

APPENDIX A: FIELDWORK DOCUMENTS

1. Advance Letter (Child Boost sample) - ONS
2. Advance Letter (Child Boost sample) - ScotCen
3. Advance Letter (Version A & Health Board boost sample) - ONS
4. Advance Letter (Version A & Health Board boost sample) - ScotCen
5. Advance Letter (Version B sample) - ScotCen
6. Biological Measurements Record Card
7. Biological module consent booklet
8. Information Leaflet for Adults (Version A sample – no biological module)
9. Information Leaflet for Adults (Version B sample – biological module)
10. Information Leaflet for Adults (Health Board Boost)
11. Information Leaflet for Children (Version A & B and Child Boost)
12. Information Leaflet for Parents (Child Boost only)
13. Language translations card
14. Self-completion booklet (Adults)
15. Self-completion booklet (Parents of 4-12 year olds)
16. Self-completion booklet (Young Adults)
17. Self-completion booklet (13-15 year olds)
18. Showcards
19. Survey Leaflet
20. Useful Contact Leaflet
21. Questionnaire documentation (inc. household, individual and biological module)

Your chance to help improve health services in your local healthboard

Dear Sir or Madam,

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We are particularly interested in understanding the health of **children and young people aged 0-15**. An interviewer will arrive to do the interview, but if there is no-one aged 0-15 in your household then let them know when they arrive.

By taking part, your answers can help improve health services in your local area. Last year more than 6,000 people took part – now you have an opportunity to join in as well. Many found it to be interesting and we're sure you will too.



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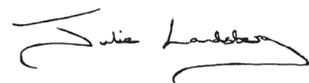
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Further info

Answers to some questions you may have are on the back of this letter. You can also look at the enclosed leaflet or visit **www.scottishhealthsurvey.org**. If you would like to talk to someone about the study or don't want to take part, please phone **0800 298 5313**.



Julie Landsberg
Survey Manager, Scottish Government

No-one aged 15 or under in your household? Please let us know.

Call 0800 298 5313.

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Your answers are treated with care and with full respect for your privacy. The information is used for statistical and research purposes only and is dealt with in accordance with data protection legislation. We will not publish the survey results in a form that can reveal your identity and no attempts will be made to identify you from your answers. For further information on how the information you provide will be used please see the privacy information on the Scottish Government's website here:

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Who is carrying out the survey?

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ScotCen, the MRC SPHSU and the Universities of Aberdeen and Edinburgh are independent of all government departments and political parties. ONS is the UK's independent producer of official statistics. For more information about ScotCen Social Research visit **www.scotcen.org.uk**. For more information about ONS visit **www.ons.gov.uk/surveys**.

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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 and weight.

Where can I find out more?

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

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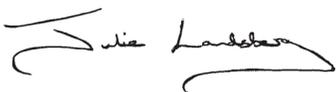


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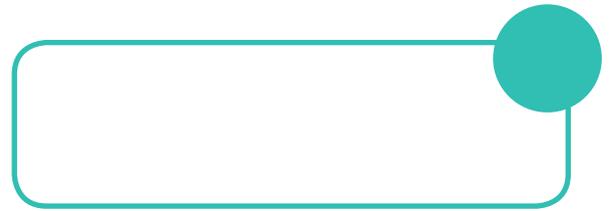
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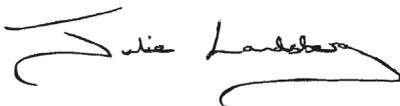
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Julie Landsberg
Survey Manager, Scottish Government

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

ONS, NSHW Field Office, Room 4100W, Office for National Statistics, Segensworth Road, Titchfield, Hampshire, PO15 5RR

64 – P12568 - Advance letter - Core
Non-Bio/ HB boost LAM - ONS

Collect your £10 today!

You can redeem this voucher at any Post Office branch. Counter staff will make your payment in cash. See back for more information.

Voucher number:

Expiry date:

£10

Scottish Health Survey
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Find your nearest branch:

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

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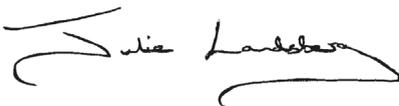
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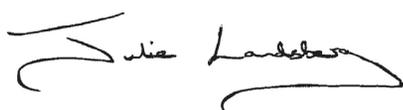
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Participant name _____

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"/>								
(i)	<input type="text"/>								
(ii)	<input type="text"/>								
(iii)	<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 and anabasine. 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. Anabasine can help to differentiate whether cotinine has come from tobacco or other sources, as anabasine is only present in tobacco and not in Nicotine Replacement Treatments or E-Cigarettes. The saliva will only be tested for cotinine and anabasine. It will not be tested for other substances, like drugs or alcohol.

What will happen to the saliva sample I give?

Your saliva sample will be sent to a laboratory and analysed as outlined in the previous section. Your name and address will not be attached to the sample and so your sample will remain confidential. The anonymous saliva sample 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.

ScotCen
Social Research



 Office for
National Statistics

Physical and Health Measurements

The 2019 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.scot) and phoneline (0800 224488) can also provide information about health conditions.

P12568.01

Scottish Health Survey 2019

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
Female

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

8. SALIVA SAMPLE COLLECTED: Yes
No

9. SALIVA 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 either dribbling into a small container or by chewing on a dental roll. These samples 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 and anabasine. 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 and anabasine, derivatives 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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SCOTTISH HEALTH SURVEY 2019

DISPATCH NOTE FOR SALIVA SAMPLES

Complete all sections **CLEARLY** and **LEGIBLY**.

SERIAL NO.

1. SEX: Male
Female

2. DATE OF BIRTH: DD MM YYYY

3. SMOKING STATUS:
Current smoker
Non smoker / NA

4. E CIGARETTE USE:
Yes
No

5. NICOTINE REPLACEMENT THERAPY (NRT) USE:
Yes
No

6. SALIVA SAMPLE COLLECTED
Yes
No

7. DATE SAMPLE TAKEN: DD MM YYYY

8. 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="text"/>

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:

www.takelifeon.co.uk

Information about common health conditions is available here:

www.nhsinform.scot

ScotCen
Social Research

 Office for
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The 2019 Scottish Health Survey

The Scottish Health Survey is an annual survey of around 5,000 adults and 2,000 children. It is carried out for the Scottish Government by ScotCen Social Research, an independent research institute, the Office for National Statistics (ONS), 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 information provided by the Scottish Health Survey is used to help develop ways of improving people's health and to plan the services people need at times of ill health. The 2019 survey will update the information collected in previous surveys.

The 2019 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, height and weight measurements. 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 is expensive and time consuming. 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 2019 survey.

Who will we want to speak to?

We would like to interview every adult (aged 16 and over) who lives in your household. 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 in accordance with data protection legislation. The Scottish Government, ScotCen and ONS guarantee that the survey results will not be published in a form that can reveal your identity and that they will make no attempt to identify you from your answers. The information collected in the survey (but no information that would allow you to be identified) is made available via the UK Data Service for use by researchers and academics.

If you take part in the survey, some information will be linked to your survey answers from your NHS health records on the following:

- Visits to hospital and length of stay.
- Information about diagnosis, treatments and hospital stays for cancer, heart disease, stroke, diabetes and psychiatric episodes.
- Details about registration with a general practitioner and, if you pass away, the date and cause of death.

This increases the value of the information you provide and is done in such a way that no data which can identify you or any other

individual will be released. If you wish your survey results not to be linked to your health records please tell the interviewer when you take part.

For further information on how the information you provide will be used please see the privacy information on the Scottish Government's website here:

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

What happens if you agree to be contacted about further research?

If you give your permission, your name, contact details and relevant survey answers may be passed on to the Scottish Government or research agencies for the purpose of further research among particular groups of people to improve health or health services. This information will only be released for statistical and research purposes carried out by reputable research organisations and you will not be identifiable in any published results. Any information passed to any other organisation will be treated in accordance with data protection legislation and will not be used for any purposes other than further research about health or health services.

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.

How will taking part in the survey benefit me?

Benefits from the survey will be indirect and in due course will come from any improvements in health and in health services which result from the survey. If you wish, you may have a record of your measurements.

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. The Public Benefit and Privacy Panel are reviewing the process for linkage of the survey data with information from the NHS health records.

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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). For 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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ScotCen
Social Research

 Office for
National Statistics



The 2019 Scottish Health Survey

The Scottish Health Survey is an annual survey of around 5,000 adults and 2,000 children. It is carried out for the Scottish Government by ScotCen Social Research, an independent research institute, the Office for National Statistics (ONS), the MRC Social and Public Health Sciences Unit at the University of Glasgow and academics from the Universities of Aberdeen and Edinburgh.

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How will taking part in the survey benefit me?

Benefits from the survey will be indirect and in due course will come from any improvements in health and in health services which result from the survey. If you wish, you may have a record of your measurements.

Who has reviewed the study?

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Who asks you the questions?

An interviewer from the Scottish Centre for Social Research or the Office for National Statistics will tell you about the survey and ask you some questions.



What are the questions about?

The questions are 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.



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.



What will happen to the answers I give?

The answers you give will be put together with those from other people and will be reported in a way that no one will know that you have taken part.

Your answers will also be joined up to some information from your health records, that means information about any visits you have to hospital, illnesses and medicines your doctor gives and who your doctor is. This, along with your answers to the survey, will help to provide valuable information on the health of children in Scotland. If you do not want your answers to be joined up in this way please tell the interviewer.

Also, if you and the person that looks after you agree, then your name, where you live and your answers could be given to the Scottish Government or other researchers to contact you about other research about your health.



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.



Will the answers I give be of help?

Yes, the information you provide could help to make health services better.



What are my rights

You have the right to :

- Ask to see the information we have about you
- Ask us to change or delete the information we have about you.
- Raise any concerns or ask questions about how information about you is collected and then used.



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 find out more about how the answers you give are used on the Scottish Government's website at <https://www2.gov.scot/Topics/Statistics/Browse/Health/scottish-health-survey/faqs>

You can also send us 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 other questions about the survey, please do not hesitate to contact one of the individuals below.

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

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ScotCen
Social Research

 Office for
National Statistics



The 2019 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 Office for National Statistics (ONS), 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 information provided by the Scottish Health Survey is used to help develop ways of improving people's health and to plan the services people need at times of ill health. The 2019 survey will update the information collected in previous surveys.

The 2019 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 is expensive and time consuming. 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 in accordance with data protection legislation. The Scottish Government, ScotCen and ONS guarantee that the survey results will not be published in a form that can reveal your child's identity and that they will make no attempt to identify your child from their answers.

If they take part in the survey, some information will be linked to your child's survey answers from their NHS health records on the following:

- Visits to hospital and length of stay.
- Information about diagnosis, treatments and hospital stays for cancer, heart disease, stroke, diabetes and psychiatric episodes.
- Details about registration with a general practitioner and, if they pass away, the date and cause of death.

This increases the value of the information you provide and is done in such a way that no data which can identify your child or any other individual will be released. If you wish your child's survey results not to be linked to their health records please tell the interviewer when you take part.

For further information on how the information you provide will be used please see the privacy information on the Scottish Government's website here:

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

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.

What happens if you agree to be contacted about further research?

If you give your permission, your child's name and relevant survey answers along with your contact details may be passed on to the Scottish Government or research agencies for the purpose of further research among particular groups of people to improve health or health services. This information will only be released for statistical and research purposes carried out by reputable research organisations and you will not be identifiable in any published results. Any information passed to any other organisation will be treated in accordance with data protection legislation and will not be used for any purposes other than further research about health or health services.

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.

How will taking part in the survey benefit me?

Benefits from the survey will be indirect and in due course will come from any improvements in health and in health services which result from the survey. If you wish, your child may have a record of their height and weight measurements.

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. The Public Benefit and Privacy Panel are reviewing the process for linkage of the survey data with information from the NHS health records.

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 ਸਕੋਟਲੈਂਡ ਦੇ ਸੇਹਤ ਸਰਵੇ ਵਿੱਚ ਭਾਗ ਲੈਣ ਲਈ ਚੁਣਿਆ ਗਿਆ ਹੈ। ਇਹ ਮਹੱਤਵਪੂਰਨ ਅਧਿਐਨ ਸਕੋਟਲੈਂਡ ਦੀ ਸਰਕਾਰ ਅਤੇ ਨੈਸ਼ਨਲ ਹੈਲਥ ਸਰਵਿਸ ਦੀ ਤਰਫੋਂ ਸਕੋਟਲੈਂਡ 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۔

P12568

Org <input type="text"/> 1	Samp type <input type="text"/> 2	Point <input type="text"/> <input type="text"/> <input type="text"/> 3-5	Address <input type="text"/> <input type="text"/> 6-7	HHL D <input type="text"/> 8	CKL <input type="text"/> 9	Person no <input type="text"/> <input type="text"/> 10-11	SPARE 12-13
Interviewer number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 22-25	Card <input type="text"/> <input type="text"/> <input type="text"/> 3 1 2 14-16	Batch <input type="text"/> 17-21	First name <input type="text"/>	Survey month <input type="text"/>	SPARE 26-314		

Scottish Health Survey 2019

Booklet for 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.

Example:

Tick ONE box

	Very healthy life	Fairly healthy life	Not very healthy life	An unhealthy life
Do you feel that you lead a	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B On most pages you should answer ALL the questions but sometimes you will find an instruction next to the box you have ticked telling you to go to another question. By following the instructions carefully you will miss out questions which do not apply to you.

Example:

Tick ONE box

Yes	<input checked="" type="checkbox"/>	→	Go to Q4
No	<input type="checkbox"/>	→	Go to Q5

DRINKING EXPERIENCES

PLEASE READ THIS CAREFULLY

Q1 How often do you have a drink containing alcohol?

Tick **ONE** box

- Never ₁ → Go to Q12 on pg 4 →
- Monthly or less ₂
- 2-4 times a month ₃ — Go to Q2 ↓
- 2-3 times a week ₄
- 4 or more times a week ₅

315

Q2 How many drinks containing alcohol do you have on a typical day when you are drinking?

Tick **ONE** box

- 1 or 2 ₁
- 3 or 4 ₂
- 5 or 6 ₃
- 7 to 9 ₄
- 10 or more ₅

316

Q3 How often do you have six or more drinks on one occasion?

Tick **ONE** box

- Never ₁
- Less than monthly ₂
- Monthly ₃
- Weekly ₄
- Daily or almost daily ₅

317

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

318

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

319

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

320

Q7 How often during the last year have you had a feeling of guilt or remorse after drinking? **Tick ONE box** 321

Never ₁

Less than monthly ₂

Monthly ₃

Weekly ₄

Daily or almost daily 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** 322

Never ₁

Less than monthly ₂

Monthly ₃

Weekly ₄

Daily or almost daily ₅

Q9 Have you or someone else been injured because of your drinking? **Tick ONE box** 323

No ₁

Yes, but not in the last year ₂

Yes, during the last year 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** 324

No ₁

Yes, but not in the last year ₂

Yes, during the last year ₃

Q11 I have been drunk at least once a week, on average, in the last three weeks **Tick ONE box** 325

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 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	369

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	370

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	371

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	372

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	373

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	374

HAVE YOU RECENTLY:

Tick ONE box

Q18 Been able to enjoy your normal day-to-day activities?	More so than usual	Same as usual	Less so than usual	Much less than usual	375
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	

Tick ONE box

Q19 Been able to face up to your problems?	More so than usual	Same as usual	Less able than usual	Much less able	376
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	

Tick ONE box

Q20 Been feeling unhappy and depressed?	Not at all	No more than usual	Rather more than usual	Much more than usual	377
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	

Tick ONE box

Q21 Been losing confidence in yourself?	Not at all	No more than usual	Rather more than usual	Much more than usual	378
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	

Tick ONE box

Q22 Been thinking of yourself as a worthless person?	Not at all	No more than usual	Rather more than usual	Much more than usual	379
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	

Tick ONE box

Q23 Been feeling reasonably happy, all things considered?	More so than usual	About same as usual	Less so than usual	Much less than usual	380
	<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	
Q24 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	381

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time	
Q25 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	382

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time	
Q26 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	383

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time	
Q27 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	384

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time	
Q28 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	385

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time	
Q29 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	386

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time	
Q30 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	387

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	388

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	389

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	390

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	391

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	392

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	393

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	394

Please read this carefully:

The next questions are about certain things you may have experienced. You may find that some of the questions asked are quite personal in nature. If you feel unable, or if you are uncomfortable, in answering a question then you do not have to answer that question. You may even experience feeling distressed or sad if recalling your childhood experiences. At the end of the questionnaire you will be offered a contact sheet which has information about services you may like to access if you feel you need support.

Please tick the box for each question that best describes your experience.

While you were growing up, before the age of 18:

	Never	Once or twice	Sometimes	Often	Very often	
Q38 How often did a parent or adult in your home ever swear at you, insult you, or put you down?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	395

Tick ONE box

	Never	Once or twice	Sometimes	Often	Very often	
Q39 How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	396

Tick ONE box

	Never	Once or twice	Sometimes	Often	Very often	
Q40 How often did a parent or adult in your home ever hit, beat, kick or physically hurt you in any way?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	397

Tick ONE box

	Never	Once or twice	Sometimes	Often	Very often	
Q41 How often did anyone at least 5 years older than you (including adults) ever touch you – or try to make you touch them – sexually?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	398

Tick ONE box

	Never	Once or twice	Sometimes	Often	Very often	
Q42 How often did anyone at least 5 years older than you (including adults) force you to have any type of sexual intercourse (oral, anal or vaginal)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	399

Q43 Did you live with anyone who was depressed, mentally ill or suicidal?

Tick ONE box

Yes	<input type="checkbox"/> 1	400
No	<input type="checkbox"/> 2	

Q44 Did you live with anyone who was a problem drinker or alcoholic? **Tick ONE box**

Yes ₁ 401

No ₂

Q45 Did you live with anyone who used illegal street drugs or who abused prescription medications? **Tick ONE box**

Yes ₁ 402

No ₂

Q46 Did you live with anyone who served time or was sentenced to serve time in a prison or a young offenders' institution? **Tick ONE box**

Yes ₁ 403

No ₂

Q47 Were your parents ever separated or divorced? **Tick ONE box**

Yes ₁ 404

No ₂

The following questions are about social issues.

Q48 Generally speaking, would you say that most people can be trusted, or that you can't be too careful in dealing with people? **Tick ONE box**

Most people can be trusted ₁ 405

Can't be too careful in dealing with people ₂

It depends on people/circumstances ₃

Q49 This question is about your immediate neighbourhood, that is, your street or block. Would you say that: **Tick ONE box**

Most of the people in your neighbourhood can be trusted ₁ 406

Some can be trusted ₂

A few can be trusted ₃

No-one can be trusted ₄

Just moved here ₅

Q50 How involved do you feel in the local community?

Tick ONE box

- A great deal 1 407
- A fair amount 2
- Not very much 3
- Not at all 4

Q51 To what extent do you agree or disagree with the following statement: I can influence decisions affecting my local area?

Tick ONE box

- Strongly agree 1 408
- Agree 2
- Neither agree nor disagree 3
- Disagree 4
- Strongly disagree 5
- Don't have an opinion 6
- Don't know 7

Q52 Not counting the people you live with, how often do you personally contact your relatives, friends or neighbours either in person, by phone, letter, email or through the internet?

Tick ONE box

- On most days 1 409
- Once or twice a week 2
- Once or twice a month 3
- Less often than once a month 4
- Never 5

Q53 If you had a serious personal crisis, how many people, if any, do you feel you could turn to for comfort and support?

Write in number of people in this space

410–412

Q54 How often have you felt lonely in the past two weeks?

Tick ONE box

- All of the time 1 413
- Often 2
- Some of the time 3
- Rarely 4
- Never 5

Please read this carefully:

The next questions ask about whether you, or anyone in your household, worry about being able to buy enough food. They ask whether you have enough money to buy the quantity of food your household needs, rather than whether you have enough money to eat a nutritious or balanced diet.

During the last 12 months, was there a time when:

Q55 You were worried you would run out of food because of a lack of money or other resources?

Tick ONE box

- Yes 1 **Go to Q56 ↓** 434
- No 2 **Go to Q58 ↓**

Q56 You ate less than you thought you should because of a lack of money or other resources?

Tick ONE box

- Yes 1 **Go to Q57 ↓** 435
- No 2 **Go to Q58 ↓**

Q57 Your household ran out of food because of lack of money or other resources?

Tick ONE box

- Yes 1 436
- No 2

EVERYONE PLEASE ANSWER

SPARE 437-553

Q58 Which of the following options best describes how you think of yourself?

Tick ONE box

- Heterosexual or Straight 1 554
- Gay or Lesbian 2
- Bisexual 3
- Other 4

Please turn over for the last question

Q59 How would you describe your gender identity?

Tick ONE box

Man / Boy

1

555

Woman / Girl

2

In another way

3



If you would like to, please write in the other words you would use below:

.....

556

THANK YOU FOR TAKING PART

P12568

Org <input type="text"/> 1	Samp type <input type="text"/> 2	Point <input type="text"/> <input type="text"/> <input type="text"/> 3-5	Address <input type="text"/> <input type="text"/> 6-7	HHLID <input type="text"/> 8	CKL <input type="text"/> 9	Child no <input type="text"/> <input type="text"/> 10-11
Person no of parent <input type="text"/> <input type="text"/> 12-13						First name of child <input type="text"/>
Card <input type="text"/> <input type="text"/> <input type="text"/> 14-16	Batch 17-21		First name of parent completing booklet <input type="text"/>			
Interviewer number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 22-25	Survey month <input type="text"/>					

Scottish Health Survey 2019

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"/>

SPARE 26-573

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			
	1	2	3	
	Not true	Somewhat true	Certainly true	
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	574
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	575
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	576
Shares readily with other children (treats, toys, pencils etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	577
Often has temper tantrums or hot tempers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	578
Rather solitary, tends to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	579
Generally obedient, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	580
Many worries, often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	581
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	582
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	583
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	584
Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	585
Often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	586
Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	587
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	588
Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	589
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	590
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	591
Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	592
Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	593
Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	594
Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	595
Gets on better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	596
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	597
Sees tasks through to the end, good attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	598

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"/>	1	→ Go to questions on page 3	
Yes – minor difficulties	<input type="checkbox"/>	2	→ Go to next question	599
Yes – definite difficulties	<input type="checkbox"/>	3		
Yes – severe difficulties	<input type="checkbox"/>	4		

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"/>	600
1	2	3	4	

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"/>	601
1	2	3	4	

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"/>	602
Friendships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	603
Classroom learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	604
Leisure activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	605
	1	2	3	4	

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"/>	606
1	2	3	4	

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"/>
608-609	610-611	607

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"/>
613-614	615-616	612

**Thank you for answering these questions.
Please give the booklet back to the interviewer.**

P12568

Org <input type="text"/> 1	Samp type <input type="text"/> 2	Point <input type="text"/> <input type="text"/> <input type="text"/> 3-5	Address <input type="text"/> <input type="text"/> 6-7	HHLD <input type="text"/> 8	CKL <input type="text"/> 9	Person no <input type="text"/> <input type="text"/> 10-11	SPARE 12-13
Interviewer number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 22-25	Card <input type="text"/> <input type="text"/> <input type="text"/> 14-16	Batch <input type="text"/> <input type="text"/> 17-21	First name <input type="text"/>	Survey month <input type="text"/>	SPARE 26-68		

Scottish Health Survey 2019

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

69-70

Go to Q2 ↓

Q2 Have you ever smoked a cigarette?

Tick ONE box

Yes

1

Go to Q3 ↓

71

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 ↓

72-74

Q4 Do you smoke cigarettes nowadays?

Tick ONE box

Yes

1

Go to Q6a ↓

75

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

Go to Q7 on page 2 → 76

I never really smoked cigarettes, just tried them once or twice

3

CURRENT SMOKERS

Q6a About how many cigarettes a day do you usually smoke on weekdays?

Write in number smoked a day

Go to Q6b ↓

77-79

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 →

80-82

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 ↓** 83
- 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 ↓** 84
- 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 ↓** 85
- 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 86–87
- 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 88–89
- 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 ↓** 90–92

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 ↓**
 93–94 95–96

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 **Go to Q15 ↓** 97

Not applicable – *never* **regularly** smoked tobacco cigarettes 3

Q15 Are you regularly exposed to other people’s tobacco smoke in any of these places?

Tick ALL that apply

Please tick all boxes that apply

98–103

At home 1

At work 2

In other people’s homes 3 **Go to Q16 ↓**

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 Q17 on page 4 →**

Q16 Does this bother you at all?

Tick ONE box

Yes 1

No 2 104

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 ↓** 105
- 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 ↓** 106
- 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 Q33 on page 12 →** 107
- 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?

108–110

Write in how old you were then

Go to the next page →

SPARE 111–149

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

44

Almost every day	Five or six days a week	Three or four days a week	Once or twice a week	Once or twice a month	Once every couple of months	Once or twice in the last 12 months	Never in the last 12 months
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

150

Go to Q22 on page 6 →

How much did you usually drink on any one day? WRITE IN NUMBER

	Half-pints	151-152
AND/OR	Large cans or bottles	153-154
AND/OR	Small cans or bottles	155-156

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	157
<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	158–159
AND/OR	<input type="text"/>	Large cans or bottles	160–161
AND/OR	<input type="text"/>	Small cans or bottles	162–163

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	164
<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)	165–166
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Q24 Sherry or martini (including port, vermouth, cinzano) 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	167

How much did you usually drink on any one day? WRITE IN NUMBER

Glasses (count doubles as 2 singles)

168-169

Go to Q25 ↓

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	170

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)	171-172
<input type="text"/>	<input type="text"/>	Standard Glasses (175ml)	173-174
<input type="text"/>	<input type="text"/>	Small Glasses (125ml)	175-176
<input type="text"/>	<input type="text"/>	Bottles (750ml)	177-178

Go to Q26 on page 8 →

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	179

Go to Q27 ↓

How much did you usually drink on any one day? WRITE IN NUMBER

<input type="text"/>	Small cans	180-181
<input type="text"/>	Standard bottles (275ml)	182-183
<input type="text"/>	Large bottles (700ml)	184-185

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	186

WRITE IN NAME OF DRINK

<input type="text"/>	187-188
----------------------	---------

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	189

How much did you usually drink on any one day? WRITE IN NUMBER

<input type="text"/>	Glasses (count doubles as 2 singles)	190-191	
AND/OR	<input type="text"/>	Half-pints	192-193
AND/OR	<input type="text"/>	Large cans or bottles	194-195
AND/OR	<input type="text"/>	Small cans or bottles	196-197

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 →

198

Yes ₂

WRITE IN NAME OF DRINK

199–200

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

201

How much did you usually drink on any one day? WRITE IN NUMBER

<input type="text"/>	Glasses (count doubles as 2 singles)	202–203
AND/OR <input type="text"/>	Half-pints	204–205
AND/OR <input type="text"/>	Large cans or bottles	206–207
AND/OR <input type="text"/>	Small cans or bottles	208–209

Go to Q29 on page 10 →

SPARE 210–248

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

249–250

Go to Q30 ↓

Q30 Did you have an alcoholic drink in the seven days ending yesterday?

Tick **ONE** box

- Yes 1
- No 2

251

Go to Q31 ↓

Go to Q33 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

252

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 ALL DRINKS DRUNK ON THAT DAY	253-268	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"/>
		269-270	271-272	273-274	
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"/>
		275-276	277-278	279-280	
Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails	<input type="text"/> 03	<input type="text"/>			
		281-282			
Sherry or martini (including port, vermouth, cinzano, dubonnet) or Buckfast	<input type="text"/> 04	<input type="text"/>			
		283-284			
Wine (including babycham and champagne) You can write in parts of a bottle, e.g. half a bottle. If you drank small bottles (e.g. 250ml or 175ml) enter the number of glasses drunk from the bottle	<input type="text"/> 05	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		285-286	287-288	289-290	291-292
Alcoholic soft drinks or 'alcopops' (such as WKD, Smirnoff Ice, Bacardi Breezer)	<input type="text"/> 06		<input type="text"/>	<input type="text"/>	<input type="text"/>
			293-294	295-296	297-298
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"/>
		299-300	301-302	303-304	305-306
2. <input type="text"/>	<input type="text"/> 08	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		307-308	309-310	311-312	313-314

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 →	315
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	316
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	317
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

318

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

319

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

320

Q38 How often during the last year have you had a feeling of guilt or remorse after drinking? **Tick ONE box** 321

Never 1

Less than monthly 2

Monthly 3

Weekly 4

Daily or almost daily 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** 322

Never 1

Less than monthly 2

Monthly 3

Weekly 4

Daily or almost daily 5

Q40 Have you or someone else been injured because of your drinking? **Tick ONE box** 323

No 1

Yes, but not in the last year 2

Yes, during the last year 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** 324

No 1

Yes, but not in the last year 2

Yes, during the last year 3

Q42 I have been drunk at least once a week, on average, in the last three weeks **Tick ONE box** 325

Yes 1

No 2

Q43a In which of these places would you say you drink the **most** alcohol?

326-327

Please tick one box only

Tick ONE box

- In a pub or bar 01
- In a restaurant 02
- In a club or disco 03
- At a party with friends 04 → Go to Q44a ↓
- At my home 05
- At someone else's home 06
- Out on the street, in a park or other outdoor area 07
- Somewhere else 08 → Go to Q43b ↓

Q43b In which place do you drink the **most** alcohol? **Write in:**

328-329

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 01
- Male friends 02
- Female friends 03
- Male and female friends together 04 → Go to Q45 on page 16 →
- Work colleagues 05
- Members of my family / relatives 06
- On my own 07
- Someone else 08 → Go to question 44b ↓

330-331

Q44b Who are you usually with when you drink the **most** alcohol? **Write in:**

332-333

SPARE 334-368

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	369

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	370

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	371

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	372

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	373

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	374

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	375

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	376

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	377

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	378

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	379

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	380

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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 <u>ONE</u> 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	381
		Tick <u>ONE</u> 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	382
		Tick <u>ONE</u> 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	383
		Tick <u>ONE</u> 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	384
		Tick <u>ONE</u> 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	385
		Tick <u>ONE</u> 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	386
		Tick <u>ONE</u> 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	387

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	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	388

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time	
Q65	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	389

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time	
Q66	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	390

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time	
Q67	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	391

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time	
Q68	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	392

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time	
Q69	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	393

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time	
Q70	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	394

Please read this carefully:

The next questions are about certain things you may have experienced. You may find that some of the questions asked are quite personal in nature. If you feel unable, or if you are uncomfortable, in answering a question then you do not have to answer that question. You may even experience feeling distressed or sad if recalling your childhood experiences. At the end of the questionnaire you will be offered a contact sheet which has information about services you may like to access if you feel you need support.

Please tick the box for each question that best describes your experience.

While you were growing up, before the age of 18:

	Never	Once or twice	Sometimes	Often	Very often	
Q71 How often did a parent or adult in your home ever swear at you, insult you, or put you down?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	395

Tick ONE box

	Never	Once or twice	Sometimes	Often	Very often	
Q72 How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	396

Tick ONE box

	Never	Once or twice	Sometimes	Often	Very often	
Q73 How often did a parent or adult in your home ever hit, beat, kick or physically hurt you in any way?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	397

Tick ONE box

	Never	Once or twice	Sometimes	Often	Very often	
Q74 How often did anyone at least 5 years older than you (including adults) ever touch you – or try to make you touch them – sexually?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	398

Tick ONE box

	Never	Once or twice	Sometimes	Often	Very often	
Q75 How often did anyone at least 5 years older than you (including adults) force you to have any type of sexual intercourse (oral, anal or vaginal)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	399

Q76 Did you live with anyone who was depressed, mentally ill or suicidal?

Tick ONE box

Yes	<input type="checkbox"/> 1	400
No	<input type="checkbox"/> 2	

- Q77** Did you live with anyone who was a problem drinker or alcoholic? **Tick ONE box**
- Yes ₁ 401
- No ₂
- Q78** Did you live with anyone who used illegal street drugs or who abused prescription medications? **Tick ONE box**
- Yes ₁ 402
- No ₂
- Q79** Did you live with anyone who served time or was sentenced to serve time in a prison or a young offenders' institution? **Tick ONE box**
- Yes ₁ 403
- No ₂
- Q80** Were your parents ever separated or divorced? **Tick ONE box**
- Yes ₁ 404
- No ₂

The following questions are about social issues.

- Q81** Generally speaking, would you say that most people can be trusted, or that you can't be too careful in dealing with people? **Tick ONE box**
- Most people can be trusted ₁ 405
- Can't be too careful in dealing with people ₂
- It depends on people/circumstances ₃
- Q82** This question is about your immediate neighbourhood, that is, your street or block. Would you say that: **Tick ONE box**
- Most of the people in your neighbourhood can be trusted ₁ 406
- Some can be trusted ₂
- A few can be trusted ₃
- No-one can be trusted ₄
- Just moved here ₅

Q83 How involved do you feel in the local community?

Tick ONE box

- A great deal 1 407
- A fair amount 2
- Not very much 3
- Not at all 4

Q84 To what extent do you agree or disagree with the following statement: I can influence decisions affecting my local area?

Tick ONE box

- Strongly agree 1 408
- Agree 2
- Neither agree not disagree 3
- Disagree 4
- Strongly disagree 5
- Don't have an opinion 6
- Don't know 7

Q85 Not counting the people you live with, how often do you personally contact your relatives, friends or neighbours either in person, by phone, letter, email or through the internet?

Tick ONE box

- On most days 1 409
- Once or twice a week 2
- Once or twice a month 3
- Less often than once a month 4
- Never 5

Q86 If you had a serious personal crisis, how many people, if any, do you feel you could turn to for comfort and support?

Write in number of people in this space

410-412

Q87 How often have you felt lonely in the past two weeks?

Tick ONE box

- All of the time 1 413
- Often 2
- Some of the time 3
- Rarely 4
- Never 5

SPARE 414-433

Please read this carefully:

The next questions ask about whether you, or anyone in your household, worry about being able to buy enough food. They ask whether you have enough money to buy the quantity of food your household needs, rather than whether you have enough money to eat a nutritious or balanced diet.

During the last 12 months, was there a time when:

Q88 You were worried you would run out of food because of a lack of money or other resources?

Tick ONE box

Yes ₁ — Go to Q89 ↓

No ₂ — Go to Q91 ↓

434

Q89 You ate less than you thought you should because of a lack of money or other resources?

Tick ONE box

Yes ₁ — Go to Q90 ↓

No ₂ — Go to Q91 ↓

435

Q90 Your household ran out of food because of lack of money or other resources?

Tick ONE box

Yes ₁

No ₂

436

EVERYONE PLEASE ANSWER

SPARE 437–553

Q91 Which of the following options best describes how you think of yourself?

Tick ONE box

Heterosexual or Straight ₁

Gay or Lesbian ₂

Bisexual ₃

Other ₄

554

Q92 How would you describe your gender identity?

Tick ONE box

Man / Boy ₁

Woman / Girl ₂

In another way ₃ ↓

555

If you would like to, please write in the other words you would use below:

.....

556

THANK YOU FOR TAKING PART

P12568

Org	Samp type	Point	Address	HHLD	CKL	Child no	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	SPARE 12-13
1	2	3-5	6-7	8	9	10-11	
Interviewer number		<input type="text"/>	First name		<input type="text"/>		
		22-25					
Card	Batch	Survey month		<input type="text"/>			
<input type="text"/>	<input type="text"/>						SPARE 26-368
3 1 3	17-21						
14-16							

Scottish Health Survey 2019

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	369

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	370

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	371
	599				

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	372

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	373

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	374

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	375

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	376

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	377

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	378

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	379

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	380

General Health Questionnaire (GHQ-12)
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Please read this carefully:

Below are some statements about feelings and thoughts.

Please tick the box that best describes your experience of each over the last 2 weeks

Tick ONE box

	None of the time	Rarely	Some of the Time	Often	All of the time	
Q13	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	381
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	
Q14	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	382
I've been feeling useful						

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time	
Q15	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	383
I've been feeling relaxed						

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time	
Q16	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	384
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	
Q17	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	385
I've had energy to spare						

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time	
Q18	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	386
I've been dealing with problems well						

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time	
Q19	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	387
I've been thinking clearly						

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	388

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	389

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	390

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	391

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	392

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	393

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	394

SPARE 395–556

Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)

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**Thank you for answering these questions.
Please give the booklet back to the interviewer.**

SCOTTISH HEALTH SURVEY 2019

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 / Spouse
- 2 Legally recognised civil partner
- 3 Partner / Cohabitee

- 4 Natural son / daughter / child
- 5 Adopted son / daughter / child
- 6 Foster son / daughter / child
- 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 / Natural sibling (ie. both natural parents the same)
- 15 Half-brother / Half-sister / Half-sibling (ie. one natural parent the same)
- 16 Step-brother / Step-sister / Step-sibling (ie. no natural parents the same)
- 17 Adopted brother / Adopted sister / Adopted sibling
- 18 Foster brother / Foster sister / Foster sibling
- 19 Brother-in-law / Sister-in-law / Sibling through marriage or civil partnership

- 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 satisfied
- 2 Fairly satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Fairly dissatisfied
- 5 Very dissatisfied
- 6 No opinion

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 Pension Credit
- 6 Child Benefit
- 7 Universal Credit
- 8 Job-Seekers Allowance
- 9 Income Support
- 10 Working Tax Credit, Child Tax Credit or any other Tax Credit
- 11 Housing Benefit
- 12 Employment and Support Allowance
- 13 Personal Independence Payments
- 14 Disability Living Allowance
- 15 Attendance Allowance
- 16 Carer's Allowance
- 17 Other state benefits
- 18 Student grants and bursaries (but not loans)
- 19 Interest from savings and investments (eg. stocks and shares)
- 20 Rent from property (after expenses)
- 21 Other kinds of regular income (eg. maintenance or grants)
- 22 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 C1

- 1 A general practitioner (GP)
- 2 Nurse at GP surgery/Health centre
- 3 Community, School or District Nurse
- 4 Hospital casualty/Accident and Emergency department
- 5 Consultant/Specialist or other doctor at hospital outpatients
- 6 Consultant/Specialist or other doctor elsewhere
- 7 Homeopath
- 8 Acupuncturist
- 9 Other alternative medicine professional

CARD D1

- 1 On a pavement or a pedestrian area
- 2 On a road
- 3 In a home or garden (either your own or someone else's)
- 4 In a place used for sports, play or recreation (including sports facility at a school or college)
- 5 In some other part of a school or college
- 6 In an office, factory, shop, pub, restaurant or other public building
- 7 Somewhere else (PLEASE SAY WHERE)

CARD D2

1. Broken bone
2. Dislocated joints
3. Losing consciousness
4. Straining or twisting a part of the body
5. Cutting, piercing or grazing a part of the body
6. Bruising, pinching or crushing a part of the body
7. Swelling or tenderness in some part of the body
8. Getting something stuck in the eye, throat, ear or other part of the body
9. Burning or scalding
10. Poisoning
11. Other injury to internal parts of the body
12. Animal or insect bite or sting
13. Other (PLEASE SAY WHAT)

CARD D3

1. Hospital
2. GP/Family Doctor
3. Nurse at GP surgery
4. Nurse at place of work, school or college
5. Doctor at place of work, school or college
6. Other doctor or nurse
7. Ambulance staff
8. Volunteer first aider
9. Chemist or pharmacist
10. Family, friends, colleagues, passers-by
11. Looked after self
12. Other person/s

CARD E1

HOUSEWORK

Done during the last 4 weeks -

Hoovering

Dusting

Ironing

General tidying

Washing floors and 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 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

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

A playground or playpark

Your home or garden

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

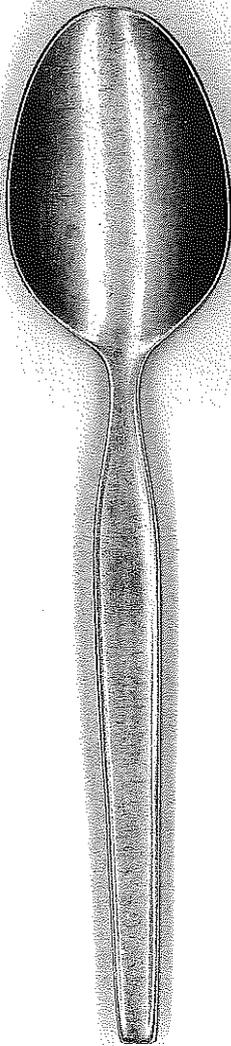
CARD G1

- 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

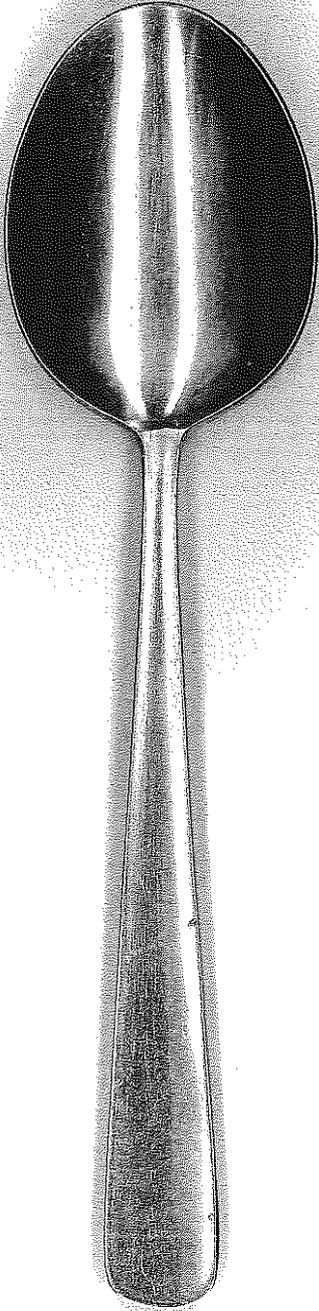
CARD G2

- 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

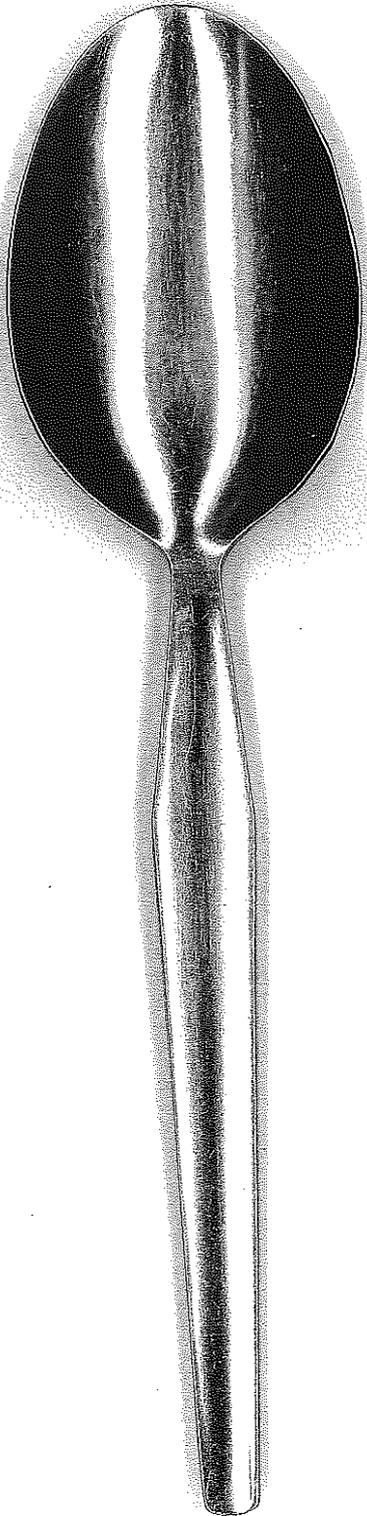
CARD G3



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

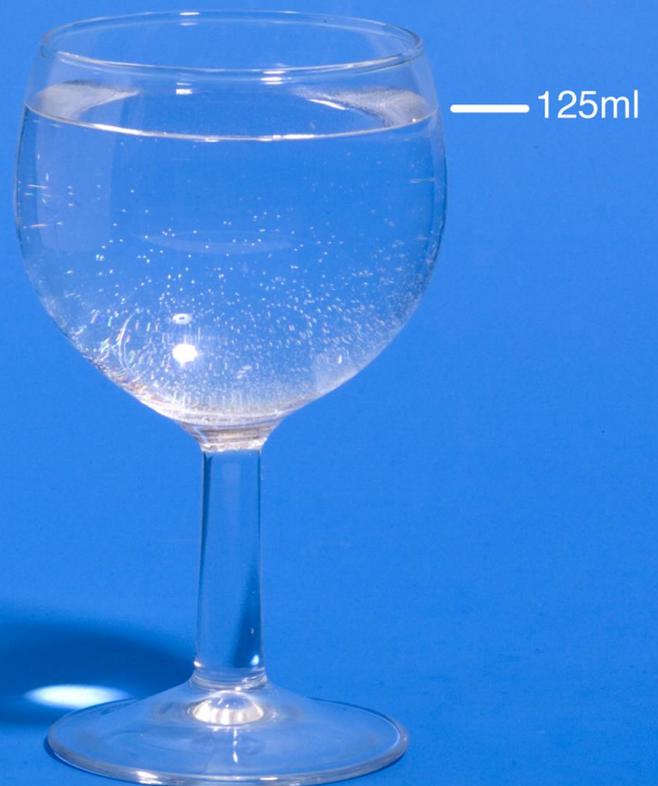


— 250 ml

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 (including Babycham, champagne and prosecco)
- 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. Eating food
2. Speaking clearly
3. Smiling, laughing and showing teeth without embarrassment
4. Emotional stability, for example, becoming more easily upset than usual
5. Enjoying the company of other people such as family, friends, or neighbours
6. None of these

CARD K3

- 1 Yes, often
- 2 Yes, occasionally
- 3 No, never

CARD K4

- 1 Full upper denture
- 2 Full lower denture
- 3 Partial upper denture
- 4 Partial lower denture

CARD K5

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

CARD K7

- 1 Difficulty in getting time off work
- 2 Difficulty in getting an appointment that suits me
- 3 Dental treatment too expensive
- 4 Long way to go to the dentist
- 5 I have not found a dentist I like
- 6 I cannot get dental treatment under the NHS
- 7 I have difficulty getting access, e.g. steps, wheelchair access
- 8 Other (Please say what)

CARD K8

- 1 Brush my teeth with a fluoride toothpaste
- 2 Use dental floss
- 3 Use a mouth rinse
- 4 Restrict my intake of sugary foods and drinks
- 5 Clean my dentures (including soaking with a sterilising tablet)
- 6 Leave my dentures out at night

CARD L1

1. Within the last 12 months
2. One year ago but less than two years ago
3. Two years ago but less than four years ago
4. Four years ago or more

CARD L2

1. Within the last 12 months
2. One year ago but less than two years ago
3. Two years ago but less than four years ago
4. Four years ago or more

CARD L3

1. I taught myself from a book, through the internet (e.g. YouTube, other website) or another self-learning tool
2. Training I took primarily because I am a parent or carer
3. Training which was compulsory for me to take as part of my work
4. Training which I opted to take as part of my work
5. Training which was compulsory for me to take as part of my voluntary work or hobby
6. Training which I opted to take as part of my voluntary work or hobby
7. Training I took whilst I was a student as part of my school/college/university work
8. Other form of CPR training (PLEASE SPECIFY)

CARD N1

- D Your accent
- K Your ethnicity
- W Your age
- T Your language
- G Your colour
- L Your nationality
- B Your mental ill-health
- H Any other health problems or disability
- A Your sex
- I Sectarian reasons
- C Other religions belief or faith reason
- P Your sexual orientation
- E Where you live
- O Other reason
- N I have not experienced this

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 P2

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

CARD P3

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

CARD P4

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

CARD P5

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

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, National 4 or 5, 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

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 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 and the Office for National Statistics 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

Telephone: 0800 652 4569

Address: ScotCen Social Research, Scotiabank House, 2nd Floor, 6 South Charlotte Street, Edinburgh, EH2 4AW
ONS, NSHW Field Office, Room 4100W, Office for National Statistics, Segensworth Road, Titchfield, Hampshire, PO15 5RR

Email: scottishhealthsurvey@scotcen.org.uk

Scottish Health Survey Team

Address: Scottish Government, St Andrew's House, Regent Road, Edinburgh, EH1 3DG

Email: scottishhealthsurvey@scotland.gsi.gov.uk

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ScotCen
Social Research

 Office for
National Statistics


The Scottish
Government


NHS
SCOTLAND

The Scottish Health Survey

A brief introduction

ScotCen
Social Research

 Office for
National Statistics

We interview around 7,000 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.

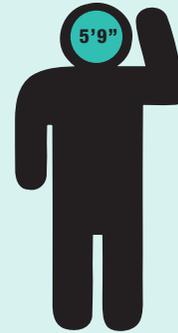
Everything is done with voluntary co-operation and with full respect for your privacy (in accordance with data protection legislation).



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



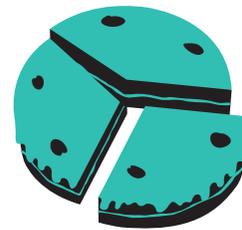
In recent years we found out that...



The average man is about 5 foot 9 inches and roughly 13 stone and 6 pounds.



The average woman is about 5 foot 4 inches and weighs around 11 stone and 5 pounds.



Around **2 in 3** adults are overweight.

Children eat just



under 3 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



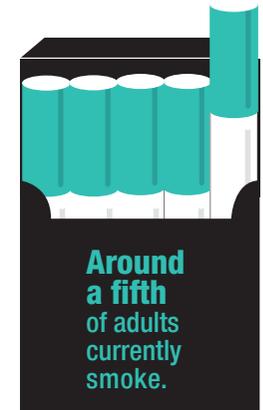
of men and women say their health is 'good' or 'very good'.



men and women have some form of cardiovascular disease.



Around **1 in 4** adults drink more than 14 units per week.



Around **a fifth** of adults currently smoke.



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: 08000 28 22 33 - free

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

The Scottish Health Survey 2019 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.scot

www.nhsinform.scot (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

ScotCen
Social Research

 Office for
National Statistics

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.victimsupportscot.org.uk

UK support line 0808 16 89 111 (24 hours)

www.victimsupport.org.uk

Scotland Domestic Abuse and Forced Marriage Helpline

Information and support service for those affected by domestic abuse and/or forced marriage

Phone: 0800 027 1234 (24 hours)

www.sdafmh.org.uk

Refuge (domestic abuse helpline)

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

Phone: 0808 2000 247 (free 24 hours)

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.breathingspace.scot

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 (10am–9pm Mon-Thurs; 10am-6pm

Fri)www.nhs24.scot/our-services/living-life

SANE

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

Phone: 0300 304 7000 (4.30-10.30pm 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

NSPCC is a major UK charity specialising in child protection and the prevention of cruelty to children. The NSPCC's purpose is to end cruelty to children. Help for adults concerned about a child:

0808 800 5000 or email help@nspcc.org.uk

www.nspcc.org.uk

Future Pathways

In Care Survivor Support, offers help and support to people who were abused or neglected as children while living in care in Scotland. Helps people to access person-centred support including counselling, community activities, psychological trauma support, work and education.

Phone: 0808 164 2005 (Monday to Friday, 10am to 6pm)

Or email registration@future-pathways.co.uk

www.future-pathways.co.uk

NAPAC (The National Association for People Abused in Childhood)

UK-wide charity supporting adults who were abused in childhood. Find support in your local area or call the support line – calls won't show up on your bill and are free from all landlines and mobiles.

Phone: 0808 801 0331 (10am-9pm Mon-Thurs; 10am-6pm Fri)

www.napac.org.uk

Relationships Scotland

Provides relationship counselling, family mediation and child contact centre services and other family support services across all of mainland and island Scotland.

Phone:

Phone: 0345 119 2020 (9.30am-4.30pm Mon-Fri)

www.relationships-scotland.org.uk

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

Other helplines in Scotland for people who have experienced abuse can be found on www.mygov.scot/childhood-abuse

Scottish Health Survey 2019

Questionnaire documentation

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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 2019 – 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 2019. The household questionnaire documentation begins on page 6 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. *'accidents'* 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*.

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.

Versions A and B combined

Questions/ topic	Version(s) appears in for 2019	Frequency of questions
Household Questionnaire (0+) [HHgrid]	Both A and B	Annual
General health (0+) [GenHlth]	Both A and B	Annual
Cardiovascular disease (CVD) (16+) and use of services (0+) [CVD]	Both A and B except biennial variables: <ul style="list-style-type: none"> • DocTalk • DocNum • Consul • LastDoc • ConCon • OutPat • WhtOutP • InPat • WhyInp • DocTalkN • DocNumN • LastDocN • OutPatN • InPatN • HNotAsk • HNotWhat 	Annual except for biennial variables
Asthma (0+) [Asthma]	Both A & B except biennial variables: <ul style="list-style-type: none"> • NoCol • Attak • SleTw • NaDLi • RecAtW 	Annual except for biennial variables
Accidents (0+) [Accid]	A	Biennial
Adult physical activity - including questions on activity at work, places for physical activity, time spent at screens and other sedentary activity (16+) [AdPhysic]	A – All except questions asked biennially: <ul style="list-style-type: none"> • ReasSprt • REASSPRTO • MReasSprt • MREASSPRTO • BarSprt • BarsprtO • BarSpMai • BarspmaO 	Annual except for biennial variables

	B – All except the above biennial questions plus: <ul style="list-style-type: none"> • PAWhere • PAOften 	
Child physical activity - including questions on places for physical activity, time spent at screens and other sedentary activity (2-15) [ChPhysic]	A - All B – All except: <ul style="list-style-type: none"> • PAWhere • PAOften 	Annual except for biennial variables for version B
Eating habits (2-15) [Eating]	Both A and B	Annual
Fruit & Vegetables (2+) [FruitVeg]	Both A and B	Annual
Vitamins (0+) [Vitamin]	Both A and B	Annual
Smoking 18+ (16-17 year olds via self-completion, which is also optional for 18-19 year olds). Passive smoking (0+) [Smoking]	Both A and B	Annual
Drinking 18+ (16-17 year olds via self-completion, which is also optional for 18-19 year olds) [Drinking]	Both A and B including additional questions/variables asked biennially: <ul style="list-style-type: none"> • DrWher1 • DrWher1E • DrWith1 • DrWith1E 	Annual except for biennial variables
Dental health and services (16+) [Dental]	A – all including biennial dental services variables: <ul style="list-style-type: none"> • Denture • DenType • DenWear[1-4] • DentVst • DentNHS • DentProb • DentProbO • DentHlth B all except biennial variables above relating to dental services	Annual except for biennial variables
CPR Training (16+) [CPRTm]	Both A and B	Biennial
Discrimination and harassment (16+) [Discrimination]	A only	Biennial
Economic activity (16+) [Econact]	Both A and B	Annual
Stress at Work (16+) [Stress]	Version A only	Biennial
Education (16+) [Educatin]	Both A and B	Annual

National Identity, ethnic background (0+) and religion (16+) [Ethnic]	Both A and B	Annual
Parental History (16+) [Parent]	Both A and B	Biennial
Measures (2+) [Measure]	A and B (with consent) for variables: <ul style="list-style-type: none"> • Height • Weight B (16+) for variables: <ul style="list-style-type: none"> • MedCNJD • Sys/Dias/Pulse • Waist • SaIObt1 	Annual
Self-completion sections (4+) [Selfcomp]	<ul style="list-style-type: none"> • Mental wellbeing (GHQ-12, WEMWBS) • Food insecurity • Problem drinking (AUDIT) • Adverse Childhood Experiences (ACEs) • Social capital • Loneliness • Sexual orientation • Gender • Age specific questions (smoking, drinking for 16-17 year olds and optional for 18-19 year olds) Version B only (self-completion on computer): <ul style="list-style-type: none"> • Anxiety • Depression • Suicide • Self-harm 	Annual: <ul style="list-style-type: none"> • Mental wellbeing (GHQ-12, WEMWBS) • Sexual orientation • Gender • Age specific questions
Consents (0+) [Consents]	All	Annual

Child boost

Questions/ topic	Variables in for 2019	Frequency of questions
Household Questionnaire (0+) [HHgrid]	All	Annual
General health (0+) [GenHlth]	All except LifeSat	Annual
Use of services [CVD] 0+	<ul style="list-style-type: none"> • DocTalkN • DocNumN • LastDocN • OutPatN 	Biennial

	<ul style="list-style-type: none"> • InPatN 	
Asthma (0+) [Asthma]	All except biennial variables: <ul style="list-style-type: none"> • NoCol • Attak • SleTw • NaDLi • RecAtW 	Annual except for biennial variables
Accidents (0+) [Accid]	All	Biennial
Child physical activity - including questions on places for physical activity, time spent at screens and other sedentary activity (2-15) [ChPhysic]	All except: <ul style="list-style-type: none"> • PAWhere • PAOften 	Annual except for biennial variables for version B
Eating habits (2-15) [Eating]	All	Annual
Fruit & Vegetables (2+) [FruitVeg]	All	Annual
Vitamins (0+) [Vitamin]	All	Annual
National Identity and ethnic background (0+) [Ethnic]	All	Annual
Measures (2+) [Measure]	All (with consent) heights and weights	Annual
Self-completion sections (4+) [Selfcomp]	Mental wellbeing (GHQ-12, WEMWBS) – 13-15 year olds Strengths and difficulties (SDQ) – 4-12 year olds	Annual
Consents (0+) [Consents]	All	Annual

Health Board Boost

Questions/ topic	Version(s) appears in for 2019	Frequency of questions
Household Questionnaire (0+) [HHgrid]	All	Annual
General health (0+) [GenHlth]	All	Annual
Cardiovascular disease (CVD) (16+) and use of services (0+) [CVD]	All except biennial variables: <ul style="list-style-type: none"> • DocTalk • DocNum • Consul • LastDoc • ConCon • OutPat • WhtOutP • InPat • WhyInP 	Annual except for biennial variables

	<ul style="list-style-type: none"> • DoctalkN • DocNumN • LastDocN • OutPatN • InPatN • HNOtAsk • HNotWhat 	
Asthma (0+) [Asthma]	<p>All except biennial variables:</p> <ul style="list-style-type: none"> • NoCol • Attak • SleTw • NaDLi • RecAtW <p>In addition, SchAb was not included in the Health Board boost.</p>	Annual except for biennial variables
Adult physical activity - including questions on activity at work, places for physical activity, time spent at screens and other sedentary activity (16+) [AdPhysic]	<p>A - All except questions asked biennially:</p> <ul style="list-style-type: none"> • ReasSprt • REASSPRTO • MReasSprt • MREASSPRTO • BarSprt • BarsprtO • BarSpMai • BarspmaO <p>plus:</p> <ul style="list-style-type: none"> • PAWhere • PAOften 	Annual except for biennial variables
Fruit & Vegetables (2+) [FruitVeg]	Both A and B	Annual
Vitamins (0+) [Vitamin]	Both A and B	Annual
Smoking 18+ (16-17 year olds via self-completion, which is also optional for 18-19 year olds). Passive smoking (0+) [Smoking]	Both A and B	Annual
Drinking 18+ (16-17 year olds via self-completion, which is also optional for 18-19 year olds) [Drinking]	<p>Both A and B including additional questions/variables asked biennially:</p> <ul style="list-style-type: none"> • DrWher1 • DrWher1E • DrWith1 • DrWith1E 	Annual except for biennial variables
Dental health (16+) [Dental]	<p>All except biennial dental services variables:</p> <ul style="list-style-type: none"> • Denture • DenType • DenWear[1-4] • DentVst • DentNHS 	Annual

	<ul style="list-style-type: none"> • DentProb • DentProbO • DentHlth 	
CPR Training (16+) [CPRTm]	All	Biennial
Economic activity (16+) [Econact]	Both A and B	Annual
Education (16+) [Educatin]	Both A and B	Annual
National Identity, ethnic background (0+) and religion (16+) [Ethnic]	Both A and B	Annual
Parental History (16+) [Parent]	Both A and B	Biennial
Measures (2+) [Measure]	<p>A and B (with consent) for variables:</p> <ul style="list-style-type: none"> • Height • Weight <p>B (16+) for variables:</p> <ul style="list-style-type: none"> • MedCNJD • Sys/Dias/Pulse • Waist • SalObt1 	Annual
Self-completion sections (4+) [Selcomp]	<ul style="list-style-type: none"> • Mental wellbeing (GHQ-12, WEMWBS) • Food insecurity • Problem drinking (AUDIT) • Adverse Childhood Experiences (ACEs) • Social capital • Loneliness • Sexual orientation • Gender • Age specific questions (smoking, drinking for 16-17 year olds and optional for 18-19 year olds) <p>Version B only (self-completion on computer):</p> <ul style="list-style-type: none"> • Anxiety • Depression • Suicide • Self-harm 	<p>Annual:</p> <ul style="list-style-type: none"> • Mental wellbeing (GHQ-12, WEMWBS) • Sexual orientation • Gender • Age specific questions
Consents (0+) [Consents]	All	Annual

[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:

Org: (*ScotCen=3, ONS=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.

[InfoLeaf]

BEFORE COMMENCING THE INTERVIEW, PLEASE ENSURE THAT YOU PROVIDE ALL RESPONDENTS WITH THE AGE-APPROPRIATE INFORMATION LEAFLET AND ASK THEM TO READ THIS. RESPONDENTS SHOULD BE LEFT WITH A COPY EACH.

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] AgeOf

Can I check, what was *(name of respondent's)* age last birthday?

Range: 0..120

IF AgeOf=Dk/Ref THEN

[AgeEst]*

INTERVIEWER CODE: ASK IF NECESSARY ARE YOU (IS HE/SHE), AGED UNDER 2 YEARS, AT LEAST 2 UP TO 15 YEARS, OR 16 YEARS OR OLDER? IF NOT KNOWN, TRY TO GET BEST ESTIMATE.

- 1 Under 2 years
- 2 2 to 15 years
- 3 16-64 years
- 4 65 years or older

IF Age of Respondent is 16 or over THEN

[Marital8]

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 son/daughter
- 7 stepson/daughter/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/sister (i.e. both natural parents the same)
- 15 half-brother/half-sister (i.e. one natural parent the same)
- 16 step-brother/step-sister (i.e. no natural parents the same)
- 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]

Although this survey is about health, the first few questions are about your household in general. As everyone's health is related to their life circumstances, we will ask about the area and circumstances you live in.

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+

[OwnOrnt08] SHOW CARD A3

In which of these ways do you occupy this accommodation?

PROBE FOR DETAILS

- 1 Buying it with mortgage or loan
- 2 Own it outright
- 3 Pay part rent/part mortgage
- 4 Rent (including rents paid by housing benefit)
- 5 Live here rent free

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]

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.

INTERVIEWER: DO NOT INCLUDE VAPING OR USE OF E-CIGARETTES.

- 1 Yes
- 2 No

[SmokHm]

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.

INTERVIEWER: DO NOT INCLUDE VAPING OR USE OF E-CIGARETTES.

- 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

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

ASK ALL IN VERSION A, B AND HEALTH BOARD BOOST (NOT CHILD BOOST)

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

[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 IN VERSION A, B AND HEALTH BOARD BOOST (NOT CHILD BOOST) Overall, how satisfied or dissatisfied are you with each of these services?

[LocHealt]

SHOW CARD A5

Local health services

- 1 Very satisfied
- 2 Fairly satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Fairly dissatisfied
- 5 Very dissatisfied
- 6 No opinion

[RefColl]

SHOW CARD A5

- Refuse collection
- 1 Very satisfied
 - 2 Fairly satisfied
 - 3 Neither satisfied nor dissatisfied
 - 4 Fairly dissatisfied
 - 5 Very dissatisfied
 - 6 No opinion

[LocSchol]

SHOW CARD A5

Local schools

- 1 Very satisfied
- 2 Fairly satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Fairly dissatisfied
- 5 Very dissatisfied
- 6 No opinion

[SocWork]

SHOW CARD A5

Social care or social work services

- 1 Very satisfied
- 2 Fairly satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Fairly dissatisfied
- 5 Very dissatisfied
- 6 No opinion

[Transprt]

Public transport

- 1 Very satisfied
- 2 Fairly satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Fairly dissatisfied
- 5 Very dissatisfied
- 6 No opinion

[StrtCln]

Street cleaning

- 1 Very satisfied
- 2 Fairly satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Fairly dissatisfied
- 5 Very dissatisfied
- 6 No opinion

[SportLei]

SHOW CARD A5

Council sports and leisure facilities

- 1 Very satisfied
- 2 Fairly satisfied

- 3 Neither satisfied nor dissatisfied
- 4 Fairly dissatisfied
- 5 Very dissatisfied
- 6 No opinion

[Librar]

SHOW CARD A5

Council libraries

- 1 Very satisfied
- 2 Fairly satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Fairly dissatisfied
- 5 Very dissatisfied
- 6 No opinion

[MusGall]

SHOW CARD A5

Council museums and galleries

- 1 Very satisfied
- 2 Fairly satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Fairly dissatisfied
- 5 Very dissatisfied
- 6 No opinion

[ParkSpa]

SHOW CARD A5

Council parks and open spaces

- 1 Very satisfied
- 2 Fairly satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Fairly dissatisfied
- 5 Very dissatisfied
- 6 No opinion

[GenHHR]

INTERVIEWER CODE:

Who was the person responsible for answering the household questionnaire?

(list of names from household grid)

: 1..97, NODONTKNOW, NOREFUSAL

IF GenHHRe = Head of Household OR Spouse/partner of Head of Household

[SrcInc]

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) | [SrcInc1a] |
| 2 | State retirement pension | [SrcInc2a] |
| 3 | Pension from former employer | [SrcInc3a] |
| 4 | Personal pensions | [SrcInc4a] |
| 5 | Pension Credit | [SrcInc5a] |
| 6 | Child Benefit | [SrcInc6a] |
| 7 | Universal Credit | [SrcInc7a] |
| 8 | Job-Seekers Allowance | [SrcInc8a] |
| 9 | Income Support | [SrcInc9a] |
| 10 | Working Tax Credit, Child Tax Credit or any other Tax Credit | [SrcInc10a] |
| 11 | Housing Benefit | [SrcInc11a] |
| 12 | Employment and Support Allowance | [SrcInc12a] |
| 13 | Personal Independence Payments | [SrcInc13a] |
| 14 | Disability Living Allowance | [SrcInc14a] |
| 15 | Attendance Allowance | [SrcInc15a] |
| 16 | Carer's Allowance | [SrcInc16a] |
| 17 | Other state benefits | [SrcInc17a] |
| 18 | Student grants and bursaries (but not loans) | [SrcInc18a] |
| 19 | Interest from savings and investments (e.g. stocks & shares) | [SrcInc19a] |
| 20 | Rent from property (after expenses) | [SrcInc20a] |
| 21 | Other kinds of regular income (e.g. maintenance or grants) | [SrcInc21a] |
| 22 | No source of income | [SrcInc22a] |

[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 |

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 PERSON

IF GenHHR NE HRP THEN

[EConIntro]

The next section is about employment, I'll ask about [HRP]'s now and I'll ask about [NAME(S) OF OTHER ADULTS IN HH] later on.

SHOW CARD A8

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

[HEducCou]

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

[HWk4Lk12]

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

IF HWk4Lk12 = No THEN

[HWaitJb12] Are you waiting to take up a job that you have already obtained?

- 1 Yes
- 2 No

IF (HWk4Lk12 = Yes OR HWaitJb12 = Yes) THEN

[HWk2St12]

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 (HWk4Lk12 = 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

[HEverj]

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..2020 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

Can I just check, is your age: (age from HHGrid)?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 ODoBd, THEN

[OwnAgeE]*

Can you tell me (*your/name of child*)’s age last birthday?

IF NECESSARY: What do you estimate (*your/name of child*)’s age to be?

IF 'DON'T KNOW' at OwnAgeE AND AGE 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. (i.e. between 16 - 19)
- 2 25. (i.e. between 20 - 29)
- 3 35. (i.e. between 30 - 39)
- 4 45. (i.e. between 40 - 49)
- 5 55. (i.e. between 50 - 59)
- 6 65. (i.e. between 60 - 69)
- 7 75. (i.e. between 70 - 79)
- 8 85. (i.e. 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?

[Longll12]

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 Longll12=Yes OR More=Yes THEN

[lllCode]* (*variable names lllCode1 to lllCode6*)¹ IllsM [1] to [6]

What (*other*) condition(s) or illness(es) do you have?

INTERVIEWER: RECORD FULLY. PROBE FOR DETAIL.

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

¹ Note – the verbatim illness given by the respondent is coded in the office after interview.

- 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)

[LimAc] (variable names LimitAc1-LimitAc6)

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

INTERVIEWER: IF YES, PROBE: Is that a little or a lot?

- 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+

[RG15aNew]

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

IF RG15aNew = Yes THEN

[RG16a]

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

INTERVIEWER: Code up to two people cared for.

Code the **first** person here.

- 1-12 Person numbers of household members
- 97 Someone outside the household

IF RG16a=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]

[RG17aNew]

SHOW CARD A9

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

INTERVIEWER: Include care provided both inside and outside the household.

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

EMPLOYMENT

INTERVIEWER: Show showcard

- 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]

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

ASK ALL 16-70 who are carers (IF RG15aNew=Yes) THEN

[RG19]

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

ASK ALL 16+ who are carers (IF RG15new=Yes) THEN

[RG20]

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] |

ASK ALL aged 4-15 who are carers (IF RG15New=Yes THEN)

[RG20b]

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)

[RG200]*

INTERVIEWER: WRITE IN OTHER ANSWER

ASK ALL 16+

[LifeSat]

SHOW CARD A14

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 |

Respiratory symptoms, Cardiovascular Disease and Use of Services – All Versions

ASK ALL AGED 16+

[EverBp]

Do you have, or have you ever had 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 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

[Docireg]

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

- 1 Yes
- 2 No

IF Doclreg = Yes THEN

[Recireg]

Have you had abnormal heart rhythm during the past 12 months?

- 1 Yes
- 2 No

IF EverOht= Yes THEN

[Docoht]

Were you told by a doctor that you had (*name of 'other heart condition'*)?

- 1 Yes
- 2 No

IF DocOht = Yes THEN

[Recoht]

Have you had (*name of 'other heart condition'*) during the past 12 months?

- 1 Yes
- 2 No

IF Everstro = Yes THEN

[Docstro]

Were you told by a doctor that you had a stroke?

- 1 Yes
- 2 No

IF DocStro = Yes THEN

[Recstro]

Have you had a stroke during the past 12 months?

- 1 Yes
- 2 No

ASK ALL 16+ WITH A HEART CONDITION OR WHO HAS HAD A STROKE (IF Everangi / Everhart / Everreg/ 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 pastabpp = 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

ASK ALL 16+ WITH DIABETES (IF Everdi = Yes AND DocInfo1=Yes THEN)

[TypeD]

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

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

IF (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 COPDDoctr=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?

INTERVIEWER: 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 stoke*)?

- 1 Yes
- 2 No

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

[InPat]

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

- 1 Yes
- 2 No

IF InPat = Yes

[WhyInp]

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

- 1 Yes
- 2 No

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

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

ASK ALL 0+

[ConDr]

Did a doctor ever tell you that you had asthma?

PLEASE EXCLUDE ADVICE FROM HOMEOPATHS, ETC.

- 1 Yes
- 2 No

IF (EverW = Yes or ConDR = Yes) [TrtWze18]

SHOW CARD C1

Have you received any treatment or advice for asthma/wheezing from any of the people on this card?

- 1 Yes
- 2 No

IF TrtWze18=Yes THEN

[TrtWh18]

Which ones? PROBE: Any others?

- 1 A general practitioner (GP)
- 2 Nurse at GP surgery/Health centre
- 3 Community, school or district nurse
- 4 Hospital casualty/Accident and Emergency department
- 5 Consultant/Specialist or other doctor at hospital outpatients
- 6 Consultant/Specialist or other doctor elsewhere
- 7 Homeopath
- 8 Acupuncturist
- 9 Other alternative medicine professional

[Temporary Question]

IF Age=4 or Age =5 THEN ASK

[StartSch]

Can I check, has (*name of child*) started school?

- 1 Yes
- 2 No

IF StartSch = Yes AND (TweWz = Yes OR ConDR = Yes). OR IF Age IN [6-16] and (TweWz = Yes OR ConDR = Yes) THEN

[SchAb]

Over the last 12 months, how many days has (asthma/wheezing/whistling) caused (him/her) to be absent from school?

- 1 None
- 2 Less than 5
- 3 5-9
- 4 10-14
- 5 15-19
- 6 20-29
- 7 30 or more
- 8 Don't know/can't remember this

Accidents – Version A and Child Boost only

ASK ALL AGED 0+

[PreAcc]*

Now I would like to ask you about accidents that may have happened to you recently.
By accidents I mean accidental events which resulted in injury or physical harm to you personally

[DrAcc]

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

- 1 Yes
- 2 No

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

[NDrAcc]

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

Range 1..10

[DrWyr]

SHOW CARD D1

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

CODE ONE ONLY.

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

IF DrWyr=Other

[WyrOth]*

PLEASE SPECIFY

Text: maximum 50 characters

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

[AxCause]*

What caused this accident? CODE ALL THAT APPLY

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

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

IF AxCause=Other

[CauseOth]*

PLEASE SPECIFY...

Text: maximum 50 characters

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

[DrJob]

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

- 1 Yes
 2 No

IF DrJob=Yes

[DrWrk]

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

- 1 Yes
 2 No

IF DrWrk =Yes THEN

[InOut]

Did the accident happen outdoors or indoors?

- 1 Outdoors
 2 Indoors

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

[TimeOff]

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

- 1 Yes
 2 No

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

[DrInj]*

SHOW CARD D2

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

PROBE: What else?

CODE ALL THAT APPLY

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

IF DrInj13=Other THEN

[InjOth]*

PLEASE SPECIFY....

Text: maximum 50 characters

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

[DrAid]*

SHOW CARD D3

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

CODE ALL THAT APPLY.

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

[Prevent]*

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

CODE ALL THAT APPLY

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

Adult physical activity module (16+)

ASK ALL AGED 16+

[Work]

I'd like to ask you about some of the things you have done in the past **four** weeks that involve physical activity, this could be at work (*school*) college or in your free time. (Can I just check) were you in paid employment or self-employed in the past **four** weeks?

- 1 Yes
- 2 No

IF Work = Yes THEN

[Active]

Thinking about your job in general would you say that you are ...READ OUT..

- 1 ...very physically active,
- 2 ...fairly physically active,
- 3 ...not very physically active,
- 4 ...or, not at all physically active in your job?

[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?

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

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 (Wik10M = Yes) AND (Age>= 65) THEN

[WalkEff]

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

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]

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 cards?

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

- 1 Yes
- 2 No

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

[ExcMus]

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/pilates, 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]

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

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

2 No

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

[ExMov]

Did these exercises involve you standing up and moving about?

1 Yes

2 No

VERSION A ONLY

[PAWhere]

SHOW CARD E9

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 | [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] |
| 9 | A playground or playpark | [PaWhere9] |
| 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.

[PAOften]

IF PAWhere=1 TO 11 THEN

ASKED FOR EACH PLACE MENTIONED [PAOfte1] to [PAOfte12]²

SHOW CARD E10

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)

¹ Since 2018 these questions on places used for physical activity are rotated with the 4 questions on barriers/motivations for exercise so that the former is asked only on odd years and the latter on even years.

² Since 2018 these questions on places used for physical activity are rotated with the 4 questions on barriers/motivations for exercise so that the former is asked only on odd years and the latter on even years.

ASK ALL AGE 16+

[TVWeek18]

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, tablet, phone, 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

[MinTVWk18]

RECORD MINUTES HERE.

Range: 0..59

[WkSit2H]

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 OR NEVER. RECORD MINUTES AT NEXT QUESTION.

Range: 0..12

[WkSit2M]

RECORD MINUTES HERE: Range: 0..59

[TVWkEnd18]

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, tablet, phone, 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

[MinTvWe18]

RECORD MINUTES HERE.

Range: :0..59

[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 [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**

- 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)

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 5-15

[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 F1 AGAIN

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 (*he/she/you*) have/has done. I will then go on to ask about other active things (*he/she/you*) may have done.

Showcard F2 shows what we would like you to include for sports and exercises, and

Showcard F3 shows what we would like you to include for other active things.

INTERVIEWER: Please ask respondent to look at Showcards F2 and F3.

For the following questions please include any activities done at a nursery or playgroup, but don't count any activities done as part of school lessons. Activities associated with their school should be counted here as long as they are not part of a mandatory lesson (e.g. football practice on a Saturday for the school team).

- 1 Continue

[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 Spt1ch = 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 LweSp = 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 Spt1ch = 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 F1 AGAIN

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

[DWEActch]

Was that on Saturday or Sunday or on both days?

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

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

SHOW CARD F1 AGAIN

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

INTERVIEWER: IF IT VARIED, TAKE AVERAGE

IF LWeAct = 4 hours or more THEN

[WeActH]

How long did (you/name of child) spend doing active things like these?

RECORD HOURS SPENT BELOW. RECORD MINUTES AT NEXT QUESTION.

Range: 4..12

[WeActM]

RECORD HERE MINUTES SPENT DOING ACTIVE THINGS LIKE THESE

Range: 0..59

ASK ALL AGE 2-15

[WkActCh]

SHOW CARD F3 AGAIN

Still thinking about last week. On how many of the **weekdays** did (you/name of child) do active things, like the things on this card or other activities like these (not counting things done as part of school lessons)?

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

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

IF WkActCh = 1 day to 5 days THEN

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

SHOW CARD F1 AGAIN

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

IF LWkAct = 4 hours or more THEN

[WkActH]

How long did (you/name of child) spend doing active things like these on each weekday?

RECORD HOURS SPENT BELOW. RECORD MINUTES AT NEXT QUESTION

Range: 4..12

[WkActM]

RECORD HERE MINUTES SPENT DOING ACTIVE THINGS LIKE THESE.

Range: 0..59

ASK ALL AGE 2-15

[DaysTot]

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

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

SCHOOL BASED PHYSICAL ACTIVITY

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

[SchAct]

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

Did (*you/child's name*) do any activities (walking, sports, exercise or other active things) in any lessons whilst at school last week?

- 1 Yes
- 2 No

IF SchAct=Yes THEN

[SchDays]

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

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

[SchTime]

SHOW CARD F1 AGAIN

On each day that (*you/child's name*) did something active (walking, sports, exercise or other active things) in lessons at school, how long did (*you/he/she*) spend doing it?

Please give an answer from this card.

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

IF SchTime = 4 hours or more THEN

[SchTmH]

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

INTERVIEWER: RECORD HOURS SPENT BELOW

RECORD MINUTES AT THE NEXT QUESTION

Range: 4..12

[SchTmM]

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

Range: 0..59

ASK ALL 2-15

[Usual]

Were the activities (*you/child's name*) did last week different from what (*you/he/she*) would usually do for any reason?

IF YES PROBE: Would (*you/child's name*) usually do **more** physical activity or **less**?

- 1 NO - same as usual
- 2 YES DIFFERENT - usually do MORE
- 3 YES DIFFERENT - usually do LESS

VERSION A ONLY**[PAWhere]**

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.

[PAOften]**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_18]**

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, tablet, phone, 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_18]

RECORD MINUTES HERE.

Range: 0..59

[WkSit2H2]¹

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 is 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

Range: 0..59

[TVWkEnd2_18]

Now thinking of the **weekend**, that is Saturday and Sunday, 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, tablet, phone, 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_18]

RECORD MINUTES HERE.

Range::0..59

[WESit2H2]²

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 is the respondent says reading is the main activity

¹ New question for 2012

² New question for 2012

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

[WESit2M2]

RECORD MINUTES HERE.

Range:0..59

Eating habits module (2-15)

ASK ALL AGED 2-15

[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

[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).

ASK ALL AGED 2-15

[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

¹ The question wording and answer categories changed in 2008.

[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**?

[DietDr18]

SHOW CARD G2

How often do you drink diet, low-calorie or no-added sugar **soft drinks**?

Include diet fizzy drinks, low-cal flavoured water and no-added sugar diluting juice. (*adults only*) Include diet or low-calorie soft drinks added to alcohol. Do **not** include fresh fruit juice or plain water.

[SoftDr18]

SHOW CARD G2

How often do you drink **sugary soft drinks**?

Include fizzy drinks, energy drinks and diluting juice with added sugar.

(adults only) Include sugary soft drinks added to alcohol.

INTERVIEWER: Do **not** include diet, low-calorie or no-added sugar drinks or fresh fruit juice.

IF (Age<=15) THEN

[MilkDr]

SHOW CARD G2

How often does (he/she/name) 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

[CakesEtc]

SHOW CARD G2

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

[Biscuits]

SHOW CARD G2

How often do you eat **biscuits**?

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

Don't count vegetable soup, 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 (All versions 0+)

ASK ALL 0+

[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 16-49 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 is 18 or 19 years THEN

[BookChk]

INTERVIEWER CHECK: (Name of respondent) IS AGED (age of respondent).

RESPONDENT TO BE...

- 1 Asked Smoking/Drinking questions
- 2 Given LILAC SELF-COMPLETION BOOKLET FOR YOUNG ADULTS

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

[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

[SmokEver][§]

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] |

IF ANY SmokEv08 to SmokEv10 = yes THEN SmokEver = Yes; IF SmokEv08 = 4 THEN SmokEver = N

IF SmokEver = Yes THEN

[SmokeNow][§] SmokeNow

Do you smoke cigarettes nowadays?

- 1 Yes
- 2 No

IF SmokeNow = Yes THEN

[DlySmoke][§]

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

IF RESPONDENT CAN ONLY GIVE RANGE, TAKE THE MID-POINT.

IF LESS THAN ONE A DAY, ENTER 0

IF SMOKES ROLL-UPS AND CANNOT GIVE CIGARETTE NO., CODE 97.

Range: 0..97

IF DlySmoke = 97 THEN

[DlyEst][§]

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

How 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

IF WkndEst = Ounces THEN

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

IF SmokeEver=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

[§] 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 Smoked them only occasionally
- 3 SPONTANEOUS: Never really smoked cigarettes, just tried them once or twice

IF SmokeReg = Smoked cigarettes regularly THEN

[NumSmok][§]

About how many cigarettes did you smoke in a day?

IF RESPONDENT CAN ONLY GIVE RANGE, TAKE THE MID-POINT.

IF LESS THAN ONE A DAY, ENTER 0

IF SMOKES ROLL-UPS, AND CANNOT GIVE CIGARETTE NO., CODE 97

Range: 0..97

IF NumSmok = 97 THEN

[NumEst][§]

About how much tobacco did you smoke a day?

CODE HERE WHETHER THE AMOUNT IS TO BE CODED IN GRAMS OR OUNCES.

ENTER THE AMOUNT AT THE NEXT QUESTION

- 1 Grams
- 2 Ounces

IF NumEst= Grams THEN

[NumG][§]

ENTER AMOUNT IN GRAMS

Range: 0..100

IF NumEst = Ounces THEN

[NumOz][§]

ENTER AMOUNT IN OUNCES

Range: 0.00..100.00

IF SmokeReg = Smoked cigarettes regularly THEN

[SmokYrs]

And for approximately how many years did you smoke regularly?

INTERVIEWER: IF LESS THAN ONE YEAR, CODE 0.

Range: 0..64

IF SmokeReg = Smoked cigarettes regularly OR Smoked them only occasionally THEN

[EndSmoke]

How long ago did you stop smoking cigarettes (regularly/occasionally)?

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

Range: 0..64

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

[§] 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) 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

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]

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)

[ECigEv16]¹

[§] 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 New question in 2014, revised in 2016

Have you ever used an electronic cigarette (e-cigarette), or any other vaping device?
 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 ECigEv16=1 THEN

[ECigNw16]¹

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

- 1 Yes
- 2 No

IF ECigNw16=yes

[OfteCigC]

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

IF ECigNw16=no

[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

[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

¹ New question in 2014, revised in 2016.

[StrtEcig]

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

IF ECigNw16=yes

[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

[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

[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, or
- 2 No, **started regularly** smoking tobacco cigarettes *after first trying* e-cigarettes/vaping devices first")

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

[UseNRT...]

SHOW CARD H4

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?

CODE ALL THAT APPLY

- | | | |
|---|---|------------|
| 1 | Yes, nicotine gum | [UseNRT1c] |
| 2 | Yes, nicotine patches that you stick on your skin | [UseNRT2c] |
| 3 | Yes, nasal spray/nicotine inhaler | [UseNRT3c] |
| 4 | Yes, lozenge/microtab | [UseNRT4c] |
| 5 | Yes, Champix/Varenicline | [UseNRT5c] |
| 6 | Yes, Zyban/Bupropion | [UseNRT6c] |

- | | | |
|---|--|------------|
| 7 | Yes, electronic cigarette/Vaping devices | [UseNRT7e] |
| 8 | Yes, other | [UseNRT8d] |
| 9 | No | [UseNRT9d] |

[NRT0th]*

What other products did you use?

ASK IF (LongStop > 2 OR EndSmoke = RESPONSE) AND response given at UseNRT

Loop for each product mentioned at UseNRT ASK

[NRTHelp 1-7]

Did using (product) help you to successfully stop smoking for a month or more?

- 1 Yes
- 2 No

[NRTpresc1-7]

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

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?

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

[Passive...]*\$-

SHOW CARD H5

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

^{\$} 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?

[§] 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

Range: 1..97

IF NbeerM = Bottles (IF NbeerM4=1) THEN

[nberqbt][§]

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][§]

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...][§]

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][§]

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, 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, or cocktails) have you usually drunk on any one day?

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

25ml = 1 shot/single

1/5 70cl bottle = 5.5 singles

[§] 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.

1/4 70cl bottle = 7 singles
 1/3 70cl bottle = 9.5 singles
 1/2 70cl bottle = 14 singles
 70cl bottle = 28 singles
 1L bottle = 40 singles

Range: 1..97

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, t 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, 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, champagne and prosecco, during the last 12 months?

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

[WineQ]^{§ 2}

How much wine, including Babycham, champagne and prosecco, 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 (e. g. 250ml, 175ml) as glasses, not bottles.

Please code the relevant option.

- 1 Bottle or parts of bottle
- 2 Glasses
- 3 Both bottles or parts of bottle, and glasses

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 WQG1z1 = mentioned THEN

[Q250G1z]§

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

Range: 1.0..97.9

IF WQG1z2 = mentioned THEN

[Q175G1z]§

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

Range: 1.0..97.9

IF WQG1z3 = mentioned THEN

[Q125G1z]§

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 DrnkType

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, babycham, champagne or prosecco [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, or cocktails) did you drink on that day?

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

25ml = 1 shot/single

1/5 70cl bottle = 5.5 singles

1/4 70cl bottle = 7 singles

1/3 70cl bottle = 9.5 singles

1/2 70cl bottle = 14 singles

70cl bottle = 28 singles

1L bottle = 40 singles

Range: 1..97

¹ No equivalent in self-completion questionnaire.

IF DrnkTy=Sherry (IF DrnkTy04 mentioned) THEN

[ShryL7]^{§ 1}

Still thinking about last (*answer to WhichDay*), how much sherry or martini, including port, vermouth, Cinzano, or Buckfast did you drink on that day?

CODE THE NUMBER OF GLASSES.

Range: 1..97

IF DrnkTy=Wine (IF DrnkTy05 mentioned) THEN

[WineL7][§]

Still thinking about last (*name of day*) how much wine, including Babycham, champagne and prosecco, 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.

§ 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 Buckfast added in 2008.

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

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?

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.

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

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

[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

[MthIssue]

SHOW CARD K2

Do you currently have any problems with your mouth, teeth or dentures that cause you difficulty with any of the following listed on show card K2? If you prefer please just tell me the number or numbers on the card that apply to you.

INTERVIEWER: PLEASE CODE ALL THAT APPLY.

- 1 Yes, eating food
- 2 Yes, speaking clearly
- 3 Yes, smiling, laughing and showing teeth without embarrassment
- 4 Yes, emotional stability, for example, becoming more easily upset than usual
- 5 Yes, enjoying the company of other people such as family, friends, or neighbours
- 6 No, none of these

[GumBld]

SHOW CARD K3

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.

Dental services Module Version A Only

ASK ALL AGED 16+ in Version A

[Denture]

Have you ever had any kind of denture? (False teeth which you can take out)

- 1 Yes
- 2 No

IF DENTURE=Yes THEN

[DenType]*

SHOW CARD K4

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

CODE ALL THAT APPLY

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

ASK FOR EACH DENTURE RECORDED AT DenType

[DenWear]*

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

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

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

[DentVst]

SHOW CARD K5

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

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

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

[DentNHS]

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

IF ASKED FOR CLARIFICATION: Dentists can be both private and NHS. For instance - you might see your dentist privately while your children are treated on the NHS for free by the same dentist. Most people are required to pay something towards treatment on the NHS but there are some exceptions. Expectant or nursing mothers or those receiving family tax credit, income support or incapacity benefit are entitled to free dental care on the NHS. If you have received your treatment on the NHS, you need to sign a form called a GP17 form. Some people who pay privately are treated under a dental insurance plan (e.g. Denplan)."

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

IF DentVst NOT = "Never been to the dentist"

[DentProb]*

SHOW CARD K7

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

CODE ALL THAT APPLY

- 1 Difficulty in getting time off work [DentProb]
- 2 Difficulty in getting an appointment that suits me [DentPro2]
- 3 Dental treatment too expensive [DentPro3]
- 4 Long way to go to the dentist [DentPro4]
- 5 I have not found a dentist I like [DentPro5]
- 6 I cannot get dental treatment under the NHS [DentPro6]
- 7 I have difficulty in getting access, e.g. steps, wheelchair access [DentPro7]
- 8 Other [DentPro8]
- 9 (None of these) [DentPro9]

IF DentProb = 8 'Other reason'

[DentProbO]*

INTERVIEWER: Enter other answer

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

[DentHlth1]*

SHOW CARD K8

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

CODE ALL THAT APPLY.

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

- 1 Brush my teeth with fluoride toothpaste [DentHlt1]
- 2 Use dental floss [DentHlt2]
- 3 Use a mouth rinse [DentHlt3]
- 4 Restrict my intake of sugary foods and drinks [DentHlt4]
- 5 Clean my dentures (including soaking with a sterilising tablet) [DentHlt5]
- 6 Leave my dentures out at night [DentHlt6]
- 7 None of these [DentHlt7]

CPR Training

[CPRInt]

INTERVIEWER READ OUT:

Cardiopulmonary resuscitation, or CPR, is an emergency procedure in which a person presses up and down on the casualty's chest (chest compressions) to help save their life when they are in cardiac arrest. CPR training is delivered either through instructor led sessions or self-instruction using DVD/online instruction with or without a manikin.

[CPRTrn]

Have you ever had any type of training in CPR or learned CPR in any other way?

1. Yes
2. No

IF CPRTrn = Yes

[CPRWhn_19]

SHOWCARD L1

When did you first have any type of training in CPR, or learn CPR in any other way?

1. Within the last 12 months
2. One year ago but less than two years ago
3. Two years ago but less than four years ago
4. Four years ago or more

IF CPRTrn = Yes

[CPRRef_19]

SHOWCARD L2

Since then, have you had any other CPR training, refresher training, or learnt CPR in any other way? If so, when was the most recent?

1. Within the last 12 months
2. One year ago but less than two years ago
3. Two years ago but less than four years ago
4. Four years ago or more
5. No refresher training

IF CPRTrn = Yes
[CPRHow]

SHOWCARD L3

Which of these best describes how you most recently had any type of training in CPR or learned CPR in any other way?

1. I taught myself from a book, through the internet (e.g. YouTube, other website) or another self-learning tool
 2. Training I took primarily because I am a parent or carer
 3. Training which was compulsory for me to take as part of my work
 4. Training which I opted to take as part of my work
 5. Training which was compulsory for me to take as part of my voluntary work or hobby
 6. Training which I opted to take as part of my voluntary work or hobby
 7. Training I took whilst I was a student as part of my school/college/university work
 8. Other form of CPR training (PLEASE SPECIFY)
-

Discrimination and harassment (Version A Only)

ASK ALL AGED 16+

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

[Disc]*

SHOW CARD N1

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

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

PROBE: What else?

- | | | | |
|----|---|---|-----------|
| 1 | D | (Your accent) | [Disc1] |
| 2 | K | (Your ethnicity) | [Disc2] |
| 3 | W | (Your age) | [Disc3] |
| 4 | T | (Your language) | [Disc4] |
| 5 | G | (Your colour) | [Disc5] |
| 6 | L | (Your nationality) | [Disc6] |
| 7 | B | (Your mental ill-health) | [Disc7] |
| 8 | H | (Any other health problems or disability) | [Disc8] |
| 9 | A | (Your sex) | [Disc9] |
| 10 | I | (Sectarian reasons) | [Disc10a] |
| 11 | C | (Other religious belief or faith reason) | [Disc11a] |
| 12 | P | (Your sexual orientation) | [Disc12a] |
| 13 | E | (Where you live) | [Disc13a] |
| 14 | O | (Other reason) | [Disc14a] |
| 15 | N | (I have not experienced this) | [Disc15a] |

[Harass]*

SHOW CARD N1 AGAIN

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

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

PROBE: What else?

- | | | | |
|----|---|---|-------------|
| 1 | D | (Your accent) | [Harass1] |
| 2 | K | (Your ethnicity) | [Harass2] |
| 3 | W | (Your age) | [Harass3] |
| 4 | T | (Your language) | [Harass4] |
| 5 | G | (Your colour) | [Harass5] |
| 6 | L | (Your nationality) | [Harass6] |
| 7 | B | (Your mental ill-health) | [Harass7] |
| 8 | H | (Any other health problems or disability) | [Harass8] |
| 9 | A | (Your sex) | [Harass9] |
| 10 | I | (Sectarian reasons) | [Harass10a] |
| 11 | C | (Other religious belief or faith reason) | [Harass11a] |
| 12 | P | (Your sexual orientation) | [Harass12a] |
| 13 | E | (Where you live) | [Harass13a] |
| 14 | O | (Other reason) | [Harass14a] |
| 15 | N | (I have not experienced this) | [Harass15a] |
-

Employment Classification 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 (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

[Wk2St12]

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..2020

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

Stress at Work (Version A Only)

ASK ALL AGED 16+ AND IN WORK

[StrWork]

SHOW CARD P2

In general, how do you find your job?"

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

[WorkBal]

SHOW CARD P3

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

0 – Extremely dissatisfied

1 – 1

2 – 2

3 – 3

4 – 4

5 – 5

6 – 6

7 – 7

8 – 8

9 – 9

10 - Extremely satisfied

[IntroA]

SHOW CARD P4

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

[Demand]

SHOW CARD P4

I have unrealistic time pressures at work.

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

[Contrl]

SHOW CARD P4 AGAIN

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

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

[Role]

SHOW CARD P4 AGAIN

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

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

ASK ALL THAT ARE NOT LONE WORKERS (i.e. not self-employed with no employees)

[Support1_19]

SHOW CARD P5

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

Firstly, my line manager encourages me at work.

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

[Support2_19]

SHOW CARD P5 AGAIN

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

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

[RelStrai_19]

SHOW CARD P5 AGAIN

Relationships at work are strained.

(How much do you agree or disagree?)"

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

[Change_19]

SHOW CARD P5 AGAIN

Staff are consulted about change at work.

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

Education module

ASK ALL AGED 16+

[EducEnd]

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

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

[TopQua] * TopQua03

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, National Qualification Access Unit [TopQua1]
- 2 O Grade, Standard Grade, GCSE, GCE O Level, CSE, National Qualification Access 3 Cluster, Intermediate 1 or 2, National 4 or 5, 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]

National Identity, ethnic background and religion module (All)

ASK ALL (0+)

[BirthPla]

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]*

SHOW CARD Q2

What is your ethnic group?

INTERVIEWER READ OUT: Choose **ONE** from A to F 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
- 6 A - White: Other (WRITE IN)
- 7 B - Mixed: Any mixed or multiple ethnic groups (WRITE IN)
- 8 C - Asian: Pakistani, Pakistani Scottish or Pakistani British
- 9 C - Asian: Indian, Indian Scottish or Indian British
- 10 C - Asian: Bangladeshi, Bangladeshi Scottish or Bangladeshi British
- 11 C - Asian: Chinese, Chinese Scottish or Chinese British
- 12 C - Asian: Other (WRITE IN)
- 13 D - African: African, African Scottish or African British
- 14 D - African: Other (WRITE IN)
- 15 E - Caribbean or Black: Caribbean, Caribbean Scottish or Caribbean British
- 16 E - Caribbean or Black: Black, Black Scottish or Black British
- 17 E - Caribbean or Black: Other (WRITE IN)
- 18 F - Other ethnic group: Arab, Arab Scottish or Arab British
- 19 F - Other ethnic group: other (WRITE IN)

IF Ethnic12=Other white background

[Othwhit]*

WRITE IN ETHNIC GROUP

Text: Maximum 60 characters

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]

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

IF Religi09=3 'Other Christian' THEN

[Religio2]* ReligioSC

How would you describe your religion?

INTERVIEWER: Write in

IF Religi09=10 'another religion' THEN

[Religio3]* ReligioSO

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 CURRENTLY 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=3 THEN ASK

[NatFat]

Was that your natural father?

1. Yes
2. No

IF FathOcc = Job title known THEN

[FathTit]*

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 CURRENTLY 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=3 THEN ASK

[NatMot]

Was that your natural mother?

- 1. Yes
- 2. No

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 CURRENTLY LIVING WITH THEIR MOTHER

IF NatMot= 1(Yes) THEN SKIP Livemab_19

[LiveMaB_19]

(Can I just check), is your natural mother still alive?

- 1 Yes
- 2 No

IF (LiveMaB_19 = Yes) THEN

[AgeMA]

How old is your natural mother?

Range: 1..120

IF (LiveMaB_19 = No OR NatMot = Yes) THEN

[ConsMaB_19]

SHOW CARD Q4

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_19]

How old was your natural mother when she died?

Range: 10..120

ASK ALL AGED 16+ NOT CURRENTLY LIVING WITH THEIR FATHER

IF NatFat=1 (Yes) THEN SKIP LivePaB_19

[LivePaB_19]

Is your natural father still alive?

- 1 Yes
- 2 No

IF (LivePaB_19=Yes) THEN

[AgePa]

How old is your natural father?

Range: 10..120

IF (LivePaB_19=No or NatFat=Yes) THEN

[ConsPaB_19]

SHOW CARD Q4

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_19]

How old was your natural father when he died?

Range: 1..120

[PHIntro]

I am going to ask you about some conditions which may have been experienced by your own relatives, including those living and any who are deceased.

[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

Self-completion booklets admin

¹ New question in 2012.

² New question in 2012.

³ New question in 2012.

⁴ New question in 2012.

IF Age of Respondent is 13 years or over THEN

[SCIntro]*

PREPARE (YELLOW/SAND/LIGHT GREEN/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 lilac 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 ask respondent to check booklet is fully completed (do not check booklet yourself)

If not, ask if questions missed in error.

If in error, ask respondent to complete.

[SComp3]

INTERVIEWER CHECK: Was the (*Yellow/Sand/Light green*) 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

[SComp6O]*

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 lilac booklet for parents completed?

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

IF SDQChk =Partially completed OR Not completed THEN

[SDQComp]

INTERVIEWER: Record why booklet not completed / partially completed.

CODE ALL THAT APPLY

- | | | |
|---|---|------------|
| 0 | Child away from home during fieldwork period | [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] |

IF SDQComp= Other THEN

[SDQCompO]*

PLEASE SPECIFY OTHER REASON:

Text: Maximum 60 characters

ASK ALL

[SCPrompt]

IMPORTANT: MAKE SURE ALL RESPONDENTS WHO COMPLETED THE ADULT OR YOUNG ADULT SELF-COMPLETION BOOKLET ARE PROVIDED THE USEFUL CONTACTS LEAFLET

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

[ResNHi]

GIVE REASONS FOR REFUSAL.

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

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

[NoHitM]*

INTERVIEWER: Code reason for not obtaining height

CODE ALL THAT APPLY

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

IF (NoHitM = Other) THEN

[NoHitMO]*

PLEASE SPECIFY OTHER REASON.

Text: Maximum 60 characters

**IF RespHts=Height refused, Height attempted, not obtained OR Height not attempted THEN
[EHtCh]**

INTERVIEWER: Ask (*respondent*) for an estimated height. Will it be given in metres or in feet and inches?

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

- 1 Metres
- 2 Feet and inches

IF EHtCh = Metres THEN

[EHtm]

INTERVIEWER: Please record estimated height in metres.

Range: 0.01..2.44

IF EHtCh = Feet and inches THEN

[EHtFt]

INTERVIEWER: Please record estimated height. Enter feet.

Range: 0..7

[EHtIn]

INTERVIEWER: Please record estimated height. Enter inches.

Range: 0..11

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

ASK ALL AGED 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

[StadNo]

INTERVIEWER: Please record serial number of **stadiometer** used for this interview.

[SciNo]

Please record serial number of **scales** used for this interview.

[MeasComp]

INTERVIEWER: The measurements section is now complete.

Press 1 and Entre to continue.

[Return]

INTERVIEWER: Now return to the individual session to complete this interview.

Press 1 and Enter to bring up the parallel block selection.

Consents

ASK ALL

[InfoLeaf]

IMPORTANT: PLEASE MAKE SURE THAT ALL RESPONDENTS HAVE RECEIVED A COPY OF THE SHES INFORMATION LEAFLET AND THAT YOU LEAVE A COPY WITH THEM.

PLEASE REMIND RESPONDENTS AT THIS POINT THAT THIS CONTAINS MORE INFORMATION ABOUT HOW THEIR INFORMATION IS USED AND GIVE THEM A CHANCE IF THEY WANT TO READ IT AGAIN OR ASK ANY QUESTIONS.

[FoIRes]

In the future, the Scottish Government may want to commission follow-up research among particular groups of the public to improve public policies and 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 confidentiality will be protected in the publication of any results given.

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 contacting the researchers at ScotCen using the details provided in the Information Leaflet.

ASK ALL AGED 13+

[FoIResA]

Would you be willing to have your name, contact details and relevant answers you have given during the interview passed on to the Scottish Government or other research agencies acting on behalf of, or in collaboration with, the Scottish Government for this purpose?

- 1 Consent given
- 2 Consent refused

ASK ALL AGED 16+ (IF FoIResA = 1)

[RelntEmA]

In addition to the other contact details provided during this interview, would you be willing to provide us with your email address so that we can pass this on to the Scottish Government or other research agencies with the permission of the Scottish Government to contact you about taking part in follow-up research? This will only be used for research purposes as previously explained.

IF YES: And can I just check, will it be your own email address or someone else's?

INTERVIEWER: IF TWO OR MORE PEOPLE SHARE AN EMAIL ADDRESS, CODE THE FIRST PERSON AS 'OWN' EMAIL ADDRESS AND THE REMAINDER AS 'PROXY' EMAIL ADDRESSES.

INTERVIEWER PLEASE ONLY RECORD A PROXY ADDRESS OF OTHER ADULT (AGED 16+) WHO IS ALSO PRESENT (AND GIVES THEIR PERMISSION FOR THEIR EMAIL ADDRESS TO BE USED FOR THIS PURPOSE)

1. Yes – respondent's own email address,
2. Yes – proxy/someone else's email address
3. Email address refused
4. No one in household has email address

ASK IF RelntEmA = 1 OR 2

[EmailA]

What is the email address?

INTERVIEWER: TYPE IN EMAIL ADDRESS.

: STRING[60]

[EmailChk]

INTERVIEWER: Check with [respondent] that this email address is correct. Either read it out to the respondent, or let them see your screen.

[Display email address entered at *EmailA*]

1. Email address correct
2. Email address not correct

IF EmailChk=2, HARD CHECK: INTERVIEWER: RETURN TO EMAILA AND RE-ENTER THE EMAIL ADDRESS

ASK PARENT/GUARDIAN OF ALL AGED 0-12

[FoIResC]

[*Parent/guardian*] would you be willing to have [*CHILD'S NAME*], contact details and relevant answers you have given during the interview passed on to the Scottish Government or other research agencies acting on behalf of, or in collaboration with, the Scottish Government for this purpose?

- 1 Consent given
- 2 Consent refused