10 years
- 4 10 years but less than 20 years
- 5 20 years or more

1 Different wording and categories in 2012

ASK ALL 16+ who are carers (IF RG1512=Yes THEN)

[RG19]¹

SHOW CARD A11

Has your employment been affected by the help or support you give the (person/people) that you currently care for in any of these ways? Please read out the numbers that apply from the card.

INTERVIEWER: CODE ALL THAT APPLY

INTERVIEWER: The question relates to the impact of caring on **present** employment. If unsure of how to code a particular answer code as 'other' and write in details"

- | | | |
|----|---|----------|
| 1 | Been unable to take up employment | [RG191] |
| 2 | Worked fewer hours | [RG192] |
| 3 | Reduced responsibility at work | [RG193] |
| 4 | Flexible employment agreed | [RG194] |
| 5 | Changed to work at home | [RG195] |
| 6 | Reduced opportunities for promotion | [RG196] |
| 7 | Took new job | [RG197] |
| 8 | Left employment altogether | [RG198] |
| 9 | Took early retirement | [RG199] |
| 10 | Other (SPECIFY) | [RG1910] |
| 11 | Employment not affected/never had a job | [RG1911] |

[RG190]*

INTERVIEWER: WRITE IN OTHER ANSWER

[RG20]²

SHOW CARD A12

What kind of support, if any, do you personally receive as a carer to help with the care that you provide?

INTERVIEWER: CODE ALL THAT APPLY

- | | | |
|----|---|----------|
| 1 | Short breaks or respite e.g. day time breaks, overnight breaks or emergency respite | [RG201] |
| 2 | Advice and information | [RG202] |
| 3 | Practical support (e.g. transport, equipment/adaptations) | [RG203] |
| 4 | Counselling or emotional support | [RG204] |
| 5 | Training and learning | [RG205] |
| 6 | Advocacy services | [RG206] |
| 7 | Personal assistant/ support worker/ community nurse/ home help | [RG207] |
| 8 | Help from family, friends or neighbours | [RG208] |
| 9 | Carer's allowance | [RG209] |
| 10 | Other (SPECIFY) | [RG2010] |
| 11 | Receive no help or support | [RG2011] |

1 new question in 2012

2 new question in 2012

ASK ALL aged 4-15 who are carers (IF RG1512=Yes THEN)

[RG20b]¹

SHOW CARD A13

What kind of support, if any, do you personally receive as a carer to help with the care that you provide?

INTERVIEWER: CODE ALL THAT APPLY

- | | | |
|----|--|-----------|
| 1 | Short breaks or respite e.g. day time breaks, overnight breaks or emergency respite | [RG20b1] |
| 2 | Advice and information | [RG20b2] |
| 3 | Practical things, e.g. putting hand rails in the bathroom, transport to a day centre | [RG20b3] |
| 4 | Talking to someone for support, e.g. family member, friend, counsellor | [RG20b4] |
| 5 | Having a befriender or a peer mentor | [RG20b5] |
| 6 | Advocacy services | [RG20b6] |
| 7 | Personal assistant/ support worker/ community nurse/ home help | [RG20b7] |
| 8 | Help from family, friends or neighbours | [RG20b8] |
| 9 | Help from teachers at school, e.g. talking or extra help with homework | [RG20b9] |
| 10 | Social activities and support, e.g. young carers' groups or day trips | [RG20b10] |
| 11 | Other (SPECIFY) | [RG20b11] |
| 12 | Receive no help or support | [RG20b12] |

IF (Other IN RG20) OR (Other in RG20b)

[RG20O]*

INTERVIEWER: WRITE IN OTHER ANSWER

ASK ALL 16+

[LifeSat]

SHOW CARD 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 |

¹ new question in 2012

MRC Respiratory Module (Version A only)

ASK ALL AGED 16+

[Flemwint]

Do you **usually** bring up any phlegm from your chest, first thing in the morning in winter?

- 1 Yes
- 2 No

IF Flemwint = No or Don't know THEN

[Flemdawn]

Do you **usually** bring up any phlegm from your chest, during the day or at night in the winter?

- 1 Yes
- 2 No

IF Flemwint=Yes OR FlemDawn=Yes THEN

[Flemreg]

Do you bring up phlegm like this on most days for as much as three months each year?

- 1 Yes
- 2 No

IF Uphillw <> Cannot walk THEN

[Windhila]

Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?

- 1 Yes
- 2 No
- 3 Never walks uphill or hurries
- 4 Cannot walk

IF Windhila = Yes, Never walks uphill or hurries or Don't know THEN

[WindPeer]

Do you get short of breath walking with other people of your own age on level ground?

- 1 Yes
- 2 No
- 3 Never walks with people of own age on level ground

IF Windpeer = Yes or No THEN

[Windpace]

Do you have to stop for breath when walking at your own pace on level ground?

- 1 Yes
- 2 No

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

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 nopregbb <> 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

[pastabpp]

Have you **ever** taken medicines, tablets, or pills for high blood pressure in the past?

- 1 Yes
- 2 No

IF Adchdc = Yes THEN

[fintabc]*

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

- 1 **Doctor advised me to stop due to:** improvement [fintabc1]
- 2 lack of improvement [fintabc2]
- 3 other problem [fintabc3]
- 4 **Respondent decided to stop:** because felt better [fintabc4]
- 5 ... for other reason [fintabc5]
- 6 **Other reason** [fintabc6]

ASK ALL 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

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

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

[COPDDoctr]

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 COPDDoctr = 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]

SHOW CARD 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, high blood pressure, diabetes 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 stroke*)?

- 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 CHILDREN¹

[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

¹ Respondents with COPD but no other CVD condition, diabetes or high blood pressure are also asked these questions.

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 CHILDREN¹

[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

ASK ALL 16+

[HNotAsk]

Can I check, do you have any other health problems that I have not asked you about?

- 1 Yes
- 2 No

IF HNotAsk=Yes THEN

[HNoTWhat] *

What are these health problems?

DO NOT PROBE

Text: 100 characters

Asthma Module

ASK ALL AGED 0+

[EverW]

I am now going to ask you some questions about your breathing.

Have you ever had wheezing or whistling in the chest at any time, either now or in the past?

- 1 Yes
- 2 No

VERSION A ONLY 0+ WHO HAVE EVER WHEEZED (IF EverW = Yes)

[NoCol]

Have you ever had this wheezing or whistling when you did not have a cold?

- 1 Yes
- 2 No

ALL 0+ WHO HAVE EVER WHEEZED (IF EverW = Yes)

[TweWz]

Have you had wheezing or whistling in the chest in the last 12 months?

- 1 Yes
- 2 No

VERSION A ONLY AGED 0+ WHO'VE WHEEZED IN THE LAST 12 MONTHS (IF TweWz=Yes)

[Attak]

How many attacks of wheezing/whistling have you had **in the last 12 months?**

IF DON'T KNOW, OBTAIN ESTIMATE.

PROMPT IF REQUIRED:

- 1 1 to 3
- 2 4 to 12
- 3 More than 12 attacks

[SleTw]

In the last 12 months, how often on **average** has your sleep been disturbed due to wheezing/whistling? Have you ...READ OUT...

INTERVIEWER: If DK obtain estimate.

- 1 ...never woken with wheezing,
- 2 woken less than 1 night per week,
- 3 woken one or more nights per week?

[NaDLi]

In the last 12 months, how much did wheezing/whistling interfere with your normal daily activities ...READ OUT...

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

VERSION A ONLY 0+ WHO HAVE EVER WHEEZED (IF EverW = Yes)

[RecAtW]

When was your most recent attack of wheezing/whistling?

PROMPT IF NECESSARY.

- 1 Less than 4 weeks ago
- 2 More than 4 weeks but within the last 12 months
- 3 One to five years ago
- 4 More than 5 years ago

ASK ALL 0+

[ConDr]

Did a doctor ever tell you that you had asthma?

PLEASE EXCLUDE ADVICE FROM HOMEOPATHS, ETC.

- 1 Yes
- 2 No

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?

[MainSit]

When you are at work are you mainly sitting down, standing up or walking about?

- 1 Sitting down
- 2 Standing up,
- 3 Walking about,
- 4 Equal time spent doing 2 or more of these

On an average work day in the last **four** weeks, how much time did you usually spend sitting down?¹

INTERVIEWER: IF RESPONDENT WAS ON HOLIDAY OR UNABLE TO WORK ON ANY DAYS IN THE LAST FOUR WEEKS, ASK THEM TO REPORT THE AVERAGE NUMBER OF HOURS ON THOSE DAYS THEY WORKED.

[WrkAct3H]

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

[WrkAct3M]

ENTER NUMBER OF MINUTES. IF AN EXACT HOUR, ENTER 0 FOR MINUTES (0..59)

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

¹ New question for 2012

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 **four** weeks on how many **days** have you done this kind of **heavy** manual gardening or DIY?

Range: 1..28

[HrsDIY]

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

IF (Wik15M = Yes) AND (Age >= 65) THEN

[WalkEff]¹

During the past four weeks, was the effort of walking for 10 minutes or more usually enough to make you breathe faster, feel warmer, or sweat?

- 1 Yes
- 2 No

ASK ALL AGED 16+

[ActPhy]

SHOW CARD E5

Can you tell me if you have done any activities on this card during the last **four** weeks, that is since (date four weeks ago)? Include teaching, coaching, training and practice sessions, but exclude any activities done as part of your main job.

- 1 Yes
- 2 No

¹ New question for 2012

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] |

[WhtAcB]¹

SHOW CARD E6

And have you done any of the activities on this card in the last **four** weeks? Please just tell me the numbers.

PROBE: ANY OTHERS?

- | | | |
|----|---|------------|
| 0 | No - none of these | [WhtAcB0] |
| 1 | Bowls | [WhtAcB01] |
| 2 | Fishing/angling | [WhtAcB02] |
| 3 | Golf | [WhtAcB03] |
| 4 | Hillwalking/rambling | [WhtAcB04] |
| 5 | Snooker/billiards/pool | [WhtAcB05] |
| 6 | Aqua-robics / aquafit / exercise class in water | [WhtAcB06] |
| 7 | Yoga/pilates | [WhtAcB07] |
| 8 | Athletics | [WhtAcB08] |
| 9 | Basketball | [WhtAcB09] |
| 10 | Canoeing/Kayaking | [WhtAcB10] |
| 11 | Climbing | [WhtAcB11] |
| 12 | Cricket | [WhtAcB12] |
| 13 | Curling | [WhtAcB13] |
| 14 | Hockey | [WhtAcB14] |
| 15 | Horse riding | [WhtAcB15] |
| 16 | Ice skating | [WhtAcB16] |
| 17 | Martial arts including Tai Chi | [WhtAcB17] |
| 18 | Netball | [WhtAcB18] |
| 19 | Powerboating/jet skiing | [WhtAcB19] |
| 20 | Rowing | [WhtAcB20] |
| 21 | Sailing/windsurfing | [WhtAcB21] |
| 22 | Shinty | [WhtAcB22] |
| 23 | Skateboarding/inline skating | [WhtAcB23] |
| 24 | Skiing/snowboarding | [WhtAcB24] |
| 25 | Subaqua | [WhtAcB25] |
| 26 | Surfing/body boarding | [WhtAcB26] |
| 27 | Table tennis | [WhtAcB27] |
| 28 | Tenpin bowling | [WhtAcB28] |
| 29 | Volleyball | [WhtAcB29] |
| 30 | Waterskiing | [WhtAcB30] |

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?

INTERVIEWER: PROBE FOR NAME OF SPORT OR EXERCISE AND WRITE IN.

- 1 Yes
- 2 No

¹ New list of sports for 2012

IF OActQ = Yes THEN

[WHTACT11 – WHT16¹]

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

[swimocc to wskiocc]

Can you tell me on how many separate days did you do (*name of activity*) for at least 10 minutes at 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 to wskihrs]

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 to wskimin]

INTERVIEWER: RECORD MINUTES HERE.

Range: 0..59

[swimeff to wskieff]

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

For certain activities an additional question was asked to identify whether the activity could be classed as muscle strengthening.

IF WhtAct, WhtAcB or OactQ = cycling, workout at a gym, aerobics, any other type of dancing, running/jogging, football/rugby, badminton/tennis, squash, exercises, ten pin bowling, yoga/pliates, aquarobics/aquafit, martial arts/Tai Chi, basketball, netball, lawn bowls, golf, hill walking/rambling, cricket, hockey, curling, ice skating, shinty, surf/body boarding, volleyball THEN

[cyclemus to Vollmus]²

During the past **four** weeks, was the effort of (*name of activity*) usually enough to make your muscles feel some tension, shake or feel warm?

- 1 Yes
- 2 No

IF WhtAct = Exercises (e.g. press-ups, sit-ups) AND (Age>=65) THEN

[ExMov]³

Did these exercises involve you standing up and moving about?

- 1 Yes
- 2 No

¹ Up to 6 other activities can be recorded. These are then assigned a code in the office.

² New question for 2012

³ New question for 2012

VERSION A ONLY

[REASSPRT]

SHOW CARD E7

I would like to ask you some more detail about the last time you did (activity/activities).
What were your reasons for doing it/them?

CODE ALL THAT APPLY

- | | | |
|----|--|------------|
| 1 | To keep fit (not just to lose weight) | [REASSPRT] |
| 2 | To lose weight | [REASSPR2] |
| 3 | To take children | [REASSPR3] |
| 4 | To meet with friends | [REASSPR4] |
| 5 | To train/ take part in a competition | [REASSPR5] |
| 6 | To improve my performance | [REASSPR6] |
| 7 | Just enjoy it | [REASSPR7] |
| 8 | To help with my injury or disability | [REASSPR8] |
| 9 | Part of my voluntary work | [REASSPR9] |
| 10 | To walk the dog | [REASSP10] |
| 11 | For health reasons / to improve health | [REASSP11] |
| 12 | Other (RECORD AT NEXT QUESTION) | [REASSP12] |

[REASSPRTO]

INTERVIEWER: WRITE IN OTHER ANSWER GIVEN

[MREASSPRT]

SHOW CARD E7

And which of these was your main reason?

- | | |
|----|--|
| 1 | To keep fit (not just to lose weight) |
| 2 | To lose weight |
| 3 | To take children |
| 4 | To meet with friends |
| 5 | To train/ take part in a competition |
| 6 | To improve my performance |
| 7 | Just enjoy it |
| 8 | To help with my injury or disability |
| 9 | Part of my voluntary work |
| 10 | To walk the dog |
| 11 | For health reasons / to improve health |
| 12 | Other (RECORD AT NEXT QUESTION) |

[MREASSPRTO]*

INTERVIEWER: WRITE IN OTHER ANSWER GIVEN

VERSION A ONLY

[Barsprt]¹

SHOW CARD E8

Looking at this card, are there any particular reasons why you haven't done any/more sport in the last 4 weeks?

CODE ALL THAT APPLY

- | | | |
|----|---|-------------|
| 1 | It costs too much | [Barsprt1] |
| 2 | No one to do it with | [Barsprt2] |
| 3 | Never occurred to me | [Barsprt3] |
| 4 | Not really interested | [Barsprt4] |
| 5 | Fear of injury | [Barsprt5] |
| 6 | I wouldn't enjoy it | [Barsprt6] |
| 7 | Health isn't good enough | [Barsprt7] |
| 8 | I might feel uncomfortable or out of place | [Barsprt8] |
| 9 | Changing facilities are not good enough | [Barsprt9] |
| 10 | Not enough information on what is available | [Barsprt10] |
| 11 | It's difficult to find the time | [Barsprt11] |
| 12 | I already do enough | [Barsprt12] |
| 13 | Other (RECORD AT NEXT QUESTION) | [Barsprt13] |
| 14 | No reason | [Barsprt14] |

[BarsprtO]*

INTERVIEWER: WRITE IN OTHER ANSWER GIVEN.

[Barspmi]²

SHOW CARD E8

And which of these was your main reason?

- | | |
|----|---|
| 1 | It costs too much |
| 2 | No one to do it with |
| 3 | Never occurred to me |
| 4 | Not really interested |
| 5 | Fear of injury |
| 6 | I wouldn't enjoy it |
| 7 | Health isn't good enough |
| 8 | I might feel uncomfortable or out of place |
| 9 | Changing facilities are not good enough |
| 10 | Not enough information on what is available |
| 11 | It's difficult to find the time |
| 12 | I already do enough |
| 13 | Other |

[BarspmaO]*

INTERVIEWER: WRITE IN OTHER ANSWER GIVEN.

¹ New question for 2012

² New question for 2012

VERSION A ONLY

SHOW CARD E9

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

- | | | |
|----|---|-------------|
| 1 | A woodland, forest or tree covered park | [PaWhere1] |
| 2 | An open space or park | [PaWhere2] |
| 3 | Country paths (not on tarmac) | [PaWhere3] |
| 4 | A beach/sea shore/loch/river or canal | [PaWhere4] |
| 5 | Sports fields or outdoor courts (e.g. tennis, 5-a-side) | [PaWhere5] |
| 6 | A swimming pool | [PaWhere6] |
| 7 | A gym or sports centre | [PaWhere7] |
| 8 | Pavements or streets in your local area | [PaWhere8] |
| 10 | Your home or garden | [PaWhere10] |
| 11 | Somewhere else (record at next question) | [PaWhere11] |
| 12 | No-not used any of these | [PaWhere12] |

[PAWhereO]*

INTERVIEWER: WRITE IN OTHER ANSWER GIVEN.

IF PAWhere=1 TO 11 THEN

ASKED FOR EACH PLACE MENTIONED [PAOfte01] to [PAOfte11]

SHOW CARD E10

How often in the past 4 weeks have you made use of (*name of place*) for physical activity?

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

ASK ALL AGE 16+

[TVWeek]

Thinking first of weekdays, that is Monday to Friday, how much time on **an average day** do you spend **sitting** watching TV or another type of screen such as a computer, games console or handheld gaming device? Please do **not** include any time spent in front of a screen while at school, work or college.

INTERVIEWER: Reading a 'kindle' or reading on an iPad should not be included here. If the main activity is reading then code under sitting doing other activity such as eating, reading etc.

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

Range: 0..12

[MinTVWk]

RECORD MINUTES HERE.

Range: 0..59

[WkSit2H]¹

And how much time on an average **weekday** do you spend sitting down doing any other activity, such as eating a meal, reading, or listening to music or [if over 65] napping in a chair Please do not include time spent doing these activities while at work.

INTERVIEWER: OTHER EXAMPLES OF THESE ACTIVITIES INCLUDE SNACKING, STUDYING, DRAWING, DOING PUZZLES/CROSSWORDS ETC. DO NOT COUNT TIME TWICE E.G. IF THEY WATCH TV AND EAT, INCLUDE THAT HERE OR AT PREVIOUS QUESTION - NOT BOTH.

INTERVIEWER: Time spent reading using a screen (e.g. a kindle or iPad) can be included here if the respondent says reading is the main activity

RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION: 0..24

[WkSit2M]

RECORD MINUTES HERE:0..59

[TVWkEnd]²

Now thinking of the **weekend**, that is Saturday and Sunday, how much time on **an average day** do you spend **sitting** watching TV or another type of screen (such as a computer, games console or handheld gaming device)? Again, please do **not** include any time spent in front of a screen while at school, college or work.

INTERVIEWER: Reading a 'kindle' or reading on an iPad should not be included here. If the main activity is reading then code under sitting doing other activity such as eating, reading etc.

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

Range: 0..12

[MinTvWe]

RECORD MINUTES HERE.

Range: :0..59

¹ New question for 2012

² New question for 2012

[WESit2H]

And how much time on an average **weekend** day (that is Saturday and Sunday) do you spend sitting down doing any other activity, such as eating a meal, reading, or listening to music or [if over 65] napping in a chair. Please do not include time spent doing these activities while at work.

INTERVIEWER: OTHER EXAMPLES OF THESE ACTIVITIES INCLUDE SNACKING, STUDYING, DRAWING, DOING PUZZLES/CROSSWORDS ETC. DO NOT COUNT TIME TWICE E.G. IF THEY WATCH TV AND EAT, INCLUDE THAT HERE OR AT PREVIOUS QUESTION - NOT BOTH.

INTERVIEWER: Time spent reading using a screen (e.g. a kindle or iPad) can be included here if the respondent says reading is the main activity

RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.: 0..24

[WESit2M]

RECORD MINUTES HERE. 0..59

Child physical activity module (2-15)

ASK IF RESPONDENT IS 4 or 5 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 [DayWIkT] 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/child's name*) 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

VERSION A ONLY

SHOW CARD F4

In the past 4 weeks have/has (*you/your child*) made use of any of the places listed on this card for any of the physical activities you have just told me about, for example for walking, cycling, sports or doing any heavy housework or gardening?¹

- | | | |
|----|---|------------|
| 1 | A woodland, forest or tree covered park | [PaWher13] |
| 2 | An open space or park | [PaWher14] |
| 3 | Country paths (not on tarmac) | [PaWher15] |
| 4 | A beach/sea shore/loch/river or canal | [PaWher16] |
| 5 | Sports fields or outdoor courts (e.g. tennis, 5-a-side) | [PaWher17] |
| 6 | A swimming pool | [PaWher18] |
| 7 | A gym or sports centre | [PaWher19] |
| 8 | Pavements or streets in your local area | [PaWher20] |
| 9 | A playground or playpark | [PaWher21] |
| 10 | Your home or garden | [PaWher22] |
| 11 | Somewhere else (record at next question) | [PaWher23] |
| 12 | No-not used any of these | [PaWher24] |

[PAWhereO]*

INTERVIEWER: WRITE IN OTHER ANSWER GIVEN.

IF PAWhere = 1 TO 11 THEN

ASKED FOR EACH PLACE MENTIONED [PAOfte12] to [PAOfte23]²

SHOW CARD F5

How often in the past 4 weeks have/has (*you/your child*) made use of (*name of place*) for physical activity?

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

ASK ALL AGED 2-15

[TVWeek2]

Thinking first of **weekdays**, that is Monday to Friday, how much time on **an average day** do/does (*you/child's name*) spend **sitting** watching TV or another type of screen such as a computer, games console or handheld gaming device? Please do **not** include any time spent in front of a screen while at nursery or school.

INTERVIEWER: Reading a 'kindle' or reading on an iPad should not be included here. If the main activity is reading then code under sitting doing other activity such as eating, reading etc.

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

Range: 0..12

¹ New question for 2014 – previously included in 2010

² New question for 2014 – previously included in 2010

[MinTVWk2]

RECORD MINUTES HERE.

Range: 0..59

[WkSit2H2]

And how much time on an **average weekday** do/does (*you/your child*) spend sitting down doing any other activity, such as eating a meal, reading, or listening to music? Please do not include time spent doing these activities while at nursery or school.

INTERVIEWER: OTHER EXAMPLES OF THESE ACTIVITIES INCLUDE SNACKING, STUDYING, DRAWING, DOING PUZZLES/CROSSWORDS ETC.

DO NOT COUNT TIME TWICE E.G. IF THEY WATCH TV AND EAT, INCLUDE THAT HERE OR AT PREVIOUS QUESTION - NOT BOTH.

INTERVIEWER: Time spent reading using a screen (e.g. a kindle or iPad) can be included here if the respondent says reading is the main activity

RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION:0..24

[WkSit2M2]

RECORD MINUTES HERE.:0..59

[TVWkEnd2]

Now thinking of the **weekend**, that is Saturday and Sunday, how much time on an **average day** do/does (*you/child's name*) spend watching TV or another type of screen (such as a computer, game console or handheld gaming device)? Again, please do **not** include any time spent in front of a screen while at nursery or school.

INTERVIEWER: Reading a 'kindle' or reading on an iPad should not be included here. If the main activity is reading then code under sitting doing other activity such as eating, reading etc.

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

Range: 0..12

[MinTvWe2]

RECORD MINUTES HERE.

Range: :0..59

[WESit2H2]

And how much time on an average **weekend** day (that is Saturday and Sunday) do/does (*you/your child*) spend sitting down doing any other activity, such as eating a meal, reading, or listening to music? Please do not include time spent doing these activities while at nursery or school.

INTERVIEWER: OTHER EXAMPLES OF THESE ACTIVITIES INCLUDE SNACKING, STUDYING, DRAWING, DOING PUZZLES/CROSSWORDS ETC. DO NOT COUNT TIME TWICE E.G. IF THEY WATCH TV AND EAT, INCLUDE THAT HERE OR AT PREVIOUS QUESTION - NOT BOTH.

INTERVIEWER: Time spent reading using a screen (e.g. a kindle or iPad) can be included here if the respondent says reading is the main activity

RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.": 0..24

[WESit2M2]

RECORD MINUTES HERE. 0..59

Eating habits module (2-15) (Version A – all age 2 +)

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

[UsBred08]¹

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)

¹ The question wording and answer categories changed in 2008.

[Cereal08]¹

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).

¹ 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

[TFish]

SHOW CARD 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]

SHOW CARD 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**?

[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

IF (Age >= 15) THEN

[MilkDr]

SHOW CARD G2

How often do you drink milk, **not** including milk used for tea, coffee and cereals, or in milkshakes and other flavoured milks?

INTERVIEWER: include soya / goat's milk.

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

[CakesEtc]

SHOW CARD G2

How often do you eat **cakes, scones, sweet pies or pastries**?

[Biscuits]

SHOW CARD G2

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).

INTERVIEWER: IF MORE THAN ONE KIND OF FRUIT MENTIONED AND IF SAME SIZE, CODE EACH KIND OF FRUIT SEPARATELY.

For example: If respondent ate 2 apples and 1 banana code size of apple first (in this case 3 – medium fruit) then enter quantity of apples (in this case 2). Next code size of banana (3 – medium fruit) then quantity of bananas (in this case 1).

- 1 Very large fruit (e.g. melon (all types), pineapple)
- 2 Large fruit (e.g. grapefruit, mango)
- 3 Medium-sized fruit (e.g. apple, banana, orange, peach)
- 4 Small fruit (e.g. kiwi, plum, apricot)
- 5 Very small fruit (e.g. strawberry, grapes (all types))
- 6 Not on coding list

IF (FrtC = Very large fruit ... Very small fruit)

[FrtQ] (*Variable names: FrtQ01-FrtQ08*)

IF FrtC= 'Very large fruit': How many average slices of this fruit did you eat yesterday?

IF FrtC= 'Large / Medium / Small fruit': How much of this fruit did you eat yesterday?

IF FrtC= 'Very small fruit': How many average handfuls of this fruit did you eat yesterday?

Range: 0.5-.50.0

IF (FrtC = Not on coding list)

[FrtOth] (*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?

Vitamin supplements

ASK ALL

[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?

INTERVIEWER: 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

[VitaminD]

Are you currently taking vitamin d supplements, including as part of a multi-vitamin supplement?

- 1 Yes
- 2 No

IF AGE 18-49 AND SEX = Female THEN

[PregNTJ]

Can I check, are you pregnant at the moment?

- 1 Yes
- 2 No

[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?

INTERVIEWER: IF RESPONDENT HAS BEEN PREGNANT FOR LESS THAN 12 WEEKS AND HAS TAKEN FOLIC ACID SUPPLEMENTS SINCE THE START OF PREGNANCY CODE YES.

- 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

Smoking module

IF Age of Respondent = 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)

[SmokPreAm][§]

The next few questions ask about whether you smoke tobacco products. This means tobacco products which you light and smoke, and include, for example, cigarettes or hand-rolling tobacco.

When answering these questions please do **NOT** include:

-cigarettes that include no tobacco, or
electronic cigarettes

INTERVIEWER: PRESS 1 AND ENTER TO CONTINUE

[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] |

[SmokEver][§]

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

- 1 Yes
- 2 No

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

IF SmokEver = Yes THEN

[SmokNow15][§]

Do you smoke cigarettes nowadays?

- 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.

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?

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

[§] 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 WkndEst = Ounces THEN

[WkndOz][§]

ENTER AMOUNT IN OUNCES

Range: 0.00..100.00

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

[§] 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 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

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

[§] 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) WHO HAVE GIVEN UP SMOKING IF (SmokStop = once or twice OR three times or more) THEN

[StopLong]¹

SHOW CARD H1

And what is the longest period of time you have ever managed to stop smoking?:

- 1 Less than a week
- 2 At least a week but less than a month
- 3 1 – 3 months
- 4 4 – 6 months
- 5 Over 6 months

[StopWant]

Would you like to give up smoking?

- 1 Yes
- 2 No

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

[ECigEv]²

Have you ever used an electronic cigarette (e-cigarette), or any other vaping device?³

INTERVIEWER NOTE: AN ELECTRONIC CIGARETTE IS A DEVICE THAT CAN LOOK LIKE A NORMAL CIGARETTE (THOUGH SOME CAN LOOK DIFFERENT) AND THAT USES A BATTERY TO CREATE A VAPOUR THAT CAN LOOK LIKE SMOKE. UNLIKE NORMAL CIGARETTES, THEY DO NOT BURN, NOR CONTAIN TOBACCO, THEY SHOULD NOT BE CONFUSED WITH NICOTINE INHALERS/INHALATORS, WHICH ARE LICENSED NICOTINE REPLACEMENT THERAPY (NRT) PRODUCTS. E-CIGARETTES ARE SOLD AS AN ALTERNATIVE TO SMOKING.

- 1 Yes
- 2 No

IF ECigEv = 1 THEN

[ECigNow]⁴

Do you use an e-cigarette or vaping device at all nowadays?⁵

- 1 Yes
- 2 No

IF ECigNw16 = Yes THEN

[OftECigC]⁶

SHOW CARD H2

How often in the last four weeks have you used an e-cigarette or vaping device?"

- 1 Every day
- 2 4-6 days a week
- 3 2-3 days a week
- 4 Once a week
- 5 2-3 times in the last 4 weeks
- 6 Once in the last 4 weeks
- 7 Not at all in last 4 weeks

¹ New question for 2012

² New question for 2014

³ Note that question wording changed in 2016 to including 'vaping devices'

⁴ New question in 2014

⁵ Note that question wording changed in 2016 to including 'vaping devices'

⁶ New e-cig questions for 2016

If ECigNw16 = No THEN

[EcigReg]

Did you use an e-cigarette or vaping device regularly or did you only try them once or twice?

- 1 Used e-cigarettes/vaping devices regularly
- 2 SPONTANEOUS: Used e-cigarettes/vaping devices occasionally
- 3 Never really used e-cigarettes/vaping devices, just tried them once or twice

IF EcigReg = regular or occasional THEN

[OfteCigX]

SHOW CARD H3

How often did you use an e-cigarette or vaping device in a typical four week period?

- 1 Every day
- 2 4-6 days a week
- 3 2-3 days a week
- 4 Once a week
- 5 2-3 times in a 4 week period
- 6 Once in a 4 week period
- 7 Less than once in a 4 week period

IF ECIGNW16 = Yes OR ECIGREG = used e-cigarettes regularly/occasionally THEN

[StrtEcig]

Can I just check, how old were you when you first tried an e-cigarette or vaping device?

IF ECigNw16 = Yes THEN

[EcigYrC]

And for approximately how long have you been using an e-cigarette or vaping device?

INTERVIEWER: Record years below and months at next question.

INTERVIEWER: Enter 0 if less than 1 year

[EcigMthC]

INTERVIEWER: Record months here.

INTERVIEWER: Enter 0 if less than 1 month

IF EcigReg = used e-cigarettes regularly or occasionally THEN

[EcigYrX]

And for approximately how long did you use an e-cigarette or vaping device?

INTERVIEWER: Record years below and months at next question.

INTERVIEWER: Enter 0 if less than 1 year.

[EcigMthX]

INTERVIEWER: Record months here.

INTERVIEWER: Enter 0 if less than 1 month.

IF StrtEcig AND StartSmk = Same THEN

WhchFrst

Can I just check, did you start regularly smoking tobacco cigarettes before first trying e-cigarettes/vaping devices?

- 1 Yes, started regularly smoking tobacco cigarettes before first trying e-cigarettes/vaping devices,

2 No, started regularly smoking tobacco cigarettes after first trying e-cigarettes/vaping devices first

Questions about nicotine replacement products (NRT) are being asked in the core interview (previously asked in the nurse interview prior 2008-2011)

IF (SmokStop >1 OR (EndSmoke >= 0) THEN

[UseNRT...]¹

SHOW CARD H2

We are also interested in whether people use any nicotine replacement or other products. Have you used any of the following products as part of your most recent attempt to stop smoking?

First, in the last three months, that is since (month), have you used any of the following nicotine replacement products?

CODE ALL THAT APPLY

- | | | |
|---|---|------------|
| 1 | Yes, nicotine gum | [UseNRT1a] |
| 2 | Yes, nicotine patches that you stick on your skin | [UseNRT2a] |
| 3 | Yes, nasal spray/nicotine inhaler | [UseNRT3a] |
| 4 | Yes, lozenge/microtab | [UseNRT4a] |
| 5 | Yes, Champix/Varenicline | [UseNRT5a] |
| 6 | Yes, Zyban/Bupropion | [UseNRT6a] |
| 7 | Yes, electronic cigarette/vaping device | [UseNRT7a] |
| 8 | Yes, other | [UseNRT8a] |
| 9 | No | [UseNRT9a] |

[NRTOth]*

What other products did you use?

IF NOT 'NO' in USENRT

[NRTSupp...]

Was this accompanied by smoking cessation support?

INTERVIEWER: IF YES: From Whom?

- | | | |
|---|---|-------------|
| 1 | Yes, pharmacy | [NRTSupp1] |
| 2 | Yes, GP practice nurse | [NRTSupp2] |
| 3 | Yes, GP | [NRTSupp3a] |
| 4 | Yes, specialist smoking cessation advisor | [NRTSupp4a] |
| 5 | Yes, other | [NRTSupp5] |
| 6 | No | [NRTSupp6] |

[SuppOth]*

What other type of support did you receive?

[NRTpresc]²

Did you buy these products yourself or did you get them on prescription?

- | | |
|---|--------------------------|
| 1 | Bought them myself |
| 2 | Got them on prescription |
| 3 | Mixture of both |

¹ Additional categories added for 2012

² New question for 2012

ASK ALL – age range extended to all (0+) in 2012

[Passive...]^{\$}

SHOW CARD H1¹

Are you regularly exposed to other people's tobacco smoke in any of these places?

PROBE: Where else?

INTERVIEWER: If asked: only include current exposure to other people's tobacco.

CODE ALL THAT APPLY

- | | | |
|---|--|-------------|
| 1 | At own home | [Passive1] |
| 2 | At work | [Passive2] |
| 3 | In other people's homes | [Passive3] |
| 4 | In cars, vans etc | [Passive4a] |
| 5 | Outside of buildings (e.g. pubs, shops, hospitals) | [Passive5a] |
| 6 | In other public places | [Passive6a] |
| 7 | No, none of these | [Passive7a] |

IF EXPOSED TO SMOKE IN ANY PLACES (IF Passive7 = 0 OR Don't know AND Age > = 13)

[Bother]^{\$}

Does this bother you at all?

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

¹ Additional categories added for 2012

^{\$} 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.

^{\$} 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.

[Nbeer][§]

SHOW CARD J1

I'd like to ask you first about **normal strength** beer or cider which has less than 6% alcohol. How often have you had a drink of **normal strength** BEER, LAGER, STOUT, CIDER or SHANDY (excluding cans and bottles of shandy) during the last 12 months? (NORMAL = less than 6% Alcohol by volume)

INTERVIEWER: IF RESPONDENT DOES NOT KNOW WHETHER BEER ETC DRUNK IS STRONG OR NORMAL, INCLUDE HERE AS NORMAL.

- 1 Almost every day
- 2 Five or six days a week
- 3 Three or four days a week
- 4 Once or twice a week
- 5 Once or twice a month
- 6 Once every couple of months
- 7 Once or twice a year
- 8 Not at all in the last 12 months

(The answer options used at Nbeer, on show card J1, are used repeatedly in the drinking module. Further mentions of show card J1 will not, therefore, list out the options in full).

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

[NbeerM...][§]

How much NORMAL STRENGTH BEER, LAGER, STOUT, CIDER or SHANDY (excluding cans and bottles of shandy) have you usually drunk on any one day?

INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

- | | | |
|---|------------|------------------------|
| 1 | Half pints | [NbeerM1] |
| 2 | Small cans | [NbeerM2] |
| 3 | Large cans | [NbeerM3] |
| 4 | Bottles | [NbeerM4] ¹ |

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

[§] 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.

¹ No equivalent in self-completion questionnaire

IF NbeerM = Bottles (IF NbeerM4=1) THEN

[nberqbt]^s

ASK OR CODE: How many bottles of NORMAL STRENGTH BEER, LAGER, STOUT or CIDER have you usually drunk on any one day?

Range: 1..97

[Nbottle]*

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

INTERVIEWER: IF RESPONDENT DOES NOT KNOW WHAT MAKE, OR RESPONDENT DRINKS DIFFERENT MAKES OF NORMAL STRENGTH BEER, LAGER, STOUT OR CIDER,

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

Text: Maximum 21 characters

[NcodeEq]

EDIT ONLY:

PLEASE LOOK UP AND ENTER PINT EQUIVALENT OF A BOTTLE OF (*Name of Bottle*)

VALID ENTRIES ARE 0.00, 0.32, 0.35, 0.44, 0.48, 0.50, 0.58, 0.77, 0.88, 0.97 AND 1.00.

ENTER 9.99 IF CANNOT CODE

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

[Sbeer]^s

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).

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...]^s

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] ¹ |

IF SbeerM = Half pints THEN

[SbeerQ1]^s

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

¹ No equivalent in self-completion questionnaire

IF SbeerM = Small cans THEN

[SbeerQ2][§]

ASK OR CODE: How many small cans of STRONG BEER, LAGER, STOUT or CIDER have you usually drunk on any one day?

Range: 1..97

IF SbeerM = Large cans THEN

[SbeerQ3][§]

ASK OR CODE: How many large cans of STRONG BEER, LAGER, STOUT or CIDER have you usually drunk on any one day?

Range: 1..97

IF SbeerM = Bottles THEN

[sberqbt][§]

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

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

[Sherry]^{\$ 1}

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

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]^{\$ 2}

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

¹ Buckfast was added to this question 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.

² Question wording was revised in 2008.

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

[WQBt][§]

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: Show wine glass cards.

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. Also record the size of small bottles here.

- | | | |
|---|------------------------|----------|
| 1 | Large glass (250ml) | [WQGIz1] |
| 2 | Standard glass (175ml) | [WQGIz2] |
| 3 | Small glass (125ml) | [WQGIz3] |

[§] 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 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?

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

[PopsM03]^{§ 1}

How much alcopops or pre-mixed alcoholic drinks 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 alcopops or pre-mixed alcoholic drinks 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 alcopops or pre-mixed alcoholic drinks have you usually drunk on any one day?

Range: 1..97

¹ 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 PopsM03 = Large Bottles THEN

[PopsQ033][§]

ASK OR CODE: How many large bottles of alcopops or pre-mixed alcoholic drinks 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: Maximum 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?

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))

[DrinkOfT]^{\$}

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 DrinkOfT <> Not at all in the last 12 months)**

[DrinkL7]^{\$}

You have told me what you have drunk over the last 12 months, but we know that what people drink can vary a lot from week to week, so I'd like to ask you a few questions about last week. Did you have an alcoholic drink in the seven days ending yesterday?

- 1 Yes
- 2 No

IF DrinkL7=Yes THEN

[DrnkDay]^{\$}

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

Range: 1..7

^{\$} 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.

^{\$} 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 DrnkDay = 2 to7 days THEN

[DrnkSame]^{\$}

Did you drink more on one of the days (*some days than others*), or did you drink about the same on both (*each of those*) days?

- 1 Drank more on one/some day(s) than other(s)
- 2 Same each day

IF DrinkL7 = Yes THEN

[WhichDay]^{\$}

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

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

[DrnkTy]^{\$ 1}

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

¹ 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 = 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

IF NBrL7 = Bottles (IF NBrL74 mentioned) THEN

[Nberqbt7]^{§ 1}

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

Range: 1..97

[Nbotl7]*

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

¹ 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 = 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

IF SBrL7 = Bottles (IF SBrL74 mentioned) THEN

[sberqbt7]^{§ 1}

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]^{§ 2}

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

¹ 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.

² Buckfast added in 2008

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

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

[§] 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.

[WL7Glz][§]

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. Also record the size of small bottles here.

- | | | |
|---|------------------------|-----------|
| 1 | Large glass (250ml) | [WL7Glz1] |
| 2 | Standard glass (175ml) | [WL7Glz2] |
| 3 | Small glass (125ml) | [WL7Glz3] |

IF WL7Glz1 = mentioned THEN

[ml250Glz][§]

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]^{§ 1}

Still thinking about last (*answer to Which Day*), how much alcopops or pre-mixed alcoholic drinks 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 alcopops or pre-mixed alcoholic drinks did you drink on that day?

Range: 1..97

¹ 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).

IF PopsL703 = Standard Bottles (IF PopsL72 mentioned) THEN

[PopsL7Q2][§]

ASK OR CODE: How many standard bottles of alcopops or pre-mixed alcoholic drinks 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 alcopops or pre-mixed alcoholic drinks did you drink on that day?

Range: 1..97

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

[§] 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 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

[DrWher1]^{\$ 1}

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

¹ 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. For 2012 onward the follow up question was dropped.

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

[DrWith1]^{\$ 1}

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

¹ 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 a follow up question asking who next. For 2012 onward the follow up question was dropped.

Dental Health¹ (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

¹ The questions in this module were introduced to SHeS in 2008.

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 QUESTIONNAIRE¹

(IF (Age of Respondent is >=16) AND NOT (PerNum=PHRPNo AND PHRPOcc=Yes))

In the last week (that is the 7 days ending *date last Sunday*) were you doing any of the following, even if only for one hour?

INTERVIEWER: 'Temporarily away' includes away from work ill, on maternity leave, on holiday leave and temporarily laid off (as long as there is still an employment contract). It does not include those who are laid off and no longer have an employment contract.

INTERVIEWER: Code **all that apply**.

- | | | |
|---|---|------------|
| 1 | Working as an employee (or temporarily away) | [NWrkemp] |
| 2 | On a Government sponsored training scheme (or temporarily away) | [NGvtSchm] |
| 3 | Self employed or freelance (or temporarily away) | NSelfEmp |
| 4 | Working unpaid for your own family's business (or temporarily away) | NWrkFam |
| 5 | Doing any other kind of paid work | NOthWrk |
| 6 | None of the above | NNoneabv |

IF (HRP Age 16 to 64) AND NOT (NGvtSchm = 1) THEN

[EducCou]

Are you at presently at school or enrolled on any **full-time** education course excluding leisure classes? (Include correspondence courses and open learning as well as other forms of full-time education course).

INTERVIEWER: CODE **YES** IF FULL-TIME STUDENT ON HOLIDAY AND WILL BE STUDYING FULL-TIME WHEN NEXT TERM STARTS.

IF RESPONDENT IS STUDYING PART-TIME CODE **NO** HERE.

- 1 Yes
- 2 No

IF ((NWrkFam = 1) OR (NNoneabv = 1))

AND NOT ((NWrkemp = 1) OR (NGvtSchm = 1) OR (NSelfEmp = 1) OR (NOthWrk = 1)) THEN

[Wk4Lk12]

Thinking of the 4 weeks ending (date last Sunday), were you actively looking for any paid work or Government training scheme at any time in those 4 weeks?

- 1 Yes
- 2 No

IF [Wk4Lk12] = No THEN

[WaitJb12]

Are you waiting to take up a job that you have already obtained?

- 1 Yes
- 2 No

¹ Economic activity questions changed in 2012

IF (Wk4Lk12 = Yes OR WaitJb12 = Yes) THEN

[Wk2Str12]

If a job or a place on a government scheme had been available in the week ending (*date last Sunday*), would you have been able to start within 2 weeks?

- 1 Yes
- 2 No

IF (NNoneabv =1) AND (Wk4Lk12 = No) AND (WaitJb12 = No) THEN

[YNotWrk]

May I just check, what was the main reason you did not look for work in the last 4 weeks?

INTERVIEWER: CODE ONE ONLY

- 1 Waiting for the results of an application for a job/being assessed by a training agent
- 2 Student
- 3 Looking after family/home
- 4 Temporarily sick or injured
- 5 Long-term sick or disabled
- 6 Believes no job available
- 7 Not yet started looking
- 8 Doesn't need employment
- 9 Retired from paid work
- 10 Any other reason

IF (NNoneabv =1) AND (WaitJb12 <> Yes) THEN

[EverJob]

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

- 1 Yes
- 2 No

IF (WaitJb12 = Yes) 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..2016

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

[SkilNee]*

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

Text: Maximum 120 characters

[Employee]

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 Employee = 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 Employee = 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 Employee = 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 Employee = 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 Employee = Self-employed THEN

[SifWtMad]*

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

Text: Maximum 100 characters

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]^{1*}

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] |

¹ Qualification categories were revised in 2008

National Identity, ethnic background and religion module (All)

ASK ALL (0+)

[BirthPla]¹

What is your country of birth?

- 1 Scotland
- 2 England
- 3 Wales
- 4 Northern Ireland
- 5 Republic of Ireland
- 6 Elsewhere (write in)

[BirthPlaO]*

INTERVIEWER: Write in place of birth

[Ethnic12]*²

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: Other British
- 3 A - White: Irish
- 4 A - White: Gypsy/Traveller
- 5 A - White: Polish
- 9 A - White: Other (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 (WRITE IN)
- 16 D - African: African, African Scottish or African British
- 17 D - African: Other (WRITE IN)
- 17 E - Caribbean or Black: Caribbean, Caribbean Scottish or Caribbean British
- 18 E - Caribbean or Black: Black, Black Scottish or Black British
- 19 E - Caribbean or Black: Other (WRITE IN)
- 20 F - Other ethnic group: Arab, Arab Scottish or Arab British
- 21 F - Other ethnic group: other (WRITE IN)

IF Ethnic12 = Other white background

[Othwhit]*

WRITE IN ETHNIC GROUP

Text: Maximum 60 characters

¹ New question in 2012

² This variable was called 'Ethnic1' in 2008; it was renamed in 2009 when the list of answer categories was expanded. It was renamed again in 2012 when the list of answer categories was revised.

IF Ethnic12 = Mixed background

[Othmix]*

WRITE IN ETHNIC GROUP

Text: Maximum 60 characters

IF Ethnic12 = Other Asian background

[OthAsi]*

WRITE IN ETHNIC GROUP

INTERVIEWER: Write in.

Text: Maximum 60 characters

IF Ethnic12 = Other African background

[OthAfr]*

WRITE IN ETHNIC GROUP

INTERVIEWER: Write in.

Text: Maximum 60 characters

IF Ethnic12=Other Caribbean or Black background

[OthBlk]

WRITE IN ETHNIC GROUP

INTERVIEWER: Write in.

Text: Maximum 60 characters

IF Ethnic12 = Other

[Otheth]*

WRITE IN ETHNIC GROUP

Text: Maximum 60 characters

Note: All other ethnic group answers recorded under Othwhit- Otheth backcoded into Ethnic12

ASK ALL AGED 16+

[Religi09]¹

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 |

¹ 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 Religio9

Parental History

[Palntro]*

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.

ASK ALL AGED 16+ NOT LIVING WITH FATHER

[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]

SHOW CARD Q3

And which of the descriptions on this card best describes the responsibility he had for staff at that time?

CODE ONE ONLY

- 1 Self-employed, with a business with 25 or more employees
- 2 Self-employed, with a business with fewer than 25 employees
- 3 Self-employed, in a business with no employees
- 4 A manager of 25 or more staff
- 5 A manager of fewer than 25 staff
- 6 Foreman/supervisor
- 7 An employee, not manager

ASK ALL 16+ NOT LIVING WITH THEIR MOTHER

[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]

SHOW CARD Q3

And which of the descriptions on this card best describes the responsibility she had for staff at that time?

CODE ONE ONLY

- 1 Self-employed, with a business with 25 or more employees
- 2 Self-employed, with a business with fewer than 25 employees
- 3 Self-employed, in a business with no employees
- 4 A manager of 25 or more staff
- 5 A manager of fewer than 25 staff
- 6 Foreman/supervisor
- 7 An employee, not manager

[Palntr2]*

We are interested in the way that some health conditions seem to run in families. The next set of questions relate to your natural parents and to other family members. Press '1' and Enter to continue.

ASK ALL AGED 16+ NOT LIVING WITH THEIR MOTHER

[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 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

[FamDB]¹

Have any of your parents, children or your brothers or sisters, ever had Type 1 or Type 2 diabetes?

INTERVIEWER: IF ASKED, INCLUDE RELATIVES WHO HAVE DIED BUT EXCLUDE NON-BLOOD RELATIVES E.G. STEP-BROTHERS, PARENTS-IN-LAW.

IF ADOPTED: IF POSSIBLE ANSWER ABOUT BIRTH PARENTS, IF NOT ANSWER ABOUT ADOPTIVE FAMILY

- 1 Yes
- 2 No

[ParCVD]²

Have either of your parents developed heart disease or had a stroke before the age of 60?

INTERVIEWER: EXCLUDE CONGENITAL HEART DISEASE (I.E. HEART CONDITIONS PEOPLE ARE BORN WITH)

- 1 Yes
- 2 No

[SibCVD]³

Have any of your brothers or sisters developed heart disease or had a stroke before the age of 60?

INTERVIEWER: EXCLUDE CONGENITAL HEART DISEASE (I.E. HEART CONDITIONS PEOPLE ARE BORN WITH)

- 1 Yes
- 2 No
- 3 Only child – no brothers/sisters

[RelCVD]⁴

Have any of your aunts, uncles or first cousins developed heart disease or had a stroke before the age of 60?

INTERVIEWER: EXCLUDE CONGENITAL HEART DISEASE (I.E. HEART CONDITIONS PEOPLE ARE BORN WITH)

- 1 Yes
- 2 No
- 3 Does not have any aunts, uncles or first cousins

IF RelCVD = Yes THEN

[RelNum]

How many of them?: 1..97

¹ New question in 2012

² New question in 2012

³ New question in 2012

⁴ New question in 2012

Self-completion booklets admin

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 (DrinkOf = 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 2+)

ASK ALL AGED 2+

[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:

INTERVIEWER: Remember to wipe the head plate and base plate of the stadiometer as well as the scales with milton wipes between households.

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

IF RespHts = Height refused THEN

[ResNHt]

GIVE REASONS FOR REFUSAL.

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

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 2+ UNLESS AGED 16-49 AND PREGNANT (IF PregNowB<>Yes)

[RespWts]

INTERVIEWER: Measure weight and code.

(*INTERVIEWER¹: 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

¹ 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

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

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

Consents

ASK ALL AGED 16 +

[NHSCanA]*¹

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 your NHS 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 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]*

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 your NHS 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 read this form, it explains more about what is involved. Please read this form, it explains more about what is involved.

INTERVIEWER: Give the *child* the **lemon** consent form (Scottish Health Records) and allow them time to read the information.

ASK PARENT/GUARDIAN OF CHILD AGED 0-13

[NHSCanC]*

We would like your consent for us to send (*child's*) name, address and date of birth to the Information Services Division of NHS Scotland so they can link it with your NHS 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 read this form, it explains more about what is involved. 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

¹ Wording for consents revised in 2012

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 or other organisations 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 be released for statistical and research purposes only and carried out by reputable research organisations and that your privacy 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 with the permission of 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]*

In the future, the Scottish Government or other organisations 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 be released for statistical and research purposes only and carried out by reputable research organisations and that your privacy 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 with the permission of the Scottish Government for this purpose?

Please read this form, it explains more about what is involved.

INTERVIEWER: Give the child the **pink** consent form (Scottish Government follow up research) and allow them time to read the information.

ASK PARENT/GUARDIAN OF CHILD AGED 0-13

[ReInterC]*¹

In the future, the Scottish Government or other organisations 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 be released for statistical and research purposes only and carried out by reputable research organisations and that your privacy will be protected in the publication of any results given. Would you be willing to have (*child's name*) name, contact details and relevant answers you have given during the interview passed on to the Scottish Government or other research agencies with the permission of 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

¹ The brackets around the text in this question only appear in main sample households where adults are also asked the preceding consent question.

Health Measurements and Samples

ALL 16+ IN SAMPLE B HOUSEHOLDS

[BimodInt]*

I am now going to ask you a few more questions and take some more measurements. Some people find these sensitive and prefer them to be carried out in private

Prescribed Medicines and Drug Coding

ASK ALL SAMPLE B 16+

[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) AND ([MEDCINBP = Yes] OR [MedHeart = 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?

INTERVIEWER: Include the contraceptive pill

- 1 Continue

Questions MedBI-MedBIC repeated for up to 22 drugs

IF (MedCNJD = Yes) AND ([MEDCINBP = Yes] OR [MedHeart = Yes]) THEN

[MedBI] (Variable names: Medbi01 – Medbi22)

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

[YTake] (Variable names: MedBIA-MedBIA22)

Do you take (name of drug) because of a heart problem, high blood pressure or for some other reason?

- | | | |
|---|---------------------|---------------------|
| 1 | Heart problem | [YTake011-YTake221] |
| 2 | High blood pressure | [YTake012-YTake222] |
| 3 | Other reason | [YTake013-YTake223] |

[MedBIA] (Variable names: MedBIAB-MedBIA22B)

Have you taken or used (name of drug) in the last 7 days?

- 1 Yes
- 2 No

[MedBIC]*

INTERVIEWER CHECK: Any more drugs to enter?

- 1 Yes
- 2 No

Blood Pressure

ALL SAMPLE B Age 16+ (EXCEPT PREGNANT WOMEN)

I would now like to measure your blood pressure, which is an important indicator of cardiovascular health.

Blood pressure is measured using a monitor and a cuff which I will secure around your right arm. When we are ready to begin I'll press the start button and the cuff will inflate and deflate automatically three times. You will feel some pressure on your arm when the cuff inflates.

Once I have completed the recordings I will tell you what they are

[BPConst]

INTERVIEWER 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] |

[OMRONNo]

INTERVIEWER 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)

[BPReady]*

INTERVIEWER: ONCE RESPONDENT HAS SAT STILL FOR 5 MINUTES YOU ARE READY TO TAKE THE MEASUREMENTS.

Check that the MODE selector is set to AVG (average) and P-SET Volume (pressure setting) is set to auto

ENSURE THE [READY TO MEASURE] SYMBOL IS SHOWING BEFORE PRESSING THE [START] BUTTON TO START THE MEASUREMENTS.

Sys to BPWait repeated for up to 3 blood pressure measurements and average is also recorded

[Sys] (variable names sys1om – sys4om)

INTERVIEWER: Take three measurements from right arm.

ENTER (AVERAGE/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 – dias4om)

ENTER (AVERAGE/FIRST/SECOND/THIRD) DIASTOLIC READING (mmHg).

IF READING NOT OBTAINED, ENTER 999.

Range:001..999

[Pulse] (variable names pulse1om –pulse4om)

ENTER (AVERAGE/FIRST/SECOND/THIRD) PULSE READING (bpm).

IF READING NOT OBTAINED, ENTER 999.

Range:001..999

[MAP] (variable names map1om –map4om)

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 SAMPLE B Age 16+ (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

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]*

RECORD FULL DETAILS OF OTHER PROBLEM(S) TAKING READINGS.

Text: Maximum 140 characters

[BPOffer]*

OFFER BLOOD PRESSURE RESULTS TO RESPONDENT

	<u>Systolic</u>	<u>Diastolic</u>	<u>Pulse</u>
Avg)	(Average Systolic reading)	(Average Diastolic reading)	(Average Pulse reading)
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 one-off finding or not.

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

IF Systolic reading 140-159 OR Diastolic reading 85-99 THEN:

TICK THE MILDLY RAISED BOX AND READ OUT TO RESPONDENT: Your blood pressure is a bit high today. Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure. You are advised to visit your GP within 2 months to have a further blood pressure reading to see whether this is a one-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.

Waist Circumference

ASK ALL SAMPLE B 16+ (EXCEPT PREGNANT WOMEN)

[WHMod]*

INTERVIEWER: NOW FOLLOWS THE WAIST CIRCUMFERENCE MEASUREMENT.
ENTER '1' TO CONTINUE

- 1 Continue

[WIntro]

Now I would like to measure the circumference of your waist. The waist circumference is a measure of the distribution of body fat, provides important additional information and is a predictor of health risk. You will need to be standing for this measurement. I will ask you to identify where on your body your tummy button is, and I will then ask you to place this measuring tape around your waist, over your clothing, at the level of your tummy button. Once the tape measure is level around your waist I will ask you to take a normal breath and then breathe out. I will then record the measurement. I will take at least two measurements. Are you willing for me to take this measurement?

INTERVIEWER CODE:

- 1 Respondent agrees to have waist measured
- 2 Respondent refuses to have waist measured
- 3 Unable to measure waist for reason other than refusal

IF (WIntro = Agree) THEN

Repeat for up to three waist measurements.

Third measurement taken only if difference between first two measurements is greater than 3cm.

[Waist] (*variable names Waist1 to Waist3*)

INTERVIEWER: MEASURE THE WAIST CIRCUMFERENCES TO THE NEAREST MM.
ENTER (FIRST/SECOND/THIRD) WAIST MEASUREMENT IN CENTIMETRES (Remember to include the decimal point).

IF MEASUREMENT NOT OBTAINED, ENTER '999.9'.

Range: 45.0..1000.0

IF WIntro in [1..3] THEN

(*computed from WIntro, Waist*)

[RespW]

Response to waist measurements:

- 1 Both measurements obtained
- 2 One measurement obtained
- 3 Refused
- 4 Not tried

IF (Waist1 = 999.9) OR (Waist2 = 999.9) THEN

[YNoW]

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 measurement obtained) THEN

[WPNABM]

GIVE REASON(S) (FOR REFUSAL/WHY UNABLE/FOR NOT OBTAINING MEASUREMENT/FOR NOT ATTEMPTING/WHY ONLY ONE MEASUREMENT OBTAINED).CODE ALL THAT APPLY.

- | | | |
|---|---|-----------|
| 1 | Respondent is in a wheelchair | [WPNABM1] |
| 2 | Respondent is confined to bed | [WPNABM2] |
| 3 | Respondent is too stooped | [WPNABM3] |
| 4 | Respondent did not understand the procedure | [WPNABM4] |
| 5 | Respondent is embarrassed/sensitive about their size | [WPNABM5] |
| 6 | No time/busy/already spent enough time on this survey | [WPNABM6] |
| 7 | Other (SPECIFY AT NEXT QUESTION) | [WPNABM7] |

IF WHPNABM = Other THEN

[OthWH]*

GIVE FULL DETAILS OF 'OTHER' REASON(S) FOR NOT GETTING FULL WAIST 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 (e.g. bulky clothing)
- 2 Decreases measurement (e.g. very tight clothing)
- 3 Measurement not affected

IF ONE OR TWO WAIST/HIP MEASUREMENTS OBTAINED THEN

[WHRes]*

OFFER TO WRITE RESULTS OF WAIST MEASUREMENTS, WHERE APPLICABLE, ONTO RESPONDENT'S MEASUREMENT RECORD CARD.

Waist: (Write in waist measurements 1 and 2)

- 1 Continue

Saliva sample

ASK ALL SAMPLE B 16+ (EXCEPT PREGNANT WOMEN)

[SalInt1]*

INTERVIEWER: NOW FOLLOWS THE SALIVA SAMPLE.

- 1 Continue

[Smoke]

Can I just check, do you smoke cigarettes, cigars or a pipe at all these days?

CODE ALL THAT APPLY

INTERVIEWER: 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 = No THEN

[SmokeYr]

Have you smoked in the last 12 months?

- 1 Yes
- 2 No

IF Smoke = Yes OR SmokeYr = Yes THEN

[UseNRTB]

SHOW CARD R1

Have you used any of the following products in the **last seven days**?

INTERVIEWER: ELECTRONIC CIGARETTES SHOULD NOT BE INCLUDED AS A

NICOTINE REPLACEMENT PRODUCT

CODE ALL THAT APPLY

- 1 Yes, nicotine gum [UseNRTB1]
- 2 Yes, nicotine patches that you stick on your skin [UseNRTB2]
- 3 Yes, nasal spray/nicotine inhaler [UseNRTB3]
- 4 Yes, lozenge/microtab [UseNRTB4]
- 5 Yes, Champix/Varenicline [UseNRTB5]
- 6 Yes, Zyban/Bupropion [UseNRTB6]
- 7 Yes, electronic cigarette/vaping device [UseNRTB7]
- 8 Yes, other [UseNRTB8]
- 9 No [UseNRTB9]

IF UseNRTB = Yes, other THEN

[NRTOthB]*

What other products did you use?

Text: Maximum 140 characters

[SalIntr1]

INTERVIEWER: ASK RESPONDENT FOR A SALIVA SAMPLE.

READ OUT: I would like to take a sample of saliva (spit). This simply involves chewing on some dental roll. 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]*

INTERVIEWER CHECKLIST FOR CONSENT BOOKLET:

1. Enter Serial No at top of page 1 and 3.
2. Obtain respondent signature on page 3.
3. Sign and date page 3 yourself.
4. Complete interviewer and respondent details on page 1.
5. Circle code 01 at question 7 on page 1 of the Consent Booklet.
6. Turn to lab dispatch note and at Smoking status code 1 (or 2 depending on smoking status)

- 1 Continue

[SalInst]*

ASK RESPONDENT TO CHEW ON DENTAL ROLL (DRIBBLE INTO TUBE)

WRITE THE SERIAL NUMBER AND DATE OF BIRTH ON THE BLUE LABEL USING A BLUE BIRO

SERIAL NO (Displays serial number)

PERSON NO (Displays person number)

DATE OF BIRTH (Displays date of birth)

INTERVIEWER: The saliva label goes around the outer tube (not lengthways)

- 1 Continue

[SalObt1]

INTERVIEWER CHECK

- 1 Saliva sample obtained
- 2 Saliva sample refused
- 3 Saliva sample not attempted
- 4 Attempted but not obtained

IF SalObt1 = Obtained THEN

[SalCod1]*

INTERVIEWER: PLEASE CIRCLE CODE 1 'YES' AT QUESTION 8 IN THE CONSENT BOOKLET

[SalHow]

INTERVIEWER: 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

[SalCode]

INTERVIEWER: Circle 02 at question 7 on page 1 of the Consent Booklet.

INTERVIEWER: Please ensure you complete all of page 1 in the Consent Booklet.

The respondent's date of birth is (displays DOB)

- 1 Continue

IF SalIntr1 = Refused THEN

[SalYRef]

- | | | |
|-----|---|------------|
| 1. | Embarrassed/sensitive about providing a samples | [SalYRef1] |
| 2. | Knows they would have difficulty providing a sample | [SalYRef2] |
| 3. | No time/busy/already spent enough time on this survey | [SalYRef3] |
| 4. | Doesn't like the thought of doing it | [SalYRef4] |
| 5. | Concerns about how sample will be used/store | [SalYRef5] |
| 6. | Respondent did not understand the procedure | [SalYRef6] |
| 95. | Other (SPECIFY AT NEXT QUESTION) | [SalYRef9] |

IF SalYRef = Other THEN

INTERVIEWER: WRITE IN OTHER REASON FOR REFUSAL

Text: Maximum 140 characters

[SalCod1]*

INTERVIEWER: Circle code 02 at question 7 on page 1 of the Consent Booklet.

INTERVIEWER: Please ensure you complete all of page 1 in the consent booklet.

The respondent's date of birth is (displays DOB)

- 1 Continue

Urine Sample

ASK ALL SAMPLE B 16+ (EXCEPT PREGNANT WOMEN)

[UriDisp]*

INTERVIEWER: NOW FOLLOWS THE URINE SAMPLE.

[UriIntro]

READ OUT: I would like to take a sample of your urine. This simply involves you collecting a small amount of urine (mid-flow) in this container. The sample will be analysed for sodium (salt), so we can measure the amount of salt in people's diets. High dietary salt levels are related to high blood pressure, so this is important information for assessing the health of the population.

Would you be willing to provide a urine sample?

- 1 Respondent agrees to give urine sample
- 2 Respondent refuses to give urine sample
- 3 Unable to obtain urine sample for reason other than refusal

IF UriIntr1 = Agree THEN

[UriWrit]*

INTERVIEWER CHECKLIST FOR CONSENT BOOKLET:

1. Enter Serial No at top of page 1 and 4
 2. Obtain respondent signature on page 4
 3. Sign and date page 4 yourself.
 4. Complete interviewer and respondent details on page 1
 5. Circle code 03 at question 7 on page 1 of the Consent Booklet
- 1 Continue

[UriSamp]*

ASK RESPONDENT TO TAKE CONTAINER AND PROVIDE URINE SAMPLE.
WRITE THE SERIAL NUMBER AND DATE OF BIRTH ON A BLOOD LABEL USING A BLUE BIRO.

SERIAL NO: (Displays serial no)

PERSON NO (Displays person no)

DATE OF BIRTH: (Displays date of birth)

INTERVIEWER: The urine label goes lengthways on the tube (not around it)

[UriObt1]

CHECK

- 1 Urine sample obtained
- 2 Urine sample refused
- 3 Urine sample not attempted
- 4 Attempted but not obtained

IF (UriObt1 = 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

[UriCod2]

INTERVIEWER: PLEASE CIRCLE CODE 2 'NO' AT QUESTION 9 IN THE CONSENT BOOKLET.

- 1 Continue

IF UriIntr1 = Refused OR UriObt1 = Refused THEN

[UriYRef]

- | | | |
|-----|--|------------|
| 1. | Embarrassed/sensitive about providing sample | [UriYRef1] |
| 2. | Went to toilet too recently to provide sample | [UriYRef2] |
| 3. | Knows they would have difficulty providing a sample for reason other than having just been to toilet | [UriYRef3] |
| 4. | No time/busy/already spent enough time on this survey | [UriYRef4] |
| 5. | Doesn't like the thought of doing it | [UriYRef5] |
| 6. | Concerns about how sample will be used/stored | [UriYRef6] |
| 7. | Respondent did not understand the procedure | [UriYRef7] |
| 95. | Other (SPECIFY AT NEXT QUESTION) | [UriYRef9] |

IF UriYRef = Other THEN

[UriYRefO]*

INTERVIEWER: WRITE IN OTHER REASON FOR REFUSAL

Text: Maximum 140 characters

INTERVIEWER: PLEASE CIRCLE CODE CODE 2 'NO' AT QUESTION 9 IN THE CONSENT BOOKLET

ASK ALL SAMPLE B 16+

[CASInt]*

I now have some questions for you to answer yourself, on the computer. The questions cover topics to do with depression, anxiety and self-harm. 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 CASI NOT REFUSED THEN

[CASInst]*

INTERVIEWER: If the respondent is happy to do the self-completion themselves - hand over the computer now. Otherwise keep interviewing.

[DashInt]*

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.

[AnxInt]*

The next few questions ask about how you've been feeling lately and if you've been feeling depressed, worried or anxious.

Press 1 and then the key with the red sticker to continue.

Anxiety

[J1SC]

Have you been feeling anxious or nervous in the past month?

- 1 Yes, anxious or nervous
- 2 No

IF J1SC = No THEN

[J2SC]

In the past month, did you ever find your muscles felt tense or that you couldn't relax?

- 1 Yes
- 2 No

ALL

[J3SC]

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 J1SC = Yes AND J3SC = Yes) OR (J2SC = Yes AND J3SC = Yes)) THEN

[J5SC]

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 J5SC = Sometimes generally anxious THEN

[J6SC]

The next questions are concerned with general anxiety/nervousness/tension only.

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 (J1SC = Yes AND J3SC = No) OR (J2SC = Yes AND J3SC = No)) THEN

[J7SC]

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 J6SC IN [1..2] OR J7SC IN [1..2]) THEN

[J8SC]

In the past week, has your anxiety/nervousness/tension been:

RUNNING PROMPT

- 1 ...very unpleasant
- 2 ...a little unpleasant
- 3 ...or not unpleasant?

[J9SC]

In the past week, when you've been anxious/nervous/tense, have you had any of the symptoms shown below?

- 1 Heart racing or pounding
- 2 Hands sweating or shaking
- 3 Feeling dizzy
- 4 Difficulty getting your breath
- 5 Butterflies in stomach
- 6 Dry mouth
- 7 Nausea or feeling as though you wanted to vomit

IF RESPONDENT HAS EXPERIENCED ANY OF THE SYMPTOMS LISTED (J9SC = Yes) THEN

[J9A...]

Which of these symptoms did you have when you felt anxious/nervous/tense?

CODE ALL THAT APPLY

- | | | |
|---|---|----------|
| 1 | Heart racing or pounding | [J9A1SC] |
| 2 | Hands sweating or shaking | [J9A2SC] |
| 3 | Feeling dizzy | [J9A3SC] |
| 4 | Difficulty getting your breath | [J9A4SC] |
| 5 | Butterflies in stomach | [J9A5SC] |
| 6 | Dry mouth | [J9A6SC] |
| 7 | Nausea or feeling as though you wanted to vomit | [J9A7SC] |

IF RESPONDENT HAS EXPERIENCED ANXIETY FOR AT LEAST 1 DAY (J6SC IN [1..2] OR J7SC IN [1..2]) THEN

[J10SC]

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

[J11SC]

How long have you had these feelings of general anxiety/nervousness/tension as you 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 or more

Depression

[G1SC]

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

[G2SC]

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 G1SC = Yes THEN

[G4SC]

In the past week have you had a spell of feeling sad, miserable or depressed?

- 1 Yes
- 2 No

IF G2SC = No THEN

[G5SC]

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 (G4SC = Yes) OR (G5SC = No/no enjoyment or interest) THEN

[G6SC]

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

[G7SC]

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

[G9SC]

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

[G10SC]

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

Self Harm

[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

[DSH4SC]

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 DSH4SC = Yes THEN

[DSH4aSC]

When was this? Please tell us about the most recent time

- 1 In the last week?
- 2 In the last year?
- 3 Some other time?

ALL

[DSH5SC]

Have you ever deliberately harmed yourself in any way but not with the intention of killing yourself?

- 1 Yes
- 2 No

IF DSH5SC = Yes THEN

[DSH5aSC]

When was this? Please tell us about the most recent time

- 1 In the last week?
- 2 In the last year?
- 3 Some other time?

DISPLAY IF DSH4aSC = '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.

ASK ALL

[DashLeaf]*

INTERVIEWER: PLEASE HAND OVER THE USEFUL CONTACTS LEAFLET TO RESPONDENTS BEFORE CONTINUING. IF THE RESPONDENT APPEARS UPSET OR DISTRESSED THEN YOU MIGHT NEED TO GIVE THEM SOME TIME TO COMPOSE THEMSELVES BEFORE CARRYING ON WITH THE REST OF THE INTERVIEW.

Final

[BioEnd]*

Those are all the questions I wanted to ask you.

INTERVIEWER: MAKE SURE THE RESPONDENT HAS:

- COPIES OF THEIR CONSENT FORMS
- MEASUREMENT RECORD CARD
- USEFUL CONTACTS LEAFLET

[BioEnd2]*

INTERVIEWER: Before you leave make sure you have:

1. Office copies of consent forms
2. Labeled the samples
3. Completed the dispatch note
4. Included dispatch note in envelope with samples

INTERVIEWER: PRESS <Ctrl Enter> RETURN TO THE INDIVIDUAL SESSION TO COLLECT PHONE NUMBER BEFORE FINISHING OR TO OPEN ANOTHER BIOMODULE SESSION FOR THE NEXT RESPONDENT.

[EndReach]*

INTERVIEWER: End of questionnaire reached.

Press <1> and <Enter> to continue.

- 1 Continue

[Thank]*

INTERVIEWER: Thank respondent for his/her co-operation.

Then press <1> and <Enter> to finish.

- 1 Continue

SCOTTISH HEALTH SURVEY 2016

SHOWCARDS

CARD A1

MARITAL STATUS

- 1 Never married and never registered a same-sex civil partnership
- 2 Married
- 3 In a registered same-sex civil partnership
- 4 Separated, but still legally married
- 5 Separated, but still legally in a same-sex civil partnership
- 6 Divorced
- 7 Formerly in a same-sex civil partnership which is now legally dissolved
- 8 Widowed
- 9 Surviving partner from a same-sex civil partnership

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 People can smoke anywhere inside this house / flat
- 2 People can only smoke in certain areas or rooms inside this house / flat (include smoking out of the window and at an open back door)
- 3 People can only smoke in outdoor areas (e.g. gardens / balconies of this house / flat)
- 4 People cannot smoke indoors or in outdoor areas of this house / flat

CARD A5

- 1 Very confident
- 2 Fairly confident
- 3 Not very confident
- 4 Not at all confident

CARD A6

- 1 Earnings from employment or self-employment (including overtime, tips, bonuses)
- 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 Student grants and bursaries (but not loans)
- 12 Interest from savings and investments (eg. stocks and shares)
- 13 Rent from property (after expenses)
- 14 Other kinds of regular income (eg. maintenance or grants)
- 15 No source of income

CARD A7

GROSS INCOME FROM ALL SOURCES

(before any deductions for taxes, National Insurance contributions, health insurance payments, superannuation payments 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 £1,500 23		£5,800 less than £6,500 23		£70,000 less than £78,000 23
£1,500 less than £1,750 24		£6,500 less than £7,500 24		£78,000 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 A8

- 1 Working as an employee (or temporarily away)
- 2 On a Government sponsored training scheme (or temporarily away)
- 3 Self employed or freelance (or temporarily away)
- 4 Working unpaid for your own family's business (or temporarily away)
- 5 Doing any other kind of paid work
- 6 None of the above

CARD A9

HOURS SPENT PROVIDING CARE

- 1 Up to 4 hours a week
- 2 5 - 19 hours a week
- 3 20 - 34 hours a week
- 4 35 - 49 hours a week
- 5 50 or more hours a week

CARD A10

- 1 Less than one year
- 2 One year but less than 5 years
- 3 5 years but less than 10 years
- 4 10 years but less than 20 years
- 5 20 years or more

CARD A11

- 1 Been unable to take up employment
- 2 Worked fewer hours
- 3 Reduced responsibility at work
- 4 Flexible employment agreed
- 5 Changed to work at home
- 6 Reduced opportunities for promotion
- 7 Took new job
- 8 Left employment altogether
- 9 Took early retirement
- 10 Other (Please say what)
- 11 Employment not affected/never had a job

CARD A12

- 1 Short breaks or respite e.g. day time breaks, overnight breaks or emergency respite
- 2 Advice and information
- 3 Practical support (e.g. transport, equipment/adaptations)
- 4 Counselling or emotional support
- 5 Training and learning
- 6 Advocacy services
- 7 Personal assistant/ support worker/ community nurse/ home help
- 8 Help from family, friends or neighbours
- 9 Carer's allowance
- 10 Other (Please say what)
- 11 Receive no help or support

CARD A13

- 1 Short breaks or respite e.g. day time breaks, overnight breaks or emergency respite
- 2 Advice and information
- 3 Practical things, e.g. putting hand rails in the bathroom, transport to a day centre
- 4 Talking to someone for support, e.g. family member, friend, counsellor
- 5 Having a befriender or a peer mentor
- 6 Advocacy services
- 7 Personal assistant/ support worker/ community nurse/ home help
- 8 Help from family, friends or neighbours
- 9 Help from teachers at school, e.g. talking or extra help with homework
- 10 Social activities and support, e.g. young carers' groups or day trips
- 11 Other (Please say what)
- 12 Receive no help or support

CARD A14

**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 E1

HOUSEWORK

Done during the last 4 weeks -

Hoovering

Dusting

Ironing

General tidying

Washing floors and paintwork

CARD E2

HEAVY HOUSEWORK

Done during the last 4 weeks -

Moving heavy furniture

Spring cleaning

Walking with heavy shopping
(for more than 5 minutes)

Cleaning windows

Scrubbing floors with a scrubbing brush

CARD E3

GARDENING, DIY AND BUILDING WORK

Done during the last 4 weeks -

Hoeing, weeding, pruning

Mowing with a power mower

Planting flowers/seeds

Decorating

Minor household repairs

Car washing and polishing

Car repairs and maintenance

CARD E4

HEAVY MANUAL WORK

Done during the last 4 weeks -

Digging, clearing rough ground

Building in stone/bricklaying

Mowing large areas with a hand mower

Felling trees, chopping wood

Mixing/laying concrete

Moving heavy loads

Refitting a kitchen or bathroom

CARD E5

Done during the last 4 weeks -

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

Please also include teaching, coaching and training/practice sessions

CARD E6

- 1 Bowls
 - 2 Fishing / angling
 - 3 Golf
 - 4 Hillwalking / rambling
 - 5 Snooker / billiards / pool
 - 6 Aqua-robics / aquafit / exercise class in water
 - 7 Yoga / pilates
 - 8 Athletics
 - 9 Basketball
 - 10 Canoeing / Kayaking
 - 11 Climbing
 - 12 Cricket
 - 13 Curling
 - 14 Hockey
 - 15 Horse riding
 - 16 Ice skating
 - 17 Martial arts including Tai Chi
 - 18 Netball
 - 19 Powerboating / jet skiing
 - 20 Rowing
 - 21 Sailing / windsurfing
 - 22 Shinty
 - 23 Skateboarding / inline skating
 - 24 Skiing/ snowboarding
 - 25 Subaqua
 - 26 Surfing / body boarding
 - 27 Table tennis
 - 28 Tenpin bowling
 - 29 Volleyball
 - 30 Waterskiing
- 0 No – none of these**

CARD E7

- 1 To keep fit (not just to lose weight)
- 2 To lose weight
- 3 To take children
- 4 To meet with friends
- 5 To train / take part in a competition
- 6 To improve my performance
- 7 Just enjoy it
- 8 To help with my injury or disability
- 9 Part of my voluntary work
- 10 To walk the dog
- 11 For health reasons / to improve health
- 12 Other (Please say what)

CARD E8

- 1 It costs too much
- 2 No one to do it with
- 3 Never occurred to me
- 4 Not really interested
- 5 Fear of injury
- 6 I wouldn't enjoy it
- 7 Health isn't good enough
- 8 I might feel uncomfortable or out of place
- 9 Changing facilities are not good enough
- 10 Not enough information on what is available
- 11 It's difficult to find the time
- 12 I already do enough
- 13 Other
- 14 No reason

CARD E9

Done during the last 4 weeks -

A woodland, forest or tree covered park

An open space or park

Country paths (not on tarmac)

A beach / sea shore / loch / river or canal

Sports fields or outdoor courts (e.g. tennis, 5-a-side)

A swimming pool

A gym or sports centre

Pavements or streets in your local area

Your home or garden

Somewhere else (Please say where)

CARD E10

- 1 Every day
- 2 4 - 6 days a week
- 3 2 - 3 days a week
- 4 Once a week
- 5 2 -3 times in the last 4 weeks
- 6 Once in the last 4 weeks

CARD F1

- 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)

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 F4

- 1 A woodland, forest or tree covered park
- 2 An open space or park
- 3 Country paths (not on tarmac)
- 4 A beach / sea shore / loch / river or canal
- 5 Sports fields or outdoor courts (e.g. tennis, 5-a-side)
- 6 A swimming pool
- 7 A gym or sports centre
- 8 Pavements or streets in your local area
- 9 A playground or playpark
- 10 Your home or garden
- 11 Somewhere else (Please say where)

CARD F5

- 1 Every day
- 2 4 - 6 days a week
- 3 2 - 3 days a week
- 4 Once a week
- 5 2 -3 times in the last 4 weeks
- 6 Once in the last 4 weeks

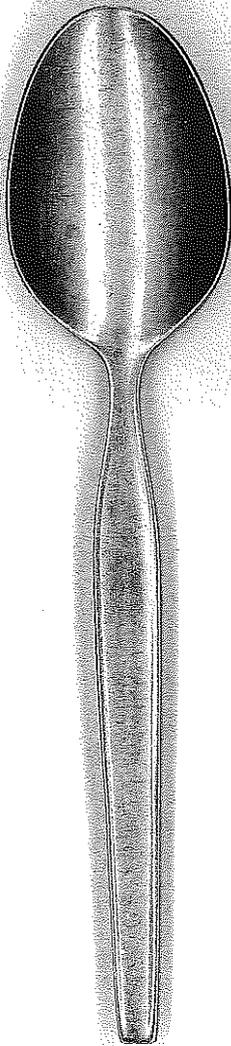
CARD G1

- 1 6 a day or more
- 2 4 or 5 a day
- 3 2 or 3 a day
- 4 One a day
- 5 Less than one a day

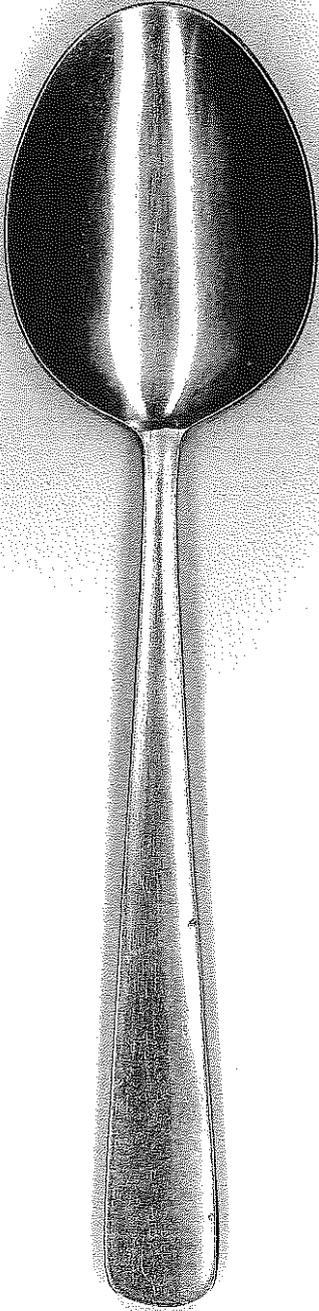
CARD G2

- 1 6 or more times a day
- 2 4 or 5 times a day
- 3 2 or 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 a month
- 9 Less often or never

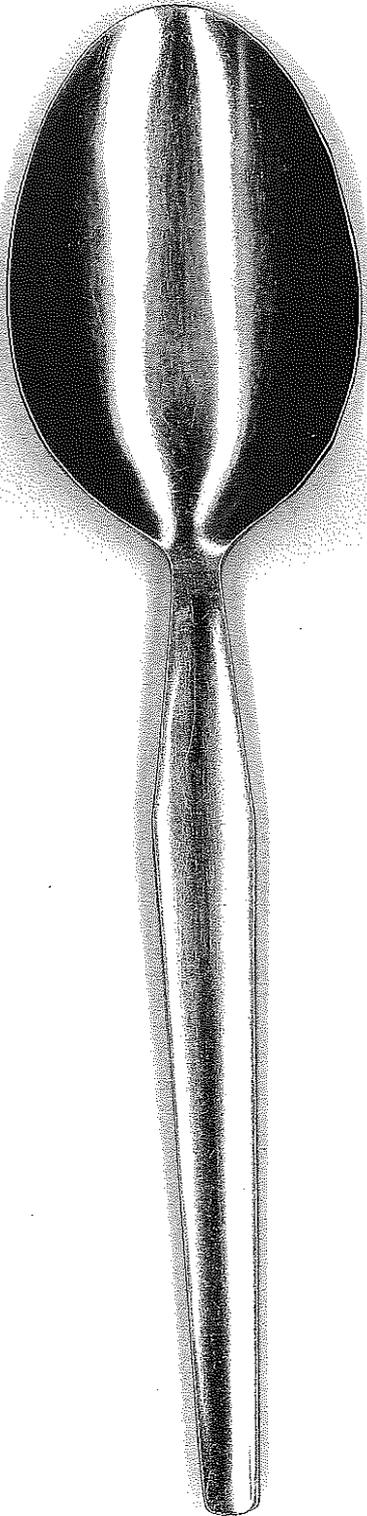
CARD G3



Teaspoon



Dessertspoon



Tablespoon

CARD H1

- 1 Less than a week
- 2 At least a week but less than a month
- 3 1 - 3 months
- 4 4 - 6 months
- 5 Over 6 months

CARD H2

- 1 Every day
- 2 4 - 6 days a week
- 3 2 – 3 days a week
- 4 Once a week
- 5 2 – 3 times in the last 4 weeks
- 6 Once in the last 4 weeks
- 7 Not at all in last 4 weeks

CARD H3

- 1 Every day
- 2 4 - 6 days a week
- 3 2 – 3 days a week
- 4 Once a week
- 5 2 – 3 times in a 4 week period
- 6 Once in a 4 week period
- 7 Less than once in a 4 week period

CARD H4

- 1 Nicotine gum
- 2 Nicotine patches that you stick on your skin
- 3 Nasal spray/nicotine inhaler
- 4 Lozenge / microtab
- 5 Champix / Varenicline
- 6 Zyban / Bupropion
- 7 Electronic cigarette / vaping device
- 8 Other (Please say what)
- 9 No products used

CARD H5

- 1 At own home
- 2 At work
- 3 In other people's homes
- 4 In cars, vans etc
- 5 Outside of buildings (e.g. pubs, shops, hospitals)
- 6 In other public places

CARD J1

- 1 Almost every day
- 2 Five or six days a week
- 3 Three or four days a week
- 4 Once or twice a week
- 5 Once or twice a month
- 6 Once every couple of months
- 7 Once or twice a year
- 8 Not at all in the last 12 months

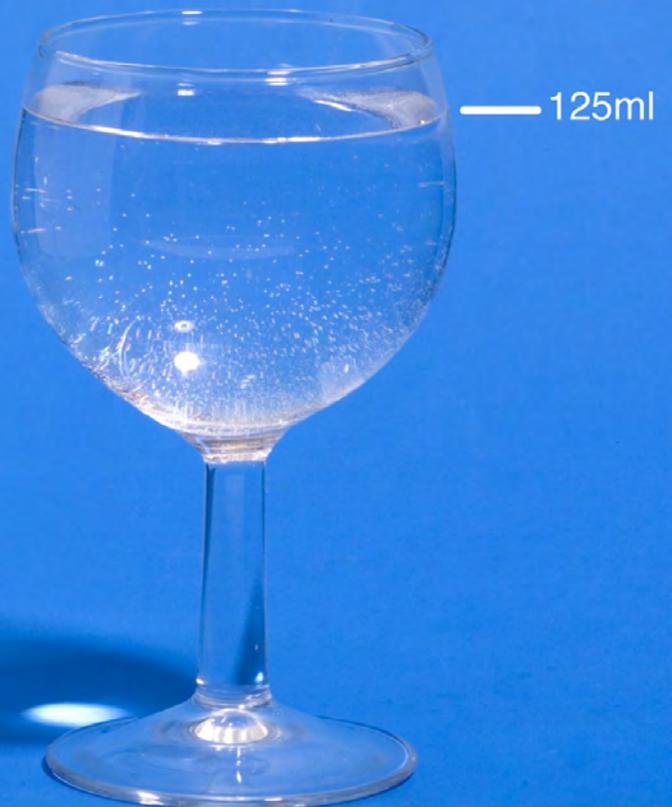


— 250 ml

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

- 1 No natural teeth
- 2 Fewer than 10 natural teeth
- 3 Between 10 and 19 natural teeth
- 4 20 or more natural teeth

CARD K2

- 1 Very happy
- 2 Fairly happy
- 3 Fairly unhappy
- 4 Very unhappy

CARD K3

- 1 Yes, often
- 2 Yes, occasionally
- 3 No, never

CARD P1

- 1 Working as an employee (or temporarily away)
- 2 On a Government sponsored training scheme (or temporarily away)
- 3 Self employed or freelance (or temporarily away)
- 4 Working unpaid for your own family's business (or temporarily away)
- 5 Doing any other kind of paid work
- 6 None of the above

CARD Q1

- 1 School Leaving Certificate, National Qualification 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

Choose **ONE** section from A to F, then choose **ONE** option which best describes your ethnic group or background.

A White

Scottish

Other British

Irish

Gypsy/Traveller

Polish

Other white ethnic group (please say what)

B Mixed or multiple ethnic group

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

African, African Scottish or African British

Other (please say what)

E Caribbean or Black

Caribbean, Caribbean Scottish or Caribbean British

Black, Black Scottish or Black British

Other (please say what)

F Other ethnic group

Arab, Arab Scottish or Arab British

Other, (please say what)

CARD Q3

- 1 Self-employed, with a business with 25 or more employees
- 2 Self-employed, with a business with fewer than 25 employees
- 3 Self-employed, in a business with no employees
- 4 A manager of 25 or more staff
- 5 A manager of fewer than 25 staff
- 6 Foreman or supervisor
- 7 An employee, not a manager

CARD Q4

- 1 High Blood Pressure
- 2 Angina
- 3 Heart Attack
- 4 Stroke
- 5 Other Heart Trouble
- 6 Diabetes

CARD R1

- 1 Nicotine gum
- 2 Nicotine patches that you stick on your skin
- 3 Nasal spray/nicotine inhaler
- 4 Lozenge / microtab
- 5 Champix / Varenicline
- 6 Zyban / Bupropion
- 7 Electronic cigarette / vaping device
- 8 Other (Please say what)
- 9 No products used

P10529.01

Yr	Samp 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"/>

Person no of parent

First name
of **child**

Card

Batch

First name of **parent**
completing booklet

Interviewer
number

Survey month

Scottish Health Survey 2016

Booklet for parents of 4-12 year olds

How to fill in this questionnaire.

The questions in this booklet can be answered by ticking the box below the answer that applies. You do not have to answer every question.

Example:

Tick **ONE** box on each row

	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"/>

Strengths and Difficulties Questionnaire

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft!

Please give your answers on the basis of the child's behaviour over the last six months.

Tick **ONE** box on each row

	Not true	Somewhat true	Certainly true
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other children (treats, toys, pencils etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often has temper tantrums or hot tempers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rather solitary, tends to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally obedient, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries, often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets on better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sees tasks through to the end, good attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

No	<input type="checkbox"/>	→ Go to questions on page 3
Yes – minor difficulties	<input type="checkbox"/>	} Go to next question
Yes – definite difficulties	<input type="checkbox"/>	
Yes – severe difficulties	<input type="checkbox"/>	

If you have answered “Yes”, please answer the following questions about these difficulties:

How long have these difficulties been present?

Less than a month	1-5 months	6-12 months	Over a year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do the difficulties upset or distress your child?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do the difficulties interfere with your child’s everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
Home life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leisure activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do the difficulties put a burden on you or the family as a whole?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

And now some questions about physical activity

The **government advises** that young children of pre-school age who are capable of walking without help should spend a certain amount of time being physically active. This includes light or more energetic activities such as walking or skipping, riding a bike, and running and chasing games.

How much time **per day** do you **think** under fives who are able to walk are **advised to spend** doing this?

Please write in time (You can either write your answer in minutes, hours or both)

Hours	Minutes	Do not have a child this age
<input type="text"/>	<input type="text"/>	<input type="text"/>

The **government also advises** that children and young people (aged 5 – 18) should spend a certain amount of time doing moderate physical activity to help them stay healthy. This includes bike riding, playground activities, swimming, playing tennis or any other activity that makes them breathe slightly faster than usual.

How much time **per day** do you **think** those aged 5-18 are **advised to spend** doing this?

Please write in time (You can either write your answer in minutes, hours or both)

Hours	Minutes	Do not have a child this age
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Thank you for answering these questions.
Please give the booklet back to the interviewer.**

P10529.01

Yr	Samp 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"/>

Interviewer number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	First name	<input type="text"/>
--------------------	---	------------	----------------------

Card	Batch	Survey month
<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/>

Scottish Health Survey 2016

Booklet for 13-15 year olds

- 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:

Tick ONE box

- | | Better than usual | Same as usual | Less than usual | Much less than usual |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| Q1. Been able to concentrate on whatever you're doing? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

Tick ONE box

- | | Not at all | No more than usual | Rather more than usual | Much more than usual |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| Q2. Lost much sleep over worry? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

Tick ONE box

- | | 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 type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

Tick ONE box

- | | More so than usual | Same as usual | Less so than usual | Much less capable |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| Q4. Felt capable of making decisions about things? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

Tick ONE box

- | | Not at all | No more than usual | Rather more than usual | Much more than usual |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| Q5. Felt constantly under strain? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

Tick ONE box

- | | Not at all | No more than usual | Rather more than usual | Much more than usual |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| Q6. Felt you couldn't overcome your difficulties? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

HAVE YOU RECENTLY:

Tick ONE box

	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?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

	More so than usual	Same as usual	Less able than usual	Much less able
Q8. Been able to face up to your problems?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q9. Been feeling unhappy and depressed?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q10. Been losing confidence in yourself?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q11. Been thinking of yourself as a worthless person?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

	More so than usual	About same as usual	Less so than usual	Much less than usual
Q12. Been feeling reasonably happy, all things considered?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

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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

	None of the time	Rarely	Some of the Time	Often	All of the time
Q13 I've been feeling optimistic about the future	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q14 I've been feeling useful	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q15 I've been feeling relaxed	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q16 I've been feeling interested in other people	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q17 I've had energy to spare	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q18 I've been dealing with problems well	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q19 I've been thinking clearly	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

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

	None of the time	Rarely	Some of the time	Often	All of the time
Q20 I've been feeling good about myself	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q21 I've been feeling close to other people	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q22 I've been feeling confident	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q23 I've been able to make up my own mind about things	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q24 I've been feeling loved	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q25 I've been interested in new things	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q26 I've been feeling cheerful	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Now go to Q27 on page 5 ↓

And now a question about physical activity.

Q27 The government **advises people to spend** a certain amount of time doing moderate physical activity to help them stay healthy. This includes bike riding, swimming, playing tennis or any other activity that makes them breathe slightly faster.

How much time **per day** do you **think** people **your age** are **advised to spend** doing this?

Please write in time (you can either write your answer in minutes, hours or both).

Hours	Minutes
<input type="text"/>	<input type="text"/>

**Thank you for answering these questions.
Please give the booklet back to the interviewer.**

P10529.01

Yr	Samp type	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"/>

Interviewer number First name

Card Batch Survey month

Scottish Health Survey 2016

Booklet for Young Adults

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.

Tick ONE box

Example:

	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"/>

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.

Tick ONE box

Example:

Yes	<input checked="" type="checkbox"/>	→	Go to Q4
No	<input type="checkbox"/>	→	Go to Q5

SMOKING

The first few questions in the booklet ask about whether you smoke tobacco products.

This means tobacco products which you light and smoke and can include, for example, cigarettes or hand-rolling tobacco.

When answering these questions please do NOT include:

- cigarettes that contain no tobacco
- electronic cigarettes

Q1 Have you ever smoked a cigar or a pipe?

Tick ALL that apply

Yes – cigar

1

Yes – pipe

2

No

3

Go to Q2 ↓

Q2 Have you ever smoked a cigarette?

Tick ONE box

Yes

1

Go to Q3 ↓

No

2

Go to Q7 on page 2 →

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

Write in how old you were then

Go to Q4 ↓

Q4 Do you smoke cigarettes nowadays?

Tick ONE box

Yes

1

Go to Q6a ↓

No

2

Go to Q5 ↓

Q5 Did you smoke cigarettes regularly or occasionally?

Tick ONE box

Regularly, that is at least one cigarette a day

1

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?

Write in number smoked a day

Go to Q6b ↓

Q6b And about how many cigarettes a day do you usually smoke at weekends?

Write in number smoked a day

Go to Q7 on page 2 →

EVERYONE PLEASE ANSWER

Q7 Have you ever used an electronic cigarette (e-cigarette), or any other vaping device?

Tick ONE box

- Yes ₁ — Go to Q8 ↓
- No ₂ — Go to Q15 on page 3 →

Q8 Do you use an e-cigarette or vaping device at all nowadays?

Tick ONE box

- Yes ₁ — Go to Q10 ↓
- No ₂ — Go to Q9 ↓

Q9 Did you use an e-cigarette or vaping device regularly or did you only try them once or twice?

Tick ONE box

- Used e-cigarettes/vaping devices regularly ₁ — Go to Q11 ↓
- Used e-cigarettes/vaping devices occasionally ₂ — Go to Q11 ↓
- Never really used e-cigarettes/vaping devices, just tried them once or twice ₃ — Go to Q15 on page 3 →

Q10 How often in the last **four weeks** have you used an e-cigarette or vaping device?

Tick ONE box

- Every day ₀₁
- 4-6 days a week ₀₂
- 2-3 days a week ₀₃
- Once a week ₀₄ — Go to Q12 on page 3 →
- 2-3 times in the last 4 weeks ₀₅
- Once in the last 4 weeks ₀₆
- Not at all in the last 4 weeks ₀₇

Q11 How often did you use an e-cigarette or vaping device in a typical **four week** period?

Tick ONE box

- Every day ₀₁
- 4-6 days a week ₀₂
- 2-3 days a week ₀₃
- Once a week ₀₄ — Go to Q12 on page 3 →
- 2-3 times in a 4 week period ₀₅
- Once in a 4 week period ₀₆
- Less than once in a 4 week period ₀₇

Q12 Can I just check, how old were you when you first tried an e-cigarette or vaping device?

Write in how old you were then

Go to Q13 ↓

Q13 And for approximately how long have you been using/did you use an e-cigarette or vaping device?

Please write in number of years and months. For example if 1 year and 4 months enter '1' in years box and '4' in months box. If less than 1 month enter '0' in months box.

Years

Months

Go to Q14 ↓

Q14 Can I just check, did you start **regularly** smoking tobacco cigarettes before **first trying** e-cigarettes/vaping devices?

Tick **ONE** box

Yes (**started regularly** smoking tobacco cigarettes *before first trying* e-cigarettes/vaping devices)

1

No (**started regularly** smoking tobacco cigarettes *after first trying* e-cigarettes/vaping devices)

2

Not applicable – *never* **regularly** smoked tobacco cigarettes

3

Go to Q15 ↓

Q15 Are you regularly exposed to other people's tobacco smoke in any of these places?

Please tick **all** boxes that apply

Tick **ALL** that apply

At home

1

At work

2

In other people's homes

3

In cars, vans etc

4

Outside of buildings (e.g. pubs, shops, hospitals)

5

In other public places

6

No, none of these

7

Go to Q16 ↓

Go to Q17 on page 4 →

Q16 Does this bother you at all?

Tick **ONE** box

Yes

1

No

2

NOW GO TO THE QUESTIONS ON THE NEXT PAGE →

DRINKING

Q17 Do you ever drink alcohol nowadays, including drinks you brew or make at home?

Tick ONE box

Yes ₁ Go to Q20 ↓

No ₂ Go to Q18 ↓

Q18 Just to check, does that mean you never have an alcoholic drink nowadays, or do you have an alcoholic drink very occasionally, perhaps for medicinal purposes or on special occasions like Christmas and New Year?

Tick ONE box

Very occasionally ₁ Go to Q20 ↓

Never ₂ Go to Q19 ↓

Q19 Have you always been a non-drinker or did you stop drinking for some reason?

Tick ONE box

Always a non-drinker

₁ Go to Q45 on page 16 →

Used to drink but stopped

₂

Q20 How old were you the first time you ever had a proper alcoholic drink – a whole drink, not just a sip?

Write in how old you were then

Go to the next page →

The next few questions are concerned with different types of alcoholic drink.
 Please tick the box underneath the answer that best describes how often you usually drank each of them in the **last 12 months**. For the ones you drank, write in how much you usually drank on any one day.
EXCLUDE ANY NON-ALCOHOLIC OR LOW-ALCOHOL DRINKS, EXCEPT SHANDY.

EXAMPLE

A How often have you had this type of drink in the past year?

Tick ONE box

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	Small cans or bottles

NOW PLEASE ANSWER Q21-Q28

Q21 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

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 Q22 on page 6 →

How much did you usually drink on any one day? WRITE IN NUMBER

	Half-pints
AND/OR	Large cans or bottles
AND/OR	Small cans or bottles

Q22 Strong beer, lager, stout, cider (6% alcohol or more, such as Tennant's Super, Special Brew)

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 type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

Go to Q23 ↓

How much did you usually drink on any one day? WRITE IN NUMBER

	<input type="text"/>	Half-pints
AND/OR	<input type="text"/>	Large cans or bottles
AND/OR	<input type="text"/>	Small cans or bottles

Q23 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

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 Q24 on page 7 →

How much did you usually drink on any one day? WRITE IN NUMBER

<input type="text"/>	Glasses (count doubles as 2 singles)
----------------------	--------------------------------------

Q24 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

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 Q25 ↓

How much did you usually drink on any one day? WRITE IN NUMBER Glasses (count doubles as 2 singles)

Q25 Wine (including babycham and champagne)

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 type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

Go to Q26 on page 8 →

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

<input type="text"/>	<input type="text"/>	Large Glasses (250ml)
<input type="text"/>	<input type="text"/>	Standard Glasses (175ml)
<input type="text"/>	<input type="text"/>	Small Glasses (125ml)
<input type="text"/>	<input type="text"/>	Bottles (750ml)

Q26 Alcoholic soft drinks or 'alcopops' (such as WKD, Smirnoff Ice, Bacardi Breezer etc)

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 type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

Go to Q27 ↓

How much did you usually drink on any one day? WRITE IN NUMBER

<input type="text"/>	Small cans
<input type="text"/>	Standard bottles (275ml)
<input type="text"/>	Large bottles (700ml)

Q27 Have you had any other kinds of alcoholic drink in the last 12 months?

Tick **ONE** box

No	<input type="checkbox"/> 1	Go to Q29 on page 10 →
Yes	<input type="checkbox"/> 2	

WRITE IN NAME OF DRINK

How often have you had this type of drink in the past year?

Tick **ONE** box

Almost every day	Five or six days a week	Three or four days a week	Once or twice a week	Once or twice a month	Once every couple of months	Once or twice in the last 12 months
<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)
AND/OR <input type="text"/>	Half-pints
AND/OR <input type="text"/>	Large cans or bottles
AND/OR <input type="text"/>	Small cans or bottles

Go to Q28 on page 9 →

Q28 Have you had any other kinds of alcoholic drink in the last 12 months?

Tick **ONE** box

No

1

Go to Q29 on page 10 →

Yes

2

WRITE IN NAME OF DRINK

How often have you had this type of drink in the past year?

Tick **ONE** box

Almost every day

Five or six days a week

Three or four days a week

Once or twice a week

Once or twice a month

Once every couple of months

Once or twice in the last 12 months

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)

AND/OR

Half-pints

AND/OR

Large cans or bottles

AND/OR

Small cans or bottles

Go to Q29 on page 10 →

Q29 Thinking now about all kinds of drinks, how often have you had an alcoholic drink of any kind during the last 12 months? **Tick ONE box**

- Almost every day 01
 - Five or six days a week 02
 - Three or four days a week 03
 - Once or twice a week 04
 - Once or twice a month 05
 - Once every couple of months 06
 - Once or twice a year 07
 - Not at all in the last 12 months 08
- Go to Q30 ↓

Q30 Did you have an alcoholic drink in the seven days ending yesterday? **Tick ONE box**

- Yes 1
 - No 2
- Go to Q31 ↓
Go to Q33a on page 12 →

Q31 On how many days out of the last seven did you have an alcoholic drink? **Tick ONE box**

- One 1
 - Two 2
 - Three 3
 - Four 4
 - Five 5
 - Six 6
 - Seven 7
- Go to Q32 on page 11 →

Q32 Please think about the day in the last week on which you drank the most. (If you drank the same amount on more than one day, please answer about the most recent of those days.)

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

TICK <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	<input type="text"/> ₀₁	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Strong beer, lager, stout or cider (6% alcohol or more, such as Tennent's Super, Special Brew)	<input type="text"/> ₀₂	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails	<input type="text"/> ₀₃	<input type="text"/>			
Sherry or martini (including port, vermouth, cinzano, dubonnet) or Buckfast	<input type="text"/> ₀₄	<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"/>	Standard glasses (175ml) <input type="text"/>	Small glasses (125ml) <input type="text"/>	Bottles (750ml) <input type="text"/>
Alcoholic soft drinks or 'alcopops' (such as WKD, Smirnoff Ice, Bacardi Breezer)	<input type="text"/> ₀₆		Small cans <input type="text"/>	Standard bottles (275ml) <input type="text"/>	Large bottles (700ml) <input type="text"/>
Other kinds of alcoholic drink WRITE IN NAME OF DRINK		Glasses (count doubles as 2 singles)	Half-pints	Large cans or bottles	Small cans or bottles
1. <input type="text"/>	<input type="text"/> ₀₇	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/> ₀₈	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Go to next page →

DRINKING EXPERIENCES

PLEASE READ THIS CAREFULLY

Q33a How often do you have a drink containing alcohol?

Tick ONE box

Never	<input type="checkbox"/>	1	Go to Q45 on pg 16 →
Monthly or less	<input type="checkbox"/>	2	
2-4 times a month	<input type="checkbox"/>	3	Go to Q33b ↓
2-3 times a week	<input type="checkbox"/>	4	
4 or more times a week	<input type="checkbox"/>	5	

Q33b How many drinks containing alcohol do you have on a typical day when you are drinking?

Tick ONE box

1 or 2	<input type="checkbox"/>	1
3 or 4	<input type="checkbox"/>	2
5 or 6	<input type="checkbox"/>	3
7 to 9	<input type="checkbox"/>	4
10 or more	<input type="checkbox"/>	5

Q34 How often do you have six or more drinks on one occasion?

Tick ONE box

Never	<input type="checkbox"/>	1
Less than monthly	<input type="checkbox"/>	2
Monthly	<input type="checkbox"/>	3
Weekly	<input type="checkbox"/>	4
Daily or almost daily	<input type="checkbox"/>	5

Q35 How often during the last year have you found that you were not able to stop drinking once you had started?

Tick ONE box

- Never 1
- Less than monthly 2
- Monthly 3
- Weekly 4
- Daily or almost daily 5

Q36 How often during the last year have you failed to do what was normally expected of you because of drinking?

Tick ONE box

- Never 1
- Less than monthly 2
- Monthly 3
- Weekly 4
- Daily or almost daily 5

Q37 How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

Tick ONE box

- Never 1
- Less than monthly 2
- Monthly 3
- Weekly 4
- Daily or almost daily 5

Q38 How often during the last year have you had a feeling of guilt or remorse after drinking? **Tick ONE box**

Never	<input type="checkbox"/>	1
Less than monthly	<input type="checkbox"/>	2
Monthly	<input type="checkbox"/>	3
Weekly	<input type="checkbox"/>	4
Daily or almost daily	<input type="checkbox"/>	5

Q39 How often during the last year have you been unable to remember what happened the night before because of your drinking? **Tick ONE box**

Never	<input type="checkbox"/>	1
Less than monthly	<input type="checkbox"/>	2
Monthly	<input type="checkbox"/>	3
Weekly	<input type="checkbox"/>	4
Daily or almost daily	<input type="checkbox"/>	5

Q40 Have you or someone else been injured because of your drinking? **Tick ONE box**

No	<input type="checkbox"/>	1
Yes, but not in the last year	<input type="checkbox"/>	2
Yes, during the last year	<input type="checkbox"/>	3

Q41 Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down? **Tick ONE box**

No	<input type="checkbox"/>	1
Yes, but not in the last year	<input type="checkbox"/>	2
Yes, during the last year	<input type="checkbox"/>	3

Q42 I have been drunk at least once a week, on average, in the last three weeks **Tick ONE box**

Yes	<input type="checkbox"/>	1
No	<input type="checkbox"/>	2

Q43a In which of these places would you say you drink the **most** alcohol?

Please tick one box only

Tick ONE box

In a pub or bar	<input type="checkbox"/>	01	} → Go to Q44a ↓
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	
Somewhere else	<input type="checkbox"/>	08	

Q43b In which place do you drink the **most** alcohol? **Write in:**

Q44a Who are you usually with when you drink the **most** alcohol?

Please tick one box only

Tick ONE box

My boyfriend or girlfriend/partner/husband or wife	<input type="checkbox"/>	01	} → Go to Q45 on page 16 →
Male friends	<input type="checkbox"/>	02	
Female friends	<input type="checkbox"/>	03	
Male and female friends together	<input type="checkbox"/>	04	
Work colleagues	<input type="checkbox"/>	05	
Members of my family / relatives	<input type="checkbox"/>	06	
On my own	<input type="checkbox"/>	07	
Someone else	<input type="checkbox"/>	08	

Q44b Who are you usually with when you drink the **most** alcohol? **Write in:**

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

	Better than usual	Same as usual	Less than usual	Much less than usual
Q45 Been able to concentrate on whatever you're doing?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q46 Lost much sleep over worry?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

	More so than usual	Same as usual	Less useful than usual	Much less useful
Q47 Felt you were playing a useful part in things?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

	More so than usual	Same as usual	Less so than usual	Much less capable
Q48 Felt capable of making decisions about things?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q49 Felt constantly under strain?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q50 Felt you couldn't overcome your difficulties?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

HAVE YOU RECENTLY:

Tick ONE box

	More so than usual	Same as usual	Less so than usual	Much less than usual
Q51 Been able to enjoy your normal day-to-day activities?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

	More so than usual	Same as usual	Less able than usual	Much less able
Q52 Been able to face up to your problems?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q53 Been feeling unhappy and depressed?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q54 Been losing confidence in yourself?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q55 Been thinking of yourself as a worthless person?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

	More so than usual	About same as usual	Less so than usual	Much less than usual
Q56 Been feeling reasonably happy, all things considered?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

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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

	None of the time	Rarely	Some of the Time	Often	All of the time
Q57 I've been feeling optimistic about the future	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q58 I've been feeling useful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q59 I've been feeling relaxed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q60 I've been feeling interested in other people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q61 I've had energy to spare	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q62 I've been dealing with problems well	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q63 I've been thinking clearly	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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

	None of the time	Rarely	Some of the time	Often	All of the time
Q64 I've been feeling good about myself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q65 I've been feeling close to other people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q66 I've been feeling confident	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q67 I've been able to make up my own mind about things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q68 I've been feeling loved	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q69 I've been interested in new things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q70 I've been feeling cheerful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

EVERYONE PLEASE ANSWER

Q71 Have you spent any money on any of the following activities in the **last 12 months?**
Please tick **ONE** box for each activity

	Tick ONE box	
	Yes	No
Tickets for the National Lottery Draw, including Thunderball and Euromillions and tickets bought online	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Scratchcards (but not online or newspaper or magazine scratchcards)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Tickets for any <u>other</u> lottery, including charity lotteries	<input type="checkbox"/> 1	<input type="checkbox"/> 2
The football pools	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Bingo cards or tickets, including playing at a bingo hall (not online)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Fruit or slot machines	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Virtual gaming machines <u>in a bookmakers</u> to bet on virtual roulette, poker, blackjack or other games	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Table games (roulette, cards or dice) <u>in a casino</u>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Playing poker in a pub tournament/ league or at a club	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Online gambling like playing poker, bingo, instant win/scratchcard games, slot machine style games or <u>casino games for money</u>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Online betting <u>with a bookmaker</u> on any event or sport	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Betting exchange <i>This is where you lay or back bets against other people using a betting exchange. There is no bookmaker to determine the odds. This is sometimes called 'peer to peer' betting.</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Betting on horse races <u>in a bookmaker's, by phone or at the track</u>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Betting on dog races <u>in a bookmaker's, by phone or at the track</u>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Betting on sports events <u>in a bookmaker's, by phone or at the venue</u>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Betting on other events <u>in a bookmaker's, by phone or at the venue</u>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Spread-betting <i>In spread-betting you bet that the outcome of an event will be higher or lower than the bookmaker's prediction. The amount you win or lose depends on how right or wrong you are.</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Private betting, playing cards or games for money with friends, family or colleagues	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Another form of gambling in the last 12 months	<input type="checkbox"/> 1	<input type="checkbox"/> 2

IF YOU TICKED 'YES' FOR ANY OF THE ACTIVITIES AT Q71, PLEASE GO TO Q72 OTHERWISE GO TO Q92 ON PAGE 23

**IF YOU TICKED 'YES' FOR ANY OF THE ACTIVITIES AT Q71, PLEASE GO TO Q72
OTHERWISE GO TO Q92 ON PAGE 23**

Q72 Thinking about all the activities covered in the previous question would you say you spend money on these activities: **Tick ONE box**

- | | | |
|---|--------------------------|---|
| Two or more times a week | <input type="checkbox"/> | 1 |
| Once a week | <input type="checkbox"/> | 2 |
| Less than once a week, more than once a month | <input type="checkbox"/> | 3 |
| Once a month | <input type="checkbox"/> | 4 |
| Every 2-3 months | <input type="checkbox"/> | 5 |
| Once or twice a year | <input type="checkbox"/> | 6 |

For the next set of questions about gambling, please indicate the extent to which each one has applied to you in the last 12 months.

Tick ONE box

- | | Every time I lost | Most of the time | Some of the time (less than half the time I lost) | Never |
|--|--------------------------|--------------------------|--|--------------------------|
| Q73 When you gamble, how often do you go back another day to win back money you lost? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 | 4 |

Tick ONE box for each question

- | | Very often | Fairly often | Occasionally | Never |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Q74 How often have you found yourself thinking about gambling (that is reliving past gambling experiences, planning the next time you will play, or thinking of ways to get money to gamble)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 | 4 |
| Q75 Have you needed to gamble with more and more money to get the excitement you are looking for? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 | 4 |
| Q76 Have you felt restless or irritable when trying to cut down gambling? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 | 4 |
| Q77 Have you gambled to escape from problems or when you are feeling depressed, anxious or bad about yourself? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 | 4 |
| Q78 Have you lied to family, or others, to hide the extent of your gambling? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 | 4 |

In the past 12 months, how often...

Tick **ONE** box for each question

	Very often	Fairly often	Occasionally	Never
Q79 Have you made unsuccessful attempts to control, cut back or stop gambling?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q80 Have you committed a crime in order to finance gambling or to pay gambling debts?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q81 Have you risked or lost an important relationship, job, educational or work opportunity because of gambling?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q82 Have you asked others to provide money to help with a financial crisis caused by gambling?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

In the past 12 months, how often...

Tick **ONE** box for each question

	Almost always	Most of the time	Sometimes	Never
Q83 ...have you bet more than you could really afford to lose?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q84 ...have you needed to gamble with larger amounts of money to get the same excitement?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q85 ...have you gone back another day to try to win back the money you'd lost?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q86 ...have you borrowed money or sold anything to get money to gamble?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q87 ...have you felt that you might have a problem with gambling?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q88 ...have you felt that gambling has caused you any health problems, including stress or anxiety?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q89 ...have people criticised your betting, or told you that you have a gambling problem, whether or not you thought it is true?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q90 ...have you felt your gambling has caused financial problems for you or your household?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q91 ...have you felt guilty about the way you gamble or what happens when you gamble?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

CONTRACEPTION

Q92 Are you currently sexually active?

Tick **ONE** box

- Yes ₁ — Go to Q93 ↓
- No ₂ — Go to Q97 on page 24 →

Q93 Which method of contraception are you or your partner currently using? Please include permanent methods like sterilization.

Tick **up to 3** methods

Tick up to 3 methods

Not using any contraception (myself or my partner) ₀₁ — Go to Q95 on page 24 →

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 — Go to Q97 on page 24 →

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 Q94 ↓

Q94 What other method of contraception do you or your partner use? Write in:

Now go to Q97 on page 24 →

ANSWER IF YOU ARE CURRENTLY SEXUALLY ACTIVE BUT YOU OR YOUR PARTNER ARE NOT USING CONTRACEPTION CURRENTLY

Q95 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	
I am / my partner is trying to become pregnant or is already pregnant	<input type="checkbox"/> 01	
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	Go to Q97 ↓
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	Go to Q96 ↓

Q96 Please write in other reason:

Now go to Q97 ↓

EVERYONE PLEASE ANSWER

Q97 And now a question about physical activity. The government **advises people to spend** a certain amount of time doing moderate physical activity to help them stay healthy. This includes bike riding, swimming, playing tennis or any other activity that makes them breathe slightly faster. How much time **per day** do you **think** people **your age** are **advised to spend** doing this?

Please write in time (You can either write your answer in minutes, hours or both).

Hours	Minutes
<input style="width: 100px; height: 30px;" type="text"/>	<input style="width: 100px; height: 30px;" type="text"/>

EVERYONE PLEASE ANSWER

Q98 Which of the following options best describes how you think of yourself? **Tick ONE box**

Heterosexual or Straight	<input type="checkbox"/> 1
Gay or Lesbian	<input type="checkbox"/> 2
Bisexual	<input type="checkbox"/> 3
Other	<input type="checkbox"/> 4

DRINKING EXPERIENCES

PLEASE READ THIS CAREFULLY

Q1 How often do you have a drink containing alcohol?

Tick **ONE** box

Never	<input type="checkbox"/>	1	→ Go to Q12 on pg 4 →	
Monthly or less	<input type="checkbox"/>	2		
2-4 times a month	<input type="checkbox"/>	3		Go to Q2 ↓
2-3 times a week	<input type="checkbox"/>	4		
4 or more times a week	<input type="checkbox"/>	5		

Q2 How many drinks containing alcohol do you have on a typical day when you are drinking?

Tick **ONE** box

1 or 2	<input type="checkbox"/>	1
3 or 4	<input type="checkbox"/>	2
5 or 6	<input type="checkbox"/>	3
7 to 9	<input type="checkbox"/>	4
10 or more	<input type="checkbox"/>	5

Q3 How often do you have six or more drinks on one occasion?

Tick **ONE** box

Never	<input type="checkbox"/>	1
Less than monthly	<input type="checkbox"/>	2
Monthly	<input type="checkbox"/>	3
Weekly	<input type="checkbox"/>	4
Daily or almost daily	<input type="checkbox"/>	5

Q4 How often during the last year have you found that you were not able to stop drinking once you had started?

Tick ONE box

- Never 1
- Less than monthly 2
- Monthly 3
- Weekly 4
- Daily or almost daily 5

Q5 How often during the last year have you failed to do what was normally expected of you because of drinking?

Tick ONE box

- Never 1
- Less than monthly 2
- Monthly 3
- Weekly 4
- Daily or almost daily 5

Q6 How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

Tick ONE box

- Never 1
- Less than monthly 2
- Monthly 3
- Weekly 4
- Daily or almost daily 5

Q7 How often during the last year have you had a feeling of guilt or remorse after drinking? **Tick ONE box**

Never	<input type="checkbox"/>	1
Less than monthly	<input type="checkbox"/>	2
Monthly	<input type="checkbox"/>	3
Weekly	<input type="checkbox"/>	4
Daily or almost daily	<input type="checkbox"/>	5

Q8 How often during the last year have you been unable to remember what happened the night before because of your drinking? **Tick ONE box**

Never	<input type="checkbox"/>	1
Less than monthly	<input type="checkbox"/>	2
Monthly	<input type="checkbox"/>	3
Weekly	<input type="checkbox"/>	4
Daily or almost daily	<input type="checkbox"/>	5

Q9 Have you or someone else been injured because of your drinking? **Tick ONE box**

No	<input type="checkbox"/>	1
Yes, but not in the last year	<input type="checkbox"/>	2
Yes, during the last year	<input type="checkbox"/>	3

Q10 Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down? **Tick ONE box**

No	<input type="checkbox"/>	1
Yes, but not in the last year	<input type="checkbox"/>	2
Yes, during the last year	<input type="checkbox"/>	3

Q11 I have been drunk at least once a week, on average, in the last three weeks **Tick ONE box**

Yes	<input type="checkbox"/>	1
No	<input type="checkbox"/>	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 below the answer which you think most applies to you.

HAVE YOU RECENTLY:

Tick ONE box

	Better than usual	Same as usual	Less than usual	Much less than usual
Q12 Been able to concentrate on whatever you're doing?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q13 Lost much sleep over worry?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

	More so than usual	Same as usual	Less useful than usual	Much less useful
Q14 Felt you were playing a useful part in things?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

	More so than usual	Same as usual	Less so than usual	Much less capable
Q15 Felt capable of making decisions about things?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q16 Felt constantly under strain?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q17 Felt you couldn't overcome your difficulties?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

HAVE YOU RECENTLY:

Tick ONE box

	More so than usual	Same as usual	Less so than usual	Much less than usual
Q18 Been able to enjoy your normal day-to-day activities?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

	More so than usual	Same as usual	Less able than usual	Much less able
Q19 Been able to face up to your problems?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q20 Been feeling unhappy and depressed?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q21 Been losing confidence in yourself?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q22 Been thinking of yourself as a worthless person?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

	More so than usual	About same as usual	Less so than usual	Much less than usual
Q23 Been feeling reasonably happy, all things considered?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

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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**

Q24 I've been feeling optimistic about the future

Tick ONE box

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

Q25 I've been feeling useful

Tick ONE box

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

Q26 I've been feeling relaxed

Tick ONE box

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

Q27 I've been feeling interested in other people

Tick ONE box

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

Q28 I've had energy to spare

Tick ONE box

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

Q29 I've been dealing with problems well

Tick ONE box

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

Q30 I've been thinking clearly

Tick ONE box

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

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**

Q31 I've been feeling good about myself

Tick ONE box

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

Q32 I've been feeling close to other people

Tick ONE box

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

Q33 I've been feeling confident

Tick ONE box

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

Q34 I've been able to make up my own mind about things

Tick ONE box

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

Q35 I've been feeling loved

Tick ONE box

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

Q36 I've been interested in new things

Tick ONE box

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

Q37 I've been feeling cheerful

Tick ONE box

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

Please read this carefully:

We should like to know about certain treatments or procedures you may have had. Please answer **ALL** the questions by ticking the box below the answer which you think most applies to you.

Tick ONE box

Yes

No

Q38 Have you ever had laser eye surgery?

 ₁
 ₂

Q39a Have you ever had any of the following dental treatments?

Please tick one box for each treatment.

Tick ONE box

per treatment

Yes

No

Professional tooth whitening

 ₁
 ₂

Veneers

 ₁
 ₂

Dental implants

 ₁
 ₂

Tooth straightening (e.g. braces)

 ₁
 ₂

White or gold fillings

 ₁
 ₂

Other cosmetic dental treatment (please write below)

 ₁
 ₂

Q39b Please write in other cosmetic dental treatment:

Q40a Have you ever had any of the following skin or soft tissue treatments?

Please exclude treatments done at home.

Please tick one box for each treatment.

Tick ONE box

per treatment

Yes

No

Chemical peel

 ₁
 ₂

Microdermabrasion

 ₁
 ₂

Laser skin resurfacing

 ₁
 ₂

Injectable cosmetic treatments such as Botox®

 ₁
 ₂

Injectable cosmetic treatments such as dermal fillers / soft tissue fillers

 ₁
 ₂

Other cosmetic skin or soft tissue treatment (please write below)

 ₁
 ₂

Q40b Please write in other cosmetic skin or soft tissue treatment:

IF YOU TICKED 'YES' FOR ANY OF THE TREATMENTS AT Q40a, PLEASE GO TO Q41 ON NEXT PAGE, OTHERWISE GO TO Q42.

Q41 Thinking about all occasions you have had any of the treatments mentioned in Q40 above, did you have any of the problems listed on the card as a result of the procedure?
Please tick one box for each problem.

	Tick ONE box per treatment	
	Yes	No
Excessive or unexpected bleeding	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Infection	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Slow healing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Nerve damage	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Burns	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Extended pain	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Other problem (please write below)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

Q41b Please write in other problem as a result of any treatments/procedures :

EVERYONE PLEASE ANSWER

Q42 Have you ever had any of the following procedures?
Please tick one box for each procedure.

	Tick ONE box per procedure	
	Yes	No
Face or neck lift	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Eye brow lift	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Nose job	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Other cosmetic or reconstructive work done to the face or neck (please write below)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

Q42b Please write in other cosmetic or reconstructive work done to the face or neck:

Q43 Have you ever had any of the following surgical procedures?
Please tick one box for each procedure.

	Tick ONE box per procedure	
	Yes	No
Breast enlargement	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Breast reduction	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Breast reconstruction	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

Q44 Have you ever had any of the following procedures?
Please tick one box for each procedure.

	Tick ONE box per procedure	
	Yes	No
Liposuction	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Tummy tuck	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Gastric band	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Any other surgical procedure to reduce fat or aid weight loss (please write below)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

Q44b Please write in other surgical procedure to reduce fat or aid weight loss:

EVERYONE PLEASE ANSWER

Q45 Have you spent any money on any of the following activities in the **last 12 months?**

Please tick **ONE** box for each activity

	Tick ONE box per activity	
	Yes	No
Tickets for the National Lottery Draw, including Thunderball and Euromillions and tickets bought online	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Scratchcards (but not online or newspaper or magazine scratchcards)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Tickets for any <u>other</u> lottery, including charity lotteries	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
The football pools	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Bingo cards or tickets, including playing at a bingo hall (not online)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Fruit or slot machines	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Virtual gaming machines <u>in a bookmaker's</u> to bet on virtual roulette, poker, blackjack or other games	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Table games (roulette, cards or dice) <u>in a casino</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Playing poker in a pub tournament/ league or at a club	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Online gambling like playing poker, bingo, instant win/scratchcard games, slot machine style games or casino games <u>for money</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Online betting <u>with a bookmaker</u> on any event or sport	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Betting exchange <i>This is where you lay or back bets against other people using a betting exchange. There is no bookmaker to determine the odds. This is sometimes called 'peer to peer' betting.</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Betting on horse races <u>in a bookmaker's, by phone or at the track</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Betting on dog races <u>in a bookmaker's, by phone or at the track</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Betting on sports events <u>in a bookmaker's, by phone or at the venue</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Betting on other events <u>in a bookmaker's, by phone or at the venue</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Spread-betting <i>In spread-betting you bet that the outcome of an event will be higher or lower than the bookmaker's prediction. The amount you win or lose depends on how right or wrong you are.</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Private betting, playing cards or games for money with friends, family or colleagues	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Another form of gambling in the last 12 months	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

IF YOU TICKED 'YES' FOR ANY OF THE ACTIVITIES AT Q45, PLEASE GO TO Q46 ON PAGE 12 OTHERWISE GO TO Q66 ON PAGE 14.

**IF YOU TICKED 'YES' FOR ANY OF THE ACTIVITIES AT Q45, PLEASE GO TO Q46 BELOW
OTHERWISE GO TO Q66 ON PAGE 14.**

Q46 Thinking about all the activities covered in the previous question would you say you spend money on these activities:

Tick ONE box

- | | | |
|---|--------------------------|---|
| Two or more times a week | <input type="checkbox"/> | 1 |
| Once a week | <input type="checkbox"/> | 2 |
| Less than once a week, more than once a month | <input type="checkbox"/> | 3 |
| Once a month | <input type="checkbox"/> | 4 |
| Every 2-3 months | <input type="checkbox"/> | 5 |
| Once or twice a year | <input type="checkbox"/> | 6 |

For the next set of questions about gambling, please indicate the extent to which each one has applied to you in the last 12 months.

Tick ONE box

- | | Every time I
lost | Most of the
time | Some of the
time (less than
half the time I
lost) | Never |
|--|------------------------------|-----------------------------|--|--------------------------|
| Q47 When you gamble, how often do you go back another day to win back money you lost? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Tick ONE box for each question

- | | Very often | Fairly often | Occasionally | Never |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Q48 How often have you found yourself thinking about gambling (that is reliving past gambling experiences, planning the next time you will play, or thinking of ways to get money to gamble)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Q49 Have you needed to gamble with more and more money to get the excitement you are looking for? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Q50 Have you felt restless or irritable when trying to cut down gambling? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Q51 Have you gambled to escape from problems or when you are feeling depressed, anxious or bad about yourself? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Q52 Have you lied to family, or others, to hide the extent of your gambling? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

In the past 12 months, how often...

Tick **ONE** box for each question

	Very often	Fairly often	Occasionally	Never
Q53 Have you made unsuccessful attempts to control, cut back or stop gambling?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q54 Have you committed a crime in order to finance gambling or to pay gambling debts?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q55 Have you risked or lost an important relationship, job, educational or work opportunity because of gambling?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q56 Have you asked others to provide money to help with a financial crisis caused by gambling?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

In the past 12 months, how often...

Tick **ONE** box for each question

	Almost always	Most of the time	Sometimes	Never
Q57 ...have you bet more than you could really afford to lose?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q58 ...have you needed to gamble with larger amounts of money to get the same excitement?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q59 ...have you gone back another day to try to win back the money you'd lost?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q60 ...have you borrowed money or sold anything to get money to gamble?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q61 ...have you felt that you might have a problem with gambling?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q62 ...have you felt that gambling has caused you any health problems, including stress or anxiety?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q63 ...have people criticised your betting, or told you that you have a gambling problem, whether or not you thought it is true?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q64 ...have you felt your gambling has caused financial problems for you or your household?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q65 ...have you felt guilty about the way you gamble or what happens when you gamble?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

CONTRACEPTION

Q66 Are you currently sexually active?

Tick **ONE** box

Yes ₁ — Go to Q67 ↓

No ₂ — Go to Q71 on page 15 →

Q67 Which method of contraception are you or your partner currently using? Please include permanent methods like sterilization.

Tick up to **3** methods

Tick **up to 3** methods

Not using any contraception (myself or my partner) ₀₁ — Go to Q69 on page 15 →

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 Q68 ↓

Go to Q71 →
on page 15

Q68 What other method of contraception do you or your partner use? Write in:

Now go to Q71 on page 15 →

ANSWER IF YOU ARE CURRENTLY SEXUALLY ACTIVE BUT YOU OR YOUR PARTNER ARE NOT USING CONTRACEPTION CURRENTLY

Q69 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
I am / my partner is trying to become pregnant or is already pregnant	<input type="checkbox"/> 01
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 Go to Q71 ↓
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 Go to Q70 ↓

Q70 **Please write in other reason:**

Now go to Q71 ↓

EVERYONE PLEASE ANSWER

Q71 And now a question about physical activity.
 The government **advises people to spend** a certain amount of time doing moderate physical activity to help them stay healthy. This includes brisk walking, heavy gardening or any other activity that makes you breathe slightly faster than usual.
 How much time **per week** do you **think** people **your age** are **advised to spend** doing this?

Please write in time (You can either write your answers in minutes, hours or both).

Hours	Minutes
<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>

EVERYONE PLEASE ANSWER

Q72 Which of the following options best describes how you think of yourself? **Tick ONE box**

Heterosexual or Straight	<input type="checkbox"/> 1
Gay or Lesbian	<input type="checkbox"/> 2
Bisexual	<input type="checkbox"/> 3
Other	<input type="checkbox"/> 4

P10529.01

Scottish Health Survey 2016

CONSENT BOOKLET

Please use capital letters and write with a ballpoint pen

SERIAL NO. Month _____

House / flat number (or name): _____

Postcode:

1. Interviewer number

2. Date of birth DD MM YYYY

3. Full name (of person interviewed) _____

4. Sex Male 1
Female 2

5. Date interview completed DD MM YYYY

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

7. SUMMARY OF CONSENTS - RING CODE FOR EACH ITEM	YES	NO
Sample of saliva to be taken	01	02
Sample of urine to be taken	03	04

8. SALIVA SAMPLE COLLECTED: Yes 1
No 2

9. URINE SAMPLE COLLECTED: Yes 1
No 2

10. SALIVA/URINE DISPATCHED (if applicable):

DD MM YYYY

SALIVA SAMPLE CONSENT

SERIAL NO.

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

I consent to a trained ScotCen Social Research interviewer collecting a sample of my saliva on behalf of the Scottish Government

- a) *I have read and understood the Information for Participants leaflet and understand that I will be asked to provide a saliva sample collected by dribbling into a small container that will then be sealed and packaged. This measurement will take approximately three (3) minutes to complete.*
- b) *The saliva sample will be sent to a secure storage facility where it will be analysed for cotinine. I understand that:*
- i. The sample and related information will be coded to ensure that my personal identity is not revealed to researchers carrying out scientific analysis*
 - ii. Links to my name and/or contact details will not be made at any time*
 - iii. No personal test results from my saliva sample will be given to me*
 - iv. The saliva sample will only be tested for cotinine, a derivative of nicotine. It will not be tested for other substances like drugs or alcohol or for DNA testing*
 - v. The sample will be destroyed after the analysis has been carried out*
- c) *The interviewer has explained the procedure, and I have had an opportunity to discuss this with him/her.*

Print name (participant): _____

Sign name (participant): _____

Date: _____

Print name (interviewer): _____

Sign name (interviewer): _____

Date: _____

You can cancel this permission at any time in the future by writing to us at the following address:
Scottish Health Survey, ScotCen Social Research, Scotiabank House, 2nd Floor, 6 South Charlotte
Street, Edinburgh, EH2 4AW.

If you would like more information on the survey please visit the *Scottish Health Survey* website:
www.scottishhealthsurvey.org

SALIVA SAMPLE CONSENT

SERIAL NO.

I consent to a trained ScotCen Social Research interviewer collecting a sample of my saliva on behalf of the Scottish Government

- a) *I have read and understood the Information for Participants leaflet and understand that I will be asked to provide a saliva sample collected by dribbling into a small container that will then be sealed and packaged. This measurement will take approximately three (3) minutes to complete.*
- b) *The saliva sample will be sent to a secure storage facility where it will be analysed for cotinine. I understand that:*
- i. The sample and related information will be coded to ensure that my personal identity is not revealed to researchers carrying out scientific analysis*
 - ii. Links to my name and/or contact details will not be made at any time*
 - iii. No personal test results from my saliva sample will be given to me*
 - iv. The saliva sample will only be tested for cotinine, a derivative of nicotine. It will not be tested for other substances like drugs or alcohol or for DNA testing*
 - v. The sample will be destroyed after the analysis has been carried out*
- c) *The interviewer has explained the procedure, and I have had an opportunity to discuss this with him/her.*

Print name (participant): _____

Sign name (participant): _____

Date: _____

Print name (interviewer): _____

Sign name (interviewer): _____

Date: _____

You can cancel this permission at any time in the future by writing to us at the following address:
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Street, Edinburgh, EH2 4AW.

If you would like more information on the survey please visit the *Scottish Health Survey* website:

www.scottishhealthsurvey.org

URINE SAMPLE CONSENT

SERIAL NO.

I consent to a trained ScotCen Social Research interviewer collecting a sample of my urine on behalf of the Scottish Government

- a) *I have read and understood the Information for Participants leaflet and understand that I will be asked to provide a urine sample. This measurement will take approximately three (3) minutes to complete.*
- b) *The urine sample will be sent to a secure storage facility where they will test it to assess salt levels. I understand that:*
- i. The sample and related information will be coded to ensure that my personal identity is not revealed to researchers carrying out scientific analysis*
 - ii. Links to my name and/or contact details will not be made at any time*
 - iii. No personal test results from my urine sample will be given to me*
 - iv. The urine sample will only be tested for sodium, potassium and creatinine. It will not be tested for other substances like drugs or alcohol*
 - v. The sample will be destroyed after the analysis has been carried out*
- c) *The interviewer has explained the procedure, and I have had an opportunity to discuss this with him/her.*

Print name (participant): _____

Sign name (participant): _____

Date: _____

Print name (interviewer): _____

Sign name (interviewer): _____

Date: _____

You can cancel this permission at any time in the future by writing to us at the following address:
Scottish Health Survey, ScotCen Social Research, Scotiabank House, 2nd Floor, 6 South Charlotte
Street, Edinburgh, EH2 4AW.

If you would like more information on the survey please visit the *Scottish Health Survey* website:

www.scottishhealthsurvey.org

URINE SAMPLE CONSENT

SERIAL NO.

I consent to a trained ScotCen Social Research interviewer collecting a sample of my urine on behalf of the Scottish Government

- a) *I have read and understood the Information for Participants leaflet and understand that I will be asked to provide a urine sample. This measurement will take approximately three (3) minutes to complete.*
- b) *The urine sample will be sent to a secure storage facility where they will test it to assess salt levels. I understand that:*
- i. The sample and related information will be coded to ensure that my personal identity is not revealed to researchers carrying out scientific analysis*
 - ii. Links to my name and/or contact details will not be made at any time*
 - iii. No personal test results from my urine sample will be given to me*
 - iv. The urine sample will only be tested for sodium, potassium and creatinine. It will not be tested for other substances like drugs or alcohol*
 - v. The sample will be destroyed after the analysis has been carried out*
- c) *The interviewer has explained the procedure, and I have had an opportunity to discuss this with him/her.*

Print name (participant): _____

Sign name (participant): _____

Date: _____

Print name (interviewer): _____

Sign name (interviewer): _____

Date: _____

You can cancel this permission at any time in the future by writing to us at the following address:
Scottish Health Survey, ScotCen Social Research, Scotiabank House, 2nd Floor, 6 South Charlotte
Street, Edinburgh, EH2 4AW.

If you would like more information on the survey please visit the *Scottish Health Survey* website:
www.scottishhealthsurvey.org

SCOTTISH HEALTH SURVEY 2016

DISPATCH NOTE FOR SALIVA AND URINE SAMPLES

Complete all sections **CLEARLY** and **LEGIBLY**.

SERIAL NO.

1. SEX: Male 1
 Female 2

2. DATE OF BIRTH: DD MM YYYY

3. SMOKING STATUS:
 Current smoker 1
 Non smoker / NA 2

4. SALIVA SAMPLE COLLECTED Yes 1
 No 2

5. URINE SAMPLE COLLECTED Yes 1
 No 2

6. DATE SAMPLE(S) TAKEN: DD MM YYYY

7. INTERVIEWER NO:

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

STORAGE FACILITY USE ONLY

TUBES ENCLOSED:	✓ if rec'd
Saliva	<input type="checkbox"/>
Urine	<input type="checkbox"/>

Ref number.

<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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NHS (A)

SCOTTISH HEALTH SURVEY

Scottish Health Records

(Adults 16+)

- The National Health Service (NHS) maintains routine medical and other health records on all patients who use their services. These records include:
 - In-patient and out-patient visits to hospital, length of stay and waiting times.
 - Information about specific medical conditions such as cancer, heart disease and diabetes.
 - Details about registration with a general practitioner and, when people pass away, the date and cause of their death.
- We would like to ask for your consent to link your NHS health records with your survey answers.
- To link this information we need to send your name, address and date of birth to the Information Services Division (ISD) of NHS Scotland so they can identify your 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 statistical and research purposes only. The information will not identify you so it cannot be used by anyone treating you as a patient.
- By signing this form you are only giving permission for the linking of this information to routine administrative data and nothing else.
- You can cancel this permission at any time in the future by writing to: ScotCen Social Research, Scotiabank House, 2nd Floor, 6 South Charlotte Street, Edinburgh, EH2 4AW. You do not need to give a reason to cancel this.

Your consent

I, (name) _____ consent to ScotCen Social Research passing my name, address and date of birth to:

the **Information Services Division of NHS Scotland**

Signed _____ Date _____

I understand that these details will be used for statistical and research purposes only.

Ref number.

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NHS (C)

SCOTTISH HEALTH SURVEY

Scottish Health Records

(Children 0-15)

- The National Health Service (NHS) maintains routine medical and other health records on all patients who use their services. These records include:
 - In-patient and out-patient visits to hospital, length of stay and waiting times.
 - Information about specific medical conditions such as cancer, heart disease and diabetes.
 - Details about registration with a general practitioner and, when people pass away, the date and cause of their death.
- We would like to ask for your consent to link your NHS health records with your survey answers.
- To link this information we need to send your name, address and date of birth to the Information Services Division (ISD) of NHS Scotland so they can identify your 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 statistical and research purposes only. The information will not identify you so it cannot be used by anyone treating you as a patient.
- By signing this form you are only giving permission for the linking of this information to routine administrative data and nothing else.
- You can cancel this permission at any time in the future by writing to: ScotCen Social Research, Scotiabank House, 2nd Floor, 6 South Charlotte Street, Edinburgh, EH2 4AW. You do not need to give a reason to cancel this.

Your consents

I, (name) _____

am the parent/guardian of

(child's name) _____

I consent to ScotCen Social Research passing his/her name, address and date of birth to:

*the **Information Services Division of NHS Scotland.***

Signed _____

Date _____

I understand that these details will be used for statistical and research purposes only.

Ref number.

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SG (A)

SCOTTISH HEALTH SURVEY

Follow-up Research

(Adults 16+)

- In the future, the Scottish Government may want follow-up research to be conducted among particular groups of the public to improve health or health services.
- 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 research agencies, with the permission of the Scottish Government, for this purpose.
- Please be assured that if you sign this statement, any information you provide as part of the survey will only be released for statistical and research purposes carried out by reputable research organisations and that your confidentiality will be protected in the publication of any results given.
- Any information passed to any other organisation 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.
- 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: ScotCen Social Research, Scotiabank House, 2nd Floor, 6 South Charlotte Street, Edinburgh, EH2 4AW.

Your consent

I, (name) _____ consent to ScotCen Social Research passing my name, address and answers I have given in this interview to:

*the **Scottish Government** or research agencies with the permission of 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.

Ref number.

<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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SG (C)

SCOTTISH HEALTH SURVEY

Follow-up Research

(Children 0-15)

- In the future, the Scottish Government may want follow-up research to be conducted among particular groups of the public to improve health or health services.
- 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 research agencies, with the permission of the Scottish Government, for this purpose.
- Please be assured that if you sign this statement, any information you provide as part of the survey will only be released for statistical and research purposes carried out by reputable research organisations and that your confidentiality will be protected in the publication of any results given.
- Any information passed to any other organisation 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.
- 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: ScotCen Social Research, Scotiabank House, 2nd Floor, 6 South Charlotte Street, Edinburgh, EH2 4AW.

Your consents

I, (name) _____

am the parent/guardian of

(child's name) _____

I consent to ScotCen Social Research passing his/her name, address and the answers given in this interview to:

the **Scottish Government** or research agencies with the permission of the Scottish Government.

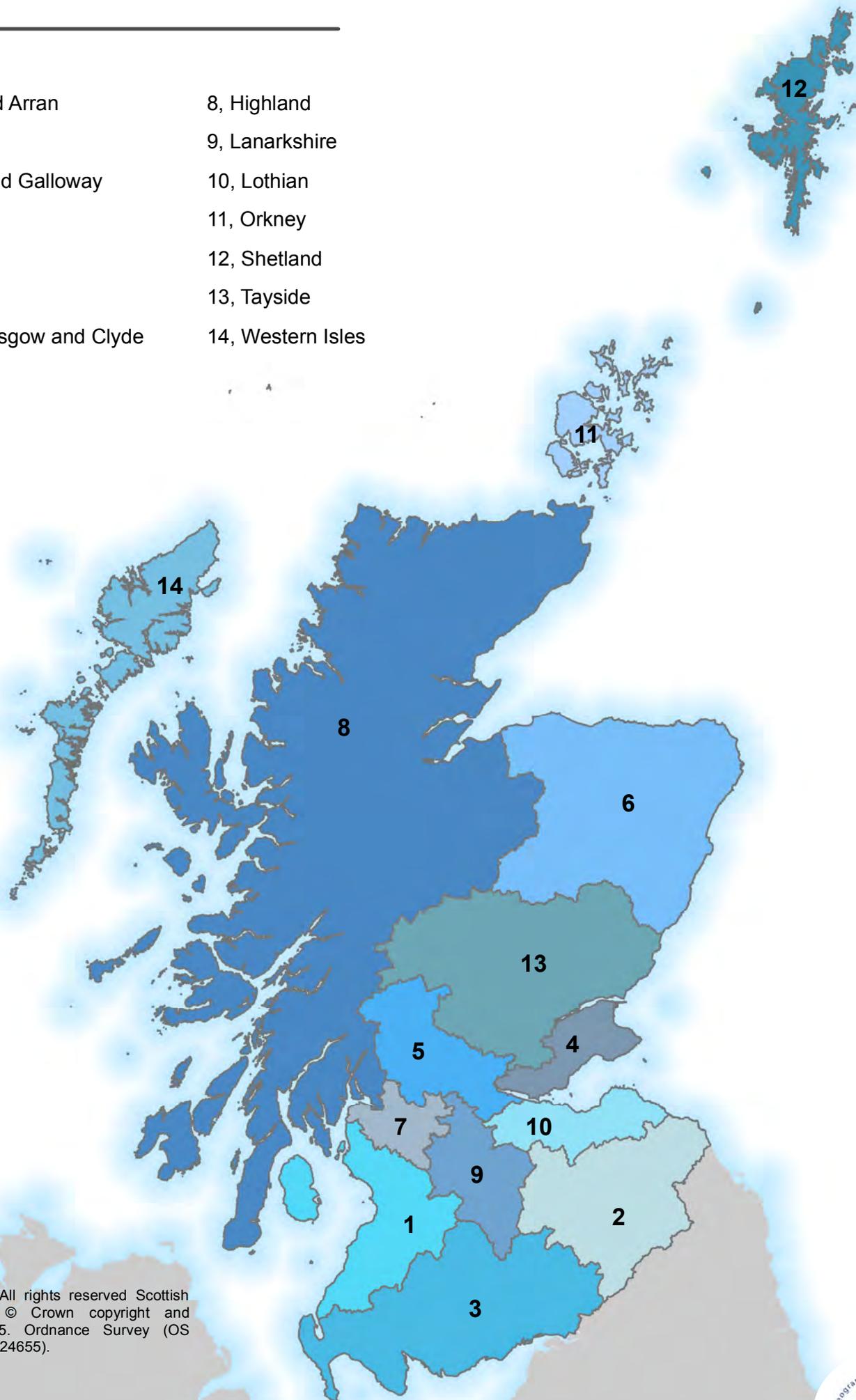
Signed _____

Date _____

I understand that these details will be used for statistical and research purposes only and that I am free to decline to take part in any future studies if asked.

NHS Health Board Areas

- | | |
|------------------------------|-------------------|
| 1, Ayrshire and Arran | 8, Highland |
| 2, Borders | 9, Lanarkshire |
| 3, Dumfries and Galloway | 10, Lothian |
| 4, Fife | 11, Orkney |
| 5, Forth Valley | 12, Shetland |
| 6, Grampian | 13, Tayside |
| 7, Greater Glasgow and Clyde | 14, Western Isles |

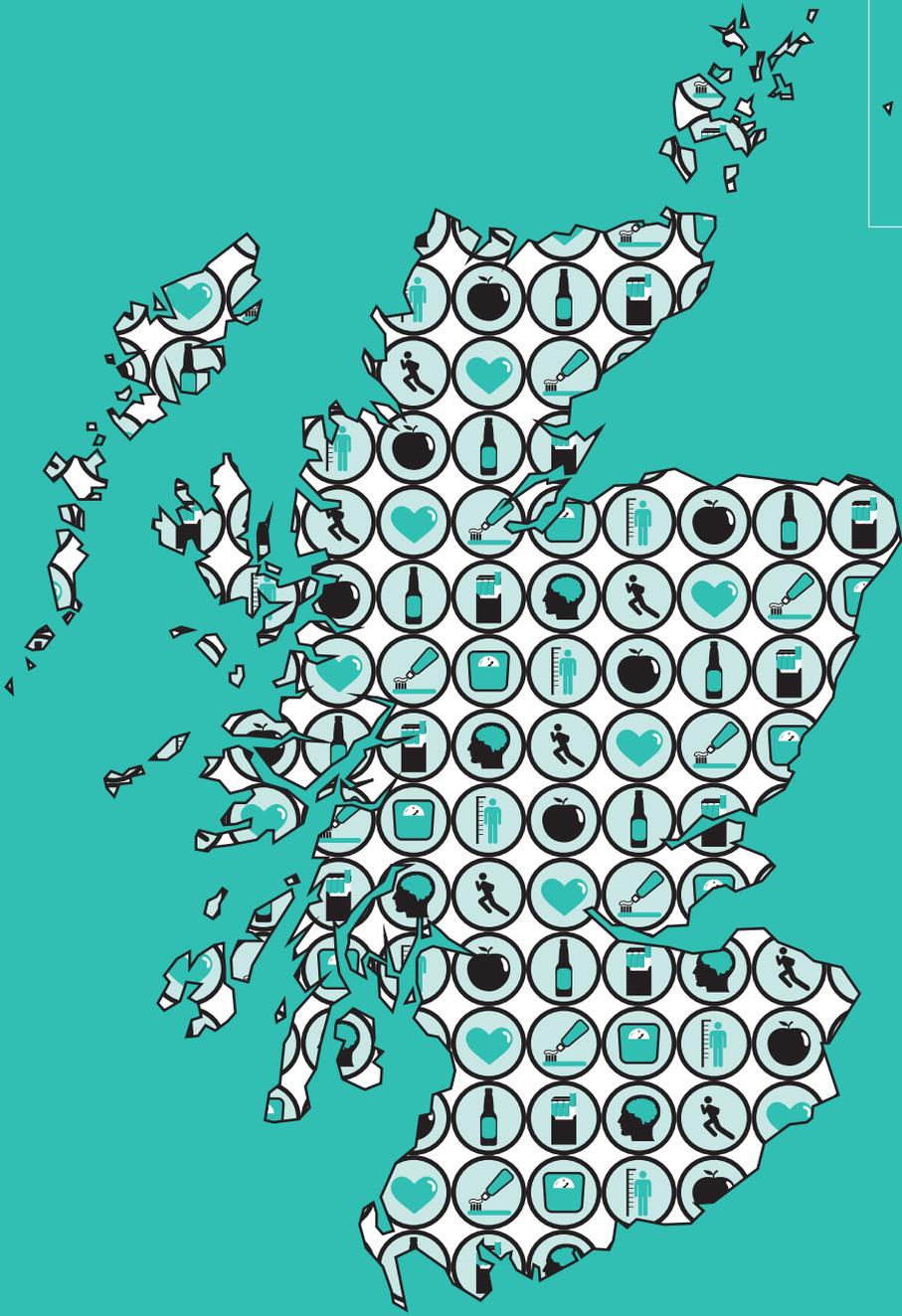


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Scale: 1:2,600,000

Scottish Government GI Science & Analysis Team, November 2015, Job 5717 - LA





Appendix C:

Glossary

APPENDIX C: 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-2015 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 measurement

See **Body mass index (BMI)**

Arithmetic mean

See **Mean**

Bases

See **Unweighted bases, Weighted bases**

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 2nd percentile	At risk of underweight
Above 2nd percentile and below 85th percentile	Healthy weight
At or above 85th percentile and below 95th percentile	At risk of overweight
At or above 95th percentile	At risk of obesity

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.

Chronic Obstructive Pulmonary Disease (COPD)

COPD is defined by the World Health Organisation (WHO) as 'a pulmonary disease characterised by chronic obstruction lung airflow that interferes with normal breathing and is not fully reversible.' It is associated with symptoms and clinical signs that in the past have been called 'chronic bronchitis' and 'emphysema,' including regular cough (at least three consecutive months of the year) and production of phlegm.

Electronic cigarettes

Electronic cigarettes or e-cigarettes are battery-powered handheld devices which heat a liquid that delivers a vapour. The vapour is then inhaled by the user, which is known as 'vaping'. E-cigarettes typically consist of a battery, an atomiser and a cartridge containing the liquid. Earlier models, often referred to as 'cigalikes', were designed to closely resemble

cigarettes but there is now a wide variety of product types on the market. The liquid is usually flavoured and may not contain nicotine, although in most cases e-cigarettes are used with nicotine. Unlike conventional or traditional cigarettes, they do not contain tobacco and do not involve combustion (i.e. they are not lit). The questions about e-cigarettes were amended in 2016 to include the term 'vaping devices'.

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.

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.

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.

Ischaemic heart disease	Ischaemic heart disease (IHD) is also known as coronary heart disease. Participants were classified as having IHD if they reported ever having angina, a heart attack or heart failure diagnosed by a doctor.
Long-term conditions & limiting long-term conditions	<p>Long-term conditions were defined as a physical or mental health condition or illness lasting, or expected to last 12 months or more. The wording of this question changed in 2012 and is now aligned with the harmonised questions for all large Scottish Government surveys.</p> <p>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.</p>
Mean	Most 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 .
Multiple risks	<p>Four risk factors were examined in chapter 6 – (i) being a current smoker (ii) drinking alcohol at hazardous/harmful levels (i.e. drinking above the recommended maximum of 14 units per week) (iii) being obese with a BMI of 30 or more (iv) not meeting the physical activity guidelines of 150 minutes of moderate activity or 70 minutes of vigorous activity (or combination of both) per week. These risk factors are widely accepted as having a negative impact on health.</p> <p>The number of risks was totaled and the prevalence of 2 or more risks (defined as multiple risks) was examined by area deprivation and prevalence of long-term conditions and limiting long-term conditions. See also Long-term conditions and limiting long-term conditions.</p>
NHS Health Board	The National Health Service (NHS) in Scotland is divided up into 14 geographically-based local NHS Boards and a number of National Special Health Boards. Health Boards in this report refers to the 14 local NHS Boards. (See Volume 2: Appendix B)
Obesity	See Body mass index
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.
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. See also Significance testing .
Quintile	Quintiles are percentiles which divide a distribution into fifths, i.e., the 20th, 40th, 60th and 80th percentiles.
Scottish Index of Multiple Deprivation	<p>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.</p> <p>This report uses the SIMD 2016. http://www.scotland.gov.uk/Topics/Statistics/SIMD</p>
Significance testing	<p>Where differences in relation to a particular outcome between two subgroups, such as men and women, are highlighted in volume 1 of this report, the differences can be considered statistically significant, unless otherwise stated.</p> <p>Statistical significance is calculated using logistic regression to provide a p-value based on a two-tailed significance test. One tailed-tests are used when the difference can only be in one direction. Two-tailed tests should always be used when the difference can theoretically be in either direction. For example, even though previous research has shown a higher prevalence of hazardous levels of alcohol consumption among men than</p>

among women, and we may expect this to be true in the most recent survey, a two-tailed test is used to confirm the difference.

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.
Standard error of the mean	See Standard Error
Standardisation	In this report, standardisation refers to standardisation (or 'adjustment') by age (see Age standardisation).
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 1 of volume 1 of this Report for a full explanation of how reported volumes of different alcoholic drinks were converted into units.
Unweighted bases	The unweighted bases presented in the report tables provide the number of individuals upon which the data in the table is based. This is the number of people that were interviewed as part of the SHeS and provided a valid answer to the particular question or set of questions. The unweighted bases show the number of people interviewed in various subgroups including gender, age and SIMD.
Weighted bases	See also Unweighted bases . The weighted bases are adjusted versions of the unweighted bases which involves calculating a weight for each individual so that their representation in the sample reflects their representation in the general population of Scotland living in private households. Categories within the table can be combined by using the weighted bases to calculate weighted averages of the relevant categories.
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:

<http://www.wellscotland.info/guidance/How-to-measure-mental-wellbeing/How-to-start-measuring-mental-wellbeing/The-Warwick-Edinburgh-Mental-Wellbeing-Scale->

A NATIONAL STATISTICS PUBLICATION FOR SCOTLAND

The United Kingdom Statistics Authority has designated the Scottish Health Survey as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics.

Designation can be interpreted to mean that the statistics: meet identified user needs; are produced, managed and disseminated to high standards; and are explained well.

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For general enquiries about Scottish Government statistics please contact:

Office of the Chief Statistician, Telephone: 0131 244 0442,

e-mail: statistics.enquiries@gov.scot

How to access background or source data

The data collected for the Scottish Health Survey:

are made available via the UK Data Service

may be made available on request, subject to consideration of legal and ethical factors. Please contact scottishealthsurvey@gov.scot for further information.

Further breakdowns of the data:

are available via the Scottish Health Survey website

<http://www.gov.scot/Topics/Statistics/Browse/Health/scottish-health-survey>

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