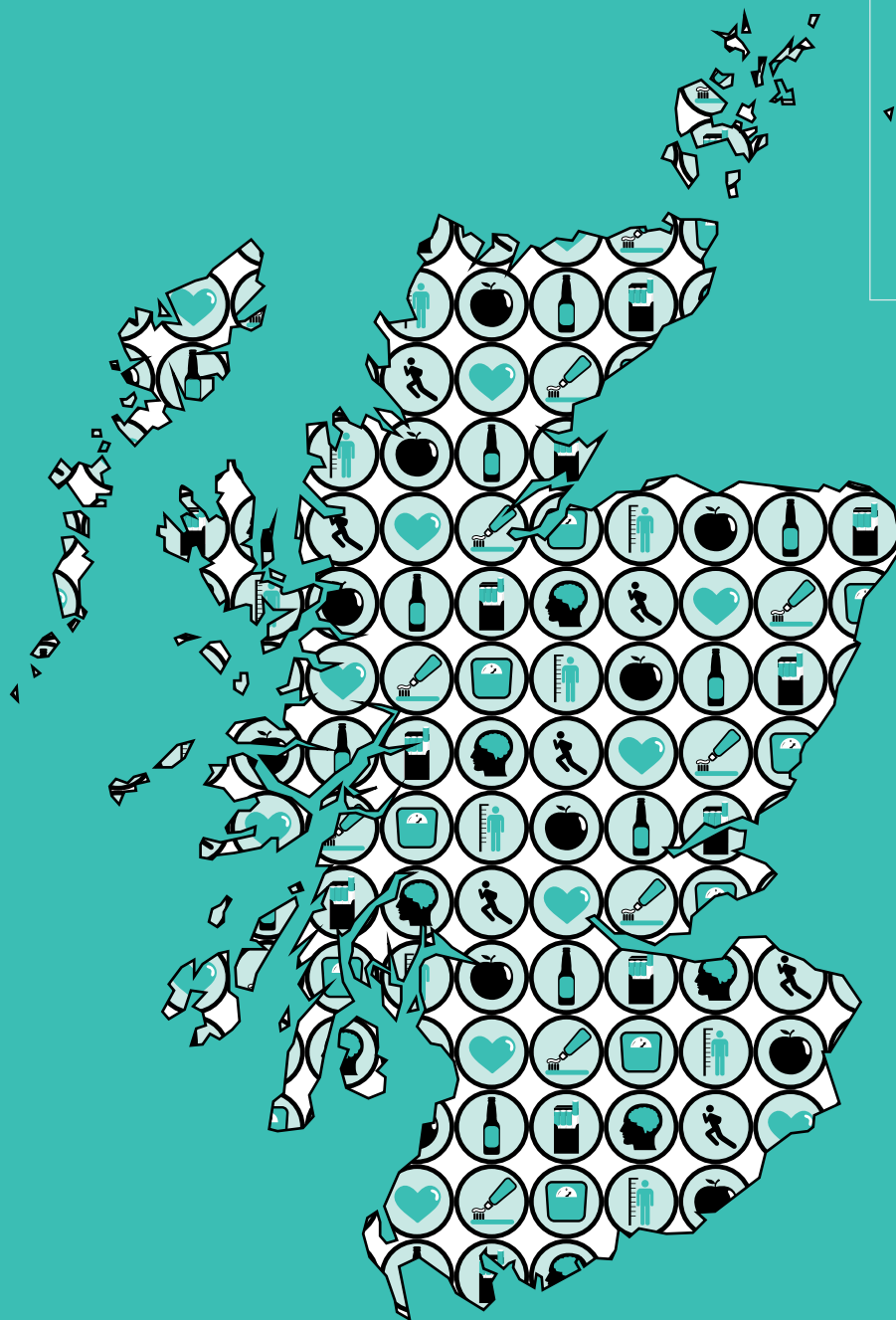
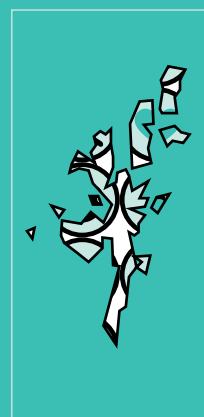




The Scottish
Government
Riaghaltas na h-Alba



The Scottish Health Survey

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A National Statistics Publication for Scotland

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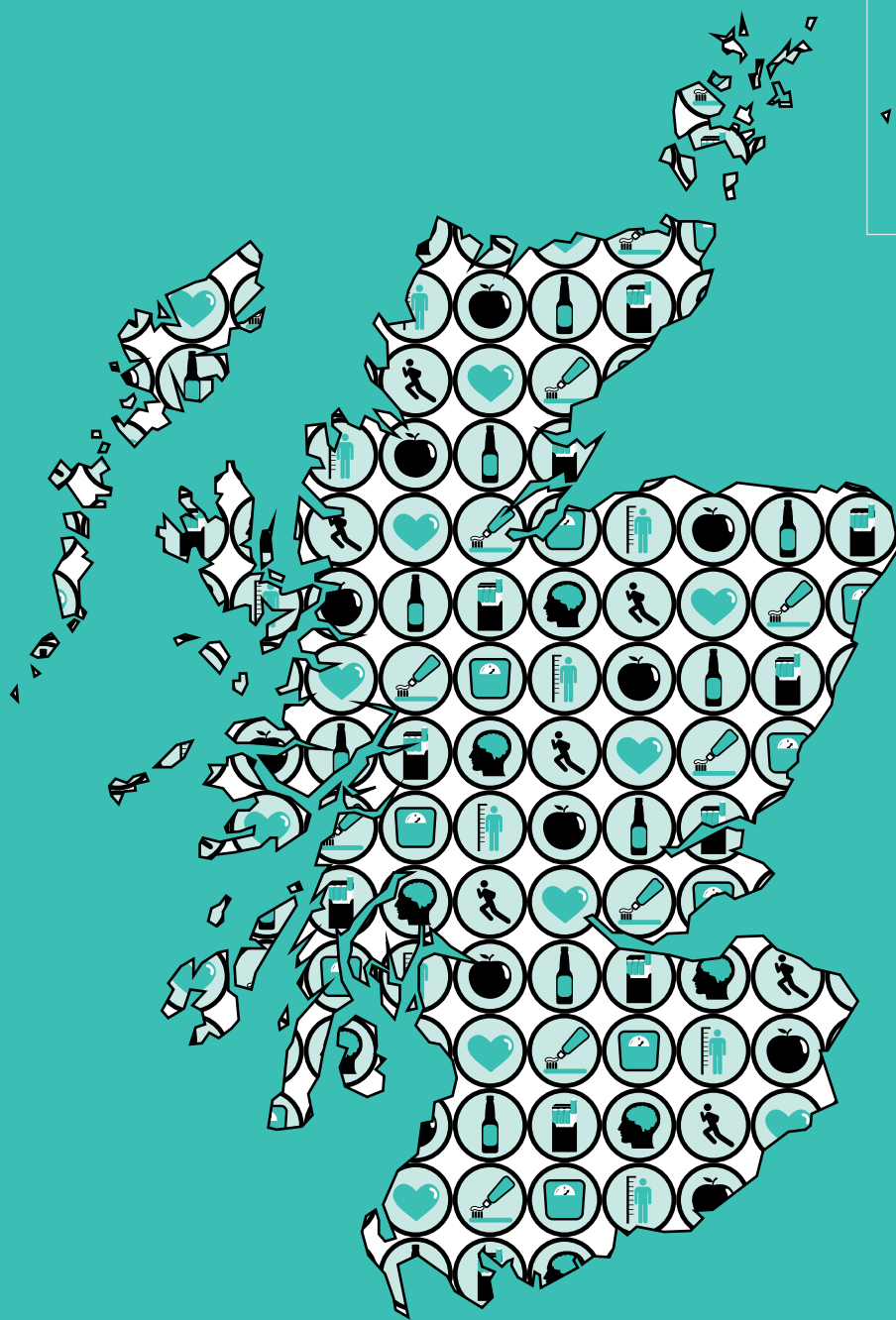
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Chapter 1

Methodology & response

CHAPTER 1: METHODOLOGY AND RESPONSE

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1.1 INTRODUCTION

1.1.1 The Scottish Health Survey series

The Scottish Health Survey (SHeS) series was established by the Scottish Office in 1995 to provide data about the health of the population living in private households in Scotland.

The 1995 and 1998 surveys were carried out by the Joint Health Surveys Unit of the National Centre for Social Research and the Department of Epidemiology and Public Health, University College London Medical School (UCL). In 2003, a third organisation, the MRC Social and Public Health Sciences Unit at the University of Glasgow (MRC SPHSU) also joined the consortium.

As a result of a review by the then Scottish Executive¹ in 2005/06, the survey has been conducted annually since 2008. A consortium made up of ScotCen Social Research (a branch of NatCen Social Research), UCL and MRC SPHSU carried out the 2008-2011 surveys.

ScotCen Social Research and MRC SPHSU are carrying out the 2012-2015 surveys in collaboration with the Centre for Population Health Sciences, Edinburgh University and the Public Health Nutrition Research Group, Aberdeen University.

Each year, the survey consists of a set of core questions and measurements (for example, anthropometric and, if applicable, blood pressure measurements and analysis of urine and saliva samples), plus modules of questions on specific health conditions. As with the earlier surveys in the series, the principal focus of the 2012-2015 surveys is on cardiovascular disease (CVD) and related risk factors. CVD is one of the leading contributors to the global disease burden. Its main components are ischaemic heart disease (IHD) and stroke. IHD is the second most common cause of death in Scotland after cancer.² The SHeS series now has trend data going back 17 years; providing the time series is an important function of the survey.

1.1.2 Key changes to the survey methodology in 2012-2015

A number of changes to the survey methodology were proposed during a review by the Scottish Government of all the major household surveys in Scotland. These changes were adopted for SHeS in 2012-2015. The key methodological changes introduced in 2012 were:

Sample drawn by the Scottish Government

Prior to 2012, the contractor for SHeS drew the sample for each survey year. For the 2012-2015 surveys, the sample is being drawn by the Scottish Government in conjunction with the samples for two of the other large population surveys commissioned by the Scottish Government (the Scottish Household Survey and the Scottish Crime and Justice Survey). This approach reduces the burden on households in Scotland as they can only be selected once to take part in one of the three surveys in the 2012-2015 period (see Section 1.2 for further discussion of the sampling strategy).

Harmonised core questions

From 2012, there are around 20 core questions that will appear in all three of the Scottish Government population surveys each year. As a result it will be possible to conduct detailed analysis, by small geographical areas and subgroups for these key indicators. Further information about the harmonised core questions can be found here: <http://www.scotland.gov.uk/Topics/Statistics/About/SurveyHarm>

Reduced sample size

The sample size on SHeS has varied over the years. While in 2008-2011 the aim was to achieve 6,400 interviews with adults and 2,000 interviews with children each year, this has been reduced to a target of 4,000 adult and 1,800 child interviews annually for the 2012-2015 surveys.

Discontinuation of the Knowledge, Attitudes and Motivations to Health module

The NHS Health Scotland funded module of questions on knowledge, motivations and attitudes to health which was included in the 2008-2011 surveys was discontinued in 2012.

Interviewer administered biological samples and measurements

Since its inception in 1995, the SHeS interview included a second stage follow-up visit from a survey nurse to collect biological samples and measures. Prior to 2008 all participants were eligible to take part in this visit and between 2008 and 2011, a sub-sample of adult participants were invited to take part. The stage 2 nurse visit was discontinued in 2012. Instead, between 2012 and 2015, specially trained interviewers are taking many of the measurements and samples previously collected by survey nurses. As in 2008-2011, only a sub-sample of adult participants are eligible for the additional biological measures and samples. If the eligible participant agrees, they are offered the option of completing the module either at the end of the main interview or at another more convenient time.

Lung function, demispan and hip measurements are not included from 2012 onwards. In 2012 the biological module included:

- blood pressure
- questions on depression, anxiety and self-harm
- waist measurement
- saliva sample
- urine sample

1.1.3 The 2012 survey

The 2012 SHeS was designed to provide data at national level about the population living in private households in Scotland. The eligible age range for the survey in 2012 was all aged 0+.

An initial sample of 9,555 addresses was drawn from the Postcode Address File (PAF). These addresses were comprised of three sample types: 4,459 formed the main (core) sample, at which up to ten adults and up to two children per household were eligible to be interviewed; 4,140 addresses formed an additional child boost sample, at which only households containing children aged 0-15 were eligible to participate (up to two children at these households were eligible to be interviewed); the remaining 956 addresses formed the Health Board boost sample at which only adults were eligible for interview. Fife, Grampian and Dumfries & Galloway NHS Health Boards opted to boost the number of adults (16+) interviewed in their area in 2012. Children were not eligible to participate at Health Board boost addresses.

The 9,555 addresses were grouped into 417 interviewer assignments, with around 35 assignments being issued each month to interviewers between January 2012 and December 2012.

Sample type	Number of addresses issued in 2012
Main	4,459
Child Boost	4,140
Health Board Boost	956
<i>Total</i>	<i>9,555</i>

Data collection involved a main (core) interview, and if applicable, adults also completed the biological module. Of the 4,459 main addresses issued, 1,466 were flagged as eligible for the 'biological module sample'. At these addresses all adults (16+) that participated in the main interview were eligible to take part in the module. Only interviewers that were specially trained in administering biological measures and samples were allocated these addresses to work on. There was no biological module at the remaining main (core) sample addresses or at child boost or health board boost addresses.

1.1.4 The 2012 reports

The 2012 SHeS report consists of two volumes, published as a set as 'The Scottish Health Survey 2012.' Volume 1 presents results for adults and children on a variety of health topics. Volume 2 provides methodological information and survey documentation. Both volumes are available on the Scottish Government's SHeS website along with a short summary report of the key findings from Volume 1 (www.scotland.gov.uk/scottishhealthsurvey). From 2012 onward, paper versions of the report are no longer available.

1.1.5 Comparisons with previous surveys in the SHeS series

In the 2012 report comparisons are made with data collected earlier in the series (1995-2011). Having such an extensive trend period makes it possible to comment on whether any changes in health behaviours identified between years were real or an instance of sample fluctuation.

1.1.6 Health Board level analysis

Since 2008, the SHeS sample has been designed to be representative at the Health Board level (for all boards) after four years of data collection have taken place. Analysis of the 2008 to 2011 data by NHS Health Board was published in 2012 and is available on the SHeS website (www.scotland.gov.uk/scottishhealthsurvey). For this reason, the 2012 report does not include any analysis by NHS Board and the next Board level analysis is not due to be published until 2016 (results aggregated for years 2012-2015). Health Boards with larger samples may be able to analyse their own data before this time and users should consult the SHeS website for further guidance on analysis at different sub-geographies.

1.1.7 Access to data

The 2012 SHeS data will be deposited at the UK Data Archive at the University of Essex, from where earlier years' datasets and combined years datasets can also be obtained (www.data-archive.ac.uk).

1.2 SAMPLE DESIGN

1.2.1 Requirements

The sample for the 2012-2015 Scottish Health Surveys was designed by the Scottish Government. The sample design was coordinated with the sample designs for the Scottish Household Survey and the Scottish Crime and Justice Survey as part of a survey efficiency project and to allow the samples of the three surveys to be pooled for further analysis.³

There were three elements to the SHeS sample:

- 1 Main adult sample to allow annual reporting of Scotland level results and results for Health Boards at the end of the 2012-2015 four year cycle. This required an annual interview target of 4,000 adults for Scotland as a whole and a minimum of 125 adults for each Health Board. In addition, within the main sample there was a requirement for 1,000 adults to complete a biological module each year.
- 2 Child sample boost – overall there was a requirement for 1,780 child interviews for Scotland. The main sample was only expected to yield 780 child interviews so a further 1,000 interviews were required from a boost sample.
- 3 Health Board boosts – in 2012 Dumfries and Galloway, Grampian and Fife Health Boards opted to boost the number of adults interviewed in their Health Board. Each Health Board specified the target number of interviews for their boosts.

1.2.2 Sample design and assumptions

For all three elements, the 2012 Scottish Health Survey used a two-stage clustered sample design with intermediate geographies⁴ randomly selected at the first stage and address points at the second stage. With the exception of Orkney, Shetland and Western Isles (where datazones were used for clustering), the sample was clustered by intermediate geographies (IG) with one quarter of IGs selected for each year of fieldwork. This means that over four years of fieldwork all IGs are included in the sample and that the combined 2012-2015 sample is unclustered.

1.2.3 Main sample

As stated above, the annual sample size for Scotland in 2012 was 4,000 adults with a minimum of 125 adults in each Health Board. These were the minimum sample sizes required to allow effective reporting of Scotland-level results each year and Health Board results at the end of the four year (2012-2015) cycle. An iterative approach was taken to efficiently allocate the sample across all Health Boards. For the first iteration 4,000 adult interviews were allocated across Health Boards in proportion to the adult population. Any Health Boards allocated fewer than 125 adult interviews had their allocation increased to 125.

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

Figure 1A: SHeS target annual adult interviews, 2012-2015, by Health Board

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

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

There was a slight complication in the design due to local authority boundaries not being concurrent with Health Board boundaries. Where there was less than 2% of the local authority population outwith its main Health Board, it was assumed that the local authority was entirely located within the Health Board. This gave the following assumptions:

- Dumfries and Galloway LA lies completely in Dumfries and Galloway HB
- Perth and Kinross LA lies completely in Tayside HB
- Scottish Borders LA lies completely in Borders HB
- Falkirk LA lies completely in Forth Valley HB
- East Renfrewshire LA lies completely in Greater Glasgow and Clyde HB
- Glasgow City LA lies completely in the Greater Glasgow and Clyde HB
- Stirling LA lies completely in Forth Valley HB
- West Lothian LA lies completely Lothian HB

For North Lanarkshire and South Lanarkshire, 5.6% and 22.3% of the respective populations are located in Greater Glasgow and Clyde Health Board rather than Lanarkshire Health Board. Therefore, the sample stratification for the North Lanarkshire and South Lanarkshire local authority areas were each split into two with the west elements lying in Greater Glasgow and Clyde and the east elements lying in Lanarkshire.

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

1. Estimating the number of productive adult interviews per co-operating household. Based on response data to the 2008 and 2009 surveys, it was estimated that there would be 1.5 interviews per co-operating household in Greater Glasgow and Clyde and 1.55 interviews in all other Health Boards.
2. Allocation of the target interviews and associated estimate of co-operating households to local authority strata proportionate to population.
3. Response rate assumptions were required in order to estimate the number of eligible addresses needed to yield the cooperating households target for each stratum. The response rate assumptions were applied according to the groups of local authorities shown in Figure 1B. The groupings were used as there was insufficient historic information on which to base individual local authority assumptions. Furthermore, Health Boards could not be used as there was a high degree of variability of response rates for local authorities within the same Health Boards. Therefore, local authorities were placed in 9 groups which had common attributes and comparable response rates. The response rate assumptions for the local authority groups were based on the weighted average for 2009.
4. The final step was to estimate the level of ineligible addresses. The estimates were calculated at local authority level and based on the average level of ineligible addresses from the Scottish Health Survey, Scottish Household Survey, Scottish Crime and Justice Survey, and Scottish House Condition Survey from 2007 to 2009/10.

Figure 1B: Local authority groupings for response rate assumptions

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

Figure 1E shows the number of selected addresses for the main sample in 2012.

1.2.4 Child boost sample

A total of 1,780 child interviews were required each year for the 2012-2015 surveys. Based on the 2009 survey, it was estimated that the main sample would provide 780 child interviews, therefore, to reach the target number of child interviews, a child boost sample was required to yield a further 1,000 interviews.

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

1. The overall target sample of 1,780 child interviews was allocated proportionally to Health Boards based on the child (those aged under 16) population. The expected number of child interviews from the main sample was then subtracted from the overall target sample to obtain the child boost target sample for Health Boards. If the number expected from the main sample was greater than the overall required number of child interviews for a Health Board then the boost target was set to zero and the remaining sample was redistributed so the overall target remained at 1,780. The following table shows the target sample sizes for the main sample and child boost sample by Health Board.

Figure 1C: SHeS target annual child interviews, 2012-2015, by HB

Health Board	Expected child interviews from main sample	Child interviews from boost	Total child interviews
Ayrshire and Arran	50	73	123
Borders	24	14	38
Dumfries and Galloway	24	24	48
Fife	49	75	124
Forth Valley	39	64	103
Grampian	73	108	181
Greater Glasgow and Clyde	167	229	396
Highland	42	60	102
Lanarkshire	74	127	201
Lothian	112	155	267
Orkney	24	0	24
Shetland	24	0	24
Tayside	54	76	130
Western Isles	24	0	24
Total	780	1005	1785

2. Performance in the 2008 and 2009 child boost samples were used to estimate the required number of co-operating households with children in each Health Board.
3. To estimate the proportion of childless households, data from the 2007 and 2008 Scottish Household Surveys was used. As there was little variation across different areas a Scotland level estimate of households without children (74.6%) was used.
4. Analysis of survey response to the child boost samples in the 2008 and 2009 surveys found that the response rate was consistently higher for the child boost than the main sample. Therefore, the estimated response rates for the child boost sample were set at 6% higher than the main sample response rate for each local authority area.
5. The ineligible address assumptions for the main sample were applied to the sample address calculations for the child boost sample.

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

1.2.5 Health Board boost samples

Individual Health Boards were given the opportunity to fund a boost to their sample to allow them to get local level results more frequently or to allow analysis below Health Board level after four years. For 2012, Dumfries and Galloway, Fife and Grampian opted to boost their adult samples. The following table shows the target sample size for each of the three Health Boards.

Figure 1D: Target sample for Health Board boosts

Health Board	Target interviews for boost
Dumfries and Galloway	300
Fife	300
Grampian	300
Total	900

The main sample was selected before the areas opting to boost were confirmed so boost samples were supplementary to the main sample. For Dumfries and Galloway and Grampian the sample design followed the process outlined above for the main sample. Fife Health Board requested that the combined main sample and boost sample was equally distributed across its three Community Health Partnership areas. This required an extra level of stratification for Fife before the process above could be followed. The same active PSUs as the main sample were used for the Health Board boost samples.

Figure 1E: Selected addresses by strata

Sample strata	Main sample selected addresses	Health Board boost samples	Child boost sample selected addresses	Total sampled
Aberdeen City	188	149	173	510
Aberdeenshire	170	135	201	506
Angus	81	-	86	167
Argyll & Bute	73	-	70	143
Clackmannanshire	36	-	44	80
Dumfries & Galloway	128	306	92	526
Dundee City	109	-	107	216
East Ayrshire	83	-	90	173
East Dunbartonshire	85	-	87	172
East Lothian	70	-	82	152
East Renfrewshire	72	-	83	155
Edinburgh, City of	431	-	365	796
Eilean Siar	131	-	0	131
Falkirk	109	-	129	238
Fife	264	315	293	872
Glasgow City	538	-	492	1030
Highland	166	-	178	344
Inverclyde	70	-	69	139
Midlothian	57	-	66	123
Moray	64	51	70	185
North Ayrshire	95	-	106	201
North Lanarkshire East	219	-	278	497
North Lanarkshire West	15	-	17	32
Orkney Islands	124	-	0	124
Perth & Kinross	112	-	114	226
Renfrewshire	144	-	146	290
Scottish Borders	138	-	58	196
Shetland Islands	121	-	0	121
South Ayrshire	79	-	78	157
South Lanarkshire East	183	-	218	401
South Lanarkshire West	44	-	45	89
Stirling	65	-	76	141
West Dunbartonshire	76	-	78	154
West Lothian	119	-	149	268
Total	4,459	956	4,140	9,555

1.2.6 Sample Selection

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

- It has previously been used as the sample frame for Scottish Government surveys so previously recorded levels of ineligible addresses could be used to inform assumptions for 2012 sample design
- It has excellent coverage of addresses in Scotland
- The small user version excludes the majority of businesses

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

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

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

The sample design specified Section 1.2.1 was implemented in three stages:

1. All primary sampling units (which were datazones on the islands and intermediate geographies elsewhere) were randomly allocated to one of the four years of fieldwork. This meant that each year the sample was drawn from one quarter of PSUs and ensured that over four years (2012-2015) of fieldwork all addresses had a non-zero probability of selection. One quarter of the target adult sample was also required to complete the biological module. To make fieldwork more efficient, rather than randomly allocating addresses from the entire survey to the module, each year primary sampling units were allocated to the biological module with all selected addresses within those PSUs being eligible for the biological interview. While one-quarter of the sample was required to complete the biological module, to guard against a lower response rate, in 2012, 32% of PSUs were allocated to the biological module.

Figure 1F: Primary sampling units selected, 2012

Health Board	PSUs in 2012 Sample	Total PSUs
Angus	23	90
Ayrshire and Arran	23	92
Borders	7	29
Dumfries and Galloway	8	35
Fife	26	103
Forth Valley	18	74
Grampian	32	128
Greater Glasgow and Clyde	68	273
Highland	19	76
Lanarkshire	34	137
Lothian	45	177
Orkney	6	27
Shetland	7	30
Western Isles	9	36
Total	325	1,307

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

1.2.7 Selecting households at addresses with multiple dwellings

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

1.2.8 Selecting individuals within households

For the main sample and the Health Board boost all adults aged 16 and over in responding households were selected for interview. To ease respondent burden, a maximum of two children were interviewed at

each household for both the main sample and the child boost sample. If a household contained more than two children then two of them were randomly selected for interview.

1.3 TOPIC COVERAGE

1.3.1 Introduction

The most recent consultation on the SHeS questionnaire was carried out in 2011, ahead of the 2012 to 2015 surveys. Many of the topics included in previous years of the survey have been included again in 2012 to 2015. As with previous years, the survey had a focus on cardiovascular disease (CVD) and associated risk factors.

1.3.2 Documentation

Copies of all the survey data collection documents are included in Appendix A. Full copies of the main interview and biological module questionnaire documentation are also included in Appendix A. Protocols for measurements (height, weight, waist and blood pressure) and for the collection of biological samples (saliva and urine) are included in Appendix B. A summary of the content of the 2012 main interview and biological module is provided below.

1.3.3 Main interview

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

Version A households accounted for approximately two thirds of the core sample. At these households the questionnaire included the core questions and the Version A rotating module questions. Version B households accounted for the remaining third of the core sample. At these addresses participants were only asked the core questions and in addition, adult participants were also asked to take part in the biological module.

Core Version A topics in 2012 were: core interview topics plus respiratory symptoms, asthma, barriers and motivations to exercise, and adult eating habits.

Figure 1G: Content of the 2012 Interview

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

A number of changes were made to the questionnaire content in advance of the 2012 to 2015 surveys. All new, and amended questions, have been flagged in the full questionnaire documentation in Appendix A. In summary, the main changes to the questionnaire in 2012 were as follows:

General health and illness

The wording of the question about long-term conditions was amended slightly in 2012-2015 to bring it into line with the harmonised question used across all three of the Scottish Government large-scale household population surveys. Additional categories were also included for the question which asks about the extent to which a condition limits the participant's activities (yes, a little and yes, a lot).

Caring Responsibilities

- The wording of the question about caring responsibilities was amended in 2012-2015 to bring it in line with the question used in the 2011 Census.
- Questions on caring responsibilities were extended to children aged 4 to 15 (for children aged 4 to 12 parents would answer on their child's behalf).
- Question on who care is being provided for were expanded to enable separate identification of outwith the household answer options.
- The answer categories for the question on hours spent providing care were amended and aligned with the 2011 Census question.
- Additional questions on hours spent providing care, impact of caring on employment and support for carers have been included.

CVD Conditions, High Blood Pressure and Diabetes

Questions on surgery and other treatment for conditions are no longer being asked in 2012-2015.

Self-reported Blood Pressure and Cholesterol Measurements

These questions have not been included in the 2012-2015 surveys.

Rose Angina

These questions have not been included in the 2012-2015 surveys.

Edinburgh Claudication

These questions have not been included in the 2012-2015 surveys.

Asthma

A reduced set of questions have been retained in the Version A module for 2012 and 2014. These include:

- Prevalence of wheezing and whistling, details about attacks and whether wheezing or whistling has affected sleep or daily activities.
- Three questions on wheezing and whistling were also been retained and moved to the core interview for 2012-2015. These questions are about prevalence of asthma.
- Questions about breathlessness and treatment for asthma and wheezing or whistling are no longer being asked in 2012-2015.

MRC Respiratory Module

- A reduced set of questions about phlegm and shortness of breath have been retained in the Version A module and will be included in the 2012 and 2014 surveys.
- Questions about attacks of wheezing or whistling and shortness of breaths have not been included in the 2012-2015 surveys.

Adult Physical Activity

- Additional questions on, muscle strengthening activities in adults aged 16 and over, balance improving activities in adults aged 65 and over and walking exertion in adults aged 65 and over have been included in 2012-2015. Questions on muscle strengthening and balance applied to sporting activities only.
- An additional question which asks about participation in an extended range of sports has been added in 2012-2015.
- The questions about physical activity at work which were previously asked of the household reference person in Core - Version A are not being asked in the 2012-2015 surveys.
- A new question about length of time spent sitting down at work has also been included in 2012-2015.

Time spent in front of a screen (adults and children)

- Questions about the amount of time spent sitting watching TV or in front of another type of screen have been retained and moved from the Version A module to the core interview. An additional question about time spent doing other sedentary activity during leisure time has been included in the 2012-2015 surveys.

Motivations and barriers to sport

Additional questions about motivations and barriers to sport have been added for adults in Version A in 2012 (and 2014).

Eating Habits and DINE questionnaire (Dietary Instrument of Nutrition Education)

Questions about eating poultry, drinking water and adding salt to dishes are not being included in the 2012-2015 surveys.

Vitamins and supplements

- Questions about vitamin, mineral and supplement intake have been retained and moved to the core interview in the 2012-2015 surveys (previously this was asked during the nurse visit).
- A previous question about type of vitamins, minerals or supplements consumed is not included in the 2012 to 2015 surveys.

Smoking behaviour

A new question on the length of time people, who had previously smoked, has been stopped for is included in the 2012-2015 surveys.

Nicotine replacement

- Questions about nicotine replacement products and therapies have been moved to the core interview (in previous years these were included in the nurse interview).
- Additional response categories have been added to the question asking which nicotine replacement products have been used.

Passive smoking

- The question about passive smoking has been retained in 2012-2015 although the response categories have been adjusted to reflect the changes in legislation. The age range has also been extended and this question is now asked of all participants (children aged 0-15 were previously not asked this question).
- A new question on smoking rules in the home has been included in the household questionnaire for the 2012-2015 surveys.

Alcohol consumption

- The question about comparisons with drinking behaviour five years ago is no longer being asked in 2012-2015.
- The questions about who people are with and where they consume the most alcohol have been retained but the secondary questions are no longer being asked in 2012-2015.
- In 2012-2015, the self-completion CAGE problem drinking questionnaire has been replaced with the AUDIT questionnaire.

Parental health

New questions about family members' experience of heart disease, stroke and diabetes are being included in the core questionnaire on the 2012-2015 surveys.

National Identity

The question on a participant's national identity is not being asked in the 2012-2015 surveys.

Food poisoning

Questions about food poisoning are no longer being asked in 2012-2015.

Harmonised questions

In 2012, the Scottish Government introduced a set of core harmonised questions to their large cross-sectional population surveys. The purpose was to enable the data for these questions to be pooled across the surveys, providing better estimates for both smaller geographical areas and sub-groups at the national level.

This led to some changes to these questions on SHeS including minor changes to the wording on questions on car ownership, marital status, caring status and household income. There was also a change in the employment status questions to enable the International Labour Organisation's (ILO) definition of economic activity to be derived from the data. Questions with amendments made in 2012 are highlighted in the questionnaire documentation (Appendix A).

Questions about perceptions of crime were included in the survey for the first time in 2012. These are included in the household questionnaire and are only asked of one adult (the person answering the household questionnaire). The order that this set of questions is asked in has been randomised to minimise order effects.

An additional question about country of birth has also been added to the individual questionnaire and is asked of all respondents.

1.3.4 Self-completion questionnaire

Participants aged 13 and over were asked to fill in a self-completion booklet during the interview. In all, four different booklets were used in the survey. The version administered was dependent on a participant's age.

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

Booklet for adults	AUDIT questionnaire (designed to identify signs of hazardous or harmful drinking or possible alcohol dependence), GHQ12, Warwick Edinburgh Mental Well-being scale (WEMWBS), gambling, use of contraception, and sexual orientation
Booklet for young adults	Smoking, drinking, AUDIT questionnaire (designed to identify signs of hazardous or harmful drinking or possible alcohol dependence), GHQ12, WEMWBS, gambling, use of contraception, and sexual orientation
Booklet for 13-15 year olds	GHQ12 and WEMWBS
Booklet for parents of 4-12 year olds	Strengths and Difficulties Questionnaire (SDQ) designed to detect behavioural, emotional and relationship difficulties in children.

1.3.5 Height and Weight

Interviewers measured the height and weight of all participants aged 2 and over. Protocols for taking height and weight measures are included in Appendix B.

1.3.6 Biological module

As highlighted previously, the nurse visit was discontinued after the 2011 survey. From 2012 to 2015, specially trained interviewers are instead collecting some of the measurements and samples previously collected by nurses.

At a sub-sample (of around a third) of main sample addresses, adults (aged 16 and over) were eligible to complete the biological module. The module could either be completed immediately after the main interview or on a separate occasion.

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

In addition to height and weight measurements, interviewers also took the following measurements from participants to the biological module: blood pressure and waist circumference. Written agreement was also sought to take samples of saliva (for the analysis of cotinine, a derivative of nicotine) and spot urine samples (for the analysis of dietary sodium). Lung function and hip measurements as well as blood samples taken by venepuncture were not included in 2012. The possibility of including dried blood spots, which would enable the analysis of total cholesterol, glycated haemoglobin and C-reactive protein, is currently being explored.

The set of questions about depression, anxiety, suicide attempts and self-harm (taken from the Adult Psychiatric Morbidity Survey) has been included in the survey since 2008.⁵ Between 2008 and 2011 these questions were included in the nurse interview. In 2012, they were moved into the biological module and are now administered via computer assisted self-interviewing (CASI) instead of face to face CAPI. Three of the questions on self-harm previously included are not being asked in the 2012-2015 surveys.

Figure 1H: Content of the 2012 Biological Module

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

1.4 FIELDWORK PROCEDURES

1.4.1 Advance letters

Each sampled address was sent an advance letter that introduced the survey and stated that an interviewer would be calling to seek permission to interview. Three versions of the advance letter were used in 2012; one for the core version A and Health Board boost addresses in the sample, one for the core version B (with the biological module) addresses and a separate version for the child boost addresses. A copy of the survey leaflet was included with every advance letter. The survey leaflet introduced the survey, described its purpose in more detail and included some summary findings from previous surveys.

1.4.2 Making contact

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

The interviewer then attempted to make contact with each household. In the main sample they attempted to interview all adults (up to a maximum of ten) and up to two children aged 0-15 (see Section 1.2). At child boost sample households, interviewers first screened for children aged 0-15. In those households where children were present up to two children were selected for interview. Interviewers sought the consent of the parent and the child before the interview. At Health Board boost sample households interviewers attempted to interview a maximum of ten adults at selected households.

1.4.3 Collecting data

Interviewers used computer assisted interviewing.

At each co-operating eligible household in all sample types, the interviewer first completed a household questionnaire, information being obtained from the household reference person⁶ or their partner wherever possible. This questionnaire obtained information about all members of the household, regardless of age. The CAPI program then created individual questionnaires for each eligible participant in the household.

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

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

In addition to an advance letter and general survey leaflet, participants were also given a more detailed leaflet describing the contents and purpose of the interview. Adults in households eligible for the biological module were given a longer version of this leaflet, (as well as a Measurement Record Card) providing information on each of the measurements and samples being taken. A separate version of this leaflet was used for children in the main and child boost households. Parents at child boost addresses were also given a leaflet containing background information on the survey. Participant leaflets are included in Appendix A.

1.4.4 Introducing the biological module

Only a sub-sample of adults in the main sample was eligible to take part in the biological module. At the end of the main interview, adult participants at the Version B addresses were asked for their agreement to take part in the biological module stage of the survey. Wherever possible, interviewers would carry out the measurements and collect the samples directly after the main interview. If this was not possible the interviewer would arrange to go back at a convenient time to complete this part of the survey. During this module the interviewer carried out the measurements described in Section 1.3.6 and obtained the saliva and urine samples from those adults eligible and willing to provide these samples. Written consent was obtained from participants before saliva and urine samples were taken.

1.4.5 Interviewing and measuring children

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

1.4.6 Feedback to participants

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

Participants eligible for the biological module were also given a Measurement Record Card which had more information on the measurements and sample that the interviewers administered. If participants had their waist measurement and blood pressure taken then interviewers recorded their results on this card (if the participant wished). Prior to 2012 blood pressure results were sent to a participant's GP along with blood sample results if the respondent wished but this is no longer the case.

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

1.5 FIELDWORK QUALITY CONTROL AND ETHICAL CLEARANCE

1.5.1 Training interviewers

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

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

Training to administer the biological module took place over three days. At the end of the training session interviewers were accredited on administering each of the measurements and samples and were only able to work on the module if they passed their accreditation.

Interviewers were also accompanied by a nurse supervisor (with previous experience of working on the survey) on their first visit. They are also supervised in the field every six months by an experienced survey nurse to ensure they are administering the measurements and samples in line with SHeS protocols.

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

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

1.5.2 Checking interviewer and measurement quality

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

Recalls to check on the work of interviewers were carried out at 10% of productive households.

The computer program used by interviewers had in-built soft checks (which can be suppressed) and hard checks (which cannot be suppressed) which included messages querying uncommon or unlikely answers as well as answers outside an acceptable range. For example, if someone aged 16 or over had a height entered in excess of 1.93 metres, a message asked the interviewer to confirm that this was a correct entry (a soft check), and if someone said they had carried out an activity on more than 28 days in the last four weeks the interviewer would not be able to enter this (a hard check). For children, the checks were age specific. Some infants were weighed by having an adult hold them; the weight of the adult on their own was entered into the computer followed by the combined weight of the infant and adult. A hard check was used to ensure that the weight entered for the adult alone did not exceed the weight of the infant and adult combined.

1.5.3 Ethical clearance

Ethical approval for the 2012 survey was obtained from the Multi-Centre Research Ethics Committee for Wales (REC reference number: 11/WA/0246).

1.6 SURVEY RESPONSE

1.6.1 Introduction

This section presents the fieldwork outcomes for the sampled addresses in 2012. Survey response is an important indicator of survey quality as non-response can introduce bias into survey estimates. Standardised outcome codes (based on an updated version of those published in Lynn et al (2001)⁷ for survey fieldwork were applied across the SHeS, SHS and SCJS to allow for consistent reporting of fieldwork performance and effective comparison of performance on the surveys.

1.6.2 Household response

Table 1.1 shows a detailed breakdown of the SHeS response for all sampled addresses for Scotland using the standardised outcome codes cited above. The addresses of unknown eligibility have been allocated as either eligible or ineligible proportional to the levels of eligibility for the remainder of the sample. This approach provides a conservative estimate of the household response rate as it estimates a high proportion of eligible cases among those addresses with unknown eligibility.

In each selected household in the main sample all adults and a maximum of two children were eligible for interview. When considering the household response rate, households classed as “responding” were those where at least one eligible person was interviewed. The table shows that for the combined main and boost sample 65.8% of eligible households were classed as responding with all individual interviews complete at 51.1% of households.

For the child boost sample 71.9 of selected addresses were ineligible as the households did not contain any children under the age of 16. For eligible households 70.5% were classed as responding, with almost all possible interviews being completed in the responding households.

Table 1.2 shows that across Health Boards the household response rate for the main (including Health Board boost sample) ranged from 58% (Lanarkshire) to 80% (Western Isles). Fully cooperating households were those where all eligible individuals were interviewed, had height and weight measured and (if selected) completed the biological module.

Table 1.3 shows that the household response rate for eligible addresses in the child boost sample varied between 60% (Highland) and 94% (Dumfries and Galloway). **Table 1.1 – Table 1.3**

1.6.3 Individual response for adults

Overall, in 2012, there were 4,815 interviews with adults with 1,020 also taking part in the biological module.

In order to calculate the adult response rate, since all adults in households were eligible for interview, the number of adults in non-responding households had to be estimated to calculate the total number of adults in all eligible households. This was done by calculating the average number of adults per household for responding households and non-responding households (where information on the composition is known) and then applying this to the households where nothing was known. The total estimated number of adults from sampled addresses eligible for interview is referred to as the “set” sample. For 2012 the set sample was 4,104 men and 4,546 women.

Table 1.4 shows the adult response rate broken down by gender. In 2012, the adult response rate was 52% for men, 59% for women and 56% overall.

In responding households (those households where at least one interview with an eligible person was completed) information on the age and gender of all members of the household (not just responding individuals) was collected. This allowed the consideration of response to stages of the survey by individual characteristics as shown in tables 1.5 and 1.6. Younger men and women had lower response rates (54% for men and 66% for women aged 16-24) than older age groups (over 90% response rate for men and women aged over 65).

As part of the biological module, respondents were asked to have their waist and blood pressure measured and to provide saliva and urine samples. Almost all individuals completing the biological module interview allowed the waist and blood pressure measurements to be taken but there was a drop off in providing the samples. Of those eligible for the biological module, a urine sample was either refused or not obtained for 9% of men and 14% of women.

Table 1.9 shows that men are under-represented in the SHeS sample compared to NRS population estimates as they made up 44% of the sample but 48% of the population. Younger age groups were also under-represented in the SHeS sample when compared to NRS population estimates. In particular, men under 35 and women under 25 were under-represented. Conversely, men and women over 65 were over represented in the sample. This pattern of lower age groups being under-represented was generally repeated across each of the Health Boards as shown in Table 1.11.

Tables 1-4-1.6, Table 1.9 and Table 1.11

1.6.4 Individual response for children (0-15)

Interviews were undertaken with 1,787 children aged 0 to 15, with 847 interviews taking place as part of the main sample and 940 as part of the child boost.

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

Table 1.7 shows that overall response rates for both the main sample and the child boost were the same for boys and girls with a response rate of 58% for the main sample and 69% from the child boost sample.

Child response rates have also been calculated for children in responding households. Table 1.8 shows that for age groups under 11 years old the response rate for boys and girls was fairly consistent at over 94% for every group, however, the response rate for children aged 11 to 15 was slightly lower at 88% for both boys and girls.

Table 1.10 shows that the overall child sample provided a good representation of the child population in terms of age groups as the proportion in each age group for the sample and NRS population estimates were very similar.

Tables 1.7, 1.8 and 1.10

1.7 WEIGHTING THE DATA

1.7.1 Introduction

This section presents information on the weighting procedures applied to the survey data. For 2012 the weighting was undertaken by the Scottish Government rather than the survey contractor (as had previously been the case), but the methodology applied was largely consistent with that from the 2008 to 2011 sweeps of the survey. The procedures for the implementation of the weighting methodology were

developed by the Scottish Government working with the Methodology Advisory Service at the Office for National Statistics.⁸

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

1.7.2 Main adult weights

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

Address selection weights (w1)

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

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

Dwelling unit selection weights (w2)

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

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

With w2 trimmed to a maximum of 3.

Household selection weights (w3)

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

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

With (w3) trimmed to a maximum of 3.

Calibrated household weights (w4)

The three selection weights were combined ($w1 * w2 * w3$) prior to the household calibration stage. This combined weight was applied to the survey data to act as entry weights for the calibration. The execution of the calibration step then modified the entry weights so that the weighted total of all members of responding households matched the population

totals for Health Boards, Scotland-level population totals for age/sex breakdown, and the population within SIMD15 areas. The population totals were used were the National Records of Scotland's (NRS) mid-2011 estimates for private households⁹. Figures 1I – 1K show the target populations.

Adult non-response weights (w5)

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

The following variables were considered for inclusion in the model:

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

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

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

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

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

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

Individual calibration and final adult weight (int12wt)

The household (w4) and non-response (w5) were combined (w4*w5) and applied to the survey data prior to the final stage of calibration weighting which matched weighted totals for the survey data to the NRS 2011 mid-year population estimates for Health Boards, age/sex distribution at Scotland level and age/sex distribution for the Greater Glasgow & Clyde Health Board.

Figure 1I: 2011 Mid-year population estimates for private households in Scotland by Health Board

Health Board	Children	Adults	Total
Ayrshire & Arran	62,920	299,880	362,800
Borders	19,730	92,360	112,080
Dumfries & Galloway	24,240	122,140	146,370
Fife	64,860	295,270	360,140
Forth Valley	53,570	234,720	288,290
Grampian	96,330	445,510	541,840
Greater Glasgow & Clyde	208,380	980,690	1,189,070
Highland	52,780	253,240	306,010
Lanarkshire	105,350	452,840	558,200
Lothian	142,090	685,990	828,080
Orkney	3,320	16,610	19,960
Shetland	4,180	18,030	22,200
Tayside	67,880	326,900	394,780
Western Isles	4,360	21,480	25,830
Total	909,990	4,245,660	5,155,650

Total figures might not be exact due to rounding

Figure 1J: 2011 Mid-year population estimates for private households in Scotland by SIMD15 indicator

SIMD15	Total population
15% most deprived datazones	737,719
All other datazones	4,417,931
Total	5,155,650

Total figures might not be exact due to rounding

Figure 1K: 2011 Mid-year population estimates for private households in Scotland by age group

Age group	Male	Female	Total
0-4	151,310	145,347	296,657
5-9	139,220	133,158	272,378
0-15	174,751	166,204	340,955
16-24	298,970	287,550	586,520
25-34	337,990	332,300	670,290
35-44	335,500	365,380	700,880
45-54	370,270	402,150	772,420
55-64	319,520	337,250	656,770
65-74	221,450	253,430	474,880
75+	152,370	231,530	383,900
Total	2,501,351	2,654,299	5,155,650

Total figures might not be exact due to rounding

1.7.3 Biological module weights

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

Address selection weight (bw1)

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

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

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

Calibrated household weight (bw4)

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

Adjustment for biological module selection (bw5)

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

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

Application of adult non-response (w5)

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

Non-response weight for biological module interview

Not all of the adults that responded to the main section of the interview responded to the biological module. Using the information collected for the respondent in the main interview and household interview the likelihood of responding to the biological module was modelled with logistic regression. The following variables were considered for inclusion in the model:

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

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

- Health Board
- Age/sex
- Number of adults in the household
- Frequency of eating meals together
- Self-assessed general health
- Marital status
- Located within SIMD15 area
- Long-term illness or disability
- Highest qualification held

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

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

Final calibration for biological module (bio12wt)

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

For the final stage of biological module weighting the weighted totals for the survey data were calibrated to match the NRS 2011 mid-year

population estimates for Health Boards, age/sex distribution at Scotland level. However, due to the low sample size for the module a number of the categories had to be collapsed. In terms of Health Boards, all areas except for Grampian, Greater Glasgow and Clyde, Highland, and Lanarkshire were grouped together. For the age groups, the lowest two age groups were combined as were the highest two age groups.

1.7.4 Non-biological module weights (Version A)

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

Address selection weight (bw1)

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

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

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

Calibrated household weight (bw4)

As derived for the biological module.

Adult non-response weight (w5)

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

Final calibration for Version A weight (vera12wt)

The household (bw4) and adult non-response (w5) weights were combined ($bw4 * w5$) and applied to the survey data. As was the case with the main adult weight and biological module weight, the weighted totals for the survey data were calibrated to match the NRS 2011 mid-year population estimates for Health Boards, age/sex distribution at Scotland level.

1.7.5 Overall child weights

An overall child weight was derived for child responses from the main sample and from the child boost combined. Separate logistic regression non-response weights were not required for the child samples as the response rate for children within cooperating households was sufficiently high at 94%. The weighting steps are shown below. The first two steps followed the same process as described in Section 1.7.2

Address selection weight for main sample and child boost combined (cw1)

Dwelling unit (cw2) and household (cw3) selection weights

Selection of children within each household (cw4)

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

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

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

Calibration for child interview weight (cint12wt)

The address selection (cw1), dwelling unit (cw2), household (cw3) and child selection weights (cw4) were combined ($cw1*cw2*cw3*cw4$) and applied to the survey data. The weighted totals for the survey data were calibrated to match the NRS 2011 mid-year population estimates for Health Boards, age/sex distribution at Scotland level.

1.7.6 Main sample child weights

Some analysis can only be undertaken on child responses from the main sample. Therefore, a separate child weight is required for this subset of child responses. The steps were the same as those for the overall child weights:

Address selection weight for main sample (mcw1)

Dwelling unit (cw2) and household (cw3) selection weights

Selection of children within each household (cw4)

Calibration for main sample child interview weight (cvera12wt)

The address selection (mcw1), dwelling unit (cw2), household (cw3) and child selection weights (cw4) were combined ($mcw1*cw2*cw3*cw4$) and applied to the survey data. The weighted totals for the survey data were calibrated to match the NRS 2011 mid-year population estimates for Health Boards, age/sex distribution at Scotland level. Due to the low sample size of children from the main sample most of the Health Boards had to be grouped together – only Greater Glasgow and Clyde and Lothian were kept separate.

1.8 DATA ANALYSIS AND REPORTING

SHeS is a cross-sectional survey of the population. It examines associations between health states, personal characteristics and behaviour. However, such associations do not necessarily imply causality. In particular, associations between current health states and current behaviour need careful interpretation, as current health may reflect past, rather than present, behaviour. Similarly, current behaviour may be influenced by advice or treatment for particular health conditions.

1.8.1 Reporting age variables

Defining age for data collection

A considerable part of the data collected in the 2012 SHeS is age specific, with different questions directed to different age groups. During the interview the participant's date of birth was ascertained. For data collection purposes, a participant's age was defined as their age on their last birthday before the interview.

Age as an analysis variable

Age is a continuous variable, and an exact age variable on the data file expresses it as such (so that, for example, someone whose 24th birthday was on January 1 2012 and was interviewed on October 1 2012 would be classified as being aged 24.75 (24³/₄)).

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

Age standardisation

Some of the adult data included in the 2012 report have been age-standardised to allow comparisons between groups after adjusting for the effects of any differences in their age distributions. If data reported has been age-standardised this is highlighted in the title to the table or chart. When different sub-groups are compared in respect of a variable on which age has an important influence, any differences in age distributions between these sub-groups are likely to affect the observed differences in the proportions of interest.

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

Age standardisation was carried out using the direct standardisation method. The standard population to which the age distribution of sub-groups was adjusted was the mid-year 2011 household population estimates for Scotland.⁹ The age-standardised proportion p' was calculated as follows, where p_i is the age specific proportion in age group i and N_i is the standard population size in age group i :

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

Therefore p' can be viewed as a weighted mean of p_i using the weights N_i . Age standardisation was carried out using the age groups: 16-24,

25-34, 35-44, 45-54, 55-64, 65-74 and 75 and over. The variance of the standardised proportion can be estimated by:

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

where $q_i = 1 - p_i$.

1.8.2 Standard analysis breakdowns

National Statistics Socio-Economic Classification (NS-SEC)

SHeS 2012 measured socio-economic status using the National Statistics Socio-Economic Classification (NS-SEC) which was introduced in 2001. NS-SEC was introduced to SHeS in 2003 and replaced the social class measures used in the two previous rounds of survey, Registrar General's Social Class (SC) and Socio-economic Group (SEG).¹⁰

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

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

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

The remaining categories include those who have never worked, or who gave no occupational details or whose information was inadequately described or unclassifiable for other reasons. The analysis in the 2012 report was based on a five level version of this classification which combined the first two groups and the last two. Analysis is also possible using a three level classification which combines the intermediate and small employers and own account worker categories, and combines the lower supervisory group with the routine categories. All analysis was conducted using the NS-SEC of the HRP.

NS-SEC is a conceptually based schema which was developed from a sociological classification, the Goldthorpe Schema.^{11,12} The measure used in the 1995 and 1998 surveys, SC, used levels of occupation skill as the basis for its classification, whereas NS-SEC aims to differentiate between positions in the labour market in terms of aspects such as sources of income, job security, career advancement, authority and autonomy. A version of SC, derived from NS-SEC, has been produced by the Office for National Statistics and is available on the dataset.

Household income

The 2012 survey included questions designed to measure participants' household income. While household income alone can be used as an analysis variable, the analysis conducted for this report used an adjusted measure which took account of the number of persons within the household. The McClements method was used to equalise incomes; this is detailed in the Glossary at the end of this report. The equalised income measure was divided into quintiles for the presentation of analysis within the report, but the full continuous data is available on the dataset.

Scottish Index of Multiple Deprivation (SIMD)

The analysis was based on the 2012 version of the Scottish Index of Multiple Deprivation.¹³ It is based on 38 indicators in seven individual domains of current income, employment, housing, health, education, skills and training, geographic access to services and crime. SIMD is calculated at data zone level, enabling small pockets of deprivation to be identified. The data zones are ranked from most deprived (1) to least deprived (6505) on the overall SIMD index. The result is a comprehensive picture of relative area deprivation across Scotland. The index was divided into quintiles for the presentation of analysis within the report, a version divided into deciles is also available on the dataset. The full index is not available on the archived dataset due to concerns about its potential for identifying individual respondents or households.

1.8.3 Regression

Regression modelling has been used in two of the chapters, to examine the factors associated with selected outcome variables, after adjusting for other predictors. For instance, in Chapter 3, binary logistic regression analyses have been performed to examine the association between Alcohol Use Disorder Identification Test scores (AUDIT), and a

variety of predictor variables, including age, household income, marital status, and being a parent. Models were run for men and women separately. Chapter 9 also uses binary logistic regression to examine the association between being a problem gambler and various predictor variables. A wide range of possible predictor variables were tested in each model. This gives an estimate of the independent effect of each predictor variable on the outcome when all the other independent variables were included in the model.

The results of the binary logistic regression analyses are presented in tables showing odds ratios for the final models, together with the probability that the association is statistically significant. The predictor variable is significantly associated with the outcome variable if $p < 0.05$. The models show the odds of being in the particular category of the outcome variable (e.g. having an AUDIT score of 8 or above, displaying signs of an alcohol use disorder (AUD)) for each category of the independent variable (e.g. quintiles of equivalised household income). Odds are expressed relative to a reference category, which has a given value of 1. Odds ratios greater than 1 indicate higher odds, and odds ratios less than 1 indicate lower odds. Also shown are the 95% confidence intervals for the odds ratios. Where the interval does not include 1, this category is significantly different from the reference category.

Missing values were included in the analyses, that is, people were included even if they did not have a valid answer, score or classification in one or more of the explanatory variables. Where this was a large number of people, the missing values were included as a separate category (e.g. income), and where there were few records with a missing value, these individuals were included with the category containing the largest number of cases (e.g. economic status).

1.8.4 Design effects and true standard errors

SHeS 2012 used a clustered, stratified multi-stage sample design. In addition, weights were applied when obtaining survey estimates. One of the effects of using the complex design and weighting is that standard errors for survey estimates are generally higher than the standard errors that would be derived from an unweighted simple random sample of the same size. The calculations of standard errors shown in tables, and comments on statistical significance throughout the report, have taken the clustering, stratification and weighting into account. The ratio of the standard error of the complex sample to that of a simple random sample of the same size is known as the design factor. Put another way, the design factor (or 'deft') is the factor by which the standard error of an estimate from a simple random sample has to be multiplied to give the true standard error of the complex design. The true standard errors and defts for SHeS 2012 have been calculated using a Taylor Series expansion method. The deft values and true standard errors (which are themselves estimates subject to random sampling error) are shown in Tables 1.12 to 1.20 for selected survey estimates presented in the main report.

Tables 1.12 to 1.20

References and notes

- ¹ Further information on the Scottish Health Survey review and recommendations adopted as a result of the review can be found on the Scottish Government SHeS website:
www.scotland.gov.uk/Topics/Statistics/Browse/Health/scottish-health-survey
- ² *Scotland's Population 2011 – The Registrar General's Annual Review of Demographic Trends 157th edition*, Edinburgh: Scottish Government, 2012. Available from:www.gro-scotland.gov.uk/files2/stats/annual-review-2011/j21285200.htm
- ³ Further information on the sample designs and the methodology uses is available here:
<http://scotland.gov.uk/Topics/Statistics/About/SurveyDesigns201215>
- ⁴ Intermediate geographies are geographic units defined by the Scottish Government. They are made up of around five datazones and there are 1,235 across Scotland. Further information on intermediate geographies is available here:
www.scotland.gov.uk/Publications/2005/02/20732/53083
- ⁵ www.ic.nhs.uk/pubs/psychiatricmorbidity07
- ⁶ The household reference person (HRP) is defined as the householder (a person in whose name the property is owned or rented) with the highest income. If there is more than one householder and they have equal income, then the household reference person is the eldest.
- ⁷ Lynn, Peter, Beerten, Roeland, Laiho, Johanna and Martin, Jean (October 2001) 'Recommended Standard Final Outcome Categories and Standard Definitions of Response Rate for Social Surveys', Working Papers of the Institute for Social and Economic Research, paper 2001-23. Colchester: University of Essex.
- ⁸ A report on the development of the weighting procedures is available here:
www.scotland.gov.uk/Topics/Statistics/About/Surveys/WeightingProjectReport
- ⁹ 2011 estimates were used as the 2012 estimates were not available at the time the weighting was undertaken.
- ¹⁰ Full details of the NS-SEC classification can be found at: <http://www.ons.gov.uk/ons/guide-method/classifications/current-standard-classifications/soc2010/soc2010-volume-3-ns-sec--rebased-on-soc2010--user-manual/index.html>
- ¹¹ Goldthorpe, J.H. (1997) 'The 'Goldthorpe' class schema: some observations on conceptual and operational issues in relation to the ESRC review of government social classifications' in D. Rose and K. O'Reilly (eds). *Constructing Classes: Towards a New Social Classification for the UK*. Swindon: ESRC/ONS.
- ¹² Goldthorpe, J.H. (with C. Llewellyn) (1980/1987) *Social Mobility and Class Structure in Modern Britain*. Oxford: Clarendon.
- ¹³ www.scotland.gov.uk/Topics/Statistics/SIMD/Publications

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Table 1.1 Detailed fieldwork outcomes

2012

Fieldwork Outcome	Main sample and HB boost			Child boost		
	Sample	% issued	% eligible	Sample	% issued	% eligible
All eligible individuals interviewed	2470	45.6	51.1	612	14.8	69.5
Responding	3183	58.8	65.8	621	15.0	70.5
Refused						
Sampling unit information refused	128	2.4	2.6	14	0.3	1.6
Office refusal	137	2.5	2.8	43	1.0	4.9
Refusal at introduction / before interview	810	15.0	16.7	125	3.0	14.2
Refusal during the interview	1	0.0	0.0	0	0.0	0.0
Broken appointment - no re-contact	135	2.5	2.8	13	0.3	1.5
Total refused	1211	22.4	25.0	195	4.7	22.1
Non-contact						
No contact with anyone at the address	143	2.6	3.0	32	0.8	3.6
Contact made at address, but not with target respondent	28	0.5	0.6	6	0.1	0.7
Total non-contact	171	3.2	3.5	38	0.9	4.3
Other non-response						
Ill at home during field period	49	0.9	1.0	0	0.0	0.0
Away or in hospital throughout field period	58	1.1	1.2	3	0.1	0.3
Physically or mentally unable/incompetent	64	1.2	1.3	2	0.0	0.2
Language barrier	13	0.2	0.3	4	0.1	0.5
Other non-response (not covered by categories above)	70	1.3	1.4	13	0.3	1.5
Total other non-response	254	4.7	5.3	22	0.5	2.5

Continued...

Table 1.1 - Continued

2012

Fieldwork Outcome	Main sample and HB boost			Child boost		
	Sample	% issued	% eligible	Sample	% issued	% eligible
Unkown eligibility						
Not attempted	2	0.0		1	0.0	
Inaccessible	3	0.1		0	0.0	
Unable to locate address	13	0.2		12	0.3	
Other unknown eligibility	3	0.1		9	0.2	
Total unknown eligibility	21	0.4		22	0.5	
Estimated eligible addresses in set of unknown eligibility addresses	19	0.3	0.4	5	0.1	0.5
Total eligible addresses	4838	89.3	100.0	881	21.3	100.0
Not eligible						
No children 0-15 in household	n/a			2963		
Not yet built / under construction	2	0.0		5	0.1	
Demolished / derelict	17	0.3		10	0.2	
Vacant / empty	351	6.5		165	4.0	
Non-residential	64	1.2		48	1.2	
Address occupied, but no resident household	102	1.9		40	1.0	
Communal establishment / institution	8	0.1		0	0.0	
Other ineligible (details to be recorded)	31	0.6		11	0.3	
Estimated ineligible addresses in set of unknown eligibility addresses	2	0.0		17	0.4	
Total not eligible	577	10.7		3259	78.7	
All issued addresses	5415	100.0		4140	100.0	

Table 1.2 Main sample household response, by Health Board

Selected addresses/eligible households

2012

Address and household outcome	Health Board														Total
	Ayrshire & Arran	Borders	Dumfries and Galloway	Fife	Forth Valley	Grampian	Greater Glasgow & Clyde	Highland	Lanarkshire	Lothian	Orkney	Shetland	Tayside	Western Isles	
	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Main sample^a															
Selected addresses	257	138	434	579	209	757	1046	239	401	677	124	121	302	131	5415
Ineligible addresses	40	16	72	52	7	59	96	36	33	78	12	16	38	20	577
Total eligible households	217	122	362	527	202	698	950	203	368	599	112	105	264	111	4838

Continued...

Table 1.2 - Continued

Selected addresses/eligible households

2012

Address and household outcome	Health Board																		Total											
	Ayrshire & Arran		Borders		Dumfries and Galloway		Fife		Forth Valley		Grampian		Greater Glasgow & Clyde		Highland		Lanarkshire		Lothian		Orkney		Shetland		Tayside		Western Isles		N	%
Household response	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%		
Responding households ^c	154	71	73	60	270	75	351	67	138	68	461	66	576	61	143	70	212	58	361	60	78	70	77	73	200	76	89	80	3183	66
All interviewed ^d	132	61	57	47	226	62	280	53	114	56	367	53	441	46	112	55	135	37	265	44	49	44	51	49	174	66	67	60	2470	51
Fully co-operating ^e	113	52	41	34	145	40	190	36	72	36	266	38	316	33	89	44	96	26	210	35	34	30	33	31	138	52	47	42	1790	37
Non-responding households	63	29	49	40	92	25	176	33	64	32	237	34	374	39	60	30	156	42	238	40	34	30	28	27	64	24	22	20	1657	34
Non-contact – eligible	1	0	9	7	0	0	13	2	5	2	41	6	44	5	3	1	15	4	29	5	2	2	5	5	4	2	0	0	171	4
Non-contact – unknown eligible	0	0	0	0	2	1	0	0	0	0	5	1	4	0	1	0	0	0	3	1	1	1	0	0	3	1	0	0	19	0
Refusal	43	20	30	25	78	22	136	26	49	24	148	21	284	30	37	18	127	35	175	29	24	21	17	16	48	18	15	14	1211	25
Other non response – eligible	19	9	10	8	12	3	26	5	10	5	42	6	42	4	19	9	14	4	31	5	7	6	6	6	9	3	7	6	254	5
Other non-response – unknown eligibility	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0

a This includes the Health Board boost household response

b Addresses where no private households were found

c Households where at least one person was interviewed

d All eligible household members were interviewed, but not all had height and weight measured or agreed to take part in the biological module if eligible

e All eligible household members were interviewed, had height and weight measured and agreed to take part in the biological module if eligible

Table 1.3 Child boost sample household response, by Health Board

Selected addresses/eligible households

2012

Address and household outcome	Health Board																							
	Ayrshire & Arran		Borders		Dumfries and Galloway		Fife		Forth Valley		Grampian		Greater Glasgow & Clyde		Highland		Lanarkshire		Lothian		Tayside		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Selected addresses	274		58		92		293		248		444		1019		248		495		662		307		4140	
Ineligible address	29		6		5		20		17		25		55		34		18		41		30		281	
Ineligible - no children	192		42		70		213		180		315		755		181		367		467		197		2979	
Total eligible households	53		10		17		60		51		104		209		34		110		154		79		881	
Responding households	45	85	8	80	16	94	42	70	36	71	70	68	138	66	20	60	70	64	107	69	69	87	621	71
All interviewed	45	85	6	60	16	94	42	70	36	71	69	67	137	66	19	57	68	62	107	69	67	84	612	69
Fully co-operating	36	68	3	30	13	76	29	48	21	41	54	52	97	46	13	39	53	48	74	48	57	72	450	51
Non-responding households	8	15	2	20	1	6	18	30	17	34	36	35	75	36	17	51	41	37	48	31	14	18	277	31
Non-contact - eligible	0	0	0	0	1	6	2	3	3	6	10	10	11	5	2	6	5	5	3	2	1	1	38	4
Non-contact - unknown eligibility	0	0	0	0	0	0	0	0	3	6	3	3	3	1	4	12	1	1	1	1	2	3	17	2
Refusal	7	13	2	20	0	0	15	25	11	22	17	16	54	26	11	33	30	27	41	27	7	9	195	22
Other non-response - eligible	1	2	0	0	0	0	1	2	0	0	6	6	5	2	0	0	5	5	3	2	1	1	22	2
Other non-response - unknown eligibility	0	0	0	0	0	0	0	0	0	0	0	0	2	1	0	0	0	0	0	0	3	4	5	1

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

b Addresses where no private households were found

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

d Households where at least one person was interviewed

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

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

Table 1.4 Summary of adults' individual response to the survey, by sex

Estimated adult sample ('set' of adults aged 16 and over)^a

2012

Individual response	Men		Women		All adults	
	N	%	N	%	N	%
Interviewed	2127	52%	2688	59%	4815	56%
Non responding						
In co-operating households	557	14%	319	7%	876	10%
In non-responding households	1420	35%	1539	34%	2959	34%
Height	1908	46%	2317	51%	4225	49%
Weight	1893	46%	2256	50%	4149	48%
Eligible for biological module^b	727	18%	789	17%	1516	18%
Completed biological module	453	40%	567	46%	1020	43%
Waist	440	39%	525	43%	965	41%
Blood pressure	437	39%	543	44%	980	42%
Saliva						
Obtained	417	37%	506	41%	923	39%
Attempted not obtained	3	0%	3	0%	6	0%
Urine						
Obtained	386	34%	460	37%	846	36%
Attempted not obtained	4	0%	7	1%	11	0%
<i>Bases: Set sample: all main and boost adults</i>	4104		4546		8650	
<i>Bases: Set sample: biological module</i>	1133		1228		2361	

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

b A sub-sample of main sample addresses was flagged as biological module addresses. At these addresses all adults who participated in the stage 1 interview were eligible to take part in the biological module. There were no biological modules in the Health Board boost sample.

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

Men aged 16 and over in responding households

2012

Individual response	Age							Total
	16-24	25-34	35-44	45-54	55-64	65-74	75+	
	%	%	%	%	%	%	%	%
Interview								
Interviewed	54	72	77	78	85	93	95	79
Not contacted/refused	46	28	23	22	15	7	5	21
Height								
Measured	52	67	71	72	76	82	72	71
Refused	2	3	3	3	6	8	8	5
Measurement not attempted	0	2	3	3	3	3	13	3
Not contacted/not obtained ^a	46	28	23	22	15	7	6	21
Weight								
Measured	51	67	70	71	76	82	72	71
Refused	2	3	4	4	6	8	8	5
Measurement not attempted	1	2	3	3	3	3	13	4
Not contacted/not obtained ^a	46	28	23	23	15	8	7	21
Biological module								
Eligible for biological module	30	30	27	27	25	27	23	27
Of those eligible for biological module:								
Completed interview	45	57	56	61	72	75	75	62
No interview	55	43	44	39	28	25	25	38

Continued...

Table 1.5 - Continued

Men aged 16 and over in responding households

2012

Individual response	Age							Total
	16-24	25-34	35-44	45-54	55-64	65-74	75+	
	%	%	%	%	%	%	%	%
Waist								
Measured	45	56	53	59	68	75	73	61
Bio interview not complete ^b	55	43	44	39	28	25	25	38
Refused/not obtained	0	1	3	1	5	0	2	2
Blood pressure								
Measured	45	53	52	59	69	75	73	60
Bio interview not complete ^b	55	43	44	39	28	25	25	38
Refused/not obtained	0	4	4	1	4	0	2	2
Saliva sample								
Measured	44	49	48	58	63	72	71	57
Bio interview not complete ^b	55	43	44	39	28	25	25	38
Refused/not obtained	1	7	8	3	9	3	4	5
Urine								
Measured	39	46	42	55	58	69	65	53
Bio interview not complete ^b	55	43	44	39	28	25	25	38
Refused/not obtained	6	11	14	6	14	5	9	9
<i>Bases:</i>								
<i>Men aged 16+ in responding households</i>	315	316	448	524	429	416	236	2684
<i>Men aged 16+ in responding households eligible for biological module</i>	93	95	120	142	108	114	55	727

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

b Includes non-responders to interview.

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

Women aged 16 and over in responding households

2012

Individual response	Age							Total
	16-24	25-34	35-44	45-54	55-64	65-74	75+	
	%	%	%	%	%	%	%	%
Interviewed								
Interviewed	66	87	93	91	93	95	96	89
Not contacted/refused	34	13	7	9	7	5	4	11
Height								
Measured	56	73	85	83	81	81	72	77
Refused	5	4	4	6	7	9	8	6
Measurement not attempted	2	2	3	3	4	4	14	4
Not contacted/not obtained ^a	36	21	8	9	8	6	6	13
Weight								
Measured	53	71	82	79	79	80	72	75
Refused	8	6	6	8	8	10	8	8
Measurement not attempted	5	9	5	3	5	4	14	6
Not contacted/not obtained ^a	34	14	8	9	7	6	6	11
Biological module								
Eligible for biological module	25	29	25	26	28	26	25	26
Of those eligible for biological module:								
Completed interview	51	66	72	72	82	77	80	72
No interview	49	34	28	28	18	23	20	28

Continued...

Table 1.6 - Continued

Women aged 16 and over in responding households

2012

Individual response	Age							Total
	16-24	25-34	35-44	45-54	55-64	65-74	75+	
	%	%	%	%	%	%	%	%
Waist								
Measured	45	57	65	67	78	75	73	67
Bio interview not complete ^b	49	34	28	28	18	23	20	28
Refused/not obtained	6	9	6	4	4	2	7	5
Blood pressure								
Measured	48	59	69	70	80	75	76	69
Bio interview not complete ^b	49	34	28	28	18	23	20	28
Refused/not obtained	3	7	3	1	2	2	4	3
Saliva sample								
Measured	42	51	64	69	75	73	68	64
Bio interview not complete ^b	49	34	28	28	18	23	20	28
Refused/not obtained	9	15	8	3	7	4	12	8
Urine								
Measured	34	45	59	63	69	72	56	58
Bio interview not complete ^b	49	34	28	28	18	23	20	28
Refused/not obtained	17	21	13	8	12	5	24	14
<i>Bases:</i>								
<i>Women aged 16+ in responding households</i>	346	381	509	547	476	410	338	3007
<i>Women aged 16+ in responding households eligible for biological module</i>	86	109	127	144	131	108	84	789

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

b Includes non-responders to interview.

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

<i>Eligible child sample aged 0-15 ('set' sample of children)^a</i>						<i>2012</i>
Individual response	Boys		Girls		All children	
	N	%	N	%	N	%
Main sample						
Interviewed	406	58%	441	58%	847	58%
Eligible non-responders: ^b						
In responding households	52	7%	54	7%	106	7%
In non-responding households	248	35%	267	35%	515	35%
Responded to:						
Height ^c	291	41%	309	41%	600	41%
Weight ^c	290	41%	304	40%	594	40%
Child boost sample						
Interviewed	473	69%	467	69%	940	69%
Eligible non-responders: ^b						
In responding households	3	0%	5	1%	8	1%
In non-responding households	206	30%	204	30%	410	30%
Responded to:						
Height ^c	355	52%	353	52%	708	52%
Weight ^c	355	52%	348	51%	703	52%
All children						
Interviewed	879	63%	908	63%	1787	63%
Eligible non-responders: ^b						
In responding households	55	4%	59	4%	114	4%
In non-responding households	454	33%	471	33%	925	33%
Responded to:						
Height ^c	646	47%	662	46%	1308	46%
Weight ^c	645	46%	652	45%	1297	46%
<i>Base: set sample</i>						
<i>Main sample</i>	<i>706</i>		<i>762</i>		<i>1468</i>	
<i>Child boost</i>	<i>682</i>		<i>676</i>		<i>1358</i>	
<i>All children</i>	<i>1388</i>		<i>1438</i>		<i>2826</i>	

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

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

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

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

<i>Eligible boys and girls in responding households</i>						2012
Individual response	Age					Total
	0-1	2-4	5-6	7-10	11-15	
	%	%	%	%	%	%
Boys						
Interviewed (0 to 15)	98	98	94	97	88	94
Not contacted/refused	2	2	6	3	12	6
Height (2-15)						
Measured	n/a	74	80	82	80	79
Refused		6	5	5	3	5
Measurement not attempted		12	9	10	5	8
Not contacted/not obtained ^a		8	6	3	12	8
Weight(2-15)						
Measured	n/a	75	79	82	79	79
Refused		6	6	6	4	5
Measurement not attempted		11	7	9	5	8
Not contacted/not obtained ^a		8	8	4	12	8
Girls						
Interviewed (0 to 15)	98	97	98	94	88	94
Not contacted/refused	2	3	2	6	12	6
Height (2-15)						
Measured	n/a	72	84	84	77	79
Refused		8	8	4	5	6
Measurement not attempted		13	5	6	7	8
Not contacted/not obtained ^a		7	2	6	12	8
Weight(2-15)						
Measured	n/a	74	84	83	73	77
Refused		8	7	5	8	7
Measurement not attempted		11	7	6	6	7
Not contacted/not obtained ^a		8	2	6	12	8
Bases:						
<i>All eligible boys in co-operating households</i>	117	186	113	213	304	933
<i>All eligible boys aged 2-15 in co-operating households</i>		186	113	213	304	933
<i>All eligible girls in co-operating households</i>	124	189	122	215	316	966
<i>All eligible girls aged 2-15 in co-operating households</i>		189	122	215	316	966

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

Table 1.9 Age distribution of responding adult sample compared with 2011 mid-year population estimates for Scotland, by sex

<i>Responding adults</i>		<i>2012</i>		
Age	Health survey responding adult sample			
	At interview	Biological module ^a	Mid-2011 population estimate ^b	
	%	%	%	
Men				
16 to 24	8	9	15	
25 to 34	11	12	17	
35 to 44	16	15	16	
45 to 54	19	19	18	
55 to 64	17	17	16	
65 to 74	18	19	11	
75 plus	11	9	7	
All men	44	44	48	
Women				
16 to 24	8	8	13	
25 to 34	12	13	15	
35 to 44	18	16	17	
45 to 54	19	18	18	
55 to 64	16	19	15	
65 to 74	14	15	11	
75 plus	12	12	10	
All women	56	56	52	
<i>Bases:</i>				
<i>Men</i>	<i>2127</i>	<i>453</i>	<i>2036</i>	
<i>Women</i>	<i>2688</i>	<i>567</i>	<i>2210</i>	

a Only a sub-sample of adults were eligible to take part in the biological module. There was no biological module for the Health Board boost sample.

b 2011 private household population for Scotland (Source: National Records of Scotland), base shown in thousands

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

<i>Responding children</i>	<i>2012</i>	
Age	Health survey responding child sample	
	At interview	Mid-2011 population estimate ^a
	%	%
Boys		
0 to 1	13	13
2 to 3	14	13
4 to 5	13	13
6 to 7	12	12
8 to 9	12	12
10 to 11	11	12
12 to 13	13	13
14 to 15	12	13
All boys	49	51
Girls		
0 to 1	13	13
2 to 3	15	13
4 to 5	13	13
6 to 7	13	12
8 to 9	11	12
10 to 11	11	12
12 to 13	13	13
14 to 15	11	13
All girls	51	49
<i>Bases:</i>		
<i>Boys</i>	<i>878</i>	<i>465</i>
<i>Girls</i>	<i>907</i>	<i>445</i>

a 2011 private household population for Scotland (Source: National Records of Scotland), base shown in thousands

Table 1.11 Age distribution of 2012 responding adult sample compared with 2011 mid-year population estimates for Scotland, by Health Board and sex

Responding adults aged 16 and over

2012

Age	Health survey responding adult sample			
	Men		Women	
	At interview	Mid-2011 population estimates	At interview	Mid-2011 population estimates
	%	%	%	%
Ayrshire & Arran				
16 to 24	5	15	6	12
25 to 34	7	13	7	12
35 to 44	14	16	17	16
45 to 54	17	18	15	19
55 to 64	20	17	19	17
65 to 74	27	13	21	13
75 plus	11	8	15	11
All	43	47	57	53
<i>Base:</i>	<i>101</i>	<i>142</i>	<i>133</i>	<i>158</i>
Borders				
16 to 24	16	12	5	11
25 to 34	6	11	9	10
35 to 44	20	16	17	16
45 to 54	8	20	17	19
55 to 64	18	18	20	18
65 to 74	14	14	20	14
75 plus	18	9	14	12
All	43	48	57	52
<i>Base:</i>	<i>50</i>	<i>45</i>	<i>66</i>	<i>48</i>
Dumfries & Galloway				
16 to 24	4	13	7	11
25 to 34	6	11	11	10
35 to 44	12	14	15	15
45 to 54	18	19	18	19
55 to 64	19	19	20	18
65 to 74	23	15	17	15
75 plus	17	10	12	13
All	43	48	57	52
<i>Base:</i>	<i>184</i>	<i>59</i>	<i>242</i>	<i>64</i>

Continued...

Table 1.11 - Continued*Responding adults aged 16 and over*

2012

Age	Health survey responding adult sample			
	Men		Women	
	At interview	Mid-2011 population estimates	At interview	Mid-2011 population estimates
	%	%	%	%
Fife				
16 to 24	9	15	11	14
25 to 34	8	14	12	13
35 to 44	16	16	18	16
45 to 54	25	18	21	18
55 to 64	19	16	18	16
65 to 74	15	12	12	12
75 plus	8	8	8	11
All	44	48	56	52
<i>Base:</i>	245	141	310	154
Forth Valley				
16 to 24	9	15	8	13
25 to 34	7	14	16	13
35 to 44	18	17	18	17
45 to 54	25	19	22	18
55 to 64	11	16	15	16
65 to 74	21	11	10	12
75 plus	9	7	11	10
All	44	48	56	52
<i>Base:</i>	89	112	115	123
Grampian				
16 to 24	7	14	9	13
25 to 34	14	17	16	15
35 to 44	20	17	18	17
45 to 54	19	18	19	18
55 to 64	15	16	15	16
65 to 74	15	10	13	11
75 plus	9	7	12	10
All	45	49	55	51
<i>Base:</i>	322	220	398	226

Continued...

Table 1.11 - Continued

Responding adults aged 16 and over

2012

Age	Health survey responding adult sample			
	Men		Women	
	At interview	Mid-2011 population estimates	At interview	Mid-2011 population estimates
	%	%	%	%
Greater Glasgow & Clyde				
16 to 24	8	16	11	14
25 to 34	10	20	13	17
35 to 44	19	17	16	16
45 to 54	20	18	19	18
55 to 64	16	14	14	14
65 to 74	18	9	14	10
75 plus	8	7	13	10
All	44	48	56	52
<i>Base:</i>	<i>370</i>	<i>467</i>	<i>464</i>	<i>513</i>
Highland				
16 to 24	3	13	7	11
25 to 34	11	13	11	11
35 to 44	15	15	16	16
45 to 54	14	19	16	19
55 to 64	15	18	18	18
65 to 74	28	13	18	13
75 plus	14	9	14	12
All	42	49	58	51
<i>Base:</i>	<i>87</i>	<i>123</i>	<i>122</i>	<i>130</i>
Lanarkshire				
16 to 24	12	15	4	13
25 to 34	12	16	15	14
35 to 44	14	17	19	17
45 to 54	20	19	23	19
55 to 64	14	16	15	15
65 to 74	17	11	14	12
75 plus	11	7	11	10
All	45	48	55	52
<i>Base:</i>	<i>145</i>	<i>216</i>	<i>177</i>	<i>237</i>

Continued...

Table 1.11 - Continued*Responding adults aged 16 and over*

2012

Age	Health survey responding adult sample			
	Men		Women	
	At interview	Mid-2011 population estimates	At interview	Mid-2011 population estimates
	%	%	%	%
Lothian				
16 to 24	10	15	11	14
25 to 34	17	20	13	19
35 to 44	15	18	24	17
45 to 54	17	17	15	17
55 to 64	17	14	18	14
65 to 74	15	9	11	10
75 plus	9	7	9	9
All	46	48	54	52
<i>Base:</i>	<i>247</i>	<i>328</i>	<i>290</i>	<i>358</i>
Orkney				
16 to 24	2	12	6	11
25 to 34	6	12	6	12
35 to 44	18	16	18	16
45 to 54	14	19	27	19
55 to 64	28	18	15	17
65 to 74	20	14	18	14
75 plus	12	8	10	11
All	45	50	55	50
<i>Base:</i>	<i>50</i>	<i>8</i>	<i>62</i>	<i>8</i>
Shetland				
16 to 24	4	13	9	12
25 to 34	11	14	21	14
35 to 44	9	17	19	17
45 to 54	21	19	19	19
55 to 64	21	18	16	17
65 to 74	21	12	17	12
75 plus	13	7	11	10
All	48	50	52	50
<i>Base:</i>	<i>53</i>	<i>9</i>	<i>58</i>	<i>9</i>

Continued...

Table 1.11 - Continued*Responding adults aged 16 and over*

2012

Age	Health survey responding adult sample			
	Men		Women	
	At interview	Mid-2011 population estimates	At interview	Mid-2011 population estimates
	%	%	%	%
Tayside				
16 to 24	11	15	15	13
25 to 34	15	16	15	14
35 to 44	13	14	17	15
45 to 54	21	18	15	18
55 to 64	16	16	12	16
65 to 74	12	12	14	12
75 plus	12	9	6	12
All	42	48	58	52
<i>Base:</i>	<i>134</i>	<i>157</i>	<i>182</i>	<i>170</i>
Western Isles				
16 to 24	2	12	1	9
25 to 34	4	11	13	11
35 to 44	10	17	12	16
45 to 54	16	19	16	18
55 to 64	22	19	28	17
65 to 74	34	14	25	14
75 plus	12	9	25	14
All	42	50	58	50
<i>Base:</i>	<i>50</i>	<i>11</i>	<i>69</i>	<i>11</i>

Table 1.12 True standard errors and 95% confidence intervals for general health variables

2012

		% (p) / Mean	Sample size (un- weighted)	True standard error	95% confidence interval		Design Factor
					lower	upper	
Self-reported general health							
Men	Very good/good	74.9	2127	1.13	72.6	77.0	1.3
	Fair	16.9	2127	0.95	15.2	18.9	1.2
	Bad/very bad	8.2	2127	0.72	6.9	9.7	1.3
Women	Very good/good	73.2	2686	1.01	71.1	75.1	1.1
	Fair	17.9	2686	0.86	16.3	19.7	1.1
	Bad/very bad	9.0	2686	0.68	7.7	10.4	1.2
WEMWBS mean score							
Men	Mean score	50.4	1909	0.24	49.9	50.9	1.33
Women	Mean score	49.4	2431	0.22	49.0	49.9	1.22
GHQ12							
Men	Score 0	65.7	1915	1.40	62.9	68.3	1.34
	Score 1-3	21.7	1915	1.15	19.5	24.0	1.27
	Score 4+	12.7	1915	0.89	11.0	14.6	1.22
Women	Score 0	58.6	2436	1.16	56.3	60.8	1.12
	Score 1-3	24.0	2436	0.93	22.2	25.8	1.03
	Score 4+	17.5	2436	0.91	15.7	19.3	1.14
Life satisfaction							
Men	Mean score	7.7	2121	0.05	7.6	7.8	1.32
	Below the mode (0 to 7)	37.2	2121	1.42	34.5	40.1	1.41
	Mode (8)	30.2	2121	1.41	27.5	33.0	1.47
	Above the mode (9-10)	32.6	2121	1.33	30.0	35.2	1.37

Continued...

Table 1.12 - Continued

		2012					
		% (p) / Mean	Sample size (un- weighted)	True standard error	95% confidence interval		Design Factor
					lower	upper	
Women	Mean score	7.7	2683	0.05	7.6	7.8	1.21
	Below the mode (0 to 7)	36.5	2683	1.18	34.2	38.8	1.22
	Mode (8)	31.2	2683	1.06	29.2	33.4	1.14
	Above the mode (9-10)	32.3	2683	1.12	30.1	34.5	1.20
Caring (adults)							
Men	Yes	16.6	2127	1.03	14.7	18.8	1.33
	No	83.4	2127	1.03	81.2	85.3	1.33
Women	Yes	19.6	2688	0.90	17.9	21.4	1.13
	No	80.4	2688	0.90	78.6	82.1	1.13
Caring prevalence (children)							
Boys	Yes	5.2	643	1.29	3.1	8.4	1.50
	No	94.8	643	1.29	91.6	96.9	1.50
Girls	Yes	5.0	653	0.94	3.4	7.2	1.08
	No	95.0	653	0.94	92.8	96.6	1.08

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

							<i>2012</i>
		% (p) / Mean	Sample size (un- weighted)	True standard error	95% confidence interval		Design Factor
					lower	upper	
Number of natural teeth							
Men	% with no natural teeth	8.9	2126	0.68	7.6	10.3	1.14
Women	% with no natural teeth	11.6	2684	0.66	10.4	13.0	1.03

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

	% (p) / Mean	Sample size (un- weighted)	True standard error	95% confidence interval		2012
				lower	upper	Design Factor
Men						
Mean number of alcohol units usually consumed per week	15.2	2095	0.59	14.1	16.4	1.26
Non-drinker	12.3	2095	0.91	10.6	14.2	1.32
Moderate (up to and including 21)	63.1	2095	1.38	60.3	65.8	1.36
Hazardous/harmful (over 21)	24.7	2095	1.21	22.4	27.1	1.34
Drinks more than 4 units on heaviest drinking day	41.7	2104	1.36	39.0	44.4	1.26
Drinks more than 8 units on heaviest drinking day	24.7	2104	1.26	22.3	27.2	1.34
Mean number of alcohol units on heaviest drinking day	5.6	2104	0.21	5.1	6.0	1.43
Never drunk alcohol	4.9	2085	0.70	3.7	6.5	1.55
Ex drinker	7.4	2085	0.60	6.3	8.7	1.08
Drinks outwith government guidelines	46.9	2085	1.39	44.2	49.6	1.32
Drinks within government guidelines	40.8	2085	1.40	38.1	43.6	1.36
Low risk drinking/abstinence (0-7)	75.2	1877	1.37	72.4	77.8	1.43
Hazarbous drinking (8-15)	20.6	1877	1.17	18.4	23.0	1.30
Harmful drinking (16-19)	2.8	1877	0.57	1.8	4.1	1.59
Possible alcohol dependence (20+)	1.5	1877	0.36	0.9	2.4	1.35

Continued...

Table 1.14 - Continued

2012

Women						
Mean number of alcohol units usually consumed per week	7.6	2657	0.33	7.0	8.3	1.27
Non-drinker	17.5	2657	0.92	15.7	19.4	1.21
Moderate (up to and including 14)	64.6	2657	1.17	62.3	66.9	1.22
Hazardous/harmful (over 14)	17.9	2657	0.95	16.1	19.9	1.24
Drinks more than 3 units on heaviest drinking day	30.5	2659	1.17	28.2	32.8	1.31
Drinks more than 6 units on heaviest drinking day	15.2	2659	0.91	13.5	17.1	1.31
Mean number of alcohol units on heaviest drinking day	2.9	2659	0.11	2.6	3.1	1.29
Never drunk alcohol	8.8	2643	0.64	7.7	10.2	1.13
Ex drinker	8.8	2643	0.66	7.6	10.2	1.16
Drinks outwith government guidelines	35.1	2643	1.23	32.7	37.6	1.28
Drinks within government guidelines	47.3	2643	1.19	44.9	49.6	1.19
Low risk drinking/abstinence (0-7)	86.9	2408	0.96	84.9	88.7	1.35
Hazarbous drinking (8-15)	10.9	2408	0.91	9.3	12.9	1.39
Harmful drinking (16-19)	1.2	2408	0.32	0.7	2.0	1.40
Possible alcohol dependence (20+)	1.0	2408	0.26	0.6	1.6	1.25

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

		% (p) / Mean	Sample size (un- weighted)	True standard error	95% confidence interval		Design Factor
					lower	upper	
Cigarette smoking status							
Men	Never smoked or used to smoke cigarettes occasionally	52.0	2119	1.51	49.0	54.9	1.44
	Used to smoke cigarettes regularly	22.6	2119	1.01	20.7	24.7	1.16
	Current cigarette smoker	25.4	2119	1.35	22.8	28.2	1.49
	Mean number of cigarettes smoke a day - including non-smokers	3.7	2097	0.23	3.2	4.1	1.39
Women	Never smoked or used to smoke cigarettes occasionally	55.5	2677	1.24	53.0	57.9	1.25
	Used to smoke cigarettes regularly	20.8	2677	0.88	19.1	22.6	1.09
	Current cigarette smoker	23.7	2677	1.09	21.6	25.9	1.28
	Mean number of cigarettes smoke a day - including non-smokers	2.9	2668	0.17	2.6	3.2	1.35
Children's exposure to second-hand smoke in home							
Boys	Yes	18.6	879	1.80	15.3	22.4	1.40
	No	81.4	879	1.80	77.6	84.7	1.40
Girls	Yes	18.5	908	1.65	15.5	22.0	1.26
	No	81.5	908	1.65	78.0	84.5	1.26

Continued...

Table 1.15 - Continued

							2012
		% (p) / Mean	Sample size (un- weighted)	True standard error	95% confidence interval		Design Factor
					lower	upper	
Non-smokers' exposure to second hand smoke							
Men	At own home	11.7	875	1.50	9.0	14.9	1.41
	In other people's homes	9.5	875	1.20	7.4	12.1	1.24
	In cars/vans etc	1.8	875	0.52	1.1	3.2	1.16
	Outside buildings (e.g. pubs, shops, hospitals)	5.2	875	0.88	3.7	7.3	1.20
	In other public places	6.2	875	1.03	4.5	8.6	1.28
	At work	-	875	-	-	-	-
	None of these	73.5	875	1.86	69.6	77.0	1.27
Women	At own home	11.7	906	1.45	9.1	14.9	1.34
	In other people's homes	11.9	906	1.57	9.2	15.4	1.43
	In cars/vans etc	2.0	906	0.58	1.1	3.5	1.23
	Outside buildings (e.g. pubs, shops, hospitals)	7.1	906	1.09	5.2	9.5	1.25
	In other public places	5.9	906	1.03	4.2	8.3	1.29
	At work	0.2	906	0.14	0.0	0.8	0.94
	None of these	72.6	906	2.15	68.2	76.6	1.42

Table 1.16 True standard errors and 95% confidence intervals for diet variables

							2012
		% (p) / Mean	Sample size (un- weighted)	True standard error	95% confidence interval		Design Factor
					lower	upper	
Adult portions of fruit and veg							
Men	None	10.9	2126	0.84	9.4	12.7	1.29
	Less than 1 portion	4.8	2126	0.68	3.6	6.3	1.54
	1 portion or more but less than 2	20.7	2126	1.07	18.7	22.9	1.27
	2 portions or more but less than 3	18.4	2126	1.02	16.5	20.5	1.27
	3 portions or more but less than 4	14.6	2126	1.03	12.7	16.8	1.40
	4 portions or more but less than 5	11.2	2126	0.83	9.7	12.9	1.27
	5 portions or more	19.4	2126	1.05	17.4	21.6	1.27
	Mean portions	3.0	2126	0.08	2.9	3.2	1.49
Women	None	8.9	2686	0.73	7.6	10.5	1.28
	Less than 1 portion	3.8	2686	0.43	3.0	4.7	1.13
	1 portion or more but less than 2	17.6	2686	0.96	15.8	19.6	1.26
	2 portions or more but less than 3	20.1	2686	0.96	18.3	22.1	1.19
	3 portions or more but less than 4	17.0	2686	0.84	15.4	18.8	1.12
	4 portions or more but less than 5	11.6	2686	0.74	10.2	13.1	1.15
	5 portions or more	21.0	2686	0.83	19.4	22.7	1.02
	Mean portions	3.2	2686	0.05	3.1	3.3	1.16
Child portions of fruit and veg							
Boys	None	12.4	761	1.52	9.7	15.6	1.30
	Less than 1 portion	5.5	761	0.90	4.0	7.6	1.11
	1 portion or more but less than 2	21.6	761	1.69	18.5	25.1	1.15
	2 portions or more but less than 3	23.3	761	1.63	20.3	26.7	1.08
	3 portions or more but less than 4	16.6	761	1.42	13.9	19.5	1.08
	4 portions or more but less than 5	8.8	761	1.10	6.9	11.2	1.10
	5 portions or more	11.9	761	1.48	9.3	15.1	1.29
	Mean portions	2.5	761	0.09	2.3	2.7	1.30

Continued...

Table 1.16 - Continued

							2012
		% (p) / Mean	Sample size (un- weighted)	True standard error	95% confidence interval		Design Factor
					lower	upper	
Girls	None	9.0	784	1.21	6.9	11.6	1.16
	Less than 1 portion	2.2	784	0.59	1.3	3.7	1.09
	1 portion or more but less than 2	19.4	784	1.54	16.5	22.6	1.07
	2 portions or more but less than 3	23.2	784	1.65	20.1	26.6	1.07
	3 portions or more but less than 4	18.0	784	1.48	15.3	21.1	1.06
	4 portions or more but less than 5	14.7	784	1.50	12.0	17.9	1.16
	5 portions or more	13.5	784	1.43	10.9	16.6	1.15
	Mean portions	2.9	784	0.09	2.7	3.1	1.17

Table 1.17 True standard errors and 95% confidence intervals for physical activity variables

							2012
		% (p) / Mean	Sample size (un-weighted)	True standard error	95% confidence interval		Design Factor
					lower	upper	
Meets new CMO recommendations							
Men	Meets recommendations	67.4	2122	1.23	64.9	69.8	1.26
	Some activity	9.7	2122	0.87	8.1	11.5	1.41
	Low activity	3.6	2122	0.51	2.7	4.7	1.32
	Very low activity	19.3	2122	1.04	17.4	21.5	1.26
Women	Meets recommendations	57.8	2685	1.12	55.5	59.9	1.13
	Some activity	13.6	2685	0.80	12.1	15.2	1.17
	Low activity	5.6	2685	0.53	4.6	6.7	1.16
	Very low activity	23.1	2685	0.97	21.2	25.1	1.15
Meets old CMO recommendations							
Men	Low	29.0	2126	1.22	26.7	31.5	1.30
	Medium	27.3	2126	1.23	25.0	29.8	1.33
	High	43.7	2126	1.35	41.0	46.3	1.30
Women	Low	35.4	2687	1.11	33.2	37.6	1.16
	Medium	31.2	2687	1.12	29.1	33.5	1.21
	High	33.4	2687	1.10	31.3	35.6	1.16
Meets new CMO recommendations on muscle strengthening activities							
Men	Meets MVPA & muscle recommendations	29.8	2122	1.32	27.2	32.4	1.38
	Meets MVPA recommendations only	37.7	2122	1.36	35.0	40.3	1.35
	Meets muscle recommendations only	0.7	2122	0.21	0.4	1.3	1.19
	Meets neither recommendations	31.9	2122	1.22	29.5	34.3	1.26

Continued...

Table 1.17 - Continued

		% (p) / Mean	Sample size (un-weighted)	True standard error	95% confidence interval		2012 Design Factor
					lower	upper	
Women	Meets MVPA & muscle recommendations	22.0	2685	1.02	20.0	24.0	1.23
	Meets MVPA recommendations only	35.8	2685	1.14	33.6	38.1	1.19
	Meets muscle recommendations only	0.9	2685	0.21	0.6	1.4	1.10
	Meets neither recommendations	41.3	2685	1.12	39.1	43.5	1.14
Child meets physical activity recommendations							
Boys	Excluding school	66.0	753	1.75	62.5	69.3	1.04
	Including school	72.8	753	1.70	69.4	76.0	1.07
Girls	Excluding school	57.7	774	2.11	53.5	61.7	1.16
	Including school	68.0	774	1.97	64.0	71.8	1.15
Adult participation in any sport							
Men	Any sport or exercise	59.5	2127	1.42	56.7	62.3	1.39
	No sport or exercise	40.5	2127	1.42	37.7	43.3	1.39
Women	Any sport or exercise	50.4	2686	1.13	48.2	52.6	1.14
	No sport or exercise	49.6	2686	1.13	47.4	51.8	1.14
Child participation in any sport							
Boys	Any sport or exercise	67.2	763	1.99	63.2	71.0	1.19
	No sport or exercise	32.8	763	1.99	29.0	36.8	1.19
Girls	Any sport or exercise	65.4	784	1.97	61.4	69.2	1.14
	No sport or exercise	34.6	784	1.97	30.8	38.6	1.14

Continued...

Table 1.17 - Continued

		% (p) / Mean	Sample size (un-weighted)	True standard error	95% confidence interval		2012 Design Factor
					lower	upper	
Adult sedentary time							
Men	Weekday mean hours	5.5	2112	0.08	5.4	5.7	1.39
	Weekend mean hours	6.1	2102	0.09	5.9	6.3	1.48
Women	Weekday mean hours	5.4	2665	0.07	5.3	5.6	1.21
	Weekend mean hours	5.9	2661	0.09	5.7	6.0	1.37

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

							2012
		% (p) / Mean	Sample size (un- weighted)	True standard error	95% confidence interval		Design Factor
					lower	upper	
Adult BMI							
Men	Mean	27.3	1862	0.14	27.0	27.6	1.35
	25 and over	68.2	1876	1.44	65.3	70.9	1.39
	30 and over	26.6	1876	1.12	24.4	28.8	1.14
	40 and over	2.0	1876	0.36	1.4	2.8	1.17
Women	Mean	27.3	2213	0.14	27.1	27.6	1.12
	25 and over	60.4	2221	1.23	58.0	62.8	1.14
	30 and over	27.5	2221	1.09	25.4	29.7	1.11
	40 and over	3.2	2221	0.41	2.5	4.1	1.04
Child BMI							
Boys	Within healthy range	64.9	630	2.16	60.6	69.1	1.16
	Outwith healthy range	35.1	630	2.16	30.9	39.4	1.16
	Overweight (including obese)	33.6	630	2.07	29.7	37.8	1.13
	Obese (including morbidly obese)	19.7	630	1.70	16.6	23.3	1.09
Girls	Within healthy range	70.3	644	1.94	66.4	74.0	1.06
	Outwith healthy range	29.7	644	1.94	26.0	33.6	1.06
	Overweight (including obese)	27.4	644	1.86	23.9	31.2	1.03
	Obese (including morbidly obese)	13.7	644	1.48	11.0	16.8	1.07

Table 1.19 True standard errors and 95% confidence intervals for long-term conditions variables

		% (p) / Mean	Sample size (un- weighted)	True standard error	95% confidence interval		Design Factor
					lower	upper	
Long term conditions							
Men	Limiting longstanding illness	28.1	2125	1.26	25.7	30.6	1.35
	Non-Limiting longstanding illness	13.8	2125	0.90	12.1	15.7	1.25
	No longstanding illness	58.1	2125	1.38	55.4	60.8	1.34
	Total with illness	41.9	2125	1.38	39.2	44.6	1.34
Women	Limiting longstanding illness	34.8	2686	1.13	32.6	37.0	1.19
	Non-Limiting longstanding illness	14.3	2686	0.80	12.8	15.9	1.14
	No longstanding illness	51.0	2686	1.19	48.6	53.3	1.19
	Total with illness	49.0	2686	1.19	46.7	51.4	1.19
Doctor diagnosed asthma (adult)							
Men	Wheezed in last 12 months	17.4	2127	0.98	15.6	19.4	1.24
	Doctor-diagnosed asthma	15.9	2125	1.09	13.9	18.2	1.43
Women	Wheezed in last 12 months	17.9	2688	1.00	16.0	20.0	1.30
	Doctor-diagnosed asthma	16.6	2687	0.84	15.0	18.3	1.13
Doctor diagnosed asthma (child)							
Boys	Wheezed in last 12 months	15.3	879	1.27	12.9	17.9	1.07
	Doctor-diagnosed asthma	14.7	877	1.27	12.4	17.4	1.08
Girls	Wheezed in last 12 months	11.4	907	1.09	9.4	13.7	1.01
	Doctor-diagnosed asthma	9.3	907	1.11	7.4	11.8	1.13

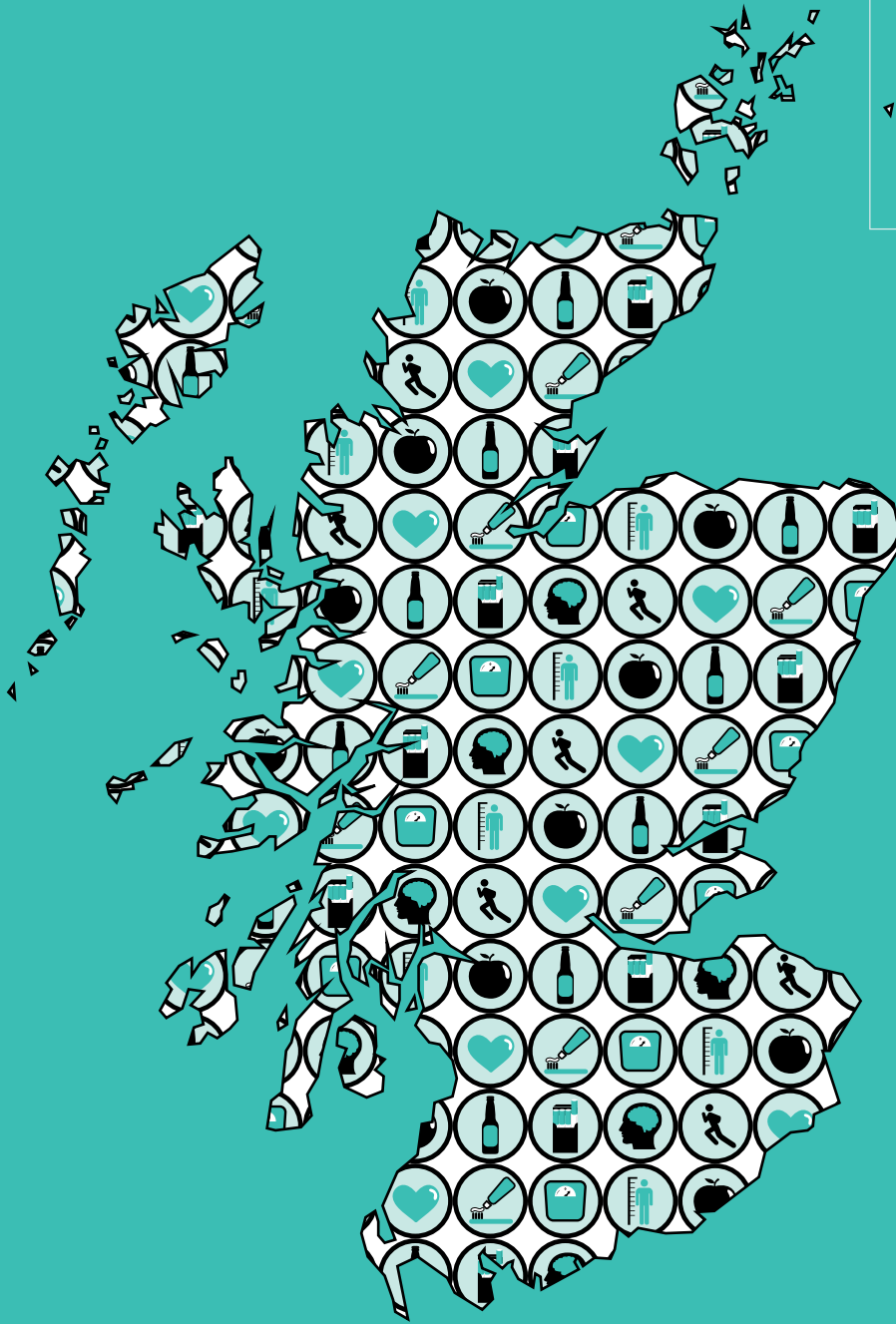
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Table 1.19 - Continued

		% (p) / Mean	Sample size (un- weighted)	True standard error	95% confidence interval		2012 Design Factor
					lower	upper	
Doctor diagnosed COPD							
Men	Yes	3.5	2127	0.42	2.8	4.4	1.09
	No	96.5	2127	0.42	95.6	97.2	1.09
Women	Yes	4.4	2688	0.44	3.6	5.3	1.08
	No	95.6	2688	0.44	94.7	96.4	1.08
Any CVD, any CVD or diabetes, doctor diagnosed diabetes, IHD, stroke, IHD or stroke							
Men	Any CVD	16.6	2125	0.96	14.8	18.5	1.23
	Any CVD or diabetes	20.1	2125	1.05	18.2	22.3	1.26
	Doctor-diagnosed diabetes	6.2	2127	0.57	5.1	7.4	1.14
	IHD	7.3	2126	0.55	6.3	8.5	1.02
	Stroke	2.9	2127	0.40	2.2	3.8	1.16
	IHD or stroke	9.2	2126	0.65	8.0	10.5	1.09
Women	Any CVD	16.0	2688	0.84	14.4	17.7	1.15
	Any CVD or diabetes	19.3	2688	0.91	17.6	21.2	1.16
	Doctor-diagnosed diabetes	4.9	2688	0.48	4.0	5.9	1.11
	IHD	5.7	2688	0.48	4.8	6.7	1.03
	Stroke	2.8	2688	0.34	2.2	3.5	1.04
	IHD or stroke	7.7	2688	0.56	6.7	8.9	1.06

Table 1.20 True standard errors and 95% confidence intervals for gambling behaviour variables

		% (p) / Mean	Sample size (un- weighted)	True standard error	95% confidence interval		2012 Design Factor
					lower	upper	
Problem gambling: DSM-IV scores							
Men	Non problem gambler	98.6	1792	0.31	97.9	99.1	1.18
	Problem gambler 3 and above	1.4	1792	0.31	0.9	2.1	1.18
Women	Non problem gambler	99.9	2289	0.06	99.7	100.0	0.96
	Problem gambler 3 and above	0.1	2289	0.06	0.0	0.3	0.96
Problem gambling: PGSI scores							
Men	Non problem gambler/non gambler	91.8	1792	0.88	89.9	93.4	1.41
	Low risk gambler	4.8	1792	0.71	3.6	6.4	1.47
	Moderate risk gambler	2.1	1792	0.38	1.4	3.0	1.19
	Problem gambler	1.4	1792	0.34	0.8	2.2	1.29
Women	Non problem gambler/non gambler	98.4	2287	0.30	97.7	98.9	1.13
	Low risk gambler	1.4	2287	0.29	0.9	2.1	1.14
	Moderate risk gambler	-	2287	-	-	-	-
	Problem gambler	0.2	2287	0.10	0.1	0.5	1.11



Chapter 2

Quality control of urine and saliva analytes

CHAPTER 2: QUALITY CONTROL OF URINE AND SALIVA ANALYTES

Marilyn Roth, Wissam Gharib, Alix Hampson, Julie Day, Mira Doig Shanna Dowling and Lisa Rutherford

2.1 INTRODUCTION AND KEY CONCLUSIONS

This section describes the assay of analytes for the 2012 Scottish Health Survey (SHeS) biological samples and the quality control and quality assessment procedures that were carried out during the survey period. Details of procedures used in the collection, processing and transportation of the specimens are described in Appendix B.

The overall conclusion for the data provided in this chapter is that methods and equipment used for the measurement of urine and saliva analytes produced internal quality control (IQC) and external quality assessment (EQA) results within expected limits. The results of the analyses for each of the main urine analytes and saliva cotinine levels were acceptable for the 2012 SHeS.

2.2 ANALYSING LABORATORY

As in previous years, the Royal Victoria Infirmary (RVI) in Newcastle upon Tyne was the analysing laboratory used in the 2012 SHeS for the urine sample analyses. Salivary cotinine analysis for 2012 was conducted by ABS Laboratories in Welwyn Garden City, Hertfordshire.

2.3 SAMPLES COLLECTED

2.3.1 Urine samples

A mid-flow spot urine sample was obtained from adults (aged 16 and over), for analysis of sodium, potassium and creatinine. A special urine collection syringe was used for this purpose. Participants were given the option of drawing up the sample themselves using the syringe and an instruction card or allowing the interviewer to draw up the sample.

2.3.2 Saliva samples

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

2.4 METHODOLOGY

2.4.1 Laboratory procedures for urine samples

All analyses were carried out according to Standard Operating Procedures by State Registered Biomedical Scientists (BMS) under the supervision of the Senior BMS. All results were routinely checked by the duty Biochemist.

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

2.4.2 Laboratory procedures for saliva samples

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

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

2.4.3 Urine sample analytical methods and equipment

Urinary sodium, potassium and creatinine analysis was carried out in the Biochemistry Department at the RVI using a Roche Modular P analyser. Urinary sodium and potassium were analysed using the indirect ISE method. Urinary creatinine was analysed using the Jaffe method. A Roche Modular P analyser was used throughout the SHeS 2012. The Roche Modular P analyser has been used in SHeS since April 2010, prior to this an Olympus 640 analyser was used.

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

2.4.4 Saliva sample analytical methods and equipment

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

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

An advantage of the LC-MS/MS assay is that it is less prone than other methods to non-specific interference when assaying low levels of cotinine as seen due to passive smoking, and so is preferable for samples from non-smokers¹.

A disadvantage of LC-MS/MS is that it does not have the dynamic range of the GC-NPD assay used in previous years¹. Therefore in SHeS 2012 the laboratory was informed whether the samples were from self-reported smokers or not. All the samples from self-reported smokers were first assayed using the high calibration range assay of 1 to 1,000 ng/mL, and any that were below 1 ng/mL were then re-assayed with the low range assay. All the remaining samples were first assayed using the low range assay that quantified samples over the range 0.1 to 100 ng/mL. Any of these that were over-range were then re-assayed using the high calibration range assay of 1 to 1,000 ng/mL, provided there was sufficient saliva available from that participant.

2.5 INTERNAL QUALITY CONTROL (IQC)

2.5.1 Explanation of IQC

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

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

2.5.2 Urine samples

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

2.5.3 Saliva samples

ABS laboratories ran 16 non-zero calibration standards for each batch of the low range assay (0.1-100 ng/mL) or high range assays (1-1,000 ng/mL). Six quality control (QC) samples, two each at a set concentration to represent Low, Medium and High levels for the calibration range being used, were also analysed with each analytical batch. For the results from any analytical batch to be acceptable, four out of the six QCs must have a bias of no greater than $\pm 15\%$ with at least one from each QC level being within these acceptance criteria, and 75% of the calibration standards must have a bias of no greater than $\pm 15\%$ except at the lower limit of quantification where the bias must be no greater than $\pm 20\%$.

2.6 EXTERNAL QUALITY ASSESSMENT (EQA)

2.6.1 Introduction

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

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

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

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

The United Kingdom National External Quality Assessment Schemes (UKNEQAS) is a network of EQA schemes run by UK clinical

laboratories. The Welsh External Quality Assessment Schemes (WEQAS), the National External Quality Assessment Scheme for Haematology, and the Central Quality Assessment Schemes (QAS) are all schemes in which the laboratories participate on a routine basis.

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

2.6.2 Urine samples

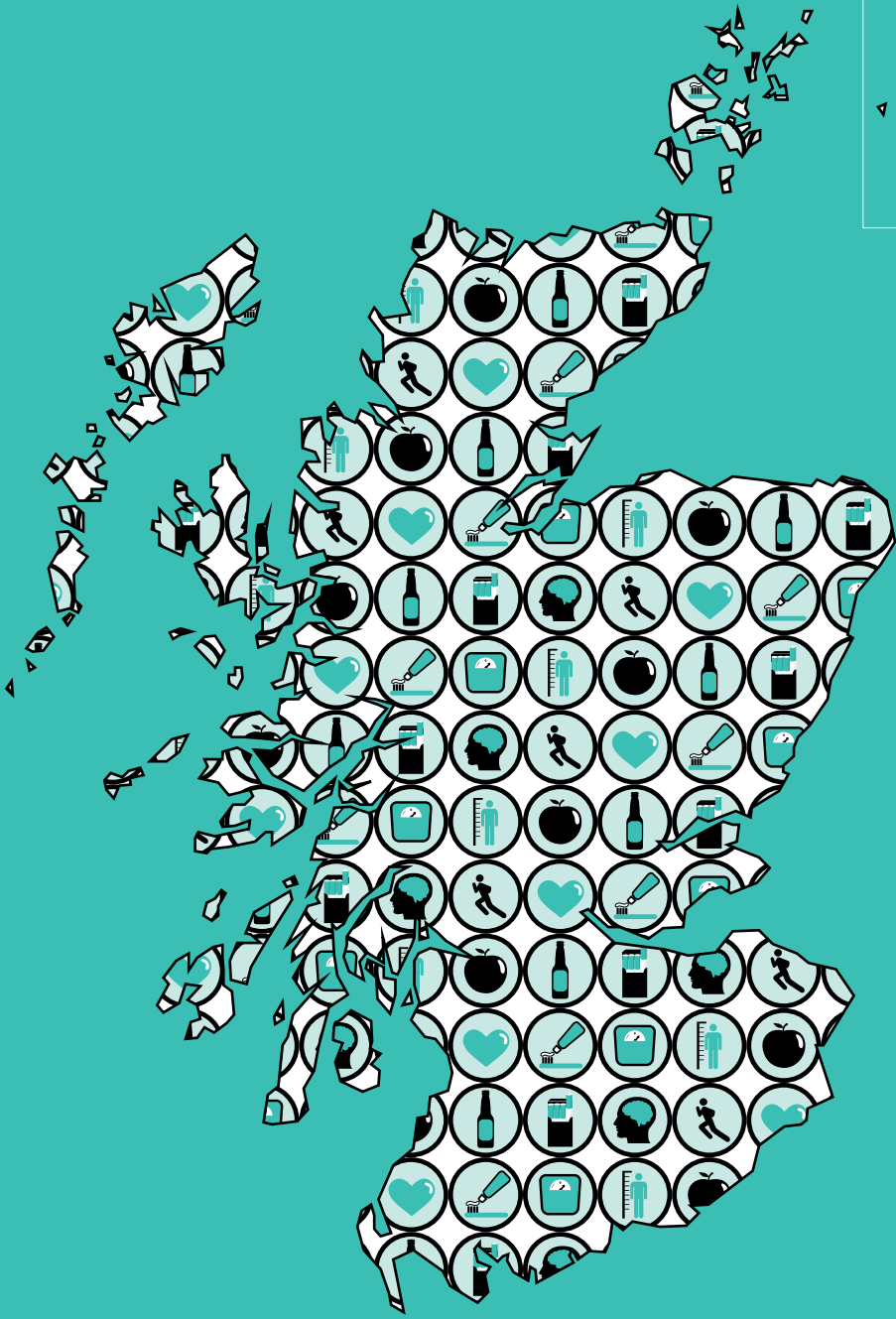
The Clinical Biochemistry laboratory participates in the WEQAS scheme for the urine analytes (sodium, potassium and creatinine).

2.6.3 Saliva samples

There was no external quality control scheme available in 2012 for cotinine analysis but ABS Laboratories participates in inter-laboratory split analyses to ensure comparable results. The latest International inter-laboratory study was published in 2009¹.

References and notes

- ¹ Bernert JT, Jacob III P, Holiday DB et al. *Interlaboratory comparability of serum cotinine measurements at smoker and nonsmoker concentration levels: A round robin study*. *Nicotine Tob Res.* 2009;**11**:1458-66.
- ² Westgard rules are a statistical approach to evaluation of day-to-day analytical performance. The Westgard multirule quality control procedure uses five different control rules to judge the acceptability of an analytical run (rather than the single criterion or single set of control limits used by single-rule quality control systems, such as a Levey-Jennings chart with control limits set as either the mean plus or minus 2 standard deviations or the mean plus or minus 3 standard deviations). Westgard rules are generally used with two or four control measurements per run. This means they are appropriate when two different control materials are measured once or twice per material, which is the case in many chemistry applications. Some alternative control rules are more suitable when three control materials are analyzed, which is common for applications in haematology. More detail is available at <www.westgard.com/mltirule.htm#westgard>
- ³ Westgard JO, Barry PL, Hunt MR, Groth T. *A multi-rule Shewhart chart for quality control in clinical chemistry*. *Clin Chem.* 1981;**27**:493-501.
- ⁴ Westgard JO, Klee GG. Quality Management. Chapter 16 in Burtis C (ed.). *Fundamentals of Clinical Chemistry*. 4th edition. Philadelphia: WB Saunders Company, 1996, pp.211-23.



Appendix A

Documents

APPENDIX A: FIELDWORK DOCUMENTS

Respondent Information Leaflet

Advance Letters

Language translations card

Information Leaflet for Adults (Version A sample – no biological module)

Information Leaflet for Adults (Version B sample – eligible for biological module)

Information Leaflet for Children (Version A & B and Child Boost)

Information Leaflet for Parents (Child Boost only)

Measurement Record Card

Useful Contact Leaflet

Show cards

Household questionnaire, individual and biological module questionnaires

Self-completion booklet for parents of 4-12 year olds

Self-completion booklet for 13-15 year olds

Self-completion booklet for young adults

Self-completion booklet for adults

Biological module consent booklet

NHS record linkage consent forms for adults and children

SG Follow-up consent forms for adults and children

Who uses the information?

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

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

Chief Medical Officer
Sir Harry Burns

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

“The Scottish Health Survey is a vital source of information to support the Scottish Government’s commitment to help all people in Scotland to live longer, healthier lives.”

Derek Feeley
Director General, Health and Social Care
& Chief Executive, NHSScotland

Third Sector organisations also use the survey in their work.

“The work of the Scottish Health Survey is extremely valuable to British Heart Foundation Scotland’s work in a number of ways. The unique snapshot into the health and lifestyles of people living in Scotland is crucial for our work, such as how we raise awareness of heart disease risk, how we assess key priorities in our public health and prevention work, and in the way we present information on heart conditions, living with them, and how to prevent them.

It is particularly helpful that information is gathered consistently over time, to allow for comparison of progress made in key areas, such as blood pressure.

Ben McKendrick
Senior Policy and Public Affairs Manager
British Heart Foundation Scotland and Northern Ireland

How else is the information used?

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

- Researchers at the University of Glasgow and Glasgow Caledonian University have used the health survey to look at the links between people’s diets and heart disease.
- The Scottish Public Health Observatory use the health survey to monitor mental health in Scotland.
- The Glasgow Centre for Population Health is comparing the health of people in Glasgow with the rest of Scotland using the survey’s data.
- The Food Standards Agency used the survey to assess levels of vitamin D within the population. They will continue to use the survey to monitor the diets of people in Scotland.
- NHS Health Scotland have used the survey data to inform their work on the Monitoring and Evaluation of Scotland’s Alcohol Strategy (MESAS).
- SportScotland used the survey data on physical activity to develop their Active Scotland household targeting tool.
- The University of Aberdeen is using the Health Survey to look at patterns in hospital admissions.
- The media often uses the information collected in the survey when reporting about Scotland’s health.

ScotCen

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

NatCen

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

Operations Department

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

The Scottish Health Survey

Your questions answered

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

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

You can also contact the Scottish Government:

Scottish Health Survey Team
St Andrew’s House, Regent Road
Edinburgh EH1 3DG

e-mail: scottishhealthsurvey@scotland.gsi.gov.uk

www.scottishhealthsurvey.org

On behalf of
the Scottish Government



What is the Scottish Health Survey?

The Scottish Health Survey is a study of the health of people in Scotland. It is commissioned by the Scottish Government. It has been carried out before in 1995, 1998, 2003, and every year since 2008. It is the only source of information about the health of Scotland's population as a whole.

Who takes part in the survey?

Each year around 4,000 adults and 1,700 children living in households all over Scotland will take part. Participation is entirely voluntary.

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

What are the questions about?

Key topics such as general health, heart disease, exercise, smoking, drinking, and diet are included every year.

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

Did you know...?

The 'average man'

5 foot
9 inches
(175cm)

13st 4.5lbs
(84.6kg)



Average waist circumference
= 38 inches (96.6cm)

The 'average woman'

5 foot
4 inches
(161.5cm)

11st 4.3lbs
(71.8kg)



Average waist circumference
= 35 inches (88.7cm)

- 75% of adults think that their health in general is 'good' or 'very good'.
- 43% of adults report having a long term physical or mental condition or disability, this rises to around 7 in 10 of those aged 75 and over.
- 49% of men and 38% of women drink outwith government guidelines on weekly and daily drinking
- The prevalence of cigarette smoking in adults aged 16-64 has decreased from 34% in 1995 to 29% in 2010 for men, and from 36% to 28% for women.
- 20% of men and 23% of women consume the recommended amount of five or more portions of fruit or vegetables per day.
- 45% of men and 33% of women meet the physical activity recommendations of 30 minutes of at least moderate exercise on most days of the week.
- Men are more likely than women to go running/jogging or cycling, play football or rugby
- Women are more likely than men to go to aerobics, keep fit or dance classes and to do other kinds of dancing.
- The majority of adults aged 16 or over (67.8% of men and 62.4% of women) are either overweight or obese.

(findings from the 2010 Scottish Health Survey)



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

The findings from each survey are published in a special report. The latest report about the 2010 survey was published in September 2011. Your local library can order a copy of the report:

The Scottish Health Survey 2010,
Bromley, C, & Given, L (eds.) The Scottish
Government, 2011

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

Your local library can help with accessing the report in this way.

The results of the 2012 survey will be published in 2013.



P7162

Your interviewer on this study will be

Dear Sir or Madam

I would like to ask for your help with the **Scottish Health Survey**, a very important survey used by the Scottish Government, NHS Scotland, local Health Boards, councils, universities and charities to make decisions about health policies which affect everyone in Scotland. The survey takes place annually and last year over 5,000 households took part.

Your household has been chosen at random to take part in this survey. To ensure that the final results are accurate, we must interview people from all over Scotland and from all walks of life. This is why it is important to make sure that your household is included.

The survey is carried out for the Scottish Government by professional interviewers from ScotCen Social Research. In the next few days an interviewer will call at your house. They will show you a ScotCen official identification card which includes a photo and an interviewer number. The interviewer will ask some general health questions and, if you agree, they will take height and weight measurements.

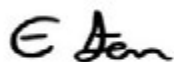
Your answers will be kept completely confidential (in accordance with the Data Protection Act 1998) and will be used for statistical and research purposes only. This may include results about your general health, diet and physical activity. No information that allows you to be identified will be made public.

As a way of saying thank you, you can take this letter to your local post office to receive £10.

On the back of this letter we have answered some of the questions you may have. The enclosed leaflet also tells you more about this very important survey. For further information you can also call our free-phone on 0800 652 4569, email scottishhealthsurvey@scotcen.org.uk, or visit the survey website: www.scottishhealthsurvey.org.

I do hope you will take part. Thank you in advance for your cooperation.

Yours faithfully



Emma Fenn, Project Coordinator
ScotCen Social Research

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

£10



Voucher number:
Issue date:
Expiry date:

Scottish Health Survey
www.scottishhealthsurvey.org



How did you choose my address?

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



What will happen to any information I give?

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



How long will it take?

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



Who is carrying out the study?

The Scottish Government have asked ScotCen Social Research, in collaboration with the MRC Social and Public Health Sciences Unit at the University of Glasgow, and academics from the Universities of Aberdeen and Edinburgh to carry out the survey.

ScotCen Social Research is a registered charity (Registered Charity No. SC038454). ScotCen, the MRC Social and Public Health Sciences Unit and the Universities of Aberdeen and Edinburgh are independent of all government departments and political parties.

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



Where can I find out more about the study?

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



Contact number and contact names

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

-
- Take this voucher to any Post Office. Counter staff will make your payment in cash.
 - You do not need to show any form of identity.
 - Your voucher is valid until the expiry date shown.
 - Find your nearest branch: Call:08457 22 33 44 Web: www.postoffice.co.uk

Please do not write on this voucher.

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Dear Sir or Madam

I would like to ask for your help with the **Scottish Health Survey**, a very important survey used by the Scottish Government, NHS Scotland, local Health Boards, councils, universities and charities to make decisions about health policies which affect everyone in Scotland. The survey takes place annually and last year over 5,000 households took part.

Your household has been chosen at random to take part in this survey. To ensure that the final results are accurate, we must interview people from all over Scotland and from all walks of life. This is why it is important to make sure that your household is included.

The survey is carried out for the Scottish Government by professional interviewers from ScotCen Social Research. In the next few days an interviewer will call at your house. They will show you a ScotCen official identification card which includes a photo and an interviewer number. The interviewer will ask some general health questions and, if you agree, they will take some measurements such as height, weight and blood pressure.

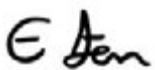
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As a way of saying thank you, each adult that participates will be given a £10 voucher which can be spent in a number of different shops.

On the back of this letter we have answered some of the questions you may have. The enclosed leaflet also tells you more about this very important survey. For further information you can also call our freephone on 0800 652 4569, email scottishhealthsurvey@scotcen.org.uk, or visit the survey website: www.scottishhealthsurvey.org.

I do hope you will take part. Thank you in advance for your cooperation.

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Emma Fenn, Project Coordinator
ScotCen Social Research



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How long will it take?

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



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Dear Sir or Madam

I would like to ask for your help with the **Scottish Health Survey**, a very important survey used by the Scottish Government, NHS Scotland, local Health Boards, councils, universities and charities to make decisions about health policies which affect everyone in Scotland. The survey takes place annually and last year over 5,000 households took part.

Your household has been chosen at random to take part in this survey which is focusing on the health of children and young people aged 0-15. To ensure that the final results are accurate, we must interview people from all over Scotland and from all walks of life. This is why it is important to make sure that your household is included.

The survey is carried out for the Scottish Government by professional interviewers from ScotCen Social Research. In the next few days an interviewer will call at your house. They will show you a ScotCen official identification card which includes a photo and an interviewer number. The interviewer will ask some general health questions and, if you agree, they will take height and weight measurements.

Your answers will be kept completely confidential (in accordance with the Data Protection Act 1998) and will be used for statistical and research purposes only. This may include results about general health, diet and physical activity. No information that allows you to be identified will be made public.

As a way of saying thank you, all participating households will be given a £10 voucher which can be spent in a number of different shops.

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ScotCen Social Research



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Scottish Health Survey

British Sign Language

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

Gaelic / Gàidhlig

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

Bengali / বাংলা

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

Chinese (Cantonese) /中文 (廣東話)

府上已獲選參與《蘇格蘭健康問卷調查》(Scottish Health Survey)。這是一項代表蘇格蘭政府及國民保健服務 (National Health Service) 收集有關居住在蘇格蘭的人士的健康及生活形式的資料的重要研究。如你希望我們為你安排口譯員以協助進行訪問，或更詳細地解釋當中所涉及的过程，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۔

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.co.uk

ScotCen
Social Research



Scottish Health Survey 2012

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

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

What is it about?

The first Scottish Health Survey was commissioned in 1995 by the Scottish Office because it was concerned about the lack of information about the health of people in Scotland. The survey was repeated again in 1998, 2003 and has been conducted annually since 2008. The detailed information provided by these surveys has proved very valuable and is used to help develop ways of improving people's health and to plan the services people need at times of ill health. The 2012 survey will update the information collected in previous surveys.

The 2012 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 would take too long and cost too much money. Instead we select a sample of addresses in such a way that all addresses in the country have a chance of being chosen. Yours is one of those chosen for the 2012 survey.

Who will we want to speak to?

We would like to interview every adult (aged 16 and over) who lives in your household, and if there are any children aged 0-15 we would like to interview two of them. Parents or guardians will answer questions on behalf of children aged under 13.

Is the survey confidential?

Yes. We take very great care to protect the confidentiality of the information we are given. The information collected is used for statistical and research purposes only and will be dealt with according to the principles of the 1998 Data Protection Act. The Scottish Government and ScotCen guarantee that the survey results will not be published in a form that can reveal your identity and that no attempts will be made to identify individuals from their answers. Your name and address will only be known to the ScotCen research team unless you give your consent for it to be passed to the Scottish Government, for example so they could invite you to take part in a further study about health.

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

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

Is the survey compulsory?

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

Do I get anything from the survey?

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

What if I have any other questions?

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

Your co-operation is very much appreciated.

Thank you very much for your help with this survey.

Lisa Given or Clare Sharp
ScotCen Social Research
73 Lothian Road
Edinburgh
EH3 9AW

Tel: 0131 228 2167

www.scottishhealthsurvey.org

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The 2012 survey has questions about your general health, and about behaviour that can affect your health such as eating habits, physical activity, smoking and drinking. There are also some questions about diseases of the heart, lungs and chest. The Scottish Government are particularly interested in having this information because at present the rates of heart disease in Scotland are among the highest in the world.

The survey also collects, if you agree, some physical measurements such as height, weight and blood pressure. Some personal details such as age, sex and employment are also included to help interpret this information.

Why have we come to your household?

To visit every household in Scotland would take too long and cost too much money. Instead we select a sample of addresses in such a way that all addresses in the country have a chance of being chosen. Yours is one of those chosen for the 2012 survey.

Who will we want to speak to?

We would like to interview every adult (aged 16 and over) who lives in your household, and if there are any children aged 0-15 we would like to interview two of them. Parents or guardians will answer questions on behalf of children aged under 13.

Is the survey confidential?

Yes. We take very great care to protect the confidentiality of the information we are given. The information collected is used for statistical and research purposes only and will be dealt with according to the principles of the 1998 Data Protection Act. The Scottish Government and ScotCen guarantee that the survey results will not be published in a form that can reveal your identity and that no attempts will be made to identify individuals from their answers. Your name and address will only be known to the ScotCen research team unless you give your consent for it to be passed to the Scottish Government, for example so they could invite you to take part in a further study about health.

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

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

Is the survey compulsory?

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

Do I get anything from the survey?

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

What measurements are included in the survey?

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

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

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 the Research Ethics Committee for Wales.

Your measurements:

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

Name: _____

HEIGHT: _____ cm
_____ ft/ins

WEIGHT: _____ kg
_____ st/lbs



Scottish Health Survey 2012

Information for Children

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

Every year around 1,700 children and 4,000 adults take part in the study.

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

**What are the questions about?**

The interviewer will ask you some questions about your general health and illness. The interviewer will also ask about things that can affect your health like the kinds of food you eat and what kinds of sports and activities you do.

**What are the measurements?**

If you agree, the interviewer will also measure your height and weight. If you want, the interviewer will write down your height and weight for you.

**Who will see my answers?**

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

**Why have you come to my house?**

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

**Do I have to answer the questions?**

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

**Do I have to be measured and weighed?**

No, not if you don't want to. The interviewer will ask you if it's okay to measure your height and weight before he or she takes your measurements.

**If I have any other questions?**

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

scottishhealthsurvey@scotcen.org.uk

Thank you for your help with this study.

What if I have any questions?

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

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

Your co-operation is very much appreciated.

Thank you very much for your help with this survey.

Lisa Given or Clare Sharp

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

Tel: 0131 228 2167

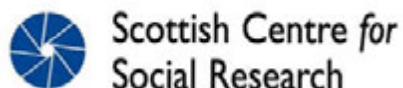
www.scottishhealthsurvey.org

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

www.takelifeon.co.uk

Information about common health conditions is available here:

www.nhsinform.co.uk



The 2012 Scottish Health Survey

Information for Parents

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

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

What is it about?

The first Scottish Health Survey was commissioned in 1995 by the Scottish Office because it was concerned about the lack of information about the health of people in Scotland. The survey was repeated again in 1998, 2003 and has been conducted annually since 2008. The detailed information provided by these surveys has proved very valuable and is used to help develop ways of improving people's health and to plan the services people need at times of ill health. The 2012 survey will update the information collected in previous surveys.

The 2012 survey will collect information about a range of health conditions and about behaviour that can affect health such as eating habits and physical activity. The Scottish Government and NHS Health Scotland would like better information about the health of children and so each year extra children are interviewed.

What is involved?

For children, the survey has questions about general health and about behaviour that can affect health such as eating habits and physical activity. Parents or guardians will be asked to answer on behalf of children up to the age of 12 – with help from the child when possible. Children aged 13-15 will be interviewed in person – with their parent or guardian present in the home.

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

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

Why have we come to your household?

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

Is the survey confidential?

Yes. We take very great care to protect the confidentiality of the information we are given. The information collected is used for statistical and research purposes only and will be dealt with according to the principles of the 1998 Data Protection Act. The Scottish Government and ScotCen guarantee that the survey results will not be published in a form that can reveal anyone's identity and that no attempts will be made to identify individuals from their answers. Your child's name and address will only be known to the ScotCen research team unless you give your written consent for it to be passed to The Scottish Government, for example so they could invite you to take part in a further study about health.

If you agree and give us your written consent, the information provided in this survey about your child's NHS health records,

including information about in-patient or out-patient visits or diagnosis, will be linked to your survey answers. This increases the value of the information provided. This is done confidentially and no data which can identify your child or any other individual is released.

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

Is the survey compulsory?

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

Do I get anything from the survey?

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

Parentline Scotland

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

0800 028 2233 Mon, Wed & Fri 9am-5pm, Tue & Thurs 9am-10pm, 12-8pm Sat & Sun.

www.children1st.org.uk

Citizens Advice

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

For local offices see the listings in your local phonebook.

www.adviceguide.org.uk/Scotland

Debt Advisory Centre

Provide a non-judgemental, sympathetic approach to providing a solution to your financial troubles.

0800 970 7724

www.debtadvisorycentre.co.uk

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Scottish Health Survey 2012

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.

08454 24 24 24

www.nhs24.com

www.nhsinform.co.uk (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: smokefree.nhs.uk (0800 84 84 84).

Alzheimer Scotland

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

0808 808 3000 - free 24 hour helpline

www.alzscot.org

Alcoholics Anonymous

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

0845 769 7555

www.alcoholics-anonymous.org.uk

Narcotics Anonymous

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

0300 999 1212

www.ukna.org

Victim Support line

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

Scottish helpline 0845 603 9213 (8am-8pm Mon-Fri)

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

www.victimsupport.org

Domestic Abuse Helplines

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

0800 027 1234 (free 24 hrs) or 0808 2000 247 (free 24 hrs)

Strathclyde Gay and Lesbian Switchboard

(covers all of Scotland)

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

0141 847 0447 (7pm-10pm every day)

www.sgls.co.uk

The Samaritans

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

08457 90 90 90 - 24 hour phone line:

www.samaritans.org.uk

Breathing Space Scotland

Breathing Space is a 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.

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

6pm Friday – 6am Monday

www.breathingspacescotland.co.uk

SAMH (Scottish Association for Mental Health)

Offers confidential help on a range of mental health issues.

0800 917 3466 - Mon-Fri 2pm – 4.30pm

www.samh.org.uk

SANE

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

0845 767 8000 - 6pm-11pm every day

www.sane.org.uk

Supportline

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

01708 765 200

www.supportline.org.uk

Cruse Bereavement Care Scotland

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

0845 600 2227

www.crusescotland.org.uk

Participant name _____

The Measurements

Height and Weight

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

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

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

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

Waist measurement

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

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

Blood Pressure

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

	Systolic (mmHg)			Diastolic (mmHg)			Pulse (bpm)		
Average									
(i)									
(ii)									
(iii)									

Blood pressure interpretation:

Summary of advice given by interviewer:

- Normal Raised
- Mildly raised Considerably raised

Visit your GP to have your blood pressure checked within:

Saliva Sample

We would like to take a sample of saliva (spit). This simply involves dribbling saliva into a tube, or sucking on a piece of cotton wool. The interviewer will ask you to sign a consent form before any sample is taken. The sample will be analysed for cotinine. Cotinine is related to the intake of cigarette smoke and is of particular interest to see whether non-smokers may have raised levels as a result of 'passive' smoking. The saliva will only be tested for cotinine. It will not be tested for other substances, like drugs or alcohol.

Urine Sample

We would like you to provide a sample of your urine. The interviewer will ask you to sign a consent form before any sample is taken. Analysis of urine samples tells us how much sodium (salt) there is in people's diets. This is useful information for assessing the health of the population, as high salt levels are related to health-related conditions such as high blood pressure. This sample will only be used to measure salt levels and will not be tested for drug or alcohol use.

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

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

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

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Physical and Health Measurements

Scottish Health Survey 2012

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 (phone 0131 228 2167 or email scottishhealthsurvey@scotcen.org.uk). The NHS Inform website (www.nhsinform.co.uk) and phonenumber (0800 224488) can also provide information about health conditions.

Participant name

Scottish Health Survey 2012

Questionnaire documentation

Section contains:

Notes on how to use this documentation

Survey outline

Household interview

Individual interview

Notes

1. This is an edited documentation of the computer programmes used in the SHeS household and individual. 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 '*'.
2*
7. Some questions allowed respondents to give more than one answer (indicated within this documentation with the instruction: 'CODE ALL THAT APPLY'). In these cases each individual answer option will have its own variable name which is shown in square brackets to the right of the answer.
8. The symbol '\$' has been used to flag CAPI questions which have been used in conjunction with Self-Complete questions to combine the answers into a separate derived variable.

Scottish Health Survey 2012 – 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 2012. The household questionnaire documentation begins on page 7 of this documentation.

Individual questionnaire

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

- **Main sample** - there were two versions of the individual interview questionnaire for the main sample: version A and version B. The content and order of the individual interview differed depending on which version a household was selected to go through. Some topics were asked in both versions of the questionnaire, e.g. '*general health including caring*' and '*eating habits for children*' while other topics are only asked in one of the versions, e.g. '*respiratory and CVD symptoms*' in version A. The below table outlines which topics are asked in which version of the questionnaire.
- **Child Boost sample** – The individual questionnaire at child boost households followed the same format as a main version A individual questionnaire (see table below).
- **Health Board Boost sample** – Adults in the Health Board boost sample were only asked questions on those topics that appeared in *both* version A and version B of the individual interview, for example, *general health*, and *physical activity*.

Points to note:

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

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

	Self-completions [Selfcomp] 4+	
	Height and weight [Measure] 2+	
	Consents [Consents] 0+	
		Biological module (16+)includes: <ul style="list-style-type: none"> • Prescription drugs • Blood Pressure • Waist • Saliva • Urine • Anxiety • Depression • Self harm

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

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

[Point]*

SAMPLE POINT NUMBER:

Range: 1..997

[Address]*

ADDRESS NUMBER:

Range: 1..97

[Hhold]*

HOUSEHOLD NUMBER:

Range: 1..3

[AdrField]*

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

Text: Maximum 10 characters

[First]*

INTERVIEWER: For information, you are in the questionnaire for:

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

Sample: (*sample type indicator*)

Point no: (*Point number*)

Address no: (*Address number*)

Household no: (*Household number*)

Strand: (*Core version A or version B*)

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

[IntDate]*

PLEASE ENTER THE DATE OF THIS INTERVIEW.

Date:

[WhoHere]*

INTERVIEWER: COLLECT THE NAMES OF THE PEOPLE IN THIS HOUSEHOLD.

1 Continue

IF First person in household OR More=Yes THEN

[Name]*

What is the name of (*person number*)?

[More]*

Is there anyone else in this household?

1 Yes

2 No

(Name and More repeated for up to 12 household members)

[SizeConf]*

So, can I check, altogether there are (*x*) people in your household?

- 1 Yes
- 2 No, more than (*x*)
- 3 No, less than (*x*)

HOUSEHOLD COMPOSITION GRID FOR ALL HOUSEHOLD MEMBERS (MAXIMUM 12)

[Person]

Person number in Household Grid.

Range: 0..12

[Name]*

First name from WhoHere

[Sex]

ASK: Is (*name of respondent*) male or female?

- 1 Male
- 2 Female

[DoB]*

What is (*name of respondent's*) date of birth?

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

[Age]

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

Range: 0..120

IF AgeOf=Dk/Ref THEN

[AgeEst]*

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

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

IF Age of Respondent is 16 or over THEN

[Marital12]

SHOWCARD A1.

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

- 1 ...single, that is never married or never formed a legally recognised civil partnership
- 2 married and living with (*husband/wife*),
- 3 a civil partner in a legally recognised civil partnership
- 4 married and separated from (*husband/wife*),
- 5 in a legally recognised civil partnership and separated from your civil partner,
- 6 divorced,
- 7 formerly a civil partner, the civil partnership now legally dissolved,
- 8 widowed,
- 9 or, a surviving civil partner, your partner having since died.

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

[Couple]

May I just check, (*are you/is he*) living with anyone in this household as a couple?

- 1 Yes
- 2 No
- 3 SPONTANEOUS ONLY - same sex couple

IF (Age of Respondent is 16-17) THEN

[LegPar]

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

- 1 Yes
- 2 No

[Par1]

Which of the people in this household are (*name of respondent's*) parents or have legal parental responsibility for (*him/her*) on a permanent basis? CODE FIRST PERSON AT THIS QUESTION. IF Not a household member/dead, CODE 97

Range: 1..12, 97

IF Par1 IN [1..12] THEN

[Par2]

Which other person in this household is (*name of respondent's*) parent or have legal parental responsibility for him/her on a permanent basis? CODE SECOND PERSON AT THIS QUESTION. IF No-one else in the household, CODE 97

Range: 1..14, 97

[SelCh]

INTERVIEWER: Is this child selected for an individual interview?

- 1 Yes
- 2 No

RELATIONSHIP BETWEEN HOUSEHOLD MEMBERS COLLECTED FOR ALL

IF Person > 1 THEN

[R]

SHOW CARD A2.

How is (*name of respondent's*) related to (*name*)? Just tell me the number on this card.

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

END OF HOUSEHOLD COMPOSITION GRID

ASK ALL

[HHldr]

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

CODE ALL THAT APPLY.

(Codeframe of all household members)

1-12 Person numbers of household members

97 Not a household member

[HHResp]

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

(Codeframe of adult household members)

1-12 Person numbers of household members

97 Not a household member

IF More than one person coded at HHldr THEN

[HiHNum]

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

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

1-12 Person numbers of household members

13 Two people have the same income

IF HiHNum=13 THEN

[JntEldA]

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

ASK OR RECORD.

(Codeframe of joint householders)

1-12 Person numbers of household members

IF HiHNum=Don't know or Refused

[JntEldB]

ENTER PERSON NUMBER OF THE ELDEST JOINT HOUSEHOLDER.

ASK OR RECORD.

(Codeframe of joint householders)

1-12 Person numbers of household members

[HRP]*

INTERVIEWER: THE HOUSEHOLD REFERENCE PERSON IS:

(Displays name of Household Reference Person)

PRESS <1> AND <Enter> TO CONTINUE.

[Eligible]*

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

(List of eligible respondents)

PRESS <1> AND <Enter> TO CONTINUE.

ASK ALL AGED 16+

[OwnORent08]

SHOWCARD A3

In which of these ways do you occupy this accommodation?

PROBE FOR DETAILS

- 1 Buying it with the help of a mortgage or loan
- 2 Own it outright
- 3 Pay part rent and part mortgage
- 4 Rent (including rents paid by housing benefit)
- 5 Live here rent free (including rent-free in relative's/friend's property)

IF OwnRnt08= Rent OR Free THEN

[LandLord]

Who is your landlord?

INTERVIEWER: Code first that applies.

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

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

ASK ALL

[Car12]¹

In total, how many cars or vans are owned, or are available for private use, by members of your household? Include any company cars or vans available for private use : 0..100.

ASK ALL

[PasSm]

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

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

- 1 Yes
- 2 No

[SmokHm]²

SHOW CARD A4

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

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

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

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

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

² New in 2012

- 2 One or two times
- 3 Three or four times
- 4 Five or six times
- 5 Seven times
- 6 More than often than this

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

[LiveArea]

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

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

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

[CrimArea]

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

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

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

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

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

ASK ALL

[PrevCrim]

SHOWCARD A5

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

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

[ActQuick]

SHOWCARD A5

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

- 1 Very confident
- 2 Fairly confident
- 3 Not very confident

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

4 Not at all confident

[DealInc]

SHOWCARD A5

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

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

[Investig]

SHOWCARD A5

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

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

[SolvCrim]

SHOWCARD A5

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

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

[CatchCri]

SHOWCARD A5

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

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

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

[SrcInc]¹

SHOW CARD A6.

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

PROBE: FOR ALL SOURCES. CODE ALL THAT APPLY

Earnings from employment or self-employment (incl. overtime, tips, bonuses)	[SrcInc1]
State retirement pension	[SrcInc2]
Pension from former employer	[SrcInc3]
Personal pensions	[SrcInc4]
Child Benefit	[SrcInc5]
Job-Seekers Allowance	[SrcInc6]
Income Support	[SrcInc7]
Working Tax Credit, Child Tax Credit or any other Tax Credit	[SrcInc8]
Housing Benefit	[SrcInc9]
Other state benefits	[SrcInc10]
Student grants and bursaries	[SrcInc11]
Interest from savings and investments (eg stocks & shares)	[SrcInc12]
Rent from property (after expenses)	[SrcInc13]
Other kinds of regular income (e.g. maintenance or grants)	[SrcInc14]
No source of income	[SrcInc15]

[JntInc]

SHOW CARD A7

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

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

Range: 1..97

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

THEN

[OthInc]

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

- 1 Yes
- 2 No

IF OthInc = Yes THEN

[HHInc]

SHOW CARD A5

Thinking of the income of your household as a whole, which of the groups on this card represents the total income of the whole household before deductions for income tax, National Insurance, etc.

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

Range: 1..97

¹ Additional option categories added for 2012

EMPLOYMENT DETAILS OF HOUSEHOLD REFERENCE PERSON¹

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

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

INTERVIEWER: Code **all that apply**.

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

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

Are you at 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 ((HWrkFam) OR (HNoneabv)) AND NOT ((HWrkEmp) OR (HGvtSchm) OR (HSelfEmp) OR (HOthWrk)) THEN [HWk4Look12]

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

- 1 Yes
- 2 No

IF HWk4Look12 = No THEN [HWaitJb12]

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

- 1 Yes

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

2 No

IF (HWk4Look12 = Yes OR HWaitJb12 = Yes) THEN

[HWk2Star12]

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

1 Yes

2 No

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

[HYNtWrk]

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

INTERVIEWER: CODE ONE ONLY

1 Waiting for the results of an application for a job/being assessed by a training agent

2 Student

3 Looking after family/home

4 Temporarily sick or injured

5 Long-term sick or disabled

6 Believes no job available

7 Not yet started looking

8 Doesn't need employment

9 Retired from paid work

10 Any other reason

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

[HEverJob]

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

1 Yes

2 No

IF (HWaitJb12 = Yes) THEN

[HOthPaid]

Apart from the job *you/name* are waiting to take up, have *you/name* (Household Reference Person)

ever been in paid employment or self-employed?

1 Yes

2 No

IF (HEverJob = Yes) OR (HOthPaid = Yes) THEN

[HPayLast]

Which year did *you/name* (Household Reference Person) leave *your/his/her* last paid job?

WRITE IN.

Numeric: 1920..2001 Decimals: 0

IF HPayLast <= 8 years ago THEN

[HPayMon]

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

1 January

2 February

3 March

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

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

[HJobTitl]*

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

Text: Maximum 60 characters

[HFtPtime]

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

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

- 1 Full-time
- 2 Part-time

[HWtWork]*

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

Text: Maximum 50 characters

[HMatUsed]*

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

IF NONE USED, WRITE IN 'NONE'.

Text: Maximum 50 characters

[HSkilNee]*

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

Text: Maximum 120 characters

[HEmploye]

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

- 1 an employee
- 2 or, self-employed?

IF IN DOUBT, CHECK HOW THIS EMPLOYMENT IS TREATED FOR TAX & NI PURPOSES.

IF HEmploye = self employed THEN

[HDirctr]

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

- 1 Yes
- 2 No

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

[HEmpStat]

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

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

[HNEmployee]

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

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

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

[HSNEmploye]

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

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

IF HEmploye = Employee THEN

[HInd]*

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

Text: Maximum 100 characters

IF HEmploye = Self Employed THEN

[HSIfWtMa]*

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

Text: Maximum 100 characters

ASK ALL

[HRPOcc]

INTERVIEWER: Did (*name of HRP*) answer the occupation questions (*himself/herself*)?

If you code 2 here you will also need to ask (*name of HRP*) about (*his/her*) job details when you interview (*him/her*) in person.

- 1 Yes
- 2 No

Individual Interview

ASK ALL (0+)

[DBCheck]*

Can I just check that (your/name of child's) date of birth is: (date of birth from HHGrid)

INTERVIEWER: Code 1 if the date of birth is correct.

Code 2 if it is wrong.

Code 3 if the date of birth was not collected at the household grid.

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

IF DBCheck = Code 2, 3 THEN

[ODoBD]*

What is (your/name of child's) date of birth?

INTERVIEWER: Enter day, month and year of (name/child's name)'s date of birth separately.

Enter the **day** here.

If (name) does not know (his/her) date of birth, enter Don't know <Ctrl K> and get an estimate.

Range: 1..31

[ODoBM]*

INTERVIEWER: Code the **month** of (name/child's name)'s date of birth.

- 1 January
- 2 February
- 3 March
- 4 April
- 5 May
- 6 June
- 7 July
- 8 August
- 9 September
- 10 October
- 11 November
- 12 December

[ODoBY]*

INTERVIEWER: Enter **year** of (name/child's name)'s date of birth.

Range: 1890..2100

ASK ALL

[OwnAge]*¹

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

- 1 Yes
- 2 No

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

IF RESPONDENT'S AGE HAS CHANGED SINCE THE HOUSEHOLD QUESTIONNAIRE (DUE TO A BIRTHDAY)

[Birthday]*

INTERVIEWER FOR YOUR INFORMATION:

This respondent has had a birthday since you started the household questionnaire (*date of HH Questionnaire*).

For survey reasons the age used in this individual session is based on that date, not today's date. That is, this person will be treated as being (*age at HH Questionnaire*) years old and not (*current age*) years old.

Now press <Enter> to continue.

IF 'don't know' at ODOB, THEN

[OwnAgeE]*

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

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

IF 'don't know' at OwnAgeE AND AGE 0-15

[AgeCEst]*

INTERVIEWER: Estimate nearest age:

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

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

[AgeAEst]*

INTERVIEWER: Estimate nearest age:

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

General Health module – (ALL)

ASK ALL (0+)

[GenHelf]

How is your health in general? Would you say it was ...READ OUT...

- 1 ...very good,
- 2 good,
- 3 fair,
- 4 bad, or
- 5 very bad?

[Longll12]¹

Do you have a physical or mental 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)

What (else) is the matter with you?

INTERVIEWER: RECORD FULLY. PROBE FOR DETAIL.

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

¹ Question wording changed in 2012.

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

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

[LimAct12](variable names LimitAc1-LimitAc6)¹

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

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

[More]* (variable names More1-More6)

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

- 1 Yes
- 2 No

ASK 4+

[RG1512]²

Do you look after, or give any regular help or support to family members, friends, neighbours or others because of either a long-term physical, mental ill-health or disability; or problems related to old age?

INTERVIEWER: Exclude any caring that is done as part of any paid employment

- 1 Yes
- 2 No

¹ Additional answer categories added in 2012

² Revised wording and extended age range in 2012

IF RG1512 = Yes THEN

RG16a

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

INTERVIEWER: Up to two people cared for.

Code the **first** person here.

1-12 Person numbers of household members

97 Someone outside the household

IF RG1512=1-12 or 97 THEN

[RG16b]

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

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

1-12 Person numbers of household members

97 Someone outside the household

98 No one else

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

Parent/parent-in-law [RG16c1]

Other relative [RG16c2]

Friend/neighbour [RG16c3]

Other person [RG16c4]

[RG1712]¹

SHOW CARD A9

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

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

: If person says that continuous care is provided then code as 50 or more hours a week

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 showcard)

[RG18]²

SHOW CARD A10

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

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

1 Less than one year

2 One year but less than 5 years

3 5 years but less than 10 years

4 10 years but less than 20 years

5 20 years or more

¹ Different wording and categories in 2012

² New question in 2012

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

[RG19]¹

SHOW CARD A11

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

INTERVIEWER: CODE ALL THAT APPLY

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

Been unable to take up employment	[RG191]
Worked fewer hours	[RG192]
Reduced responsibility at work	[RG193]
Flexible employment agreed	[RG194]
Changed to work at home	[RG195]
Reduced opportunities for promotion	[RG196]
Took new job	[RG197]
Left employment altogether	[RG198]
Took early retirement	[RG199]
Other (SPECIFY)	[RG1910]
Employment not affected/never had a job	[RG1911]

[RG190]*

INTERVIEWER: WRITE IN OTHER ANSWER

[RG20]²

SHOW CARD A12

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

INTERVIEWER: CODE ALL THAT APPLY

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

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

[RG20b]³

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

Short breaks or respite e.g. day time breaks, overnight breaks or emergency respite	[RG20b1]
---	----------

1 new question in 2012

2 new question in 2012

3 new question in 2012

Advice and information	[RG20b2]
Practical things, e.g. putting hand rails in the bathroom, transport to a day centre	[RG20b3]
Talking to someone for support, e.g. family member, friend, counsellor	[RG20b4]
Having a befriender or a peer mentor	[RG20b5]
Advocacy services	[RG20b6]
Personal assistant/ support worker/ community nurse/ home help	[RG20b7]
Help from family, friends or neighbours	[RG20b8]
Help from teachers at school, e.g. talking or extra help with homework	[RG20b9]
Social activities and support, e.g. young carers' groups or day trips	[RG20b10]
Other (SPECIFY)	[RG20b11]
Receive no help or support	[RG20b12]

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

[RG200]*

INTERVIEWER: WRITE IN OTHER ANSWER

ASK ALL 16+

LifeSat

SHOWCARD A8

All things considered, how satisfied are you with your life as a whole nowadays?

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

MRC Respiratory Module (Version A only)

Please note that the Rose Angina and Claudication questions have not been included in the 2012-2015 surveys.

ASK ALL AGED 16+

[Flemwint]

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

- 1 Yes
- 2 No

IF Flemwint = No or Don't know THEN

[Flemdawn]

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

- 1 Yes
- 2 No

IF Flemwint=Yes OR Flemdawn=Yes THEN

[Flemreg]

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

- 1 Yes
- 2 No

IF Uphillw <> Cannot walk THEN

[Windhila]

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

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

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

[WindPeer]

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

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

IF Windpeer = Yes or No THEN

[Windpace]

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

- 1 Yes
- 2 No

Cardiovascular Disease and Use of Services – All Versions

ASK ALL AGED 16+

[EverBp]

Do you now have, or have you ever had...READ OUT ...high blood pressure (sometimes called hypertension)?

- 1 Yes
- 2 No

[Everangi]

Have you ever had angina?

- 1 Yes
- 2 No

[Everhart]

Have you ever had a heart attack (including myocardial infarction or coronary thrombosis)?

- 1 Yes
- 2 No

[Evermur]

And do you now have, or have you ever had...READ OUT ...a heart murmur?

- 1 Yes
- 2 No

[Everireg]

...abnormal heart rhythm?

- 1 Yes
- 2 No

[Everoht]

...any other heart trouble?

- 1 Yes
- 2 No

IF Everoht = Yes THEN

[CVDOth]*

What is that condition? INTERVIEWER: RECORD FULLY. PROBE FOR DETAIL.

Text: Maximum 50 characters

ASK ALL AGED 16+

[Everstro]

Have you ever had a stroke?

- 1 Yes
- 2 No

[Everdi]

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

- 1 Yes
- 2 No

[COPD]

Have you ever had COPD, chronic bronchitis or emphysema?

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

- 1 Yes
- 2 No

IF Everangi = Yes THEN

[DocAngi]

You said that you had angina. Were you told by a doctor that you had angina?

- 1 Yes
- 2 No

IF DocAngi = Yes THEN

[RecAngi]

Have you had angina during the past 12 months?

- 1 Yes
- 2 No

IF Everhart= Yes THEN

[Docheart]

Were you told by a doctor that you had a heart attack (including myocardial infarction or coronary thrombosis)?

- 1 Yes
- 2 No

IF Docheart = Yes THEN

[RecHeart]

Have you had a heart attack (including myocardial infarction and coronary thrombosis) during the past 12 months?

- 1 Yes
- 2 No

IF Everireg = Yes THEN

[Doclreg]

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

- 1 Yes
- 2 No

IF Doclreg = Yes THEN

[Reclreg]

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

- 1 Yes
- 2 No

IF EverOht= Yes THEN

[DocOht]

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

- 1 Yes
- 2 No

IF DocOht = Yes THEN

[RecOht]

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

- 1 Yes
- 2 No

IF Everstro = Yes THEN

[Docstro]

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

- 1 Yes
- 2 No

IF DocStro = Yes THEN

[RecStro]

Have you had a stroke during the past 12 months?

- 1 Yes
- 2 No

ASK ALL 16+ WITH A HEART CONDITION OR WHO HAS HAD A STROKE (IF Everangi / Everhart / Everlreg/ Everoht / EverStro= Yes) THEN

[MedHeart]

Are you currently taking any medicines, tablets or pills because of your (*heart condition or stroke*)?

- 1 Yes
- 2 No

IF Everbp = Yes THEN

[DocNurBp]

You mentioned that you have had high blood pressure. Were you told **by a doctor or nurse** that you had high blood pressure?

- 1 Yes
- 2 No

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

[PregBP]

Can I just check, were you pregnant when you were told that you had high blood pressure?

- 1 Yes
- 2 No

IF PregBP = Yes THEN

[NoPregBp]

Have you ever had high blood pressure apart from when you were pregnant?

- 1 Yes
- 2 No

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

[medcinbp]

Are you currently taking any medicines, tablets or pills for high blood pressure?

- 1 Yes
- 2 No

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

[stillbp]

ASK OR RECORD: Do you still have high blood pressure?

- 1 Yes
- 2 No

[pastabpp]

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

- 1 Yes
- 2 No

IF Adchdc = Yes THEN

[fintabc]*

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

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

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

[DocInfo1]

Were you told by a doctor that you had diabetes?

- 1 Yes
- 2 No

IF (DocInfo1= Yes) AND (Sex = Female) THEN

[PregDi]

Can I just check, were you pregnant when you were told that you had diabetes?

- 1 Yes
- 2 No

IF PregDi= Yes THEN

[NoPregDi]

Have you ever had diabetes apart from when you were pregnant?

- 1 Yes
- 2 No

**ASK ALL 16+ WITH DOCTOR-DIAGNOSED DIABETES [EXCEPT WHEN PREGNANT]
(IF DocInfo1= Yes AND NoPregDi<> No)**

[AgeInfo1]

(Apart from when you were pregnant, approximately/Approximately) how old were you when you were first told by a doctor that you had diabetes? ENTER AGE IN YEARS

Range: 0..110

[Insulin]

Do you currently inject insulin for diabetes?

- 1 Yes
- 2 No

[MedcinDi]

Are you currently taking any medicines, tablets or pills *(other than insulin injections)* for diabetes?

- 1 Yes
- 2 No

ASK ALL 16+ WITH A HEART MURMUR (IF Evermur = Yes)

[Murdoc]

You mentioned that you have had a heart murmur. Were you told by a **doctor** that you had a heart murmur?

- 1 Yes
- 2 No

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

[PregMur]

Can I just check, were you pregnant when you were told that you had a heart murmur?

- 1 Yes
- 2 No

IF PregMur = Yes THEN

[PregMur1]

Have you ever had a heart murmur **apart** from when you were pregnant?

- 1 Yes
- 2 No

**ASK ALL 16+ WITH DOCTOR-DIAGNOSED HEART MURMUR [EXCEPT WHEN PREGNANT]
(IF MurDoc= Yes AND PregMur1 <> No)**

[Murrec]

Have you had a heart murmur during the past twelve months?

- 1 Yes
- 2 No

[Murpill]

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

- 1 Yes
- 2 No

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

[COPDDoctr]

You mentioned that you had COPD, chronic bronchitis or emphysema. Did a doctor tell you that you had this?

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

- 1 Yes
- 2 No

IF COPDDoctr = Yes

[COPDSpir]

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

- 1 Yes
- 2 No

IF COPD=YES

[COPDTrt]

Are you currently receiving any treatment or advice because of your COPD, chronic bronchitis or emphysema? Please include regular check-ups.

- 1 Yes
- 2 No

IF COPDTrt = Yes

[COPDOth]

SHOWCARD B2

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

CODE ALL THAT APPLY.

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

IF COPDOth = Other (COPDOth8)

[COPDOthO] *

INTERVIEWER: Please enter other treatment or advice.

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

[DocTalk]

During the 2 weeks ending yesterday, apart from any visit to a hospital, have you talked to a doctor on your own behalf, either in person or by telephone?

EXCLUDE CONSULTATIONS MADE ON BEHALF OF OTHERS

- 1 Yes
- 2 No

IF DocTalk = Yes THEN

[DocNum]

How many times have you talked to a doctor in these 2 weeks?

Range: 0..14

[Consul]

(Were any of these consultations/Was this consultation) about your (heart condition, high blood pressure, diabetes or stroke)...READ OUT...

CODE ALL THAT APPLY

- | | | |
|---|---------------------------------|-----------|
| 1 | No | [Consul1] |
| 2 | Yes, about: high blood pressure | [Consul2] |
| 3 | Angina | [Consul3] |
| 4 | Heart attack | [Consul4] |
| 5 | Heart murmur | [Consul5] |
| 6 | Abnormal heart rhythm | [Consul6] |
| 7 | Other heart trouble | [Consul7] |
| 8 | Stroke | [Consul8] |
| 9 | Diabetes | [Consul9] |

IF DocTalk = No or refused

[LastDoc]

Apart from any visit to a hospital, when was the last time you talked to a doctor on your own behalf?

PROMPT

- 1 Less than two weeks ago
- 2 2 weeks ago but less than a month ago
- 3 1 month ago but less than 3 months ago
- 4 3 months ago but less than 6 months ago
- 5 6 months ago but less than a year ago
- 6 A year or more ago
- 7 Never consulted a doctor

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

[ConCon]

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

CODE ALL THAT APPLY

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

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

[OutPat]

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

- 1 Yes
- 2 No

IF OutPat = Yes THEN

[WhyOutP]

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

- 1 Yes
- 2 No

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

[InPat]

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

- 1 Yes
- 2 No

IF InPat = Yes

[WhyInp]

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

- 1 Yes
- 2 No

ASK ALL 16+ WHO DO NOT HAVE A CVD CONDITION, DIABETES OR HIGH BLOOD PRESSURE (IF No at ALL of: EverBp to EverDi) AND ALL CHILDREN¹

[DocTalkN]

During the 2 weeks ending yesterday, apart from any visit to a hospital, have you talked to a doctor on your own behalf, either in person or by telephone?

- 1 Yes
- 2 No

IF DocTalkN = Yes THEN

[DocNumN]

How many times have you talked to a doctor in these 2 weeks?

Range: 0..14

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

IF DocTalkN = No

[LastDocN]

Apart from any visit to a hospital, when was the last time you talked to a doctor on your own behalf?

PROMPT

- 1 Less than two weeks ago
- 2 2 weeks ago but less than a month ago
- 3 1 month ago but less than 3 months ago
- 4 3 months ago but less than 6 months ago
- 5 6 months ago but less than a year ago
- 6 A year or more ago
- 7 Never consulted a doctor

ASK ALL 16+ WHO DO NOT HAVE A CVD CONDITION, DIABETES OR HIGH BLOOD PRESSURE (IF No at ALL of: EverBp-EverDi) AND ALL CHILDREN¹

[OutPatN]

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

- 1 Yes
- 2 No

[InPatN]

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

- 1 Yes
- 2 No

ASK ALL 16+

[HNotAsk]

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

- 1 Yes
- 2 No

IF HNotAsk=Yes THEN

[HNoTWhat] *

What are these health problems?

DO NOT PROBE

Text: 100 characters

Asthma Module

ASK ALL AGED 0+

[EverW]

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

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

- 1 Yes
- 2 No

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

[NoCo]

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

- 1 Yes
- 2 No

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

[TweWz]

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

- 1 Yes
- 2 No

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

[Attak]

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

IF DON'T KNOW, OBTAIN ESTIMATE.

PROMPT IF REQUIRED:

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

[SleTw]

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

INTERVIEWER: If DK obtain estimate.

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

[NaDLi]

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

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

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

[RecAtW]

When was your most recent attack of wheezing/whistling?

PROMPT IF NECESSARY.

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

ASK ALL 0+

[ConDr]

Did a doctor ever tell you that you had asthma?

PLEASE EXCLUDE ADVICE FROM HOMEOPATHS, ETC.

- 1 Yes
- 2 No

Adult physical activity module (16+)

ASK ALL AGED 16+

[Work]

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

- 1 Yes
- 2 No

IF Work = Yes THEN

[Active]

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

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

[MainSit]

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

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

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

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

[WrkAct3H]

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

[WrkAct3M]

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

ASK ALL AGED 16+

[Housewrk]

I'd like you to think about the physical activities you have done in the last few weeks (*when you were not doing your paid job.*) Have you done any housework in the past four weeks, that is from (*date four weeks ago*) up to yesterday?

- 1 Yes
- 2 No

¹ New question for 2012

IF Housewrk = Yes THEN

[HWrkList]

SHOW CARD E1

Have you done any housework listed on this card?

- 1 Yes
- 2 No

[HevyHWrk]

SHOW CARD E2

Some kinds of housework are heavier than others. This card gives some examples of heavy housework. It does not include everything, these are just examples. Was any of the housework you did in the last four weeks this kind of heavy housework?

- 1 Yes
- 2 No

IF HevyHWrk = Yes THEN

[HeavyDay]

During the past four weeks on how many **days** have you done this kind of **heavy** housework?

Range: 1..28

[HrsHHW]

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

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

[MinHHW]

RECORD MINUTES SPENT ON HEAVY HOUSEWORK.

Range: 0..59

ASK ALL AGED 16+

[Garden]

Have you done any gardening, DIY or building work in the past four weeks, that is since *(date four weeks ago)*?

- 1 Yes
- 2 No

IF Garden = Yes THEN

[GardList]

SHOW CARD E3

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

- 1 Yes
- 2 No

[ManWork]

SHOW CARD E4

Have you done any gardening, DIY or building work from this other card, or any similar heavy manual work?

- 1 Yes
- 2 No

IF ManWork = Yes THEN

[ManDays]

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

Range: 1..28

[HrsDIY]

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

Range: 0..12

[MinDIY]

RECORD MINUTES SPENT ON GARDENING OR DIY.

Range: 0..59

ASK ALL AGED 16+

[Wik5Int]

I'd like you to think about **all** the **walking** you have done in the past 4 weeks either locally or away from here. Please include any country walks, walking to and from work and any other walks that you have done. In the past four weeks, that is since *(date four weeks ago)*, have you done a **continuous** walk that lasted **at least** 5 minutes?

- 1 Yes
- 2 No
- 3 Can't walk at all

IF Wik5Int = Yes THEN

[Wik10M]

In the past four weeks, have you done a **continuous** walk that lasted **at least** 10 minutes? (That is since *(date four weeks ago)*)

- 1 Yes
- 2 No

IF Wik10M = Yes THEN

[DayWik10]

During the past four weeks, on how **many days** did you do a **continuous** walk of at least 10 minutes? (That is since *(date four weeks ago)*)

IF THEY WALKED EVERYDAY ENTER 28

Range: 1..28

[Day1Wk10]

On that day (any of those days) did you do **more than one continuous** walk lasting at least 10 minutes?

- 1 Yes, more than one walk of 10+ mins (on at least one day)
- 2 No, only one walk of 10+ mins a day

IF (DayWik10 in 2..28) AND (Day1Wk10 = Yes) THEN

[Day2Wk10]

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

Range: 1..28

IF Wik10M = Yes THEN

[HrsWik10]

How long did you usually spend walking each time you did a **continuous** walk for 10 minutes or more?

INTERVIEWER: IF VERY DIFFERENT LENGTHS, PROBE FOR MOST REGULAR.

RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR.

RECORD MINUTES AT NEXT QUESTION.

Range: 0..12

[MinWik10]

INTERVIEWER: RECORD HERE MINUTES SPENT WALKING.

Range: 0..59

IF Wik5Int = Yes THEN

[WalkPace]

Which of the following best describes your **usual** walking pace ...READ OUT...

- 1 ...a slow pace,
- 2 ...a steady average pace,
- 3 ...a fairly brisk pace,
- 4 ...or, a fast pace - at least 4 mph?
- 5 (none of these)

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

[WalkEff]¹

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

- 1 Yes
- 2 No

ASK ALL AGED 16+

[ActPhy]

SHOW CARD E5

Can you tell me if you have done any activities on this card during the last 4 weeks, that is since (date four weeks ago)? Include teaching, coaching, training and practice sessions.

- 1 Yes
- 2 No

¹ New question for 2012

IF ActPhy = Yes THEN

[WhtAct]

Which have you done in the last four weeks? PROBE: Any others?
CODE ALL THAT APPLY.

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

[WhtAcB]¹

SHOW CARD E6

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

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] |

¹ New list of sports for 2012

29 – Volleyball
[WhtAcB29]

30 – Waterskiing

[WhtAcB30]

ASK ALL AGED 16+

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

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

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

- 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 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 wskimmin]

INTERVIEWER: RECORD MINUTES HERE.

Range: 0..59

[swimeff to wskieff]

During the past four weeks, was the effort of (*name of activity*) usually enough to make you out of breath or sweaty?

- 1 Yes
- 2 No

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

IF WhtAct, WhtAcB or OactQ = cycling, workout at a gym, aerobics, any other type of dancing, running/jogging, football/rugby, badminton/tennis, squash, exercises, ten pin bowling, yoga/piates, 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]¹

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

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

1 Yes

2 No

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

[ExMov]²

Did these exercises involve you standing up and moving about?

1 Yes

2 No

VERSION A ONLY

[REASSPRT]³

SHOW CARD E7

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

CODE ALL THAT APPLY

To keep fit (not just to lose weight)

[REASSPRT]

To lose weight

[REASSPR2]

To take children

[REASSPR3]

To meet with friends

[REASSPR4]

To train/ take part in a competition

[REASSPR5]

To improve my performance

[REASSPR6]

Just enjoy it

[REASSPR7]

To help with my injury or disability

[REASSPR8]

Part of my voluntary work

[REASSPR9]

To walk the dog

[REASSP10]

For health reasons / to improve health

[REASSP11]

Other (RECORD AT NEXT QUESTION)

[REASSP12]

REASSPRTO

INTERVIEWER: WRITE IN OTHER ANSWER GIVEN

[MREASSPRT]⁴

SHOWCARD E7

And which of these was your main reason?

1 To keep fit (not just to lose weight)

2 To lose weight

3 To take children

4 To meet with friends

5 To train/ take part in a competition

6 To improve my performance

7 Just enjoy it

8 To help with my injury or disability

9 Part of my voluntary work

10 To walk the dog

¹ New question for 2012

² New question for 2012

³ New question for 2012

⁴ New question for 2012

- 11 For health reasons / to improve health
- 12 Other (RECORD AT NEXT QUESTION)

[MREASSPRTO]*

INTERVIEWER: WRITE IN OTHER ANSWER GIVEN

VERSION A ONLY

[Barsprt]¹

SHOW CARD E8

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

CODE ALL THAT APPLY

It costs too much

[Barsprt1]

No one to do it with

[Barsprt2]

Never occurred to me

[Barsprt3]

Not really interested

[Barsprt4]

Fear of injury

[Barsprt5]

I wouldn't enjoy it

[Barsprt6]

Health isn't good enough

[Barsprt7]

I might feel uncomfortable or out of place

[Barsprt8]

Changing facilities are not good enough

[Barsprt9]

Not enough information on what is available

[Barsprt10]

It's difficult to find the time

[Barsprt11]

I already do enough

[Barsprt12]

Other (RECORD AT NEXT QUESTION)

[Barsprt13]

No reason

[Barsprt14]

[BarsprtO]*

INTERVIEWER: WRITE IN OTHER ANSWER GIVEN.

[Barspmi]²

SHOWCARD E8

And which of these was your main reason?

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

ASK ALL AGE 16+

[TVWeek]

Thinking first of weekdays, that is Monday to Friday, how much time on **an average day** do you spend watching TV or another type of screen such as a computer, game boy, or video game? Please do **not** include any time spent in front of a screen while at nursery or school.

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

¹ New question for 2012

² New question for 2012

Range: 0..12

[MinTVWk]

RECORD MINUTES HERE.

Range: 0..59

[WkSit2H]¹

And how much time on an average weekday do you spend sitting down doing any other activity, such as eating a meal, reading, or listening to music or [if over 65] napping in a chair

Please do not include time spent doing these activities while at work.

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

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

[WkSit2M]

RECORD MINUTES HERE:0..59

[TVWkEnd]²

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

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

Range: 0..12

[MinTvWe]

RECORD MINUTES HERE.

Range: :0..59

[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 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.

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

[WESit2M]

RECORD MINUTES HERE. 0..59

¹ New question for 2012

² New question for 2012

Child physical activity module (2-15)

ASK IF RESPONDENT IS 4 or 5 YEARS OLD

[ChSch]

Can I just check, is (*name of child*) at school in Primary 1 yet?

- 1 Yes
- 2 No

ASK ALL AGED 2-15

[Wik5Ch]

Now I'd like to ask you about some of the things (*you/name of child*) (*have/has*) done **in the last week**. By last week I mean last (*day seven days ago*) up to yesterday. In the last week, (*have you/has he/she*) done a **continuous** walk that lasted **at least** 5 minutes (*not counting things done as part of school lessons*)?

- 1 Yes
- 2 No

IF Wik5Ch = Yes THEN

[DwikChb]

On how many **days** in the last week did (*you/name of child*) do a continuous walk that lasted at least 5 minutes (*not counting things done as part of school lessons*)?

- 1 One day
- 2 Two days
- 3 Three days
- 4 Four days
- 5 Five days
- 6 Six days
- 7 Every day

[DayWikT]

SHOW CARD F1

On each **day** that (*you/name of child*) did a walk like this for at least 5 minutes, how long did (*you/he/she*) spend walking altogether? Please give an answer from this card

INTERVIEWER NOTE: COUNT TOTAL TIME SPENT WALKING. SO TWO WALKS OF 10 MINUTES EACH = 20 MINUTES WALKING

- (1) *Less than five minutes*
- 2 5 minutes, less than 15 minutes
- 3 15 minutes, less than 30 minutes
- 4 30 minutes, less than 1 hour
- 5 1 hour, less than 1½ hours
- 6 1½ hours, less than 2 hours
- 7 2 hours, less than 2½ hours
- 8 2½ hours, less than 3 hours
- 9 3 hours, less than 3½ hours
- 10 3½ hours, less than 4 hours
- 11 4 hours or more (please specify how long)

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

IF DayWkT = 4 hours or more THEN

[WkHrs]

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

RECORD HOURS SPENT BELOW. RECORD MINUTES AT NEXT QUESTION

Range: 4..12

[WkMin]

RECORD HERE MINUTES SPENT WALKING.

Range: 0..59

ASK ALL AGED 13-15

[ChPace]

Which of the following describes your **usual** walking pace ... READ OUT ...

- 1 ... a slow pace,
- 2 ... a steady average pace,
- 3 ... a fairly brisk pace,
- 4 ... or, a fast pace – at least 4 mph?
- 5 (None of these)

ASK ALL AGED 8-15

[HWkCh]

In the last week (*have you/has name of child*) done any housework or gardening which involved pulling or pushing, like hoovering, cleaning a car, mowing grass or sweeping up leaves for at least 15 minutes a time?

- 1 Yes
- 2 No

IF HWkCh = Yes THEN

[DHWkCh]

On how many days in the last week (*have you/has name of child*) done any housework or gardening of this type for at least 15 minutes a time?

- 1 One day
- 2 Two days
- 3 Three days
- 4 Four days
- 5 Five days
- 6 Six days
- 7 Every day

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

SHOW CARD F1AGAIN

On each day that (*you/name of child*) did any housework or gardening of this type for at least 15 minutes a time, how long did (*you/he/she*) spend?

Please give an answer from this card.

IF THWk = 4 hours or more THEN

[HWkHrs]

How long did (*you/name of child*) spend doing housework or gardening on each day?

RECORD HOURS SPEND BELOW. RECORD MINUTES AT NEXT QUESTION. Range:

4..12

[HwkMin]

RECORD HERE MINUTES SPENT DOING HOUSEWORK/GARDENING.

Range: 0..59

ASK ALL AGED 2-15

[Sport]*

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

[Spt1ch]

SHOW CARD F2

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

INTERVIEWER: DO NOT COUNT ANYTHING DONE TODAY.

- 1 Yes
- 2 No

ASK ALL AGED 2-15 WHO DID SOME SPORT IN THE PAST 7 DAYS (IF SportDo = Yes)

[WESpDo]

Did (*you/he/she*) do any of these sports or exercise activities at the weekend, that is last Saturday and Sunday (*yesterday and last Sunday*)?

- 1 Yes
- 2 No

IF WESpDo = Yes THEN

[DWeSpCh]

Was that on Saturday or Sunday or on both days?

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

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

SHOW CARD F1

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

INTERVIEWER: IF IT VARIED, TAKE AVERAGE

IF WeSpor = 4 hours or more THEN

[WeSpH]

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

RECORD HOURS SPENT BELOW. RECORD MINUTES AT NEXT QUESTION.

Range: 4..12

[WeSpM]

RECORD HERE MINUTES SPEND DOING SPORTS OR EXERCISE ACTIVITIES.

Range: 0..59

ASK ALL AGED 2-15 WHO DID SOME SPORT IN THE PAST 7 DAYS (IF SportDo = Yes)

[DaySpCh]

Still thinking about last week. On how many of the **weekdays** did *(you/name of child)* do any of these sports or exercise activities? *(Please remember not to count things done as part of school lessons)*

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

IF DaySpCh = 1 day to 5 days THEN

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

SHOW CARD F1AGAIN

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

IF LWkSp = 4 hours or more THEN

[WkSpH]

How long did you spend doing these sports or exercise activities on each weekday?

RECORD HOURS SPENT BELOW. RECORD MINUTES AT NEXT QUESTION

Range: 4..12

[WkSpM]

RECORD HERE MINUTES SPENT DOING SPORTS OR EXERCISE ACTIVITIES

Range: 0..59

ASK ALL AGE 2-15

[WeActCh]

SHOW CARD F3

Now I would like to know about when *(you/name of child)* do/does active things, like the things on this card or other activities like these. Did *(you/he/she)* do any active things like these at the weekend, that is last Saturday and Sunday *(yesterday and last Sunday)*?

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

- 1 Yes
- 2 No

IF WeActCh = Yes THEN

[DWEAct]

Was that on Saturday or Sunday or on both days?

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

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

SHOW CARD F1 AGAIN

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

INTERVIEWER: IF IT VARIED, TAKE AVERAGE

IF LWeAct = 4 hours or more THEN

[WeActH]

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

RECORD HOURS SPENT BELOW. RECORD MINUTES AT NEXT QUESTION.

Range: 4..12

[WeActM]

RECORD HERE MINUTES SPENT DOING ACTIVE THINGS LIKE THESE

Range: 0..59

ASK ALL AGE 2-15

[WkActCh]

SHOW CARD F3 AGAIN

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

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

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

IF WkActCh = 1 day to 5 days THEN

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

SHOW CARD F1 AGAIN

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

IF LWkAct = 4 hours or more THEN

[WkActH]

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

RECORD HOURS SPENT BELOW. RECORD MINUTES AT NEXT QUESTION

Range: 4..12

[WkActM]

RECORD HERE MINUTES SPENT DOING ACTIVE THINGS LIKE THESE.

Range: 0..59

ASK ALL AGE 2-15

[DaysTot]

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

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

SCHOOL BASED PHYSICAL ACTIVITY

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

[SchAct]

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

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

- 1 Yes
- 2 No

IF SchAct=Yes THEN

[SchDays]

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

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

[SchTime]

SHOW CARD F1 AGAIN

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

Please give an answer from this card.

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

IF SchTime = 4 hours or more THEN

[SchTmH]

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

INTERVIEWER: RECORD HOURS SPENT BELOW

RECORD MINUTES AT THE NEXT QUESTION

Range: 4..12

[SchTmM]

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

Range: 0..59

ASK ALL 2-15

[Usual]

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

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

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

ASK ALL AGED 2-15

[TVWeek2]

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

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

Range: 0..12

[MinTVWk2]

RECORD MINUTES HERE.

Range: 0..59

[WkSit2H2]¹

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

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

[WkSit2M2]

RECORD MINUTES HERE.:0..59

[TVWkEnd2]

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

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

Range: 0..12

[MinTvWe2]

RECORD MINUTES HERE.

Range: :0..59

[WESit2H2]²

And how much time on an average weekend day (that is Saturday and Sunday) do 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 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.

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

[WESit2M2]

RECORD MINUTES HERE. 0..59

¹ New question for 2012

² New question for 2012

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

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

[UsBred08]¹

What kind of bread do you usually eat? Is it ... READ OUT...

CODE ONE ONLY

INTERVIEWER: Soda Bread, Chollah = CODE 1;

Wheatgerm, Wheatmeal, Granary, Rye, German, Highbran = CODE 2

- 1 white
- 2 brown, granary, wheatmeal,
- 3 wholemeal
- 4 SPONTANEOUS: (Wholemeal/white mixture e.g. 'Best of Both')
- 5 SPONTANEOUS: (Does not have usual type)
- 6 (Does not eat any type of bread)
- 7 (Other type of bread that does not fit above codes)

If UsBred08 =Other type of bread

[BreadOth]*

INTERVIEWER: PLEASE SPECIFY...

Text: Maximum [90] characters

ASK ALL WHO EAT BREAD (AT UsBread08)

[BrSlice]

SHOW CARD G1

Now looking at this card, how many **slices of bread**, or how many **rolls**, do you usually eat on any **one day**?

INTERVIEWER: If varies, ask for an average

- 1 6 a day or more
- 2 4-5 a day
- 3 2-3 a day
- 4 One a day
- 5 Less than one per day

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

[Milk08]¹

What kind of milk do you usually use for drinks, in tea or coffee and on cereals?

Is it ... READ OUT...

CODE ONE ONLY

- 1 ...whole milk,
- 2 semi-skimmed,
- 3 skimmed,
- 4 or, some other kind of milk? (TRY TO USE CODES BELOW)
- 5 (Soya/Rice/Oat-based milk)
- 6 (Goat's milk)

¹ The question wording and answer categories changed in 2008.

- 7 (Infant formula milk)
- 8 (Does not have usual type)
- 9 (Does not drink milk)

[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 AND AGED 16+ VERSION A ONLY

[Chips]

SHOW CARD G2

How often do you eat **chips?**

¹ The question wording and answer categories changed in 2008.

- 1 6 or more times a day
- 2 4 or 5 times a day
- 3 2 to 3 times a day
- 4 Once a day
- 5 5 or 6 times a week
- 6 2 to 4 times a week
- 7 Once a week
- 8 1 to 3 times per month
- 9 Less often or never

[Potatoes]

SHOW CARD G2

Other than chips, how often do you eat **potatoes, pasta or rice**?

[Meat03]

SHOW CARD G2

How often do you eat **meat such as beef, lamb, pork etc**, not including poultry?

[MeatProd]

SHOW CARD G2

How often do you eat **meat products** such as sausages, meat pies, bridies, corned beef, or burgers?

INTERVIEWER: INCLUDE LORNE, SLICED, AND LINKS SAUSAGES

[TFish]

SHOWCARD G2

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

[WFish03]

SHOW CARD G2

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

[FshOil03]

SHOW CARD G2

How often do you eat **other types of fish** such as herring, mackerel, salmon or kippers, including fresh, frozen or canned fish?

INTERVIEWER: If asked, include fresh or frozen tuna here.

[Cheese]

SHOWCARD G2

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

[Confec]

SHOW CARD G2

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

- 1 6 or more times a day
- 2 4 or 5 times a day
- 3 2 to 3 times a day
- 4 Once a day
- 5 5 or 6 times a week
- 6 2 to 4 times a week
- 7 Once a week
- 8 1 to 3 times per month
- 9 Less often or never

[IceCream]

SHOW CARD G2

How often do you eat **ice cream**?

[Crisps]

SHOW CARD G2

How often do you eat **crisps or other savoury snacks**?

[SoftDr]

SHOW CARD G2

How often do you drink **soft drinks, not** including diet or low-calorie drinks?

INTERVIEWER: Include cans, bottles, mixers. Include flavoured water and diluting drinks as long as they are **not** diet or low-calorie. Do **not** include fresh fruit juice.

[DietDr]

SHOW CARD G2

How often do you drink diet or low-calorie **soft drinks**?

INTERVIEWER: Include cans, bottles, mixers. Include diet or low-cal flavoured water or diluting drinks here. Do **not** include fresh fruit juice or plain water

IF (Age>=15) THEN

[MilkDr]

SHOW CARD G2

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

INTERVIEWER: include soya / goat's milk.

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

[CakesEtc]

SHOWCARD G2

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

[Biscuits]

SHOWCARD G2

How often do you eat **biscuits**?

- 1 6 or more times a day
- 2 4 or 5 times a day
- 3 2 to 3 times a day
- 4 Once a day
- 5 5 or 6 times a week
- 6 2 to 4 times a week
- 7 Once a week
- 8 1 to 3 times per month
- 9 Less often or never

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

[Biscuit]

SHOW CARD G1 AGAIN

How many **biscuits** do you usually eat on any one day?

INTERVIEWER: If varies, ask for an average

- 1 6 a day or more
- 2 4-5 a day
- 3 2-3 a day
- 4 One a day
- 5 Less than one per day

ASK ALL WHO EAT CAKES / SCONES / PIES ETC AT LEAST ONCE A DAY

[CakeScon]

SHOW CARD G1 AGAIN

How many **cakes, scones, sweet pies or pastries** do you usually eat on any one day?

INTERVIEWER: If varies, ask for an average

- 1 6 a day or more
- 2 4-5 a day
- 3 2-3 a day
- 4 One a day
- 5 Less than one per day

Fruit and vegetable module ALL VERSIONS (2+)

ASK ALL AGED 2+

[VFInt]*

I'd like to ask you a few questions about some of the things you ate and drank yesterday. By yesterday I mean 24 hours from midnight to midnight. First I'd like to ask you some questions about the amount of fruit and vegetables you have eaten.

1 Continue

[VegSal]

Did you eat any salad yesterday? Don't count potato, pasta or rice salad or salad in a sandwich.

INTERVIEWER: Salads made mainly from beans can **either** be included here **or** at the next question.

1 Yes

2 No

IF VegSal = Yes THEN

[VegSalQ]

How many cereal bowlsful of salad did you eat yesterday?

IF ASKED: 'Think about an average-sized cereal bowl'.

Range: 0.5 ..50.0

ASK ALL AGED 2+

[VegPul]

Did you eat any pulses yesterday? By pulses I mean lentils and all kinds of peas and beans, including chickpeas and baked beans. Don't count pulses in foods like Chilli con carne.

1 Yes

2 No

IF VegPul = Yes THEN

[VegPulQ]

SHOW CARD G3

How many tablespoons of pulses did you eat yesterday?

IF ASKED: 'Think about a heaped or full tablespoon'.

FOR INFO: An average sized can of baked beans = 10 tablespoons.

Range: 0.5.. 50.0

ASK ALL AGED 2+

[VegVeg]

Not counting potatoes, did you eat any vegetables yesterday?

Include fresh, raw, tinned and frozen vegetables.

1 Yes

2 No

IF VegVeg = Yes THEN

[VegVegQ]

SHOW CARD G3

How many tablespoons of vegetables did you eat yesterday?

IF ASKED: 'Think about a heaped or full tablespoon'.

Range: 0.5...50.0

ASK ALL AGED 2+

[VegDish]

(Apart from anything you have already told me about, did I/Did) you eat any (other) dishes made **mainly** from vegetables or pulses yesterday, such as vegetable lasagne or vegetable curry?

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

- 1 Yes
- 2 No

IF VegDish = Yes THEN

[VegDishQ]

SHOW CARD G3

How many tablespoons of vegetables or pulses did you eat (*in these kinds of dishes*) yesterday?

IF ASKED: 'Think about a heaped or full tablespoon'.

Range: 0.5 - 50.0

ASK ALL AGED 2+

[VegUsual]

Compared with the amount of vegetables, salads and pulses you usually eat, would you say that yesterday you ate...

...READ OUT...

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

Frtdrk09

Did you drink any pure fruit juice yesterday? Don't count diluting juice, squashes, cordials or fruit-drinks.

INTERVIEWER: Include pure fruit juice from concentrate.

- 1 Yes
- 2 No

IF Frtdrk09 = Yes THEN

[FrtdrnkQ]

How many small glasses of pure fruit juice did you drink yesterday?

IF ASKED: 'A small glass is about a quarter of a pint'.

Range: 0.5-.50.0

ASK ALL AGED 2+

[Frt]

Did you eat any fresh fruit yesterday? Don't count fruit salads, fruit pies, etc.

- 1 Yes
- 2 No

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

[FrnC]* (*Variable names: FrnC01-FrtC08*)

What kind of fresh fruit did you eat yesterday?

INTERVIEWER: Use the **Fresh Fruit Size list** in the coding booklet to code the size of this fruit (common examples listed below, **if in doubt** use the coding booklet).

IF MORE THAN ONE KIND OF FRUIT MENTIONED, CODE ONE HERE ONLY

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

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

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

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

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

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

Range: 0.5-.50.0

IF (FrnC = Not on coding list)

[FrtOth] (*Variable names: FrtOth01-FrtOth15*)

What was the name of this fruit?

Text: Maximum 50 characters

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

How much of this fruit did you eat?

Text: Maximum 50 characters

REPEAT FOR UP TO 15 ADDITIONAL FRUITS

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

Did you eat any other fresh fruit yesterday?

- 1 Yes
- 2 No

ASK ALL AGED 2+

[FrtDry]

Did you eat any dried fruit yesterday? Don't count dried fruit in cereal, cakes, etc.

- 1 Yes
- 2 No

IF FrtDry = Yes THEN

[FrtDryQ] SHOW CARD WITH SPOON PICTURES)

SHOW CARD G3

How many tablespoons of dried fruit did you eat yesterday?

IF ASKED: 'Think about a heaped or full tablespoon'.

Range: 0.5-.50.0

ASK ALL AGED 2+

[FrtFroz]

Did you eat any frozen or tinned fruit yesterday?

- 1 Yes
- 2 No

IF FrtFroz = Yes THEN

[FrtFrozQ] SHOW CARD WITH SPOON PICTURES)

SHOW CARD G3

How many tablespoons of frozen or tinned fruit did you eat yesterday?

IF ASKED: 'Think about a heaped or full tablespoon'.

Range: 0.5.-.50.0

ASK ALL AGED 2+

[FrtDish]

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

- 1 Yes
- 2 No

IF FrtDish = Yes THEN

[FrtDishQ]

SHOW CARD G3

How many tablespoons of fruit did you eat (*in these kinds of dishes*) yesterday?

IF ASKED: 'Think about a heaped or full tablespoon'.

Range: 0.5.-.50.0

ASK ALL AGED 2+

[FrtUsual]

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

...READ OUT...

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

Vitamin supplements

ASK ALL

[VitTake]

At present, are you taking any vitamins, fish oils, iron supplements, calcium, other minerals or anything else to supplement your diet or improve your health, other than those prescribed by your doctor?

INTERVIEWER: ONLY INCLUDE SUPPLEMENTS WHICH ARE TAKEN OVER A LONG PERIOD OF TIME. DO NOT INCLUDE ANYTHING TAKEN ON A MORE TEMPORARY BASIS. E.G. TO CURE A COLD.

- 1 Yes
- 2 No

IF AGE 18-49 AND SEX= female THEN

[PregNTJ]

Can I check, are you pregnant at the moment?

- 1 Yes
- 2 No

[Folic]

At present, are you taking any folic acid supplements such as Solgar folic acid, Pregnacare tablets, Sanatogen Pronatal, or Healthy Start, to supplement your diet or improve your health?

- 1 Yes
- 2 No

IF PreNTJ = Yes AND Folic = Yes THEN

[FolPreg]

Did you start taking folic acid supplements before becoming pregnant?

- 1 Yes
- 2 No

IF FoIPreg = Yes THEN

[FolPrg12]

Have you been taking folic acid supplements for the first 12 weeks of your pregnancy?

- 1 Yes
- 2 No

IF PreNTJ = No AND Folic = Yes THEN

[FolHelp]

People can take folic acid for various health reasons.

Are you taking folic acid supplements because you hope to become pregnant?

- 1 Yes
- 2 No

Smoking module

IF Age of Respondent is 18 or 19 years THEN

[BookChk]

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

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

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

[SmokEv][§]

May I just check, have you ever smoked a cigarette, a cigar or a pipe?
CODE ALL THAT APPLY.

- 1 Yes: cigarette [SmokEv08]
- 2 Yes: cigars [SmokEv09]
- 3 Yes: pipe [SmokEv10]
- 4 No [SmokEv11]

[SmokEver][§]

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

- 1 Yes
- 2 No

IF ANY SmokEv08 to SmokEv10 = yes THEN SmokEver = Yes; IF SmokEv08 = 4
THEN SmokEver = No

IF SmokEver = Yes THEN

[SmokeNow][§]

Do you smoke cigarettes at all nowadays?

- 1 Yes
- 2 No

IF SmokeNow = Yes THEN

[DlySmoke][§]

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

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

IF LESS THAN ONE A DAY, ENTER 0

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

Range: 0..97

[§] 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 DlySmoke = 97 THEN

[DlyEst][§]

How much tobacco do you usually smoke on weekdays?

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

ENTER THE AMOUNT AT THE NEXT QUESTION:

- 1 Grams
- 2 Ounces

IF DlyEst = Grams THEN

{DlyG}[§]

ENTER AMOUNT IN GRAMS

Range: 0..100

IF DlyEst = Ounces OR Don't know THEN

[DlyOz]

ENTER AMOUNT IN OUNCES

Range: 0.00..100.00

IF SmokeNow = Yes THEN

[WkndSmok][§]

And about how many cigarettes a day do you usually smoke at weekends?

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

IF LESS THAN ONE A DAY, ENTER 0

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

Range : 0..97

IF WkndSmok = 97 THEN

[WkndEst][§]

How much tobacco do you usually smoke on weekends?

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

ENTER THE AMOUNT AT THE NEXT QUESTION

- 1 Grams
- 2 Ounces

IF WkndEst = Grams THEN

[WkndG][§]

ENTER AMOUNT IN GRAMS

Range: 0..100

IF WkndEst = Ounces THEN

[WkndOz][§]

ENTER AMOUNT IN OUNCES

Range: 0.00..100.00

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

IF SmokeEv08=Yes AND SmokeNow= No THEN

[SmokeReg][§]

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

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

IF SmokeReg = Smoked cigarettes regularly THEN

[NumSmok][§]

About how many cigarettes did you smoke in a day?

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

IF LESS THAN ONE A DAY, ENTER 0

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

Range: 0..97

IF NumSmok = 97 THEN

[NumEst][§]

About how much tobacco did you smoke a day?

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

ENTER THE AMOUNT AT THE NEXT QUESTION

- 1 Grams
- 2 Ounces

IF NumEst= Grams THEN

[NumG][§]

ENTER AMOUNT IN GRAMS

Range: 0..100

IF NumEst = Ounces THEN

[NumOz][§]

ENTER AMOUNT IN OUNCES

Range: 0.00..100.00

IF SmokeReg = Smoked cigarettes regularly THEN

[SmokYrs]

And for approximately how many years did you smoke regularly?

INTERVIEWER: IF LESS THAN ONE YEAR, CODE 0.

Range: 0..64

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

[EndSmoke]

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

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

Range: 0..64

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

IF EndSmoke = 0 THEN

[LongEnd]

How many months ago was that?

- 1 Less than six months ago
- 2 Six months, but less than one year

IF (SmokeNow = Yes) OR (SmokeReg = Smoked cigarettes regularly) THEN

[StartSmk][§]

How old were you when you started to smoke cigarettes regularly?

INTERVIEWER: IF 'Never smoked regularly', CODE 97.

Range: 0..97

IF (SmokeNow = Yes) OR (SmokeReg = Smoked cigarettes regularly OR Smoked them only occasionally) THEN

[DrSmoke]

Has a medical person (e.g. doctor/nurse) ever advised you to stop smoking altogether because of your health?

- 1 Yes
- 2 No

IF DrSmoke= Yes THEN

[DrSmoke1]

How long ago was that?

- 1 Within the last twelve months
- 2 Over twelve months ago

ASK ALL 20+ (OR AGED 18-19 IF BEING ASKED IN MAIN INTERVIEW) WHO CURRENTLY SMOKE (IF SmokeNow = Yes)

[SmokStop]

Can I check, how many times, **if any**, have you tried to give up smoking?

- 1 Never tried to stop smoking
- 2 Once or twice
- 3 Three times or more

[StopWant]

Would you like to give up smoking?

- 1 Yes
- 2 No

ASK ALL 20+ (OR AGED 18-19 IF BEING ASKED IN MAIN INTERVIEW) WHO HAVE GIVEN UP SMOKING

IF (SmokStop= once or twice OR three times or more) THEN

[StopLong]¹

SHOW CARD H1

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

[§] 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 for 2012

- 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

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

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

[UseNRT...]¹

SHOW CARD H2

We are also interested in whether people use any nicotine replacement or other products. Have you used any of the following products as part of your most recent attempt to stop smoking? First, in the last three months, that is since (month), have you used any of the following nicotine replacement products?

INTERVIEWER: ELECTRONIC CIGARETTES SHOULD NOT BE INCLUDED AS A NICOTINE REPLACEMENT PRODUCT

CODE ALL THAT APPLY

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

[NRTOth]*

What other products did you use?

IF NOT 'NO' in USENRT

[NRTSupp...]

Was this accompanied by smoking cessation support?

INTERVIEWER: IF YES: From Whom?

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

[SuppOth]*

What other type of support did you receive?

¹ Additional categories added for 2012

[NRTpresc]¹

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

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

[Passive...][§]

SHOW CARD H1²

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

PROBE: Where else?

CODE ALL THAT APPLY

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

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

[Bother][§]

Does this bother you at all?

- 1 Yes
- 2 No

¹ New question for 2012

² Additional categories added for 2012

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

Drinking module (All Versions)

IF (Age of Respondent is 18 years or over) OR (BookChk = Asked)

[Drink][§]

I am now going to ask you a few questions about what you drink – that is if you drink. Do you ever drink alcohol nowadays, including drinks you brew or make at home?

- 1 Yes
- 2 No

IF Drink = No THEN

[DrinkAny][§]

Could I just check, does that mean you never have an alcoholic drink nowadays, or do you have an alcoholic drink very occasionally, perhaps for medicinal purposes or on special occasions like Christmas and New Year?

- 1 Very occasionally
- 2 Never

ASK ALL 18/20+ WHO NEVER DRINK ALCOHOL (IF DrinkAny = Never)

[AlwaysTT][§]

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

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

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

[Intro]*

INTERVIEWER – READ OUT: I'd like to ask you (all) whether you have drunk different types of alcoholic drink in the last 12 months. I do not need to know about non-alcoholic or low alcohol drinks.

[Nbeer][§]

SHOW CARD J1

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

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

- 1 Almost every day
- 2 Five or six days a week
- 3 Three or four days a week
- 4 Once or twice a week
- 5 Once or twice a month
- 6 Once every couple of months
- 7 Once or twice a year

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

8 Not at all in the last 12 months

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

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

[NbeerM...][§]

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

INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

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

IF NbeerM = Half pints (IF NbeerM1=1)THEN

[NbeerQ1][§]

ASK OR CODE: How many half pints of NORMAL STRENGTH BEER, LAGER, STOUT, CIDER OR SHANDY (excluding cans and bottles of shandy) have you usually drunk on any one day?

Range: 1..97

IF NbeerM = Small cans (IF NbeerM2=1) THEN

[NbeerQ2][§]

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

Range: 1..97

IF NbeerM = Large cans (IF NbeerM3=1) THEN

[NbeerQ3][§]

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

Range: 1..97

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,

[§] 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

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

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?

¹ No equivalent in self-completion questionnaire

Range: 1..97

[Sbottle]*

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

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

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

Text: Maximum 21 characters

[ScodeEq][§]

EDIT ONLY:

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

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

ENTER 9.99 IF CANNOT CODE

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

[Spirits][§]

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

How often have you had a drink of spirits or liqueurs, such as gin, whisky, brandy, rum, vodka, advocaat or cocktails during the last 12 months?

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

[SpiritsQ][§]

How much spirits or liqueurs (such as gin, whisky, brandy, rum, vodka, advocaat or cocktails) have you usually drunk on any one day?

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

Range: 1..97

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

[Sherry]^{§ 1}

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

How often have you had a drink of sherry or martini including port, vermouth, Cinzano, Dubonnet or Buckfast during the last 12 months?

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

[SherryQ]^{§ 1}

How much sherry or martini, including port, vermouth, Cinzano, Dubonnet or Buckfast have you usually drunk on any one day?

CODE THE NUMBER OF GLASSES

Range: 1..97

[§] 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 was added to this question in 2008

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

[Wine][§]

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

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

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

[WineQ]^{§ 1}

How much wine, including Babycham and champagne, have you usually drunk on any one day?

INTERVIEWER: Code the measure the respondent used.

Please note that respondent may give answer in bottles and glasses.

Code **small** bottles (eg. 250ml, 175ml) as glasses, not bottles.

Please code the relevant option.

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

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

¹ Question wording was revised in 2008.

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

WQBt^s

INTERVIEWER: Code the number of 125ml glasses usually drunk **from the bottle** by the respondent.

E.g. If they usually drank half a bottle, code 3 glasses.

Press <F9> for more information.

Interviewer information screen:

1 750ml bottle = 6 glasses.
1/2 750ml bottle = 3 glasses.
1/3 750ml bottle = 2 glasses.
1/4 750ml bottle = 1.5 glasses.

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

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

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

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

Press <Esc> to close.

Range: 1.0..97.9

IF WineQ = Glasses OR Both bottles and glasses

WQGI[§]

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

Range: 1.0..97.9

WQGIz[§]

Do you usually drink from a large, standard, or small glass?

INTERVIEWER: If respondent drinks from two or three different size glasses, please code all that apply.

Please note that if respondent usually drinks in a pub or wine bar and had a small glass, this would usually be 175ml.

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

IF WQGIz1 = mentioned THEN

Q250GIz[§]

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

Range: 1.0..97.9

IF WQGIz2 = mentioned THEN

Q175GIz[§]

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

Range: 1.0..97.9

IF WQGIz3 = mentioned THEN

Q125GIz[§]

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

Range: 1.0..97.9

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

[Pops03][§]

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

How often have you had a drink of alcoholic soft drink ('alcopop'), or a pre-mixed alcoholic drink such as WKD, Smirnoff Ice, Bacardi Breezer etc, in the last 12 months?

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

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

[PopsM03]^{\$ 1}

How much alcoholic soft drink ('alcopop') or pre-mixed alcoholic drink have you usually drunk on any one day?

INTERVIEWER CODE THE MEASURE(S) THAT YOU ARE GOING TO USE.

- | | | |
|---|--------------------------|------------|
| 1 | Small cans | [PopsM031] |
| 2 | Standard Bottles (275ml) | [PopsM032] |
| 3 | Large Bottles (700ml) | [PopsM033] |

IF PopsM03 = Small cans THEN

[PopsQ031]^{\$}

ASK OR CODE: How many small cans of alcoholic soft drink ('alcopop') or pre-mixed alcoholic drink have you usually drunk on any one day?

Range: 1..97

IF PopsM03 = Standard Bottles THEN

[PopsQ032]^{\$}

ASK OR CODE: How many standard bottles of alcoholic soft drink ('alcopop') or pre-mixed alcoholic drink have you usually drunk on any one day?

Range: 1..97

IF PopsM03 = Large Bottles THEN

[PopsQ033]^{\$}

ASK OR CODE: How many large bottles of alcoholic soft drink ('alcopop') or pre-mixed alcoholic drink have you usually drunk on any one day?

Range: 1..97

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

[AlcotA]*

Have you drunk any other types of alcoholic drink in the last 12 months?

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

IF AlcotA = Yes THEN

[OthDrnkA]*

What other type of alcoholic drink have you drunk in the last 12 months?

CODE FIRST MENTIONED ONLY.

Text: Maximun 30 characters

[FreqA]*

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

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

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 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

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

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

[DrnkTy]^{§ 1}

SHOW CARD J2

Thinking about last (*answer to WhichDay*), what types of drink did you have that day?

CODE ALL THAT APPLY.

- | | | |
|---|---|------------|
| 1 | Normal strength beer/lager/cider/shandy | [DrnkTy01] |
| 2 | Strong beer/lager/cider | [DrnkTy02] |
| 3 | Spirits or liqueurs | [DrnkTy03] |
| 4 | Sherry, martini or buckfast | [DrnkTy04] |
| 5 | Wine | [DrnkTy05] |
| 6 | Alcopops/Pre-mixed alcoholic drinks | [DrnkTy06] |
| 7 | Other alcoholic drinks | [DrnkTy07] |
| 8 | Low alcohol drinks | [DrnkTy08] |

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

[NBrL7][§]

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

INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

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

IF NBrL7=Half pints (IF NBrL71 mentioned) THEN

[NBrL7Q1][§]

ASK OR CODE: How many half pints of NORMAL STRENGTH BEER, LAGER, STOUT, CIDER or SHANDY (excluding cans and bottles of shandy) did you drink that day?

Range: 1..97

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

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=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

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?

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.

Range: 1..97

IF SBrL7=Bottles (IF SBrL74 mentioned) THEN

[sberqbt7]^{§ 1}

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

Range: 1..97

[Sbotl7]*

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

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

Text: Maximum 21 characters

[L7ScodEq][§]

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

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

ENTER 9.99 IF CANNOT CODE

IF DrnkTy=Spirits (IF DrnkTy03 mentioned) THEN

[SpirL7][§]

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

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

Range: 1..97

IF DrnkTy=Sherry (IF DrnkTy04 mentioned) THEN

[ShryL7]^{§ 2}

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

CODE THE NUMBER OF GLASSES.

Range: 1..97

IF DrnkTy=Wine (IF DrnkTy05 mentioned) THEN

[WineL7][§]

Still thinking about last (*name of day*) how much wine, including Babycham and champagne, did you drink on that day?

INTERVIEWER: Code the measure the respondent used.

Please note that respondent may give answer in bottles and glasses.

Code **small** bottles (eg. 250ml, 175ml) as glasses, not bottles.

Please code the relevant option.

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

¹ No equivalent in self-completion questionnaire

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

² Buckfast added in 2008

IF WineL7 = Bottle or parts of bottle OR Both bottles and glasses

[WL7Bt]

INTERVIEWER: Code the number of 125ml glasses drunk **from the bottle** by the respondent.

E.g. If they drank half a bottle, code 3 glasses.

Press <F9> for more information.

Range: 1.0..97.9

Interviewer information screen:

1 750ml bottle = 6 glasses.

½ 750ml bottle = 3 glasses.

⅓ 750ml bottle = 2 glasses.

¼ 750ml bottle = 1.5 glasses.

1 litre = 8 glasses.

½ litre = 4 glasses.

⅓ litre = 2.5 glasses.

¼ litre = 2 glasses.

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

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

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

IF WineL7 = Glasses OR Both bottles and glasses

[WL7GI][§]

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

Range: 1.0..97.9

[WL7Giz][§]

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

INTERVIEWER SHOW WINE GLASS CARDS

INTERVIEWER: If respondent drank from two or three different size glasses, please code all that apply.

Please note that if respondent was drinking in a pub or wine bar and had a small glass, this would usually be 175ml.

- | | | |
|---|------------------------|-----------|
| 1 | Large glass (250ml) | [WL7Giz1] |
| 2 | Standard glass (175ml) | [WL7Giz2] |
| 3 | Small glass (125ml) | [WL7Giz3] |

[§] 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 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 DRINK such as WKD, Smirnoff Ice, Bacardi Breezer etc. did you drink on that day?

INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

- | | | |
|---|--------------------------|-----------|
| 1 | Small cans | [PopsL71] |
| 2 | Standard bottles (275ml) | [PopsL72] |
| 2 | Large bottles (700ml) | [PopsL73] |

IF PopsL7=Small cans (IF PopsL71 mentioned) THEN

[PopsL7Q1][§]

ASK OR CODE: How many small cans of ALCOPOP or PRE-MIXED ALCOHOLIC DRINK did you drink on that day?

Range: 1..97

IF PopsL703=Standard Bottles (IF PopsL72 mentioned) THEN

[PopsL7Q2][§]

ASK OR CODE: How many standard bottles of ALCOPOP or PRE-MIXED ALCOHOLIC DRINK did you drink on that day?

Range: 1..97

IF PopsL703=Large Bottles (IF PopsL73 mentioned) THEN

[PopsL7Q3][§]

ASK OR CODE: How many large bottles of ALCOPOP or PRE-MIXED ALCOHOLIC DRINK did you drink on that day?

Range: 1..97

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 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

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

[DrWith1]^{\$ 2}

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 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.

² Prior to 2008 participants were asked who they usually drink with when they drink alcohol. In 2008 the wording was revised and participants were asked who they are usually with when they drink the most alcohol and a follow up question asking who next. For 2012 onward the follow up question was dropped.

Dental Health¹ (16+)

ASK ALL AGED 16+

[NatTeeth]

SHOW CARD K1

Adults can have up to 32 natural teeth but over time people lose some of them. How many natural teeth, including crowns have you got?

- 1 No natural teeth
- 2 Fewer than 10 natural teeth
- 3 Between 10 and 19 natural teeth
- 4 20 or more natural teeth

IF NatTeeth = 'Fewer than 10' ... '20 or more' or DK/REF THEN

[TthApp]

SHOW CARD K2

How happy or unhappy are you with the appearance of your teeth at present?

- 1 Very happy
- 2 Fairly happy
- 3 Fairly unhappy
- 4 Very unhappy

[TthPain]

Have you had any toothache or pain in your mouth within the last month, or are you having any at present?

- 1 Yes
- 2 No

[TthProb]

SHOW CARD K3

Do you have any problems or difficulties biting or chewing food?

IF ASKED: include problems with biting or chewing food because of sensitive teeth.

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

[GumBld]

SHOW CARD K3 AGAIN

Do your gums bleed when you eat, brush your teeth or floss?

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

[DenTreat]

If you went to the dentist tomorrow, do you think you would need treatment?

- 1 Yes
- 2 No

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

Economic Activity module

IF RESPONDENT IS AGED 16+ AND NOT HOUSEHOLD REFERENCE PERSON or IF RESPONDENT IS HOUSEHOLD REFERENCE PERSON BUT DID NOT ANSWER OCCUPATION QUESTIONS IN HOUSEHOLD QUESTIONNAIRE¹
(IF (Age of Respondent is >=16) AND NOT (PerNum=PHRPNo AND PHRPOcc=Yes))

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

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

INTERVIEWER: Code **all that apply**.

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

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

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

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

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

- 1 Yes
- 2 No

IF ((NWrkFam=1) OR (NNoneabv=1))
AND NOT ((NWrkemp=1) OR (NGvtSchm=1) OR (NSelfEmp=1) OR (NOthWrk=1)) THEN
[Wk4Lk12]

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

- 1 Yes
- 2 No

IF Wk4Lk12 = No THEN
[WaitJb12]

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

- 1 Yes
- 2 No

¹ Economic activity questions changed in 2012

IF (Wk4Lk12 = Yes OR WaitJb12 = Yes) THEN

[Wk2Str12]

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

- 1 Yes
- 2 No

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

[YNotWrk]

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

INTERVIEWER: CODE ONE ONLY

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

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

[EverJob]

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

- 1 Yes
- 2 No

IF (WaitJb12 = Yes) THEN

[OthPaid]

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

- 1 Yes
- 2 No

IF (Everjob=Yes) THEN

[PayLast]

Which year did you leave your last paid job?

WRITE IN.

Range: 1920..2010

IF Last paid job less than or equal to 8 years ago (from PayLast) THEN

[PayMon]

Which month in that year did you leave?

- 1 January
- 2 February
- 3 March
- 4 April
- 5 May
- 6 June

- 7 July
- 8 August
- 9 September
- 10 October
- 11 November
- 12 December
- 98 Can't remember

[PayAge]

Computed: Age when last had a paid job.

ASK ALL WHO HAVE EVER WORKED (EverJob=Yes), OR CURRENTLY IN PAID WORK / SELF-EMPLOYED / ON A GOVERNMENT SCHEME / WORKING UNPAID IN OWN OR RELATIVE'S BUSINESS / WAITING TO TAKE UP PAID WORK ALREADY OBTAINED (Nactiv09=3 to 6), OR WORKED IN PAST WEEK (StWork=Yes)

[JobTitle]*

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

Text: Maximum 60 characters

[FtPTime]

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

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

- 1 Full-time
- 2 Part-time

[WtWork]*

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

Text: Maximum 50 characters

[MatUsed]*

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

IF NONE USED, WRITE IN 'NONE'.

Text: Maximum 50 characters

[SkilNee]*

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

Text: Maximum 120 characters

[Employe]

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

- 1 an employee,
- 2 or, self-employed

IF IN DOUBT, CHECK HOW THIS EMPLOYMENT IS TREATED FOR TAX & NI PURPOSES.

IF Employe = Self-employed THEN

[Dirctr]

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

- 1 Yes
- 2 No

IF Employe=an employee OR Dirctr=Yes THEN

[EmpStat]

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

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

[NEmplee]

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

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

IF Employe = Self-employed AND Dirctr=No THEN

[SNEmplee]

Do (*did/will*) you have any employees?

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

IF Employe=Employee THEN

[Ind]*

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

Text: Maximum 100 characters

IF Employe=Self-employed THEN

[SIfWtMad]*

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

Text: Maximum 100 characters

Education module

ASK ALL AGED 16+

[EducEnd]

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

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

[TopQua]^{1*}

SHOW CARD Q1

Please look at this card and tell me which, if any, of the following educational qualifications you have.

CODE ALL THAT APPLY.

None of these qualifications = Code 12

- 1 School Leaving Certificate, NQ Unit [TopQua1]
- 2 O Grade, Standard Grade, GCSE, GCE O Level, CSE, National Qualification
Access 3 Cluster, Intermediate 1 or 2, Senior Certificate or equivalent [TopQua2]
- 3 GNVQ/GSVQ Foundation or Intermediate, SVQ Level 1 or 2,
SCOTVEC/National Certificate Module, City and Guilds Craft, RSA Diploma or
equivalent [TopQua3]
- 4 Higher grade, Advanced Higher, CSYS, A level, AS Level, Advanced Senior
Certificate or equivalent [TopQua4]
- 5 GNVQ/GSVQ Advanced, SVQ Level 3, ONC, OND, SCOTVEC National Diploma,
City and Guilds Advanced Craft, RSA Advanced Diploma or equivalent [TopQua5]
- 6 HNC, HND, SVQ Level 4, RSA Higher Diploma or equivalent [TopQua6]
- 7 First Degree, Higher degree, SVQ Level 5 or equivalent [TopQua7]
- 8 Professional qualifications e.g. teaching, accountancy [TopQua8]
- 9 Other school examinations not already mentioned [TopQua9]
- 10 Other post-school but pre Higher education examinations not already mentioned
[TopQua10]
- 11 Other Higher education qualifications not already mentioned
[TopQua11]
- 12 No qualifications [TopQua12]

¹ Qualification categories were revised in 2008

National Identity, ethnic background and religion module(All)

ASK ALL (0+)

[BirthPla]¹

What is your country of birth?

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

[BirthPlaO]*

INTERVIEWER: Write in place of birth

[Ethnic12]*²

SHOW CARD Q3

What is your ethnic group?

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

CODE ONE ONLY

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

¹ New question in 2012

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

IF Ethnic12=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]¹

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

INTERVIEWER: DO NOT PROMPT

- | | |
|---|--------------------|
| 0 | None |
| 1 | Church of Scotland |
| 2 | Roman Catholic |
| 3 | Other Christian |
| 4 | Muslim |
| 5 | Buddhist |
| 6 | Sikh |
| 7 | Jewish |
| 8 | Hindu |

¹ This variable was called ReligioS in 2008; the new name reflects the reduced number of answer categories.

9 Pagan
10 Another religion (SPECIFY)
97 Refused

IF Religi09=3 'Other Christian' THEN

[Religio2]*

How would you describe your religion?

INTERVIEWER: Write in

IF Religi09=10 'another religion' THEN

[Religio3]*

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

INTERVIEWER: Write in

Note: All other religion answers recorded under Religio2-Religio3 backcoded into Religio9

Parental History

[PaIntro]*

There has been a lot of talk about health and people's family background.

If you wouldn't mind, I would now like to ask some more general questions about what your parents did when you were a child. If you were not living with, and had no contact with one or both of your parents at that time, please tell me about the people who did care for you.

But if you did have even occasional contact with your parents, please tell me about them.

Press '1' and Enter to continue.

ASK ALL AGED 16+ NOT LIVING WITH FATHER

[FathOcc]*

What was the name or title of the job your father did, when you were about 14 years old?

This would have been in the year (*year respondent was 14*).

INTERVIEWER CODE 1 IF FATHER'S JOB TITLE IS KNOWN.

- 1 FATHER'S **JOB TITLE KNOWN**
- 2 Did not know father / no contact with father at the time
- 3 Father was dead
- 4 Caring for home / not working
- 5 Don't know

IF FathOcc = Job title known THEN

[FathTitl]*

PROBE FULLY AND WRITE IN FATHER'S JOB TITLE.

Text: Maximum 60 characters

[FathSup]

CARD Q4

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

CODE ONE ONLY

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

ASK ALL 16+ NOT LIVING WITH THEIR MOTHER

[MothOcc]

What was the name or title of the job your mother did, when you were about 14 years old?
This would have been in the year (*year respondent was 14*).

INTERVIEWER CODE 1 IF MOTHER'S JOB TITLE IS KNOWN.

- 1 MOTHER'S **JOB TITLE KNOWN**
- 2 Did not know mother / no contact with mother at the time
- 3 Mother was dead
- 4 Caring for home / not working
- 5 Don't know

IF MothOcc = Job title known THEN

[MothTitl]*

PROBE FULLY AND WRITE IN MOTHER'S JOB TITLE.

Text: Maximum 60 characters

[MothSup]

CARD Q4

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

CODE ONE ONLY

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

ASK ALL AGED 16+ NOT LIVING WITH THEIR MOTHER

[LiveMaB]

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

- 1 Yes
- 2 No

IF (LiveMaB = Yes) THEN

[AgeMA]

How old is your natural mother?

Range: 1..120

IF (LiveMaB = No) THEN

[ConsMaB]

SHOW CARD Q5

Did your natural mother die from any of the conditions on the card?

CODE ONE ONLY

- 1 High blood pressure (sometimes called hypertension)
- 2 Angina
- 3 Heart attack (including myocardial infarction and coronary thrombosis)
- 4 Stroke
- 5 Other heart trouble (incl. heart murmur, damaged heart valves, tachycardia or rapid heart)
- 6 Diabetes

- 7 None of the above conditions
[AgeMaB]
How old was your natural mother when she died?
Range: 10..120

ASK ALL AGED 16+ NOT LIVING WITH THEIR FATHER

- [LivePaB]**
Is your natural father still alive?
1 Yes
2 No

IF (LivePaB=Yes) THEN

- [AgePa]**
How old is your natural father?
Range: 10..120

IF (LivePaB=No) THEN

- [ConsPaB]**
SHOW CARD Q5
Did your natural father die from any of the conditions on the card?
CODE ONE ONLY
1 High blood pressure (sometimes called hypertension)
2 Angina
3 Heart attack (including myocardial infarction and coronary thrombosis)
4 Stroke
5 Other heart trouble (incl. heart murmur, damaged heart valves, tachycardia or rapid heart)
6 Diabetes
7 None of the above conditions

- [AgePaB]**
How old was your natural father when he died?
Range: 1..120

We are interested in the way some health conditions seem to run in families. 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

¹ New question in 2012

[ParCVD]¹

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]²

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

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]³

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

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

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

IF RelCVD = Yes THEN

[RelNum]

How many of them?: 1..97

¹ New question in 2012

² New question in 2012

³ New question in 2012

Self-completion booklets admin

IF Age of Respondent is 13 years or over THEN

[SCIntro]*

PREPARE (*PINK/BLUE/LILAC*) SELF-COMPLETION BOOKLET BY ENTERING SERIAL NUMBERS. CHECK YOU HAVE CORRECT PERSON NUMBER.

IF Age of Respondent is 18 or over AND IF (DrinkAny = Never) OR (DrinkOft=Once or twice a year OR Not at all in the last twelve months) (From Drinking module) THEN

[PagEx]*

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

IF Age of Respondent is 13 years or over THEN

[SComp2]*

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

INTERVIEWER: Explain how to complete booklet.

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

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

[ParSDQ]

INTERVIEWER: Ask parent to complete mint green booklet for parents of children 4-12.

This child's parent(s) are: (*Names of parents*)

Code person number of the parent who is completing the booklet, or enter code:

95 = Parent not present at time of interview

96 = Booklet refused

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

[PrepSDQ]*

INTERVIEWER: Prepare booklet for parents of children 4-12 by entering serial numbers.

Check you have the correct person number.

Explain how to complete the booklet.

Press <1> and <Enter> to continue.

IF Age of respondent is 13 years or over THEN

[SCCheck]*

INTERVIEWER: Wait until respondent(s) have finished and then check each booklet completed.

If not, ask if questions missed in error.

If in error, ask respondent to complete.

[SComp3]

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

1 Fully completed

2 Partially completed

3 Not completed

IF SComp3=Partially completed OR Not completed THEN

[SComp6]

INTERVIEWER: Record why booklet not completed / partially completed.

CODE ALL THAT APPLY

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

IF SComp6=Other THEN

[SComp60]*

PLEASE SPECIFY OTHER REASON:

Text: Maximum 60 characters

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

[SDQChk]

INTERVIEWER: Was the mint green booklet for parents completed?

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

IF SDQChk =Partially completed OR Not completed THEN

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

CODE ALL THAT APPLY

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

Measurements module (All Versions) (Height 2+ & Weight 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:

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

[ResNHl]

GIVE REASONS FOR REFUSAL.

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

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

[NoHitM]*

INTERVIEWER: Code reason for not obtaining height.

CODE ALL THAT APPLY.

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

IF (NoHitM = Other) THEN

[NoHitMO]*

PLEASE SPECIFY OTHER REASON.

Text: Maximum 60 characters

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

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

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

- 1 Metres
- 2 Feet and inches

IF EHtCh = Metres THEN

[EHtm]

INTERVIEWER: Please record estimated height in metres.

Range: 0.01..2.44

IF EHtCh = Feet and inches THEN

[EHtFt]

INTERVIEWER: Please record estimated height. Enter feet.

Range: 0..7

[EHtIn]

INTERVIEWER: Please record estimated height. Enter inches.

Range: 0..11

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

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

[RespWts]

INTERVIEWER: Measure weight and code.

(*INTERVIEWER¹: If respondent weighs more than 130kg (20 ½ stones) do not weigh. code as 'weight not attempted'*)

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

- 0 *If Age 0-5 years: Weight obtained (child held by adult)/If Age over 5 years: DO NOT USE THIS CODE*
- 1 Weight obtained
- 2 Weight refused
- 3 Weight attempted, not obtained
- 4 Weight not attempted

IF RespWts=Weight obtained (subject on own)

[Weight]

INTERVIEWER: Record weight.

Range: 10.0..130.0

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

[WtAdult]

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

Range: 15.0..130.0

¹ This interviewer instruction only appears if the person being weighed is aged 6 or above.

[WtChAd]

INTERVIEWER: Enter weight of adult holding child.

Range: 15.0..130.0

[FWeight] Measured weight, either Weight or WtChAd-WtAdult

Range: 0.0..140.0

IF RespWts=Weight obtained (subject on own) OR Weight obtained (child held by adult)

[FloorM]

INTERVIEWER: Were the scales placed on..."

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

[RelWaitB]

INTERVIEWER: Code one only.

- 1 No problems experienced, reliable weight measurement obtained

Problems experienced - measurement likely to be:

- 2 Reliable
3 Unreliable

IF RespWts = Weight refused THEN

[ResNWt]

INTERVIEWER: Give reasons for refusal.

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

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

[NoWaitM]*

INTERVIEWER: Code reason for not obtaining weight.

CODE ALL THAT APPLY.

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

IF NoWaitM = Other THEN

[NoWaitMO]*

PLEASE SPECIFY OTHER REASON.

Text: Maximum 60 characters

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

[EWtCh]

INTERVIEWER: Ask (*respondent*) for an estimated weight. Will it be given in kilograms or in stones and pounds?

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

- 1 Kilograms
- 2 Stones and pounds

IF EWtCh = Kilograms THEN

[EWtkg]

INTERVIEWER: Please record estimated weight in kilograms.

Range: 1.0..210.0

IF EWtCh = Stones and pounds THEN

[EWtSt]

INTERVIEWER: Please record estimated weight. Enter stones.

Range: 1..32

[EWtL]

INTERVIEWER: Please record estimated weight. Enter pounds.

Range: 0..13

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

Consents

ASK ALL AGED 16 + [NHSCanA]*¹

We would like your consent for us to send your name, address and date of birth to the Information Services Division of NHS Scotland so they can link it with your NHS health records. These records hold data on you about medical diagnoses and in-patient and out-patient visits to hospital. They are linked with other information about cancer registration, GP registration and mortality. Please read this form, it explains more about what is involved.

INTERVIEWER: Give the respondent/s the pale green consent form (Scottish health records) and allow them time to read the information.

ASK ALL AGED 13-15 [NHSCanY]*

We would like your consent for us to send your name, address and date of birth to the Information Services Division of NHS Scotland so they can link it with your NHS health records. These records hold data on you about medical diagnoses and in-patient and out-patient visits to hospital. They are linked with other information about cancer registration, GP registration and mortality. Please read this form, it explains more about what is involved.

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

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

ASK PARENT/GUARDIAN OF CHILD AGED 0-13 [NHSCanC]*

We would like your consent for us to send (*child's*) name, address and date of birth to the Information Services Division of NHS Scotland so they can link it with your NHS health records. These records hold data on you about medical diagnoses and in-patient and out-patient visits to hospital. They are linked with other information about cancer registration, GP registration and mortality. Please read this form, it explains more about what is involved.

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

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

ASK ALL [NHSCon]

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

- 1 Consent given
- 2 Consent not given

¹ Wording for consents revised in 2012

IF NHSCon = Consent given THEN

[NHSSig]

Before I can pass on (*your /name of child's*) details, I have to obtain written consent from you.

INTERVIEWER: Enter the respondent's serial number on the top of the consent form.

Ask the (*respondent/parent/guardian*) to sign and date the form. Give the (*respondent/parent/guardian*) the top copy of the form to keep, you keep the white copy. Code whether signed consents obtained.

- 1 Scottish Health records consent signed
- 2 No signed consents

ASK ALL AGED 16+

[ReInterA]*

In the future, the Scottish Government may want to commission follow-up research among particular groups of the public to improve health or health services. Please be assured that any information you provide for this purpose will be released for statistical and research purposes only and carried out by reputable research organisations and that your confidentiality will be protected in the publication of any results given. Would you be willing to have your name, contact details and relevant answers you have given during the interview passed on to the Scottish Government or other research agencies acting on behalf of, or in collaboration with, the Scottish Government for this purpose?

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

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

ASK ALL AGED 13-15

[ReInterY]*

In the future, the Scottish Government may want to commission follow-up research among particular groups of the public to improve health or health services. Please be assured that any information you provide for this purpose will 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. Would you be willing to have your name, contact details and relevant answers you have given during the interview passed on to the Scottish Government or other research agencies acting on behalf of, or in collaboration with, the Scottish Government for this purpose?

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

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

ASK PARENT/GUARDIAN OF CHILD AGED 0-13

[ReInterC]*¹

In the future, the Scottish Government may want to commission follow-up research among particular groups of the public to improve health or health services. Please be assured that any information you provide for this purpose will be released for statistical and research purposes only and carried out by reputable research organisations and that your confidentiality will be protected in the publication of any results given. Would you be willing to have (*child's name*) name, contact details and relevant answers you have given during the interview passed on to the Scottish Government or other research agencies acting on behalf of, or in collaboration with, the Scottish Government for this purpose?

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

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

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

ASK ALL

[RelntCon]

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

- 1 Consent given
- 2 Consent not given

IF RelntCon = Consent given THEN

[RelntSig]

Before I can pass on (*your /name of child's/children's*) details, I have to obtain written consent from you.

INTERVIEWER: Enter the respondent's serial number on the top of the consent form.

Ask (*respondent / parent / guardian*) to sign and date the form. Give the **top** copy of the form to the respondent. Code whether signed consents obtained.

- 1 Signed consents obtained
- 3 No signed consents

Health Measurements and Samples

ALL 16+ IN SAMPLE B HOUSEHOLDS

[BimodInt]*

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

[BioTurn]*

I need to go through the these next questions with each of you in turn so which of you would like to go first? NTERVIEWER: GET THE RESPONDENTS TO DECIDE AMONG THEMSELVES WHO IS GOING TO GO FIRST)

Prescribed Medicines and Drug Coding

ASK ALL SAMPLE B 16+

[MedCNJD]

Are you taking or using any medicines, pills, syrups, ointments, puffers or injections prescribed for you by a doctor or a nurse?

- 1 Yes
- 2 No

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

[MedIntro]*

Could I take down the names of the medicines, including pills, syrups, ointments, puffers or injections, prescribed for you by a doctor?

INTERVIEWER: Include the contraceptive pill

- 1 Continue

Questions MedBI-MedBIC repeated for up to 22 drugs

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

[MedBI] (Variable names: Medbi01 – Medbi22)

Enter name of drug number (*number*).

Ask if you can see the containers for all prescribed medicines currently being taken.

If Aspirin, record dosage as well as name.

Text: maximum 50 characters

[YTake] (Variable names: MedBIA-MedBIA22)

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

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

[MedBIA] (Variable names: MedBIAB-MedBIA22B)

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

- 1 Yes
- 2 No

[MedBIC]*

INTERVIEWER CHECK: Any more drugs to enter?

- 1 Yes
- 2 No

Blood Pressure

ALL SAMPLE B Age 16+ (EXCEPT PREGNANT WOMEN)

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

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

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

[BPCnst]

INTERVIEWER Does the respondent agree to blood pressure measurement?

- 1 Yes, agrees
- 2 No, refuses
- 3 Unable to measure BP for reason other than refusal

IF BPCnst = Yes, agrees THEN

[ConSubX]

May I just check, have you eaten, smoked, drunk alcohol or done any vigorous exercise in the past 30 minutes?

CODE ALL THAT APPLY.

- | | | |
|---|------------------------|------------|
| 1 | Eaten | [ConSubX1] |
| 2 | Smoked | [ConSubX2] |
| 3 | Drunk alcohol | [ConSubX3] |
| 4 | Done vigorous exercise | |
| | [ConSubX4] | |
| 5 | (None of these) | |
| | [ConSubX5] | |

[OMRONNo]

INTERVIEWER RECORD BLOOD PRESSURE EQUIPMENT SERIAL NUMBER:

Range:001..999

[CufSize]

SELECT CUFF AND ATTACH TO THE RESPONDENT'S RIGHT ARM. ASK THE RESPONDENT TO SIT STILL FOR FIVE MINUTES.

RECORD CUFF SIZE CHOSEN.

- 1 Small adult (17-25 cm)
- 2 Adult (22-32 cm)
- 3 Large adult (32-42 cm)

[BPReady]*

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

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

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

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

[Sys] (variable names *sys1om – sys4om*)

INTERVIEWER: Take three measurements from right arm.

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

IF READING NOT OBTAINED, ENTER 999.

IF YOU ARE NOT GOING TO GET ANY BP READINGS AT ALL, ENTER 996

Range:001..999

[Dias] (variable names *dias1om – dias4om*)

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

IF READING NOT OBTAINED, ENTER 999.

Range:001..999

[Pulse] (variable names *pulse1om –pulse4om*)

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

IF READING NOT OBTAINED, ENTER 999.

Range:001..999

[MAP] (variable names *map1om –map4om*)

IF NO FULL MEASUREMENT OBTAINED (at least one '999' reading in all 3 sets of 3 readings) THEN

[YNoBP]

ENTER REASON FOR NOT RECORDING ANY FULL BP READINGS

- 1 Blood pressure measurement attempted but not obtained
- 2 Blood pressure measurement not attempted
- 3 Blood pressure measurement refused

ALL SAMPLE B Age 16+ (EXCEPT PREGNANT WOMEN)

[RespBPS]

Response to Blood Pressure measurements:

- 1 Three Blood pressure measurements
- 2 Two Blood pressure measurements
- 3 One Blood pressure measurements
- 4 Tried
- 5 Not tried
- 6 Refused

IF BLOOD PRESSURE MEASUREMENT REFUSED OR NOT ATTEMPTED, OR FEWER THAN THREE FULL READINGS OBTAINED (IF RespBPS in [Two ... Refused]) THEN

[NAttBPD]

RECORD WHY (ONLY TWO READINGS OBTAINED/ONLY ONE READING OBTAINED/READING NOT OBTAINED/READING NOT ATTEMPTED/READING REFUSED/UNABLE TO TAKE READING).

CODE ALL THAT APPLY.

- | | | |
|---|---|------------|
| 0 | Problems with PC | [NAttBPD0] |
| 1 | Respondent upset/anxious/nervous | [NAttBPD1] |
| 2 | Error reading | [NAttBPD2] |
| 5 | Other reason(s) (specify at next question) | |
| | [NAttBPD5] | |
| 6 | Problems with cuff fitting/painful | |
| | [NAttBPD6] | |
| 7 | Problems with equipment (not error reading) | |
| | [NAttBPD7] | |

IF NattBP = Other THEN

[OthNBP]*

ENTER FULL DETAILS OF OTHER REASON(S) FOR NOT OBTAINING/ATTEMPTING THREE BP READINGS:

Text: Maximum 140 characters

IF ONE, TWO OR THREE FULL BLOOD PRESSURE READINGS OBTAINED (IF RespBPS in [Three ... One]) THEN

[DifBPC]

RECORD ANY PROBLEMS TAKING READINGS. CODE ALL THAT APPLY.

- | | | |
|---|--|-----------|
| 1 | No problems taking blood pressure | [DifBPC1] |
| 2 | Reading taken on left arm because right arm not suitable | [DifBPC2] |
| 3 | Respondent was upset/anxious/nervous | [DifBPC3] |
| 4 | Other problems (SPECIFY AT NEXT QUESTION) | [DifBPC4] |
| 5 | Problems with cuff fitting/painful | [DifBPC5] |
| 6 | Problems with equipment (not error reading) | [DifBPC6] |
| 7 | Error reading | [DifBPC7] |

IF DifBP=Other THEN

[OthDifBP]*

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

Text: Maximum 140 characters

[BPOffer]*

OFFER BLOOD PRESSURE RESULTS TO RESPONDENT

- | | Systolic | Diastolic | Pulse |
|------|----------------------------|-----------------------------|-------------------------|
| Avg) | (Average Systolic reading) | (Average Diastolic reading) | (Average Pulse reading) |
| i) | (First Systolic reading) | (First Diastolic reading) | (First Pulse reading) |
| ii) | (Second Systolic reading) | (Second Diastolic reading) | (Second Pulse reading) |
| iii) | (Third Systolic reading) | (Third Diastolic reading) | (Third Pulse reading) |

ENTER THESE ON RESPONDENT'S MEASUREMENT RECORD CARD (COMPLETE NEW RECORD CARD IF REQUIRED).

ADVICE TO RESPONDENTS ON BLOOD PRESSURE READING:

IF Systolic reading >179 OR Diastolic reading >114 THEN:

TICK THE CONSIDERABLY RAISED BOX AND READ OUT TO RESPONDENT: Your blood pressure is high today. Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure. You are strongly advised to visit your GP within 5 days to have a further blood pressure reading to see whether this is a once-off finding or not.

IF Systolic reading 160-179 OR Diastolic reading 100-114 THEN:

TICK THE RAISED BOX AND READ OUT TO RESPONDENT: Your blood pressure is a bit high today. Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure. You are advised to visit your GP within 2-3 weeks to have a further blood pressure reading to see whether this is a once-off finding or not.

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

TICK THE MILDLY RAISED BOX AND READ OUT TO RESPONDENT: Your blood pressure is a bit high today. Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure. You are advised to visit your GP within 3 months to have a further blood pressure reading to see whether this is a once-off finding or not.

IF Systolic reading <140 AND Diastolic reading <85 THEN:

TICK THE NORMAL BOX AND READ OUT TO RESPONDENT: Your blood pressure is normal.

Waist Circumference

ASK ALL SAMPLE B 16+ (EXCEPT PREGNANT WOMEN)

[WHMod]*

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

- 1 Continue

[WIntro]

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

INTERVIEWER CODE:

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

IF (WIntro=Agree) THEN

Repeat for up to three waist measurements.

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

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

INTERVIEWER: MEASURE THE WAIST CIRCUMFERENCES TO THE NEAREST MM.
ENTER (FIRST/SECOND/THIRD) WAIST MEASUREMENT IN CENTIMETRES (Remember to include the decimal point).
IF MEASUREMENT NOT OBTAINED, ENTER '999.9'.
Range: 45.0..1000.0

IF WIntro in [1..3] THEN

(*computed from WIntro, Waist*)

[RespW]

Response to waist measurements:

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

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

[YNoW]

ENTER REASON FOR NOT GETTING BOTH MEASUREMENTS

- 1 Both measurements refused
- 2 Attempted but not obtained
- 3 Measurement not attempted

IF NO OR ONE MEASUREMENT OBTAINED ((WHIntro=Refuse OR Unable) OR Only one waist measurement obtained) THEN

[WPNABM]

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

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

IF WHPNABM = Other THEN

[OthWH]*

GIVE FULL DETAILS OF 'OTHER' REASON(S) FOR NOT GETTING FULL WAIST MEASUREMENT:

Text: Maximum 140 characters

IF AT LEAST ONE WAIST MEASUREMENT OBTAINED (IF (Waist1 <> 999.9 AND Waist1 <> EMPTY) OR (Waist2 <> 999.9 AND Waist2 <> EMPTY)) THEN

[WJRel]

RECORD ANY PROBLEMS WITH WAIST MEASUREMENT:

- 1 No problems experienced, RELIABLE waist measurement
- 2 Problems experienced - waist measurement likely to be RELIABLE
- 3 Problems experienced - waist measurement likely to be SLIGHTLY UNRELIABLE
- 4 Problems experienced - waist measurement likely to be UNRELIABLE

IF WJRel = Problems experienced THEN

[ProbWJ]

RECORD WHETHER PROBLEMS EXPERIENCED ARE LIKELY TO INCREASE OR DECREASE THE WAIST MEASUREMENT.

- 1 Increases measurement (e.g. bulky clothing)
- 2 Decreases measurement (e.g. very tight clothing)
- 3 Measurement not affected

IF ONE OR TWO WAIST MEASUREMENTS OBTAINED THEN

[WHRes]*

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

Waist: (Write in waist measurements 1 and 2)

- 1 Continue

Saliva sample

ASK ALL SAMPLE B 16+ (EXCEPT PREGNANT WOMEN)

[SalInt1]*

INTERVIEWER: NOW FOLLOWS THE SALIVA SAMPLE.

1 Continue

[Smoke]

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

CODE ALL THAT APPLY

INTERVIEWER: If respondent used to smoke but does not any more, code 'No'.

- | | | |
|---|-----------------|----------|
| 1 | Yes, cigarettes | [Smoke1] |
| 2 | Yes, cigars | [Smoke2] |
| 3 | Yes, pipe | [Smoke3] |
| 4 | No | [Smoke4] |

IF Smoke = No THEN

[SmokeYr]

Have you smoked in the last 12 months?

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

IF Smoke = Yes OR SmokeYr = yes THEN

[UseNRTB]

SHOW CARD R1

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

INTERVIEWER: ELECTORINC CIGARETTES SHOULD NOT BE INCLUDED AS A NICOTINE REPLACEMENT PRODUCT

CODE ALL THAT APPLY

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

IF UseNRTB = Yes, other THEN

[NRTOthB]*

What other products did you use?

Text: Maximum 140 characters

[SalIntr1]

INTERVIEWER: ASK RESPONDENT FOR A SALIVA SAMPLE.

READ OUT: I would like to take a sample of saliva (spit). This simply involves chewing on some dental roll. The sample will be analysed for cotinine, which is related to the intake of tobacco smoke and is of particular interest to see if non-smokers may have raised levels as a result of 'passive' smoking

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

IF SalIntr1=Agree THEN

[SalWrit]*

INTERVIEWER CHECKLIST FOR CONSENT BOOKLET:

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

- 1 Continue

[SalInst]*

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

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

SERIAL NO (Displays serial number)

PERSON NO (Displays person number)

DATE OF BIRTH (Displays date of birth)

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

- 1 Continue

[SalObt1]

INTERVIEWER CHECK

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

IF SalObt1 = Obtained THEN

[SalCod1]*

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

[SalHow]

INTERVIEWER: Code the method used to obtain the saliva sample.

- 1 Dribbled into tube
- 2 Dental Roll

IF (SalObt1= Not attempted or Attempted, not obtained) OR (SalIntr1=Unable) THEN
[SalNObt]

RECORD WHY SALIVA SAMPLE NOT OBTAINED. CODE ALL THAT APPLY.

- | | | |
|---|---|------------|
| 3 | Respondent not able to produce any saliva | [SalNObt3] |
| 4 | Other (SPECIFY AT NEXT QUESTION) | [SalNObt4] |

IF SalNObt = Other THEN

[OthNObt]*

GIVE FULL DETAILS OF REASON(S) WHY SALIVA SAMPLE NOT OBTAINED.

Text: Maximum 140 characters

[SalCode]

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

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

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

- 1 Continue

IF SalIntr1=Refused THEN

[SalYRef]

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

IF SalYRef = other THEN

INTERVIEWER: WRITE IN OTHER REASON FOR REFUSAL

Text: Maximum 140 characters

[SalCode]*

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

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

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

- 1 Continue

Urine Sample

ASK ALL SAMPLE B 16+ (EXCEPT PREGNANT WOMEN)

[UriDisp]*

INTERVIEWER: NOW FOLLOWS THE URINE SAMPLE.

[UriIntro]

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

Would you be willing to provide a urine sample?

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

IF UriIntr1=Agree THEN

[UriWrit]*

INTERVIEWER CHECKLIST FOR CONSENT BOOKLET:

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

[UriSamp]*

ASK RESPONDENT TO TAKE CONTAINER AND PROVIDE URINE SAMPLE.

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

SERIAL NO: (Displays serial no)

PERSON NO (Displays person no)

DATE OF BIRTH: (Displays date of birth)

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

[UriObt1]

CHECK

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

IF (UriObt1=Not attempted or Attempted, not obtained) OR (UriIntr1=Unable) THEN

[UriNObt]

RECORD WHY URINE SAMPLE NOT OBTAINED. CODE ALL THAT APPLY.

- 1 Respondent not able to produce any urine
[UriNObt3]
- 2 Other (SPECIFY AT NEXT QUESTION) [UriNObt4]

IF UriNObt = Other THEN

[OthNObt]*

GIVE FULL DETAILS OF REASON(S) WHY URINE SAMPLE NOT OBTAINED.

Text: Maximum 140 characters

[UriCod2]

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

- 1 Continue

IF UriIntr1=Refused OR UriObt1=Refused THEN

[UriYRef]

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

IF UriYRef = Other THEN

[UriYRefO]*

INTERVIEWER: WRITE IN OTHER REASON FOR REFUSAL

Text: Maximum 140 characters

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

ASK ALL SAMPLE B 16+

[CASInt]*

I now have some questions for you to answer yourself, on the computer. The questions cover topics to do with depression, anxiety and self-harm. When you have finished the computer will lock away your answers and no one else will be able to see them, including me.

Instructions about which keys to press will be shown on the computer screen. If you press the wrong key I can tell you how to change the answer. When you get to the end, please tell me and we will complete the rest of the interview with me asking you questions again.

INTERVIEWER: Only where necessary, ask respondent if they would like you to read the questions out to them.

Please code whether the self-completion is accepted or not

- 1 Self-completion accepted by respondent
- 2 Self-completion to be read out by interviewer
- 3 Self-completion refused

If CASInt=3 (refused)

[SCompNH]

INTERVIEWER: Record why the computer self-completion was not completed.

CODE ALL THAT APPLY

: SET OF

- | | | |
|---|---|------------|
| 1 | Eyesight problems | [SCompNH1] |
| 2 | Language problems | [SCompNH2] |
| 3 | Reading/writing/comprehension problems | [SCompNH3] |
| 4 | Doesn't like computers | [SCompNH4] |
| 5 | Respondent bored/fed up/tired | [SCompNH5] |
| 6 | Questions too sensitive/invasion of privacy | [SCompNH6] |
| 7 | Too long/too busy/taken long enough already | [SCompNH7] |
| 8 | Refused to complete self-completion (no other reason given) | [SCompNH8] |
| 9 | Other (SPECIFY) | [SCompNH9] |

{If CASI NOT REFUSED}

[CASInst]*

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

[DashInt]*

The next questions are for you to answer yourself. They all ask you to choose an answer from those listed on the screen. Please choose your answer by pressing the number next to the answer you want to give and then press the large key with the red sticker (the enter key).

You don't have to answer every question - if you want to skip one the interviewer will tell you how to do this. Please ask the interviewer if you want any help. Now press 1 and then the key with the red sticker to continue.

[AnxInt]*

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

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

Anxiety

[J1SC]

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

- 1 Yes, anxious or nervous
- 2 No

IF J1SC = No THEN

[J2SC]

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

- 1 Yes
- 2 No

ALL

[J3SC]

Some people have phobias; they get nervous or uncomfortable about specific things or situations when there is no real danger. For instance they may get extremely anxious when in confined spaces, or they may have a fear of heights. Others become nervous at the sight of things like blood or spiders.

In the past month have you felt anxious, nervous or tense about any specific things when there was no real danger?

- 1 Yes
- 2 No

IF RESPONDENT HAS EXPERIENCED ANXIETY AND PHOBIA ((IF J1SC=Yes AND J3SC=Yes) OR (J2SC=Yes AND J3SC=Yes)) THEN

[J5SC]

In the past month, when you felt anxious/nervous/tense, was this always brought on by the phobia about some specific situation or thing or did you sometimes feel generally anxious/nervous/tense?

- 1 Always brought on by phobia
- 2 Sometimes generally anxious

IF J5SC = Sometimes generally anxious THEN

[J6SC]

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

On how many of the past seven days have you felt generally anxious/nervous/tense?

- 1 4 days or more
- 2 1 to 3 days
- 3 None

IF RESPONDENT HAS EXPERIENCED GENERAL ANXIETY ONLY (IF (J1SC=Yes AND J3SC=No) OR (J2SC=Yes AND J3SC=No)) THEN

[J7SC]

On how many of the past seven days have you felt generally anxious/nervous/tense?

- 1 4 days or more
- 2 1 to 3 days
- 3 None

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

[J8SC]

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

RUNNING PROMPT

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

[J9SC]

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

Heart racing or pounding

Hands sweating or shaking

Feeling dizzy

Difficulty getting your breath

Butterflies in stomach

Dry mouth

Nausea or feeling as though you wanted to vomit

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

[J9A...]

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

CODE ALL THAT APPLY

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

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

[J10SC]

Have you felt anxious/nervous/tense for more than 3 hours in total on any one of the past seven days?

- 1 Yes
- 2 No

[J11SC]

How long have you had these feelings of general anxiety/nervousness/tension as you described?

- 1 less than 2 weeks
- 2 2 weeks but less than 6 months
- 3 6 months but less than 1 year
- 4 1 year but less than 2 years
- 5 2 years or more

Depression

[G1SC]

Almost everyone becomes sad, miserable or depressed at times.

Have you had a spell of feeling sad, miserable or depressed in the past month?

- 1 Yes
- 2 No

[G2SC]

During the past month, have you been able to enjoy or take an interest in things as much as you usually do?

- 1 Yes
- 2 No/no enjoyment or interest

IF G1SC = Yes THEN

[G4SC]

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

- 1 Yes
- 2 No

IF G2SC= No THEN

[G5SC]

In the past week have you been able to enjoy or take an interest in things as much as usual?

- 1 Yes
- 2 No/no enjoyment or interest

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

[G6SC]

Since last [Sunday / Monday / Tuesday / Wednesday / Thursday / Friday / Saturday] on how many days have you felt [depressed or unable to take an interest in things / sad, miserable or depressed / unable to enjoy or take an interest in things]?

- 1 4 days or more
- 2 1 to 3 days
- 3 None

[G7SC]

Have you felt [depressed or unable to take an interest in things / sad, miserable or depressed /unable to enjoy or take an interest in things] for more than 3 hours in total (on any day in the past week)?

- 1 Yes
- 2 No

[G9SC]

In the past week when you felt sad, miserable or depressed/unable to enjoy or take an interest in things, did you ever become happier when something nice happened, or when you were in company?

- 1 Yes, at least once
- 2 No

[G10SC]

How long have you been feeling sad, miserable or depressed/unable to enjoy or take an interest in things as you have described?

- 1 less than 2 weeks
- 2 2 weeks but less than 6 months
- 3 6 months but less than 1 year
- 4 1 year but less than 2 years
- 5 2 years but less than 5 years
- 6 5 years but less than 10 years
- 7 10 years or more

Self Harm

[DSHIntro]*

There may be times in everyone's life when they become very miserable and depressed and may feel like taking drastic action because of these feelings

- 1 Continue

[DSH4SC]

Have you ever made an attempt to take your life, by taking an overdose of tablets or in some other way?

- 1 Yes
- 2 No

IF DSH4SC = Yes THEN

[DSH4aSC]

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

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

ALL

[DSH5SC]

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

- 1 Yes
- 2 No

IF DSH5SC = Yes THEN

[DSH5aSC]

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

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

DISPLAY IF DSH4aSC = 'in the last week' OR 'in the last year' THEN

[DSHExit]*

The sorts of thoughts and feelings we have talked about here are very serious and it is important that you talk to someone, for example a doctor or The Samaritains, if you find yourself thinking them.

ASK ALL

[DashLeaf]*

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

Final

[BioEnd]*

Those are all the questions I wanted to ask you.

INTERVIEWER: MAKE SURE THE RESPONDENT HAS:

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

[BioEnd2]*

INTERVIEWER: Before you leave make sure you have:

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

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

[EndReach]*

INTERVIEWER: End of questionnaire reached.

Press <1> and <Enter> to continue.

- 1 Continue

[Thank]*

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

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

- 1 Continue

SCOTTISH HEALTH SURVEY 2012

SHOWCARDS

CARD A1

MARITAL STATUS

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

CARD A2

RELATIONSHIP

- 1 Husband / Wife
- 2 Legally recognised civil partner
- 3 Partner / Cohabitee

- 4 Natural son / daughter
- 5 Adopted son / daughter
- 6 Foster son / daughter
- 7 Stepson / Stepdaughter / Child of partner
- 8 Son-in-law / Daughter-in-law

- 9 Natural parent
- 10 Adoptive parent
- 11 Foster parent
- 12 Step-parent / Parent's partner
- 13 Parent-in-law

- 14 Natural brother / Natural sister (ie. both natural parents the same)
- 15 Half-brother / Half-sister (ie. one natural parent the same)
- 16 Step-brother / Step-sister (ie. no natural parents the same)
- 17 Adopted brother / Adopted sister
- 18 Foster brother / Foster sister
- 19 Brother-in-law / Sister-in-law

- 20 Grandchild
- 21 Grandparent

- 22 Other relative
- 23 Other non-relative

CARD A3

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

CARD A4

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

CARD A5

Very confident

Fairly confident

Not very confident

Not at all confident

CARD A6

- 1 Earnings from employment or self-employment (including overtime, tips, bonuses)
- 2 State retirement pension
- 3 Pension from former employer
- 4 Personal pensions
- 5 Child Benefit
- 6 Job-Seekers Allowance
- 7 Income Support
- 8 Working Tax Credit, Child Tax Credit or any other Tax Credit
- 9 Housing Benefit
- 10 Other state benefits
- 11 Student grants and bursaries (but not loans)
- 12 Interest from savings and investments (eg. stocks and shares)
- 13 Rent from property (after expenses)
- 14 Other kinds of regular income (eg. maintenance or grants)
- 15 No source of income

CARD A7

GROSS INCOME FROM ALL SOURCES

(before any deductions for taxes, National Insurance contributions, health insurance payments, superannuation payments etc.)

WEEKLY	or	MONTHLY	or	ANNUAL
Less than £10 1		Less than £40 1		Less than £520 1
£10 less than £30..... 2		£40 less than £130 2		£520 less than £1,600..... 2
£30 less than £50..... 3		£130 less than £220 3		£1,600 less £2,600 3
£50 less than £70..... 4		£220 less than £300 4		£2,600 less than £3,600..... 4
£70 less than £100 5		£300 less than £430 5		£3,600 less than £5,200..... 5
£100 less than £150 6		£430 less than £650 6		£5,200 less than £7,800..... 6
£150 less than £200 7		£650 less than £870 7		£7,800 less than £10,400..... 7
£200 less than £250 8		£870 less than £1,100 8		£10,400 less than £13,000..... 8
£250 less than £300 9		£1,100 less than £1,300 9		£13,000 less than £15,600..... 9
£300 less than £350 10		£1,300 less than £1,500 10		£15,600 less than £18,200..... 10
£350 less than £400 11		£1,500 less than £1,700 11		£18,200 less than £20,800..... 11
£400 less than £450 12		£1,700 less than £2,000 12		£20,800 less than £23,400..... 12
£450 less than £500 13		£2,000 less than £2,200 13		£23,400 less than £26,000..... 13
£500 less than £550 14		£2,200 less than £2,400 14		£26,000 less than £28,600..... 14
£550 less than £600 15		£2,400 less than £2,600 15		£28,600 less than £31,200..... 15
£600 less than £650 16		£2,600 less than £2,800 16		£31,200 less than £33,800..... 16
£650 less than £700 17		£2,800 less than £3,000 17		£33,800 less than £36,400..... 17
£700 less than £800 18		£3,000 less than £3,500 18		£36,400 less than £41,600..... 18
£800 less than £900 19		£3,500 less than £3,900 19		£41,600 less than £46,800..... 19
£900 less than £1,000 20		£3,900 less than £4,300 20		£46,800 less than £52,000..... 20
£1,000 less than £1,150 ... 21		£4,300 less than £5,000 21		£52,000 less than £60,000..... 21
£1,150 less than £1,350 ... 22		£5,000 less than £5,800 22		£60,000 less than £70,000..... 22
£1,350 less than £1,500 ... 23		£5,800 less than £6,500 23		£70,000 less than £78,000..... 23
£1,500 less than £1,750 ... 24		£6,500 less than £7,500 24		£78,000 less than £90,000..... 24
£1,750 less than £1,900 ... 25		£7,500 less than £8,300 25		£90,000 less than £100,000..... 25
£1,900 less than £2,100 ... 26		£8,300 less than £9,200 26		£100,000 less than £110,000.... 26
£2,100 less than £2,300 ... 27		£9,200 less than £10,000 27		£110,000 less than £120,000.... 27
£2,300 less than £2,500 ... 28		£10,000 less than £10,800 28		£120,000 less than £130,000.... 28
£2,500 less than £2,700 ... 29		£10,800 less than £11,700 29		£130,000 less than £140,000.... 29
£2,700 less than £2,900 ... 30		£11,700 less than £12,500 30		£140,000 less than £150,000.... 30
£2,900 or more..... 31		£12,500 or more..... 31		£150,000 or more 31

CARD A8

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

CARD A9

HOURS SPENT PROVIDING CARE

- 1 Up to 4 hours a week
- 2 5 - 19 hours a week
- 3 20 - 34 hours a week
- 4 35 - 49 hours a week
- 5 50 or more hours a week

CARD A10

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

CARD A11

- 1 Been unable to take up employment
- 2 Worked fewer hours
- 3 Reduced responsibility at work
- 4 Flexible employment agreed
- 5 Changed to work at home
- 6 Reduced opportunities for promotion
- 7 Took new job
- 8 Left employment altogether
- 9 Took early retirement
- 10 Other (Please say what)
- 11 Employment not affected/never had a job

CARD A12

- 1 Short breaks or respite e.g. day time breaks, overnight breaks or emergency respite
- 2 Advice and information
- 3 Practical support (e.g. transport, equipment/adaptations)
- 4 Counselling or emotional support
- 5 Training and learning
- 6 Advocacy services
- 7 Personal assistant/ support worker/ community nurse/ home help
- 8 Help from family, friends or neighbours
- 9 Carer's allowance
- 10 Other (Please say what)
- 11 Receive no help or support

CARD A13

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

CARD A14

**Extremely
dissatisfied**

**Extremely
satisfied**

0

1

2

3

4

5

6

7

8

9

10

CARD B2

- 1 Regular check-up with GP / hospital / clinic
- 2 Taking medication (tablets / inhalers)
- 3 Advice or treatment to stop smoking
- 4 Using oxygen
- 5 Immunisations against flu / pneumococcus
- 6 Exercise or physical activity
- 7 Advice or treatment to lose weight
- 8 Other (Please say what)

CARD E1

HOUSEWORK

Done during the last 4 weeks -

Hoovering

Dusting

Ironing

General tidying

Washing floors and paint work

CARD E2

HEAVY HOUSEWORK

Done during the last 4 weeks -

Moving heavy furniture

Spring cleaning

Walking with heavy shopping
(for more than 5 minutes)

Cleaning windows

Scrubbing floors with a scrubbing brush

CARD E3

GARDENING, DIY AND BUILDING WORK

Done during the last 4 weeks -

Hoeing, weeding, pruning

Mowing with a power mower

Planting flowers/seeds

Decorating

Minor household repairs

Car washing and polishing

Car repairs and maintenance

CARD E4

HEAVY MANUAL WORK

Done during the last 4 weeks -

Digging, clearing rough ground

Building in stone/bricklaying

Mowing large areas with a hand mower

Felling trees, chopping wood

Mixing/laying concrete

Moving heavy loads

Refitting a kitchen or bathroom

CARD E5

Done during the last 4 weeks -

- 1 Swimming
- 2 Cycling
- 3 Workout at a gym / Exercise bike / Weight training
- 4 Aerobics / Keep fit / Gymnastics / Dance for fitness
- 5 Any other type of dancing
- 6 Running / Jogging
- 7 Football / Rugby
- 8 Badminton / Tennis
- 9 Squash
- 10 Exercises (e.g. press-ups, sit-ups)

Please also include teaching, coaching and training/practice sessions

CARD E6

- 1 Bows
- 2 Fishing/ angling
- 3 Golf
- 4 Hillwalking/ rambling
- 5 Snooker/ billiards/ pool
- 6 Aqua-robics/ aquafit/ exercise class in water
- 7 Yoga/pilates
- 8 Athletics
- 9 Basketball
- 10 Canoeing/ Kayaking
- 11 Climbing
- 12 Cricket
- 13 Curling
- 14 Hockey
- 15 Horse riding
- 16 Ice skating
- 17 Martial arts including Tai Chi
- 18 Netball
- 19 Powerboating/ jet skiing
- 20 Rowing
- 21 Sailing/ windsurfing
- 22 Shinty
- 23 Skateboarding/ inline skating
- 24 Skiing/ snowboarding
- 25 Subaqua
- 26 Surfing/ body boarding
- 27 Table tennis
- 28 Tenpin bowling
- 29 Volleyball
- 30 Waterskiing

0 No – none of these

CARD E7

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

CARD E8

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

CARD 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

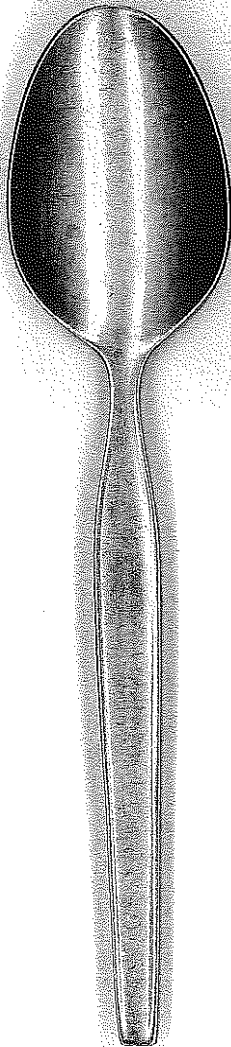
CARD G1

- 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

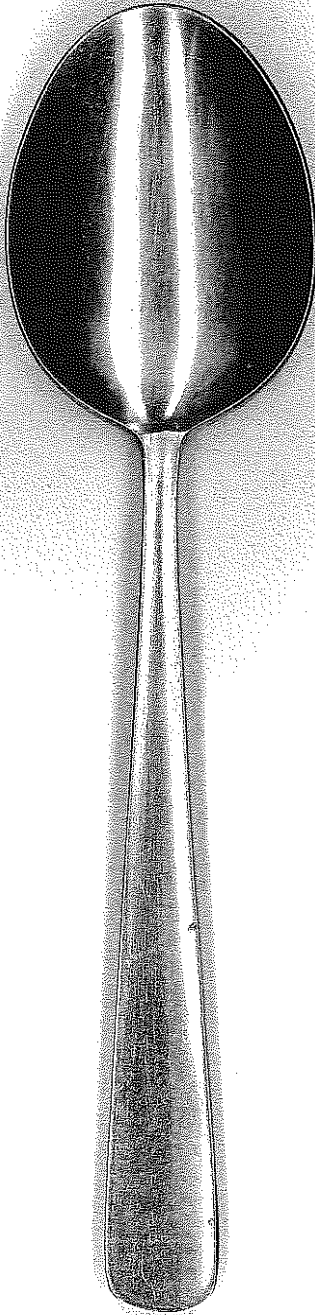
CARD G2

- 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

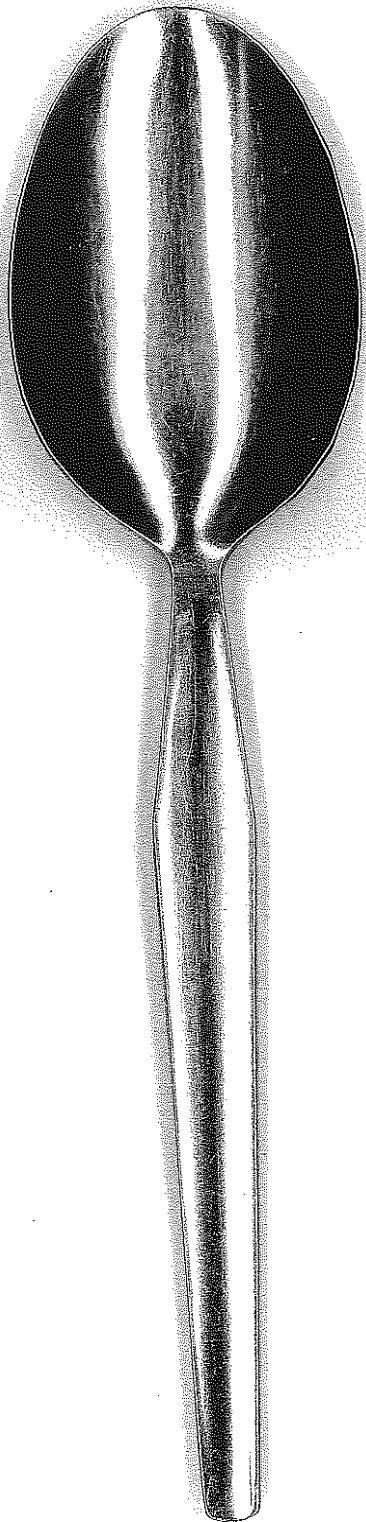
CARD G3



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 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 Other (Please say what)
- 8 No products used

CARD H3

- 1 At own home
- 2 At work
- 3 In other people's homes
- 4 In cars, vans etc
- 5 Outside of buildings (e.g. pubs, shops, hospitals)
- 6 In other public places

CARD J1

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

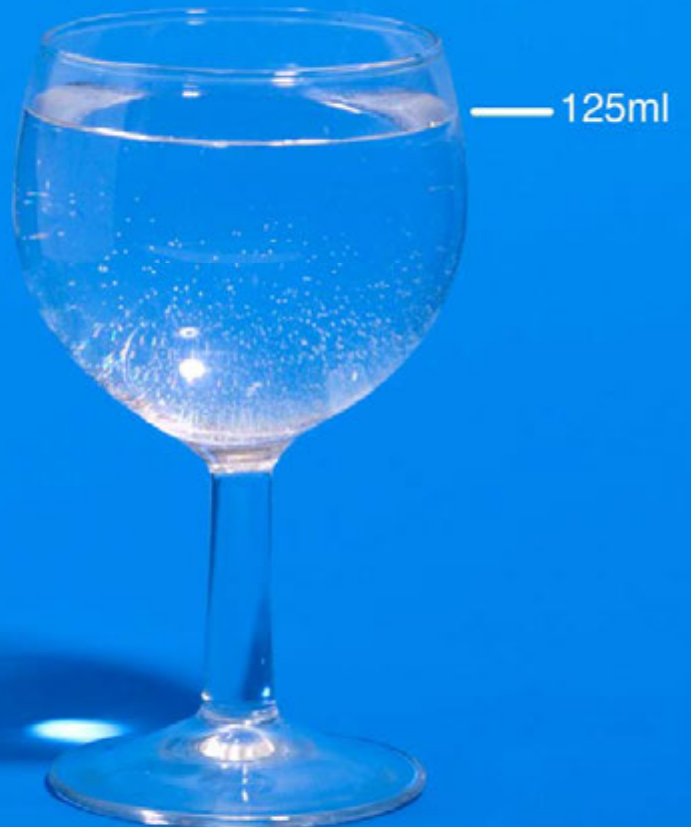


— 250 ml

250ml wine glass



175ml wine glass



125ml wine glass

CARD J2

- 1 Normal strength beer / lager / cider / shandy
- 2 Strong beer / lager / cider
- 3 Spirits or Liqueurs
- 4 Sherry, Martini or Buckfast
- 5 Wine
- 6 Alcopops / pre-mixed drinks
- 7 Other alcoholic drinks
- 8 Low alcohol drinks only

CARD J3

- 1 In a pub or bar
- 2 In a restaurant
- 3 In a club or disco
- 4 At a party with friends
- 5 At my home
- 6 At someone else's home
- 7 Out on the street, in a park or other outdoor area
- 8 Somewhere else (Please say where)

CARD J4

- 1 My husband or wife / boyfriend or girlfriend / partner
- 2 Male friends
- 3 Female friends
- 4 Male and female friends together
- 5 Work colleagues
- 6 Members of my family / relatives
- 7 Someone else (Please say who)
- 8 On my own

CARD K1

- 1 No natural teeth
- 2 Fewer than 10 natural teeth
- 3 Between 10 and 19 natural teeth
- 4 20 or more natural teeth

CARD K2

- 1 Very happy
- 2 Fairly happy
- 3 Fairly unhappy
- 4 Very unhappy

CARD K3

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

CARD P1

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

CARD Q1

- 1 School Leaving Certificate, National Qualification Access Unit
- 2 O Grade, Standard Grade, GCSE, GCE O Level, CSE, National Qualification Access 3 Cluster, Intermediate 1 or 2, Senior Certificate or equivalent
- 3 GNVQ/GSVQ Foundation or Intermediate, SVQ Level 1 or 2, SCOTVEC / National Certificate Module, City and Guilds Craft, RSA Diploma or equivalent
- 4 Higher Grade, Advanced Higher, CSYS, A level, AS level, Advanced Senior Certificate or equivalent
- 5 GNVQ/GSVQ Advanced, SVQ Level 3, ONC, OND, SCOTVEC National Diploma, City and Guilds Advanced Craft, RSA Advanced Diploma or equivalent
- 6 HNC, HND, SVQ Level 4, RSA Higher Diploma or equivalent
- 7 First Degree, Higher Degree, SVQ Level 5 or equivalent
- 8 Professional qualifications e.g. teaching, accountancy
- 9 Other school examinations not already mentioned
- 10 Other post-school but pre Higher education examinations not already mentioned
- 11 Other Higher education qualifications not already mentioned
- 12 No qualifications

CARD Q2

Choose **ONE** section from A to F, then choose **ONE** option which best describes your ethnic group or background.

A White

Scottish

Other British

Irish

Gypsy/Traveller

Polish

Other white ethnic group (please say what)

B Mixed or multiple ethnic group

Any mixed or multiple ethnic groups (please say what)

C Asian, Asian Scottish or Asian British

Pakistani, Pakistani Scottish or Pakistani British

Indian, Indian Scottish or Indian British

Bangladeshi, Bangladeshi Scottish or Bangladeshi British

Chinese, Chinese Scottish or Chinese British

Other (please say what)

D African

African, African Scottish or African British

Other (please say what)

E Caribbean or Black

Caribbean, Caribbean Scottish or Caribbean British

Black, Black Scottish or Black British

Other (please say what)

F Other ethnic group

Arab, Arab Scottish or Arab British

Other, (please say what)

CARD Q3

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

CARD Q4

- 1 High Blood Pressure
- 2 Angina
- 3 Heart Attack
- 4 Stroke
- 5 Other Heart Trouble
- 6 Diabetes

CARD R1

- 1 Nicotine gum
- 2 Nicotine patches that you stick on your skin
- 3 Nasal spray/nicotine inhaler
- 4 Lozenge / microtab
- 5 Champix / Varenicline
- 6 Zyban / Bupropion
- 7 Other (Please say what)
- 8 No products used

P7162

Yr	Samp Type	Point	Address	HHL D	CKL	Child no
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>

First name of **child**:

Person no of parent

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

First name of **parent** completing booklet:

Card Batch

3	1	4
---	---	---

Survey month

Scottish Health Survey 2012

Booklet for parents of 4-12 year olds

In Confidence

How to fill in this questionnaire

The questions in this booklet can be answered by simply circling the number below the answer that applies. You do not have to answer every question.

Example:

CIRCLE ONE NUMBER

	Very healthy life	Fairly healthy life	Not very healthy life	An unhealthy life
Do you feel that you lead a	1	2	3	4
...				

Strengths and Difficulties Questionnaire

We'd like you to tell us something about your child's behaviour over the **last 6 months**.

For each item, please circle the number for Not true, Somewhat true, or Certainly true to show how true the item is of your child.

(CIRCLE **ONE** NUMBER ON EACH LINE)

	Not true	Somewhat true	Certainly true
1. Considerate of other people's feelings	1	2	3
2. Restless, overactive, cannot stay still for long	1	2	3
3. Often complains of headaches, stomach-aches or sickness	1	2	3
4. Shares readily with other children (treats, toys, pencils etc.)	1	2	3
5. Often has temper tantrums or hot tempers	1	2	3
6. Rather solitary, tends to play alone	1	2	3
7. Generally obedient, usually does what adults request	1	2	3
8. Many worries, often seems worried	1	2	3
9. Helpful if someone is hurt, upset or feeling ill	1	2	3
10. Constantly fidgeting or squirming	1	2	3
11. Has at least one good friend	1	2	3
12. Often fights with other children or bullies them	1	2	3
13. Often unhappy, down-hearted or tearful	1	2	3
14. Generally liked by other children	1	2	3

15. Easily distracted, concentration wanders	1	2	3
16. Nervous or clingy in new situations, easily loses confidence	1	2	3
17. Kind to younger children	1	2	3
18. Often lies or cheats	1	2	3
19. Picked on or bullied by other children	1	2	3
20. Often volunteers to help others (parents, teachers, other children)	1	2	3
21. Thinks things out before acting	1	2	3
22. Steals from home, school or elsewhere	1	2	3
23. Gets on better with adults than with other children	1	2	3
24. Many fears, easily scared	1	2	3
25. Sees tasks through to the end, good attention span	1	2	3

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

P7162

Yr	Samp Type	Point	Address	HHL D	CKL	Child no
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>

First name:

Spare	Card	Batch
	<input type="text"/> 3 <input type="text"/> 1 <input type="text"/> 3	

Survey month

Scottish Health Survey 2012

Booklet for 13-15 year olds

In Confidence

- Here are some questions for you to answer on your own.
- We are interested in your honest answers.
- We will not tell anyone what your answers are.
- You do not have to answer all the questions. If you want to miss a question, please just leave it out and move to the next one.
- Look at the instructions on the next page and read what to do.
- Ask the interviewer for help if you do not understand a question or are not sure what to do.

Thank you for taking part in this survey

How to answer these questions

- Please read each question carefully
- All of the questions can be answered by putting a tick in the box next to the answer that applies to you like this

Yes ₁

No ₂

General health over the last few weeks

Please read this carefully:

We should like to know how your health has been in general over **the past few weeks**. Please answer **ALL** the questions by ticking the box under the answer which you think most applies to you.

HAVE YOU RECENTLY:

Tick ONE box

	Better than usual	Same as usual	Less than usual	Much less than usual
Q1. Been able to concentrate on whatever you're doing?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q2. Lost much sleep over worry?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

	More so than usual	Same as usual	Less useful than usual	Much less useful
Q3. Felt you were playing a useful part in things?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

	More so than usual	Same as usual	Less so than usual	Much less capable
Q4. Felt capable of making decisions about things?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q5. Felt constantly under strain?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q6. Felt you couldn't overcome your difficulties?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

HAVE YOU RECENTLY:

Tick ONE box

	More so than usual	Same as usual	Less so than usual	Much less than usual
Q7. Been able to enjoy your normal day-to-day activities?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

	More so than usual	Same as usual	Less able than usual	Much less able
Q8. Been able to face up to your problems?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q9. Been feeling unhappy and depressed?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q10. Been losing confidence in yourself?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q11. Been thinking of yourself as a worthless person?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

	More so than usual	About same as usual	Less so than usual	Much less than usual
Q12. Been feeling reasonably happy, all things considered?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

General Health Questionnaire (GHQ-12)
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NFER-NELSON. All rights reserved.

Please read this carefully:

Below are some statements about feelings and thoughts.
Please tick the box that best describes your experience of each over the last 2 weeks

Tick ONE box

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

Tick ONE box

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

Tick ONE box

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

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q16 I've been feeling interested in other people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Tick ONE box

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

Tick ONE box

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

Tick ONE box

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

Please read this carefully:

Below are some statements about feelings and thoughts.
Please tick the box that best describes your experience of each over the last 2 weeks

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q20 I've been feeling good about myself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q21 I've been feeling close to other people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q22 I've been feeling confident	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q23 I've been able to make up my own mind about things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q24 I've been feeling loved	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q25 I've been interested in new things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q26 I've been feeling cheerful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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.**

P7162

Yr	Samp Type	Point	Address	HHLD	CKL	Person no
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>

First name:

Spare	Card	Batch
	3 1 1	

Survey month

Scottish Health Survey 2012

Booklet for Young Adults

In Confidence

How to fill in this questionnaire

- A. Most of the questions on the following pages can be answered by simply ticking the box below or alongside the answer that applies to you. You do not have to answer every question.

Example:

Tick **one** box

	Very healthy life	Fairly healthy life	Not very healthy life	An unhealthy life
Do you feel that you lead a ...	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

- B. Sometimes you are asked to write in a number or the answer in your own words. Please enter numbers as figures rather than words.

Example:

Write in no.

- C. On most pages you should answer ALL the questions but sometimes you will find an instruction next to the box you have ticked telling you to go to another question.

By following the instructions carefully you will miss out questions which do not apply to you.

Example:

Tick **ONE** box

Yes	<input checked="" type="checkbox"/> 1	→ Go to Q4
No	<input type="checkbox"/> 2	→ Go to Q5

SMOKING

Q1 Have you ever smoked a cigar or a pipe?

Tick ALL that apply

Yes – cigar

 1

Yes – pipe

 2

No

 3

Go to Q2 ↓

Q2 Have you ever smoked a cigarette?

Tick ONE box

Yes

 1

Go to Q3 ↓

No

 2

→ Go to Q7 on page 2

Q3 How old were you when you first tried smoking a cigarette, even if it was only a puff or two?

Write in how old you were then

Go to Q4 ↓

Q4 Do you smoke cigarettes nowadays?

Tick ONE box

Yes

 1

Go to Q6a ↓

No

 2

Go to Q5 ↓

Q5 Did you smoke cigarettes regularly or occasionally?

Tick ONE box

Regularly, that is at least one cigarette a day

 1

Occasionally

 2

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

 3

→ Go to Q7 on page 2

CURRENT SMOKERS

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

Write in number smoked a day

Go to Q6b ↓

Q6b And about how many cigarettes a day do you usually smoke at weekends?

Write in number smoked a day

→ Go to Q7 on page 2

EVERYONE PLEASE ANSWER

Q7 Are you regularly exposed to other people's tobacco smoke in any of these places?

Please tick all boxes which apply

Tick **ALL** that apply

At home	<input type="checkbox"/>	1	} Go to Q8 ↓
At work	<input type="checkbox"/>	2	
In other people's homes	<input type="checkbox"/>	3	
In cars, vans etc	<input type="checkbox"/>	4	
Outside of buildings (e.g. pubs, shops, hospitals)	<input type="checkbox"/>	5	
In other public places	<input type="checkbox"/>	6	
No, none of these	<input type="checkbox"/>	7	→ Go to Q9 on page 3

Q8 Does this bother you at all?

Tick **ONE** box

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

NOW GO TO THE QUESTIONS ON THE NEXT PAGE →

DRINKING

Q9 Do you ever drink alcohol nowadays, including drinks you brew or make at home?

Tick ONE box

- Yes ₁ — Go to Q12 ↓
- No ₂ — Go to Q10 ↓

Q10 Just to check, does that mean you never have an alcoholic drink nowadays, or do you have an alcoholic drink very occasionally, perhaps for medicinal purposes or on special occasions like Christmas and New Year?

Tick ONE box

- Very occasionally ₁ — Go to Q12 ↓
- Never ₂ — Go to Q11 ↓

Q11 Have you always been a non-drinker or did you stop drinking for some reason?

Tick ONE box

- Always a non-drinker ₁
- Used to drink but stopped ₂
- Go to Q37 on page 15

Q12 How old were you the first time you ever had a proper alcoholic drink – a whole drink, not just a sip?

- Write in how old you were then → Go to the next page

The next few questions are concerned with different types of alcoholic drink.
 Please tick the box underneath the answer that best describes how often you usually drank each of them in the **last 12 months**. For the ones you drank, write in how much you usually drank on any one day.
EXCLUDE ANY NON-ALCOHOLIC OR LOW-ALCOHOL DRINKS, EXCEPT SHANDY.

EXAMPLE

A How often have you had this type of drink in the past year?

Tick ONE box

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

Go to QB

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

2	Half-pints	
AND/OR		Large cans or bottles
AND/OR	1	Small cans or bottles

NOW PLEASE ANSWER Q13-Q20

Q13 **Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol) - exclude bottles/cans of shandy.**

How often have you had this type of drink in the past year?

Tick ONE box

44

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

Go to Q14 on page 5 →

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

	Half-pints	
AND/OR		Large cans or bottles
AND/OR		Small cans or bottles

Q14 Strong beer, lager, stout, cider (6% alcohol or more, such as Tennant's Super, Special Brew)

How often have you had this type of drink in the past year?

Tick ONE box

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

Go to Q15 ↓

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

Half-pints

AND/OR Large cans or bottles

AND/OR Small cans or bottles

Q15 Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails

How often have you had this type of drink in the past year?

Tick ONE box

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

Go to Q16 on page 6 →

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

Glasses (count doubles as 2 singles)

Q16 Sherry or martini (including port, vermouth, cinzano, dubonnet) or Buckfast

How often have you had this type of drink in the past year?

Tick ONE box

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

Go to Q17 ↓

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

Glasses (count doubles as 2 singles)

Q17 Wine (including babycham and champagne)

How often have you had this type of drink in the past year?

Tick ONE box

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

Go to Q18 on page 7 →

How much did you usually drink on any one day? WRITE IN NUMBER You can write in parts of a bottle, e.g. half a bottle

If you drink small bottles (e.g. 250ml or 175ml) enter the number of glasses you drank from the bottle

Large Glasses (250ml)

Standard Glasses (175ml)

Small Glasses (125ml)

Bottles (750ml)

Q18 Alcoholic soft drinks or 'alcopops' (such as WKD, Smirnoff Ice, Bacardi Breezer etc)

How often have you had this type of drink in the past year?

Tick ONE box

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

Go to Q19 ↓

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

<input type="text"/>	Small cans
<input type="text"/>	Standard bottles (275ml)
<input type="text"/>	Large bottles (700ml)

Q19 Have you had any other kinds of alcoholic drink in the last 12 months?

Tick ONE box

No	<input type="checkbox"/> 1	Go to Q21 on page 9 →
Yes	<input type="checkbox"/> 2	

WRITE IN NAME OF DRINK

How often have you had this type of drink in the past year?

Tick ONE box

Almost every day	Five or six days a week	Three or four days a week	Once or twice a week	Once or twice a month	Once every couple of months	Once or twice in the last 12 months
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

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

<input type="text"/>	Glasses (count doubles as 2 singles)
AND/OR <input type="text"/>	Half-pints
AND/OR <input type="text"/>	Large cans or bottles
AND/OR <input type="text"/>	Small cans or bottles

Go to Q20 on page 8 →

Q20 Have you had any other kinds of alcoholic drink in the last 12 months?

Tick ONE box

No 1 — Go to Q21 on page 9 →

Yes 2

WRITE IN NAME OF DRINK

How often have you had this type of drink in the past year?

Tick ONE box

Almost every day

Five or six days a week

Three or four days a week

Once or twice a week

Once or twice a month

Once every couple of months

Once or twice in the last 12 months

 1 2 3 4 5 6 7

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

Glasses (count doubles as 2 singles)

AND/OR

Half-pints

AND/OR

Large cans or bottles

AND/OR

Small cans or bottles

Go to Q21 on page 9 →

Q21 Thinking now about all kinds of drinks, how often have you had an alcoholic drink of any kind during the last 12 months?

Tick ONE box

Almost every day	<input type="checkbox"/>	Go to Q22 ↓
Five or six days a week	<input type="checkbox"/>	
Three or four days a week	<input type="checkbox"/>	
Once or twice a week	<input type="checkbox"/>	
Once or twice a month	<input type="checkbox"/>	
Once every couple of months	<input type="checkbox"/>	
Once or twice a year	<input type="checkbox"/>	
Not all in the last 12 months	<input type="checkbox"/>	

Q22 Did you have an alcoholic drink in the seven days ending yesterday?

Tick ONE box

Yes	<input type="checkbox"/>	Go to Q23 ↓
No	<input type="checkbox"/>	→ Go to Q25 on page 11

Q23 On how many days out of the last seven did you have an alcoholic drink?

Tick ONE box

One	<input type="checkbox"/>	→ Go to Q24 on page 10
Two	<input type="checkbox"/>	
Three	<input type="checkbox"/>	
Four	<input type="checkbox"/>	
Five	<input type="checkbox"/>	
Six	<input type="checkbox"/>	
Seven	<input type="checkbox"/>	

Q24 Please think about the day in the last week on which you drank the most. (If you drank the same amount on more than one day, please answer about the most recent of those days.)

From this list, please tick all the types of alcoholic drink which you drank on that day. For the ones you drank, write in how much you drank on that day. EXCLUDE NON-ALCOHOLIC OR LOW-ALCOHOL DRINKS, EXCEPT SHANDY.

TICK <u>ALL</u> DRINKS DRUNK ON THAT DAY		WRITE IN HOW MUCH DRUNK ON THAT DAY			
		Glasses (count doubles as 2 singles)	Half-pints	Large cans or bottles	Small cans or bottles
Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol)-exclude bottles/cans of shandy.	<input type="text"/> 01		<input type="text"/>	<input type="text"/>	<input type="text"/>
Strong beer, lager, stout or cider (6% alcohol or more, such as Tennent's Super, Special Brew)	<input type="text"/> 02		<input type="text"/>	<input type="text"/>	<input type="text"/>
Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails	<input type="text"/> 03	<input type="text"/>			
Sherry or martini (including port, vermouth, cinzano, dubonnet) or Buckfast	<input type="text"/> 04	<input type="text"/>			
Wine (including babycham and champagne) You can write in parts of a bottle, e.g. half a bottle If you drank <u>small</u> bottles (e.g. 250ml or 175ml) enter the number of glasses drunk from the bottle	<input type="text"/> 05	Large glasses (250ml) <input type="text"/>	Standard glasses (175ml) <input type="text"/>	Small glasses (125ml) <input type="text"/>	Bottles (750ml) <input type="text"/>
Alcoholic soft drinks or 'alcopops' (such as WKD, Smirnoff Ice, Bacardi Breezer)	<input type="text"/> 06		Small cans <input type="text"/>	Standard bottles (275ml) <input type="text"/>	Large bottles (700ml) <input type="text"/>
Other kinds of alcoholic drink WRITE IN NAME OF DRINK		Glasses (count doubles as 2 singles)	Half-pints	Large cans or bottles	Small cans or bottles
1. <input type="text"/>	<input type="text"/> 07	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/> 08	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DRINKING EXPERIENCES

PLEASE READ THIS CAREFULLY

Q25a How often do you have a drink containing alcohol?

Tick ONE box

Never	<input type="checkbox"/>	Go to Q37 on pg 15 →
	1	
Monthly or less	<input type="checkbox"/>	Go to Q25b ↓
	2	
2-4 times a month	<input type="checkbox"/>	
	3	
2-3 times a week	<input type="checkbox"/>	
	4	
4 or more times a week	<input type="checkbox"/>	
	5	

Q25b How many drinks containing alcohol do you have on a typical day when you are drinking?

Tick ONE box

1 or 2	<input type="checkbox"/>
	1
3 or 4	<input type="checkbox"/>
	2
5 or 6	<input type="checkbox"/>
	3
7 to 9	<input type="checkbox"/>
	4
10 or more	<input type="checkbox"/>
	5

Q26 How often do you have six or more drinks on one occasion?

Tick ONE box

Never	<input type="checkbox"/>
	1
Less than monthly	<input type="checkbox"/>
	2
Monthly	<input type="checkbox"/>
	3
Weekly	<input type="checkbox"/>
	4
Daily or almost daily	<input type="checkbox"/>
	5

Q27 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

Q28 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

Q29 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

Q30 How often during the last year have you had a feeling of guilt or remorse after drinking? **Tick ONE box**

Never	<input type="checkbox"/>
Less than monthly	<input type="checkbox"/>
Monthly	<input type="checkbox"/>
Weekly	<input type="checkbox"/>
Daily or almost daily	<input type="checkbox"/>

Q31 How often during the last year have you been unable to remember what happened the night before because of your drinking? **Tick ONE box**

Never	<input type="checkbox"/>
Less than monthly	<input type="checkbox"/>
Monthly	<input type="checkbox"/>
Weekly	<input type="checkbox"/>
Daily or almost daily	<input type="checkbox"/>

Q32 Have you or someone else been injured because of your drinking? **Tick ONE box**

No	<input type="checkbox"/>
Yes, but not in the last year	<input type="checkbox"/>
Yes, during the last year	<input type="checkbox"/>

Q33 Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down? **Tick ONE box**

No	<input type="checkbox"/>
Yes, but not in the last year	<input type="checkbox"/>
Yes, during the last year	<input type="checkbox"/>

Q34 I have been drunk at least once a week, on average, in the last three weeks **Tick ONE box**

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Q35a In which of these places would you say you drink the **most** alcohol?

Please tick one box only

Tick ONE box

In a pub or bar	<input type="checkbox"/>	1	} → Go to Q36a ↓
In a restaurant	<input type="checkbox"/>	2	
In a club or disco	<input type="checkbox"/>	3	
At a party with friends	<input type="checkbox"/>	4	
At my home	<input type="checkbox"/>	5	
At someone else's home	<input type="checkbox"/>	6	
Out on the street, in a park or other outdoor area	<input type="checkbox"/>	7	
Somewhere else	<input type="checkbox"/>	8	→ Go to Q35b ↓

Q35b In which place do you drink the **most** alcohol? Write in:

Q36a Who are you usually with when you drink the **most** alcohol?

Please tick one box only

Tick ONE box

My boyfriend or girlfriend/partner/husband or wife	<input type="checkbox"/>	1	} → Go to Q37 on page 15
Male friends	<input type="checkbox"/>	2	
Female friends	<input type="checkbox"/>	3	
Male and female friends together	<input type="checkbox"/>	4	
Work colleagues	<input type="checkbox"/>	5	
Members of my family / relatives	<input type="checkbox"/>	6	
On my own	<input type="checkbox"/>	7	
Someone else	<input type="checkbox"/>	8	→ Go to question 36b ↓

Q36b Who are you usually with when you drink the **most** alcohol? Write in:

GENERAL HEALTH OVER THE LAST FEW WEEKS

EVERYONE PLEASE ANSWER

Please read this carefully:

We should like to know how your health has been in general over **the past few weeks**. Please answer **ALL** the questions by ticking the box below the answer which you think most applies to you.

HAVE YOU RECENTLY:

Tick ONE box

	Better than usual	Same as usual	Less than usual	Much less than usual
Q37 Been able to concentrate on whatever you're doing?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q38 Lost much sleep over worry?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

	More so than usual	Same as usual	Less useful than usual	Much less useful
Q39 Felt you were playing a useful part in things?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

	More so than usual	Same as usual	Less so than usual	Much less capable
Q40 Felt capable of making decisions about things?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q41 Felt constantly under strain?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q42 Felt you couldn't overcome your difficulties?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

HAVE YOU RECENTLY:

Tick ONE box

	More so than usual	Same as usual	Less so than usual	Much less than usual
Q43 Been able to enjoy your normal day-to-day activities?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

	More so than usual	Same as usual	Less able than usual	Much less able
Q44 Been able to face up to your problems?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q45 Been feeling unhappy and depressed?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q46 Been losing confidence in yourself?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q47 Been thinking of yourself as a worthless person?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

	More so than usual	About same as usual	Less so than usual	Much less than usual
Q48 Been feeling reasonably happy, all things considered?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

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
Q49 I've been feeling optimistic about the future	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q50 I've been feeling useful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q51 I've been feeling relaxed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q52 I've been feeling interested in other people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q53 I've had energy to spare	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q54 I've been dealing with problems well	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q55 I've been thinking clearly	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Please read this carefully:

Below are some statements about feelings and thoughts.

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

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q56 I've been feeling good about myself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q57 I've been feeling close to other people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q58 I've been feeling confident	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q59 I've been able to make up my own mind about things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q60 I've been feeling loved	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q61 I've been interested in new things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q62 I've been feeling cheerful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

EVERYONE PLEASE ANSWER

Q63 Have you spent any money on any of the following activities **in the last 12 months?**
Please tick **ONE** box for each activity

	Tick ONE box	
	Yes	No
Tickets for the National Lottery Draw, including Thunderball and Euromillions and tickets bought online	<input type="checkbox"/> 01	<input type="checkbox"/> 02
Scratchcards (but not online or newspaper or magazine scratchcards)	<input type="checkbox"/> 01	<input type="checkbox"/> 02
Tickets for any <u>other</u> lottery, including charity lotteries	<input type="checkbox"/> 01	<input type="checkbox"/> 02
The football pools	<input type="checkbox"/> 01	<input type="checkbox"/> 02
Bingo cards or tickets, including playing at a bingo hall (not online)	<input type="checkbox"/> 01	<input type="checkbox"/> 02
Fruit or slot machines	<input type="checkbox"/> 01	<input type="checkbox"/> 02
Virtual gaming machines <u>in a bookmakers</u> to bet on virtual roulette, poker, blackjack or other games	<input type="checkbox"/> 01	<input type="checkbox"/> 02
Table games (roulette, cards or dice) <u>in a casino</u>	<input type="checkbox"/> 01	<input type="checkbox"/> 02
Playing poker in a pub tournament/ league or at a club	<input type="checkbox"/> 01	<input type="checkbox"/> 02
Online gambling like playing poker, bingo, instant win/scratchcard games, slot machine style games or casino games <u>for money</u>	<input type="checkbox"/> 01	<input type="checkbox"/> 02
Online betting <u>with a bookmaker</u> on any event or sport	<input type="checkbox"/> 01	<input type="checkbox"/> 02
Betting exchange <i>This is where you lay or back bets against other people using a betting exchange. There is no bookmaker to determine the odds. This is sometimes called 'peer to peer' betting.</i>	<input type="checkbox"/> 01	<input type="checkbox"/> 02
Betting on horse races <u>in a bookmaker's, by phone or at the track</u>	<input type="checkbox"/> 01	<input type="checkbox"/> 02
Betting on dog races <u>in a bookmaker's, by phone or at the track</u>	<input type="checkbox"/> 01	<input type="checkbox"/> 02
Betting on sports events <u>in a bookmaker's, by phone or at the venue</u>	<input type="checkbox"/> 01	<input type="checkbox"/> 02
Betting on other events <u>in a bookmaker's, by phone or at the venue</u>	<input type="checkbox"/> 01	<input type="checkbox"/> 02
Spread-betting <i>In spread-betting you bet that the outcome of an event will be higher or lower than the bookmaker's prediction. The amount you win or lose depends on how right or wrong you are.</i>	<input type="checkbox"/> 01	<input type="checkbox"/> 02
Private betting, playing cards or games for money with friends, family or colleagues	<input type="checkbox"/> 01	<input type="checkbox"/> 02
Another form of gambling in the last 12 months	<input type="checkbox"/> 01	<input type="checkbox"/> 02

**IF YOU TICKED 'YES' FOR ANY OF THE ACTIVITIES AT Q63, PLEASE GO TO Q64
OTHERWISE GO TO Q83**

For the next set of questions about gambling, please indicate the extent to which each one has applied to you in the last 12 months.

Tick **ONE** box

	Every time I lost	Most of the time	Some of the time (less than half the time I lost)	Never
Q64 When you gamble, how often do you go back another day to win back money you lost?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick **ONE** box for each question

	Very often	Fairly often	Occasionally	Never
Q65 How often have you found yourself thinking about gambling (that is reliving past gambling experiences, planning the next time you will play, or thinking of ways to get money to gamble)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q66 Have you needed to gamble with more and more money to get the excitement you are looking for?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q67 Have you felt restless or irritable when trying to cut down gambling?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q68 Have you gambled to escape from problems or when you are feeling depressed, anxious or bad about yourself?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q69 Have you lied to family, or others, to hide the extent of your gambling?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q70 Have you made unsuccessful attempts to control, cut back or stop gambling?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q71 Have you committed a crime in order to finance gambling or to pay gambling debts?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q72 Have you risked or lost an important relationship, job, educational or work opportunity because of gambling?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q73 Have you asked others to provide money to help with a financial crisis caused by gambling?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

In the past 12 months, how often...

Tick **ONE** box

	Almost always	Most of the time	Sometimes	Never
Q74 ...have you bet more than you could really afford to lose?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q75 ...have you needed to gamble with larger amounts of money to get the same excitement?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q76 ...have you gone back another day to try to win back the money you'd lost?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q77 ...have you borrowed money or sold anything to get money to gamble?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q78 ...have you felt that you might have a problem with gambling?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q79 ...have you felt that gambling has caused you any health problems, including stress or anxiety?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q80 ...have people criticised your betting, or told you that you have a gambling problem, whether or not you thought it is true?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q81 ...have you felt your gambling has caused financial problems for you or your household?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q82 ...have you felt guilty about the way you gamble or what happens when you gamble?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

CONTRACEPTION

Q83 Are you currently sexually active?

Tick **ONE** box

- Yes 1 — **Go to Q84 ↓**
- No 2 — **→ Go to Q88 on page 23**

Q84 Which method of contraception are you or your partner currently using? Please include permanent methods like sterilization.

Tick up to **3** Methods

Tick up to 3 methods

Not using any contraception (myself or my partner) 01 — **→ Go to Q86 on page 23**

I have been sterilized/My partner has been sterilized (this includes male vasectomy) 02

Mini pill 03

Combined pill 04

Pill – not sure which 05

Mirena coil (hormone releasing coil) 06

Coil/other device 07

Condom/male sheath/Durex 08

Femidom (female sheath) 09

Cap/diaphragm 10

Foams, gels, sprays, pessaries (spermicides) 11

Contraceptive sponge 12

Persona 13

Safe period/rhythm method (other than Persona) 14

Withdrawal 15

Injection 16

Implant 17

Emergency contraception 18

Going without sex 19

Another method of contraception 20 — **Go to Q85 ↓**

Go to Q88 on page 23

Q85 What other method of contraception do you or your partner use? Write in:

Now go to Q88 on page 23 →

ANSWER IF YOU ARE CURRENTLY SEXUALLY ACTIVE BUT YOU OR YOUR PARTNER ARE NOT USING CONTRACEPTION CURRENTLY

Q86 Here is a list of reasons why people do not use any method of contraception. Which is the **main** reason that currently applies to you or your partner?

Tick ONE box

- | | | | |
|---|--------------------------|--|--------------------|
| I am / my partner is trying to become pregnant or is already pregnant | <input type="checkbox"/> | | Go to Q88 ↓ |
| I am / my partner is unlikely to conceive because of the menopause | <input type="checkbox"/> | | |
| I am / my partner is unlikely to conceive because of infertility | <input type="checkbox"/> | | |
| Against my faith/beliefs | <input type="checkbox"/> | | |
| I am having sex with someone of the same sex | <input type="checkbox"/> | | |
| I don't like contraception / find methods unsatisfactory | <input type="checkbox"/> | | |
| My partner doesn't like – or won't use – contraception | <input type="checkbox"/> | | |
| Don't know where to obtain contraceptives / advice | <input type="checkbox"/> | | |
| Find access to contraceptive services difficult | <input type="checkbox"/> | | |
| Some other reason | <input type="checkbox"/> | | |

Q87 Please write in other reason:

Now go to Q88 ↓

EVERYONE PLEASE ANSWER

Q88 Which of the following options best describes how you think of yourself?

Tick ONE box

- | | | |
|--------------------------|--------------------------|---|
| Heterosexual or Straight | <input type="checkbox"/> | 1 |
| Gay or Lesbian | <input type="checkbox"/> | 2 |
| Bisexual | <input type="checkbox"/> | 3 |
| Other | <input type="checkbox"/> | 4 |

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Yr	Samp Type	Point	Address	HHLID	CKL	Person no
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>

First name

Spare	Card	Batch
	3 1 2	

Survey month

Scottish Health Survey 2012

Booklet for Adults

In Confidence

How to fill in this questionnaire

- A. Most of the questions on the following pages can be answered by simply ticking the box below or alongside the answer that applies to you. You do not have to answer every question.

Example:

Tick ONE box

	Very healthy life	Fairly healthy life	Not very healthy life	An unhealthy life
Do you feel that you lead a ...	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

- B. On most pages you should answer ALL the questions but sometimes you will find an instruction next to the box you have ticked telling you to go to another question.

By following the instructions carefully you will miss out questions which do not apply to you.

Example:

Tick ONE box

Yes	<input checked="" type="checkbox"/> 1	→ Go to Q4
No	<input type="checkbox"/> 2	→ Go to Q5

DRINKING EXPERIENCES

PLEASE READ THIS CAREFULLY

Q1 How often do you have a drink containing alcohol?

Tick **ONE** box

- | | | | | |
|------------------------|--------------------------|---|-----------------------|------------|
| Never | <input type="checkbox"/> | 1 | → Go to Q12 on pg 4 → | |
| Monthly or less | <input type="checkbox"/> | 2 | | |
| 2-4 times a month | <input type="checkbox"/> | 3 | | → Go to Q2 |
| 2-3 times a week | <input type="checkbox"/> | 4 | | |
| 4 or more times a week | <input type="checkbox"/> | 5 | | |

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

Tick **ONE** box

- | | | |
|------------|--------------------------|---|
| 1 or 2 | <input type="checkbox"/> | 1 |
| 3 or 4 | <input type="checkbox"/> | 2 |
| 5 or 6 | <input type="checkbox"/> | 3 |
| 7 to 9 | <input type="checkbox"/> | 4 |
| 10 or more | <input type="checkbox"/> | 5 |

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

Tick **ONE** box

- | | | |
|-----------------------|--------------------------|---|
| Never | <input type="checkbox"/> | 1 |
| Less than monthly | <input type="checkbox"/> | 2 |
| Monthly | <input type="checkbox"/> | 3 |
| Weekly | <input type="checkbox"/> | 4 |
| Daily or almost daily | <input type="checkbox"/> | 5 |

Q4 How often during the last year have you found that you were not able to stop drinking once you had started? **Tick ONE box**

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

Q5 How often during the last year have you failed to do what was normally expected of you because of drinking? **Tick ONE box**

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

Q6 How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session? **Tick ONE box**

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

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

Never	<input type="checkbox"/>	1
Less than monthly	<input type="checkbox"/>	2
Monthly	<input type="checkbox"/>	3
Weekly	<input type="checkbox"/>	4
Daily or almost daily	<input type="checkbox"/>	5

Q8 How often during the last year have you been unable to remember what happened the night before because of your drinking? **Tick ONE box**

Never	<input type="checkbox"/>	1
Less than monthly	<input type="checkbox"/>	2
Monthly	<input type="checkbox"/>	3
Weekly	<input type="checkbox"/>	4
Daily or almost daily	<input type="checkbox"/>	5

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

No	<input type="checkbox"/>	1
Yes, but not in the last year	<input type="checkbox"/>	2
Yes, during the last year	<input type="checkbox"/>	3

Q10 Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down? **Tick ONE box**

No	<input type="checkbox"/>	1
Yes, but not in the last year	<input type="checkbox"/>	2
Yes, during the last year	<input type="checkbox"/>	3

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

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

GENERAL HEALTH OVER THE LAST FEW WEEKS

Please read this carefully:

We should like to know how your health has been in general over **the past few weeks**. Please answer **ALL** the questions by ticking the box below the answer which you think most applies to you.

HAVE YOU RECENTLY:

Tick ONE box

	Better than usual	Same as usual	Less than usual	Much less than usual
Q12 Been able to concentrate on whatever you're doing?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q13 Lost much sleep over worry?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

	More so than usual	Same as usual	Less useful than usual	Much less useful
Q14 Felt you were playing a useful part in things?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

	More so than usual	Same as usual	Less so than usual	Much less capable
Q15 Felt capable of making decisions about things?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q16 Felt constantly under strain?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q17 Felt you couldn't overcome your difficulties?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

HAVE YOU RECENTLY:

Tick ONE box

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

Tick ONE box

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

Tick ONE box

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

Tick ONE box

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

Tick ONE box

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

Tick ONE box

	More so than usual	About same as usual	Less so than usual	Much less than usual
Q23 Been feeling reasonably happy, all things considered?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

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	

		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	

		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	

		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	

		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	

		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	

		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	

Please read this carefully:

Below are some statements about feelings and thoughts.

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

Q31 I've been feeling good about myself

Tick ONE box

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

Q32 I've been feeling close to other people

Tick ONE box

None of the time	Rarely	Some of the time	Often	All of the time
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q33 I've been feeling confident

Tick ONE box

None of the time	Rarely	Some of the time	Often	All of the time
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q34 I've been able to make up my own mind about things

Tick ONE box

None of the time	Rarely	Some of the time	Often	All of the time
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q35 I've been feeling loved

Tick ONE box

None of the time	Rarely	Some of the time	Often	All of the time
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q36 I've been interested in new things

Tick ONE box

None of the time	Rarely	Some of the time	Often	All of the time
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q37 I've been feeling cheerful

Tick ONE box

None of the time	Rarely	Some of the time	Often	All of the time
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

EVERYONE PLEASE ANSWER

Q38 Have you spent any money on any of the following activities **in the last 12 months?**
Please tick **ONE** box for each activity

	Tick ONE box	
	Yes	No
Tickets for the National Lottery Draw, including Thunderball and Euromillions and tickets bought online	<input type="checkbox"/> 01	<input type="checkbox"/> 02
Scratchcards (but not online or newspaper or magazine scratchcards)	<input type="checkbox"/> 01	<input type="checkbox"/> 02
Tickets for any <u>other</u> lottery, including charity lotteries	<input type="checkbox"/> 01	<input type="checkbox"/> 02
The football pools	<input type="checkbox"/> 01	<input type="checkbox"/> 02
Bingo cards or tickets, including playing at a bingo hall (not online)	<input type="checkbox"/> 01	<input type="checkbox"/> 02
Fruit or slot machines	<input type="checkbox"/> 01	<input type="checkbox"/> 02
Virtual gaming machines <u>in a bookmakers</u> to bet on virtual roulette, poker, blackjack or other games	<input type="checkbox"/> 01	<input type="checkbox"/> 02
Table games (roulette, cards or dice) <u>in a casino</u>	<input type="checkbox"/> 01	<input type="checkbox"/> 02
Playing poker in a pub tournament/ league or at a club	<input type="checkbox"/> 01	<input type="checkbox"/> 02
Online gambling like playing poker, bingo, instant win/scratchcard games, slot machine style games or casino games <u>for money</u>	<input type="checkbox"/> 01	<input type="checkbox"/> 02
Online betting <u>with a bookmaker</u> on any event or sport	<input type="checkbox"/> 01	<input type="checkbox"/> 02
Betting exchange <i>This is where you lay or back bets against other people using a betting exchange. There is no bookmaker to determine the odds. This is sometimes called 'peer to peer' betting.</i>	<input type="checkbox"/> 01	<input type="checkbox"/> 02
Betting on horse races <u>in a bookmaker's, by phone or at the track</u>	<input type="checkbox"/> 01	<input type="checkbox"/> 02
Betting on dog races <u>in a bookmaker's, by phone or at the track</u>	<input type="checkbox"/> 01	<input type="checkbox"/> 02
Betting on sports events <u>in a bookmaker's, by phone or at the venue</u>	<input type="checkbox"/> 01	<input type="checkbox"/> 02
Betting on other events <u>in a bookmaker's, by phone or at the venue</u>	<input type="checkbox"/> 01	<input type="checkbox"/> 02
Spread-betting <i>In spread-betting you bet that the outcome of an event will be higher or lower than the bookmaker's prediction. The amount you win or lose depends on how right or wrong you are.</i>	<input type="checkbox"/> 01	<input type="checkbox"/> 02
Private betting, playing cards or games for money with friends, family or colleagues	<input type="checkbox"/> 01	<input type="checkbox"/> 02
Another form of gambling in the last 12 months	<input type="checkbox"/> 01	<input type="checkbox"/> 02

**IF YOU TICKED 'YES' FOR ANY OF THE ACTIVITIES AT Q38, PLEASE GO TO Q39 ON PAGE 9
OTHERWISE GO TO Q58 ON PAGE 11.**

For the next set of questions about gambling, please indicate the extent to which each one has applied to you in the last 12 months.

Tick **ONE** box

	Every time I lost	Most of the time	Some of the time (less than half the time I lost)	Never
Q39 When you gamble, how often do you go back another day to win back money you lost?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick **ONE** box for each question

	Very often	Fairly often	Occasionally	Never
Q40 How often have you found yourself thinking about gambling (that is reliving past gambling experiences, planning the next time you will play, or thinking of ways to get money to gamble)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q41 Have you needed to gamble with more and more money to get the excitement you are looking for?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q42 Have you felt restless or irritable when trying to cut down gambling?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q43 Have you gambled to escape from problems or when you are feeling depressed, anxious or bad about yourself?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q44 Have you lied to family, or others, to hide the extent of your gambling?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q45 Have you made unsuccessful attempts to control, cut back or stop gambling?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q46 Have you committed a crime in order to finance gambling or to pay gambling debts?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q47 Have you risked or lost an important relationship, job, educational or work opportunity because of gambling?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q48 Have you asked others to provide money to help with a financial crisis caused by gambling?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

In the past 12 months, how often...

Tick **ONE** box for each question

	Almost always	Most of the time	Sometimes	Never
Q49 ...have you bet more than you could really afford to lose?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q50 ...have you needed to gamble with larger amounts of money to get the same excitement?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q51 ...have you gone back another day to try to win back the money you'd lost?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q52 ...have you borrowed money or sold anything to get money to gamble?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q53 ...have you felt that you might have a problem with gambling?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q54 ...have you felt that gambling has caused you any health problems, including stress or anxiety?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q55 ...have people criticised your betting, or told you that you have a gambling problem, whether or not you thought it is true?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q56 ...have you felt your gambling has caused financial problems for you or your household?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q57 ...have you felt guilty about the way you gamble or what happens when you gamble?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

CONTRACEPTION

Q58 Are you currently sexually active?

Tick ONE box

- Yes 1 — Go to Q59 ↓
- No 2 — Go to Q63 on page 12 →

Q59 Which method of contraception are you or your partner currently using? Please include permanent methods like sterilization.

Tick up to 3 Methods

Tick up to 3 methods

- Not using any contraception (myself or my partner) 01 — Go to Q61 on page 12 →
- I have been sterilized/My partner has been sterilized (this includes male vasectomy) 02
- Mini pill 03
- Combined pill 04
- Pill – not sure which 05
- Mirena coil (hormone releasing coil) 06
- Coil/other device 07
- Condom/male sheath/Durex 08
- Femidom (female sheath) 09
- Cap/diaphragm 10
- Foams, gels, sprays, pessaries (spermicides) 11
- Contraceptive sponge 12
- Persona 13
- Safe period/rhythm method (other than Persona) 14
- Withdrawal 15
- Injection 16
- Implant 17
- Emergency contraception 18
- Going without sex 19
- Another method of contraception 20 — Go to Q60 ↓

Go to Q63 on page 12 →

Q60

What other method of contraception do you or your partner use? Write in:

Now go to Q63 on page 12 →

ANSWER IF YOU ARE CURRENTLY SEXUALLY ACTIVE BUT YOU OR YOUR PARTNER ARE NOT USING CONTRACEPTION CURRENTLY

Q61 Here is a list of reasons why people do not use any method of contraception. Which is the **main** reason that currently applies to you or your partner?

Tick ONE box

- | | | | | |
|---|--------------------------|----|--|--------------------|
| I am / my partner is trying to become pregnant or is already pregnant | <input type="checkbox"/> | 01 | | |
| I am / my partner is unlikely to conceive because of the menopause | <input type="checkbox"/> | 02 | | |
| I am / my partner is unlikely to conceive because of infertility | <input type="checkbox"/> | 03 | | |
| Against my faith/beliefs | <input type="checkbox"/> | 04 | | |
| I am having sex with someone of the same sex | <input type="checkbox"/> | 05 | | Go to Q63 ↓ |
| I don't like contraception / find methods unsatisfactory | <input type="checkbox"/> | 06 | | |
| My partner doesn't like – or won't use – contraception | <input type="checkbox"/> | 07 | | |
| Don't know where to obtain contraceptives / advice | <input type="checkbox"/> | 08 | | |
| Find access to contraceptive services difficult | <input type="checkbox"/> | 09 | | |
| Some other reason | <input type="checkbox"/> | 10 | | Go to Q62 ↓ |

Q62 **Please write in other reason:**

Now go to Q63 ↓

EVERYONE PLEASE ANSWER

Q63 Which of the following options best describes how you think of yourself?

Tick ONE box

- | | | |
|--------------------------|--------------------------|---|
| Heterosexual or Straight | <input type="checkbox"/> | 1 |
| Gay or Lesbian | <input type="checkbox"/> | 2 |
| Bisexual | <input type="checkbox"/> | 3 |
| Other | <input type="checkbox"/> | 4 |

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Scottish Health Survey 2012

CONSENT BOOKLET

Please use capital letters and write with a ballpoint pen

SERIAL NO. Month _____

House / flat number (or name): _____

Postcode:

1. Interviewer number

2. Date of birth DD MM YYYY

3. Full name (of person interviewed) _____

4. Sex Male 1
Female 2

5. Date interview completed DD MM YYYY

6. Full name of parent/guardian (*if person under 18*) _____

7. SUMMARY OF CONSENTS - RING CODE FOR EACH ITEM	YES	NO
Sample of saliva to be taken	01	02
Sample of urine to be taken	03	04

8. SALIVA SAMPLE COLLECTED: Yes 1
No 2

9. URINE SAMPLE COLLECTED: Yes 1
No 2

10. SALIVA/URINE DISPATCHED (if applicable):

DD MM YYYY

SALIVA SAMPLE CONSENT

SERIAL NO.

I consent to a trained ScotCen Social Research interviewer collecting a sample of my saliva on behalf of the Scottish Government

- a) I have read and understood the Information for Participants leaflet and understand that I will be asked to provide a saliva sample collected by dribbling into a small container that will then be sealed and packaged. This measurement will take approximately three (3) minutes to complete.*
- b) The saliva sample will be sent to a secure storage facility where it will be analysed for cotinine. I understand that:

 - i. The sample and related information will be coded to ensure that my personal identity is not revealed to researchers carrying out scientific analysis*
 - ii. Links to my name and/or contact details will not be made at any time*
 - iii. No personal test results from my saliva sample will be given to me*
 - iv. The saliva sample will only be tested for cotinine, a derivative of nicotine. It will not be tested for other substances like drugs or alcohol or for DNA testing.*
 - v. The sample will be destroyed after the analysis has been carried out.**
- c) The interviewer has explained the procedure, and I have had an opportunity to discuss this with him/her.*

Print name (participant): _____

Sign name (participant): _____

Date: _____

Print name (interviewer): _____

Sign name (interviewer): _____

Date: _____

You can cancel this permission at any time in the future by writing to us at the following address:
Scottish Health Survey, ScotCen, 73 Lothian Road, Edinburgh, EH3 9AW.

If you would like more information on the survey please visit the *Scottish Health Survey* website:
www.scottishhealthsurvey.org

OFFICE COPY

SALIVA SAMPLE CONSENT

SERIAL NO.

I consent to a trained ScotCen Social Research interviewer collecting a sample of my saliva on behalf of the Scottish Government

- a) *I have read and understood the Information for Participants leaflet and understand that I will be asked to provide a saliva sample collected by dribbling into a small container that will then be sealed and packaged. This measurement will take approximately three (3) minutes to complete.*
- b) *The saliva sample will be sent to a secure storage facility where it will be analysed for cotinine. I understand that:*
- i. The sample and related information will be coded to ensure that my personal identity is not revealed to researchers carrying out scientific analysis*
 - ii. Links to my name and/or contact details will not be made at any time*
 - iii. No personal test results from my saliva sample will be given to me*
 - iv. The saliva sample will only be tested for cotinine, a derivative of nicotine. It will not be tested for other substances like drugs or alcohol or for DNA testing.*
 - v. The sample will be destroyed after the analysis has been carried out.*
- c) *The interviewer has explained the procedure, and I have had an opportunity to discuss this with him/her.*

Print name (participant): _____

Sign name (participant): _____

Date: _____

Print name (interviewer): _____

Sign name (interviewer): _____

Date: _____

You can cancel this permission at any time in the future by writing to us at the following address:
Scottish Health Survey, ScotCen, 73 Lothian Road, Edinburgh, EH15 1DY.

If you would like more information on the survey please visit the *Scottish Health Survey* website:
www.scottishhealthsurvey.org

URINE SAMPLE CONSENT

SERIAL NO.

I consent to a trained ScotGen Social Research interviewer collecting a sample of my urine on behalf of the Scottish Government

- a) *I have read and understood the Information for Participants leaflet and understand that I will be asked to provide a urine sample. This measurement will take approximately three (3) minutes to complete.*
- b) *The urine sample will be sent to a secure storage facility where they will test it to assess salt levels. I understand that:*
- i. The sample and related information will be coded to ensure that my personal identity is not revealed to researchers carrying out scientific analysis*
 - ii. Links to my name and/or contact details will not be made at any time*
 - iii. No personal test results from my urine sample will be given to me*
 - iv. The urine sample will only be tested for sodium, potassium and creatinine. It will not be tested for other substances like drugs or alcohol.*
 - v. The sample will be destroyed after the analysis has been carried out.*
- c) *The interviewer has explained the procedure, and I have had an opportunity to discuss this with him/her.*

Print name (participant): _____

Sign name (participant): _____

Date: _____

Print name (interviewer): _____

Sign name (interviewer): _____

Date: _____

You can cancel this permission at any time in the future by writing to us at the following address:
Scottish Health Survey, ScotGen, 73 Lothian Road, Edinburgh, EH3 9AW.

If you would like more information on the survey please visit the *Scottish Health Survey* website:
www.scottishhealthsurvey.org

URINE SAMPLE CONSENT

SERIAL NO.

I consent to a trained ScotCen Social Research interviewer collecting a sample of my urine on behalf of the Scottish Government

- a) *I have read and understood the Information for Participants leaflet and understand that I will be asked to provide a urine sample. This measurement will take approximately three (3) minutes to complete.*
- b) *The urine sample will be sent to a secure storage facility where they will test it to assess salt levels. I understand that:*
- i. The sample and related information will be coded to ensure that my personal identity is not revealed to researchers carrying out scientific analysis*
 - ii. Links to my name and/or contact details will not be made at any time*
 - iii. No personal test results from my urine sample will be given to me*
 - iv. The urine sample will only be tested for sodium, potassium and creatinine. It will not be tested for other substances like drugs or alcohol.*
 - v. The sample will be destroyed after the analysis has been carried out.*
- c) *The interviewer has explained the procedure, and I have had an opportunity to discuss this with him/her.*

Print name (participant): _____

Sign name (participant): _____

Date: _____

Print name (interviewer): _____

Sign name (interviewer): _____

Date: _____

You can cancel this permission at any time in the future by writing to us at the following address:
Scottish Health Survey, ScotCen, 73 Lothian Road, Edinburgh, EH3 9AW.

If you would like more information on the survey please visit the *Scottish Health Survey* website:
www.scottishhealthsurvey.org

SCOTTISH HEALTH SURVEY 2012**DISPATCH NOTE FOR SALIVA AND URINE SAMPLES**Complete all sections **CLEARLY** and **LEGIBLY**.SERIAL NO. **N** 1. SEX: Male 1
Female 22. DATE OF BIRTH: DD MM YYYY

3. SMOKING STATUS:

Current smoker 1
Non smoker / NA 24. SALIVA SAMPLE COLLECTED Yes 1
No 25. URINE SAMPLE COLLECTED Yes 1
No 26. DATE SAMPLE(S) TAKEm: DD MM YYYY 7. INTERVIEWER NO: **LABELLING ON SAMPLE TUBES AND THIS FORM MUST CORRESPOND
CHECK ALL DETAILS ABOVE ARE CORRECT BEFORE POSTING**

STORAGE FACILITY USE ONLY

TUBES ENCLOSED:	✓ if rec'd
Saliva	<input type="text"/>
Urine	<input type="text"/>

Ref number.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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NHS (A)

SCOTTISH HEALTH SURVEY

Scottish Health Records

(Adults 16+)

- The National Health Service (NHS) maintains routine medical and other health records on all patients who use their services. These records include:
 - In-patient and out-patient visits to hospital, length of stay and waiting times.
 - Information about specific medical conditions such as cancer, heart disease and diabetes.
 - Details about registration with a general practitioner, and when people pass away, the date and cause of their death.
- We would like to ask for your consent to link your NHS health records with your survey answers.
- To link this information we need to send your name, address and date of birth to the Information Services Division (ISD) of NHS Scotland so they can identify your health records.
- By linking this information with the interview data the research is more useful as we can look at how people's lifestyle and circumstances can have an impact on their future health and use of hospital services.
- This information will be confidential and used for statistical and research purposes only. The information will not identify you so it cannot be used by anyone treating you as a patient.
- By signing this form you are only giving permission for the linking of this information to routine administrative data and nothing else.
- You can cancel this permission at any time in the future by writing to: ScotCen Social Research, 73 Lothian Road, Edinburgh, EH3 9AW. You do not need to give a reason to cancel this.

Your consent

I, (name) _____ consent to ScotCen Social Research passing my name, address and date of birth to:

*the **Information Services Division of NHS Scotland***

Signed _____

Date _____

I understand that these details will be used for statistical and research purposes only.

Ref number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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SG (A)

SCOTTISH HEALTH SURVEY

Scottish Government Follow-up Research

(Adults 16+)

- In the future, the Scottish Government may want to commission follow-up research among particular groups of the public to improve health or health services.
- Please be assured that any information you provide for this purpose will only be released for statistical and research purposes and carried out by reputable research organisations and that your confidentiality will be protected in the publication of any results given.
- If you are willing, your name, contact details and relevant answers you have given during the interview will be passed on to the Scottish Government or other research agencies acting on behalf of, or in collaboration with, the Scottish Government for this purpose.
- Any information passed to the Scottish Government will be treated in accordance with the 1998 Data Protection Act and will not be used for any purposes other than future research about health or health services.
- Data will not be connected to names and addresses at any time. Researchers are not interested in your individual answers but instead are interested in the combined answers of all the people interviewed.
- If you are invited to take part in any future studies you will be free to refuse if you do not want to take part.
- You can cancel this permission at any time in the future by writing to: ScotCen Social Research, 73 Lothian Road, Edinburgh, EH3 9AW.

Your consent

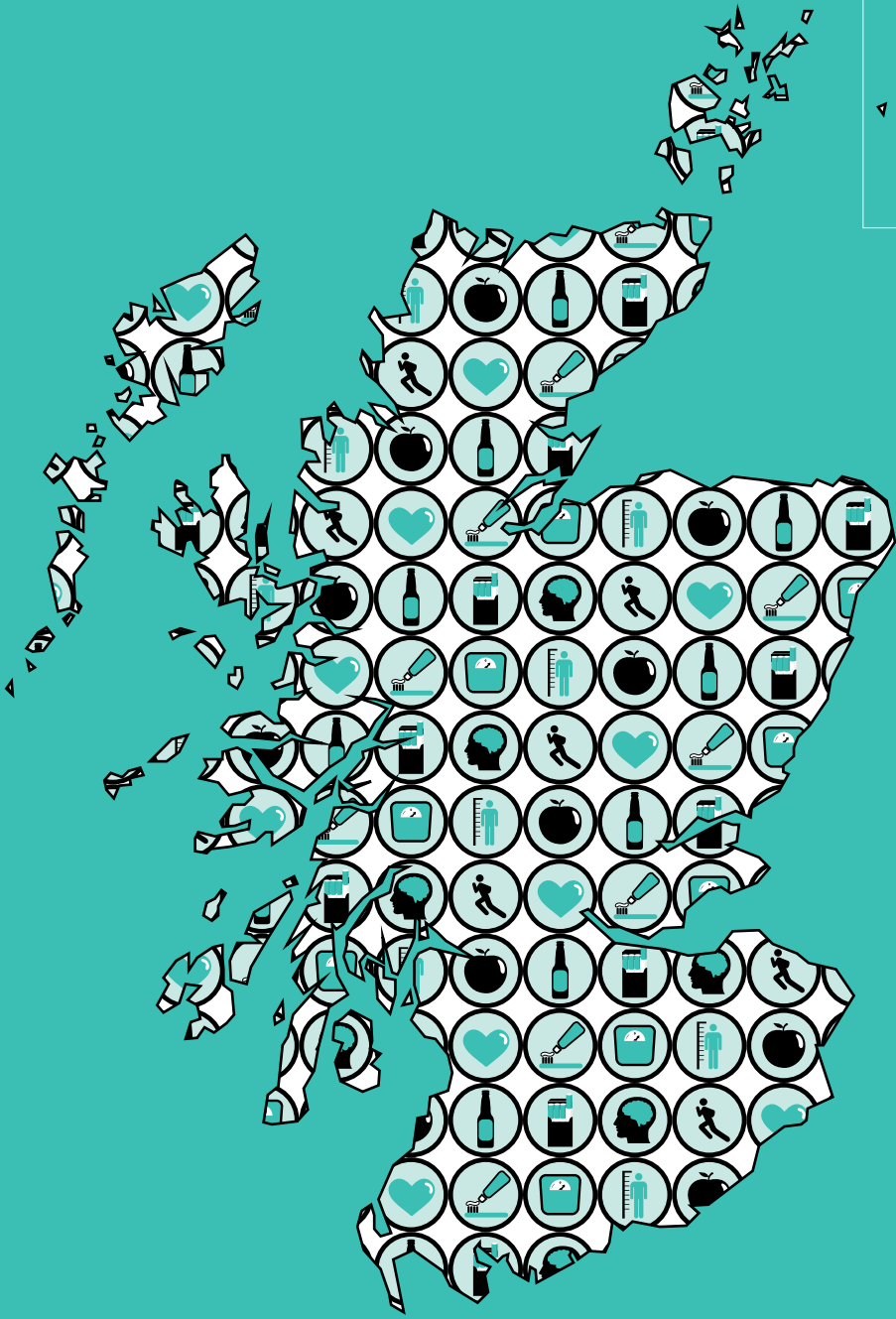
I, (name) _____ consent to ScotCen Social Research passing my name, address and answers I have given in this interview to:

the **Scottish Government**

Signed _____

Date _____

I understand that these details will be used for the purpose of follow-up research only and that I am free to decline to take part in any future studies if asked.



Appendix B

Measurement Protocols

Physical measures and biological sample collection protocols

National Centre for Social Research

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1 HOW TO USE THIS MANUAL

This manual sets out the protocols and procedures for all measurements and samples that interviewers take across all National Centre for Social Research (NatCen) surveys.

Protocols are of paramount importance in collecting data and measurements. Having such strict protocols and procedures means that the information that is collected from respondents is valid, reliable and consistently obtained. It further allows the results to be compared across various factors such as age and location and ultimately means that the highest quality research is conducted and accurate information is given to our clients and policy makers.

The protocols and procedures outlined in this manual provide valid and reliable results but they are also the safest way for the measures to be conducted for both the respondents and the interviewer.

This is to be used as an instruction book and a quick reference guide when in field.

2 POINTS TO NOTE BEFORE STARTING

2.1 Consent

The issue of consent is of key concern in any of the projects conducted by NatCen. We are required to seek ethical approval for all of the projects we undertake involving physical measures or samples, and as a result the protocols pertaining to consent within this manual are based on recommendations by an external medical Ethics Committee.

Consent must always be obtained for every measurement and sample taken. As a general guideline the measurements require verbal consent, while the samples require written consent. Written consent may also be asked for the storage of samples.

Respondents aged 16 years and older give consent on their own behalf.

We recognise that respondents aged 16 and 17 years are legally classed as minors, however the external ethics committee recommends that respondents of this age are competent enough to make their own decisions in regards to participating in the survey measurements and samples. Note that if 16-17 year olds are living with their parents you should ensure that their parents are aware of what you will be doing.

All of the measurements and samples outlined require at least verbal consent. Unless otherwise stated, in the protocol for a particular measurement / sample, only verbal consent is required. If written consent is required it will be clearly stated in the protocol.

2.2 Exclusion criteria and eligibility

Most of the procedures in this manual have exclusion criteria that need to be considered when conducting a measurement or taking a sample. These criteria are listed under each measurement and sample heading. It is important that the exclusion criteria are followed as they help to ensure the safety of, and prevent injury to both the respondent and the interviewer.

Note that no measurements or samples are taken from pregnant women.

Each of the measurements and samples also has eligibility rules to consider. These rules are not listed here as they differ among the surveys. The eligibility rules can be found in the project specific instructions for each survey.

2.3 General equipment care

All of the measurements and samples require some type of equipment. Please take care when using the equipment. In each protocol is a list of the equipment required as well as information on how to use it. Please follow these guidelines.

This equipment is expensive and most of it is easily damaged if it is not transported and/or stored correctly. Please use the bags and boxes provided to store and transport the equipment as it will help to prevent it from being damaged.

Calibrated instruments are particularly fragile and if they are knocked it could cause them to provide inaccurate measurements. Please handle the calibrated instruments with care and maintain them according to guidelines in the manual.

Always ensure that the equipment is in good working order before you go to an interview e.g. batteries are fully charged, and that you are carrying a set of spare batteries with you.

If you suspect that any of the equipment is faulty and/or damaged, please report this to Brentwood who will be able to advise you on what action to take.

You are given a packet of Milton wipes to use for cleansing the equipment. Always make sure that you wipe the surfaces coming in contact with respondents between respondents and between households. If you are running out of wipes, please contact your project manager to arrange for additional packets to be sent to you.

2.4 Recording measurements

The anthropometric measurements require the results to be recorded in the metric format. Within the metric system, there are 10 millimetres (mm) in a centimetre (cm) and 100 centimetres (cm) in a metre (m). CAPI requires that measurements be recorded in centimetres (cm) to one decimal place only (e.g. 123.4cm).

2.5 Respondent feedback

Most surveys provide immediate feedback to respondents of some measurements by recording the results on a Measurement Record Card. If the respondent wishes to know their results they should be recorded here.

Please do not comment on the meaning of a respondent's results in general or on their results in relation to other people taking part in the survey. The only exception to this rule is the blood pressure measurement where some comments can be given to the respondent, according to the instructions outlined in the blood pressure protocol.

3 RECORDING AMBIENT AIR TEMPERATURE

3.1 Introduction

Many of the physical measures taken fluctuate considerably due to air temperature. To be able to standardise the results that are obtained air temperature must be recorded. CAPI will tell you when to record the air temperature.

3.2 Equipment

You will need:

- A digital thermometer
- A probe

3.2.1 Using the thermometer

1. This instrument is very sensitive to minor changes in air temperature and thus it is important that ambient air temperature be recorded at the appropriate times, as prompted by CAPI.
2. It can take a few minutes to settle down to a final reading if it is experiencing a large change in temperature.
3. When "LO BAT" is shown on the display the battery needs replacing, take no further readings.
4. To preserve battery power, the thermometer may switch itself off after 7 minutes.
5. The battery in the thermometer is a long-life battery and should last at least one year. However should it run low please purchase a new battery. Take the old one with you to ensure it is the same type. Claim in the usual way.
6. To remove an old battery and insert a new one, unscrew the screw on the back of the thermometer, insert the new battery and replace the cover.

3.3 Procedure

1. Set up the thermometer by plugging the probe into the socket at the top of the instrument. Do not let the probe touch anything and ensure that it is not near a radiator or in the sun. It is recommended that the probe hang over the edge of a table.
2. When prompted by CAPI to take a reading, turn on the thermometer by pressing the completely white circle.
3. Wait for the reading to stabilise and take a reading.
4. Record the air temperature in CAPI to one decimal place e.g. 21.4. Do not round this to a whole number.

5. To preserve battery life, please ensure that after taking the reading the thermometer is switched off by pressing the white ring.



Figure 1 Digital Thermometer

4 HEIGHT MEASUREMENT

4.1 Introduction

The height measurement is a measure of anthropometry, which provides information on the size and proportions of the human body. When taken in conjunction with other anthropometric measures it is an indicator of, and can predict, the nutritional status, performance, health and survival of a population and can thus be used to determine public health policies. Moreover, height is often used as an indicator of people's quality of life. This is based on evidence that final height is a combination of genetic and environmental factors, where a taller population is indicative of a better quality of life due to access to health services and nutrition.

4.2 Exclusion criteria

Respondents are excluded from the height measurement if:

- They are pregnant
- They are too stooped to obtain a reliable measurement
- After a discussion with the respondent it becomes clear that they are too unsteady on their feet
- They are chair bound
- If the respondent finds it painful to stand or sit up straight

4.3 Equipment

You will need:

- A portable stadiometer (see figure 2 below)
- A Frankfort Plane card

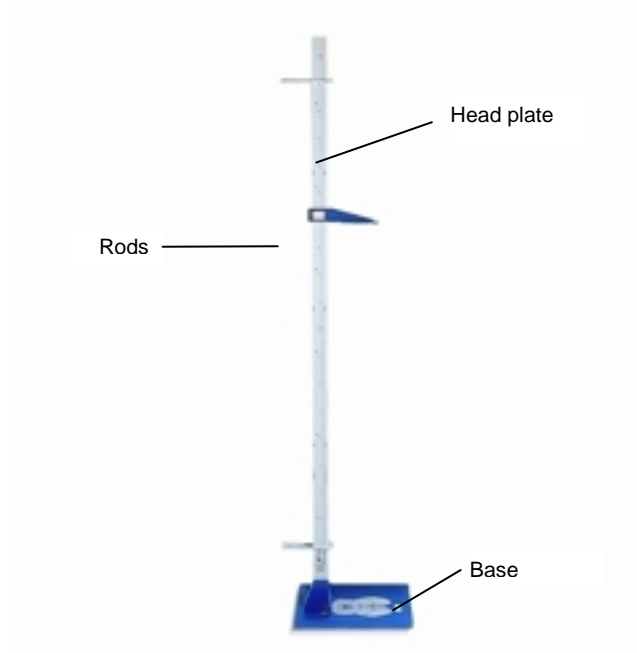


Figure 2 The stadiometer

4.3.1 Caring for the stadiometer

The stadiometer will be sent to you in a box. Always store the stadiometer in the box when it is not in use and always pack the stadiometer carefully in the box whenever you are sending it on by courier. Inside the box with the stadiometer is a special bag that you should use for carrying the stadiometer around when you are out on assignment.

The rods

There are four rods marked with a measuring scale divided into centimetres and then further subdivided into millimetres. The rods are made of plastic and are susceptible to bending if any pressure is put on them. Be careful not to damage the corners of the rods as this will prevent them from fitting together properly and will lead to a loss of accuracy in the measurements.

The base plate

Protruding from the base plate is a pin onto which you attach the rods in order to assemble the stadiometer. Be careful not to damage the corners of the base plate as this could lead to a loss of accuracy in the measurements.

The head plate

There are two parts to the head plate, the blade and the cuff. The blade is the part that rests on the respondent's head while the measurement is taken and the cuff is the part of the head plate that slips over the measurement rods and slides up and down the rods. The whole unit is made of plastic and will snap if subjected to excessive pressure. Grasp the head plate by the cuff whenever you are moving the headplate up or down the rods, this will prevent any unnecessary pressure being applied to the blade which may cause it to break.

4.3.2 Assembling the stadiometer

Practise assembling your stadiometer before you visit a respondent's home.

You will receive your stadiometer with the four rods banded together and the head plate attached to the pin so that the blade lies flat against the base plate. Do not remove the head plate from this pin.

Note that the pin on the base plate and the rods have symbols to guide you through the stages of assembly. The stages are as follows:

1. Lay the base plate flat on the floor area where you are to conduct the measurements. It should be as flat as possible, ideally on an uncarpeted floor or with a thin carpet; you should avoid a deep pile carpet or rug if at all possible.
2. Take the first rod, on which the measuring scale start with 'zero'. Making sure the measuring scale is on the right hand side of the rod as you look at the stadiometer face on, place the rod onto the base plate pin. It should fit snugly without you having to use force.
3. Using the symbols on the edge of the rod to guide you, take the rod with the same symbols at the edges as the first rod. Again make sure that the measuring scale connects with the scale on the first rod and that the numbers run on from one another. (If they do not, check

that you have the correct rod). Put this rod onto the first rod, matching the symbols at the edges, in the same way you put the first rod onto the base plate pin.

4. Take the remaining rods and put them together making sure the symbols match and the numbers on the measuring scale run consecutively.

4.3.3 Dismantling the stadiometer

Follow these rules:

1. Before you begin to dismantle the stadiometer you must remember to lower the head plate to its lowest position, so that the blade is lying flat against the base plate.
2. Remove one rod at a time.

4.4 Procedure for adults

1. Ask the respondent to remove their shoes.
2. Assemble the stadiometer, near a wall if possible, and raise the headplate to allow sufficient room for the respondent to stand underneath it. Double check that you have assembled the stadiometer correctly.
3. Ask the respondent to stand with their feet flat on the centre of the base plate, feet together and heels against the rod as this helps people to 'be at their highest'. The respondent's back should be as straight as possible, preferably against the rod but NOT leaning on it. They should have their arms hanging loosely by their sides. They should be facing forwards.
4. Move the respondent's head so that the Frankfort Plane is in a horizontal position (i.e. parallel to the floor). The Frankfort Plane is an imaginary line passing through the external ear canal and across the top of the lower bone of the eye socket, immediately under the eye (see Figure 3). This position is important if an accurate reading is to be obtained. An additional check is to ensure that the measuring arm rests on the crown of the head, i.e. the top back half. To make sure that the Frankfort Plane is horizontal, you can use the Frankfort Plane Card to line up the bottom of the eye socket with the flap of skin on the ear. The Frankfort Plane is horizontal when the card is parallel to the stadiometer arm.

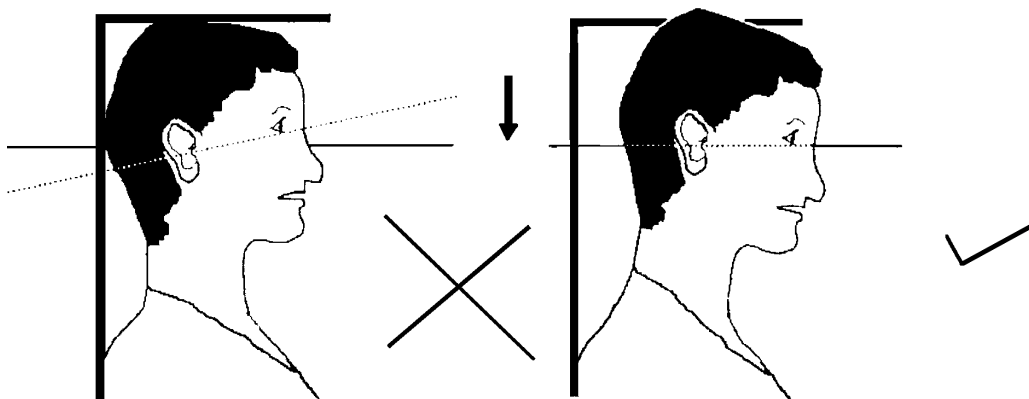


Figure 3 The Frankfort Plane

5. Instruct the respondent to keep their eyes focused on a point straight ahead, to breathe in deeply and to stretch to their fullest height. If after stretching up the respondent's head is no longer horizontal, repeat the procedure. It can be difficult to determine whether the stadiometer headplate is resting on the respondent's head. If so, ask the respondent to tell you when s/he feels it touching their head.
6. Ask the respondent to breathe out and step forwards. If the measurement has been done correctly the respondent will be able to step off the stadiometer without ducking their head. Make sure that the head plate does not move when the respondent does this.
7. Look at the bottom edge of the head plate cuff. There is an arrowhead pointing to the measuring scale. Take the reading from this point and record the respondent's height in centimetres and millimetres.
8. If the respondent wishes, record their height onto the measurement record card.
9. Push the head plate high enough to avoid any member of the household hitting their head against it when getting ready to be measured. Once you have finished measuring everyone, lower the head plate to its lowest position, ready for dismantling.
10. Before dismantling and storing the stadiometer in the bag, wipe the footplate and headplate with Milton wipes.

4.5 Procedure for children (2-15)

The protocol for measuring children differs slightly to that for adults. You must get the co-operation of an adult household member. You will need their assistance in order to carry out the protocol, and children are much more likely to be co-operative themselves if another household member is involved in the measurement. If possible measure children last so that they can see what is going on before they are measured themselves.

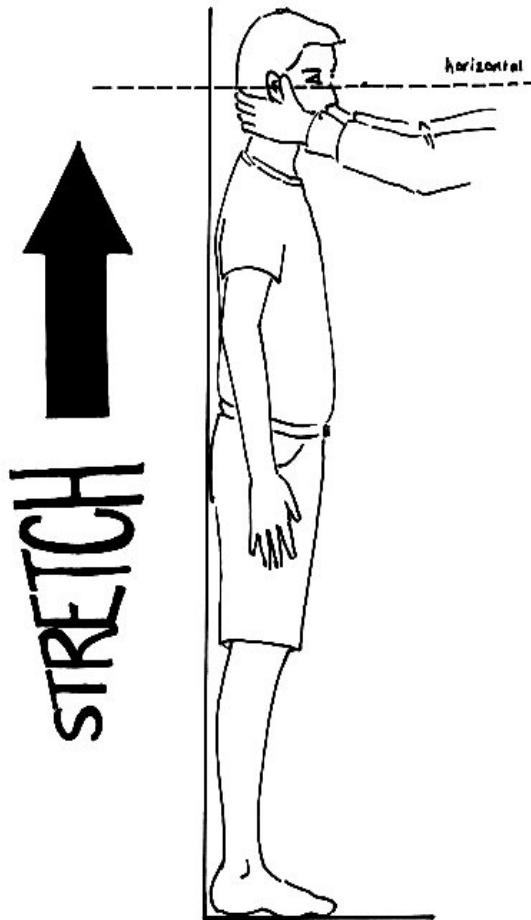
Children's bodies are much more elastic than those of adults. Unlike adults they will need your help in order to stretch to their fullest height. This is done by stretching them. This is essential in order to get an accurate measurement. It causes no pain and simply helps support the child while they stretch to their tallest height.

It is important that you practice these measurement techniques on any young children among your family or friends. The more practice you get before going into the field the better your technique will be.

1. In addition to removing their shoes, children should remove their socks as well. This is not because the socks affect the measurement. It is so that you can make sure that children don't lift their heels off of the base plate. (See 3 below).
2. Assemble the stadiometer and raise the head plate to allow sufficient room for the child to stand underneath it.

3. The child should stand with their feet flat on the centre of the base plate, feet together and heels against the rod. The child's back should be as straight as possible, preferably against the rod, and their arms hanging loosely by their sides. They should be facing forwards.
4. Place the measuring arm just above the child's head.
5. Move the child's head so that the Frankfort Plane is in a horizontal position (see diagram). This position is as important when measuring children as it is when measuring adults if the measurements are to be accurate. To make sure that the Frankfort Plane is horizontal, you can use the Frankfort Plane Card to line up the bottom of the eye socket with the flap of skin on the ear. The Frankfort Plane is horizontal when the card is parallel to the stadiometer arm.
6. Cup the child's head in your hands, placing the heels of your palms either side of the chin, with your thumbs just in front of the ears, and your fingers going round towards the back of the neck. (See diagram).
7. Firmly but gently, apply upward pressure lifting the child's head upwards towards the stadiometer headplate and thus stretching the child to their maximum height. Avoid jerky movements, perform the procedure smoothly and take care not to tilt the head at an angle: you must keep it in the Frankfort plane. Explain what you are doing and tell the child that you want them to stand up straight and tall but not to move their head or stand on their tip-toes.
8. Ask the household member who is helping you to lower the headplate down gently onto the child's head. Make sure that the plate touches the skull and that it is not pressing down too hard.
9. Still holding the child's head, relieve traction and allow the child to stand relaxed. If the measurement has been done properly the child should be able to step off the stadiometer without ducking their head. Make sure that the child does not knock the head plate as they step off.
10. Read the height value in metric units to the nearest millimetre and enter the reading into the computer at the question "Height." At the question "MbookHt" you will be asked to check that you have entered the child's height onto their 'stage 1 leaflet for children'. At that point the computer will display the recorded height in both centimetres and in feet and inches.
11. Push the head plate high enough to avoid any member of the household hitting their head against it when getting ready to be measured.

**REMEMBER YOU ARE NOT TAKING HEIGHT AND WEIGHT MEASUREMENTS FOR CHILDREN
UNDER 2 YEARS OLD**



PLEASE NOTE:
The child stretch on the Scottish Health Survey is different to that used on Child of the new century. Please use the SHeS stretch when measuring children for SHeS interviews

PROTOCOL

- SHOES OFF
- CHILDREN – SOCKS OFF
- FEET TO THE BACK
- BACK STRAIGHT
- HANDS BY THE SIDE
- FRANKFORT PLANE
- LOOK AT A FIXED POINT
- CHILDREN – STRETCH & BREATHE IN
- ADULTS - BREATHE IN
- LOWER HEADPLATE
- BREATHE OUT
- STEP OFF
- READ MEASUREMENT

4.6 Additional points

- Some surveys require the respondent to be measured more than once; this will be stated in the project specific instructions. The protocol for taking the additional height measurements remains the same. Both measurements are to be recorded in CAPI and if they differ significantly CAPI will instruct you to take a third measurement.
- If the respondent cannot stand upright with their back against the stadiometer and have their heels against the rod (e.g. those with protruding bottoms or curvature of the spine) then give priority to standing upright.
- If the respondent has a hair style which stands well above the top of their head, or is wearing a religious head dress, with their permission, bring the headplate down until it touches the hair/head dress. You should never ask someone to remove a religious head dress. With some hairstyles you can compress the hair to touch the head. If you cannot lower the headplate to touch the head and think that this will lead to an unreliable measure, record this on CAPI. If it is a hairstyle that can be altered e.g. a bun, if possible ask the respondent to change/undo it.
- If the respondent is tall, it can be difficult to line up the Frankfort Plane in the way described. When you think that the plane is horizontal, take one step back to check from a short distance that this is the case.
- You may need to tip the stadiometer to read the height of tall respondents.
- If the respondent has long hair then they may need to tuck it behind their ear in order for the head to be positioned properly. Always ask the respondent to tuck their hair behind their ears.

5 WEIGHT MEASUREMENT

5.1 Introduction

Similar to the height measurement, the weight measurement is an indicator of and can predict the nutritional status and health of a population. When used in conjunction with the height measurement it can be used to derive the Body Mass Index, a statistical measure used to determine if an individual's weight falls within a healthy range.

5.2 Exclusion criteria

Respondents are excluded from this measurement if they are:

- Pregnant
If the woman wishes to be weighed, you can but do not enter the results into the computer.
- Too frail or unable to stand upright
If you are concerned that being on the scales may cause them to be too unsteady on their feet then do not weigh them. Alternatively you can place the scales next to something that they can steady themselves on.
- Over 130kg (20 ½ stone) in weight
The maximum weight registering accurately on the scales is 130kg. If you think that they exceed this limit then code it appropriately in CAPI and follow the prompts. Do not attempt to weigh them.

5.3 Equipment

There are two different sets of scales in circulation on NatCen projects. You will be provided with either:

- Tanita THD-305 scales
The weight is displayed in a window on the scales. The scales are switched on by pressing the button on the bottom right hand corner of the scales. They are battery operated and require four 1.5v AA batteries, which should be sent with the scales. They may be packed separately or one of the batteries may be turned around, to prevent the batteries from going flat, as there is no on/off switch. Ensure that you have spare batteries, just in case you need them.
- Seca 870 scales
The weight is displayed in a window on the scales. The scales are switched on by briefly covering the solar cell (for no more than one second). The solar cell is on the right hand side of the weight display panel. NB You may experience difficulties switching the scales on if there is insufficient light for the solar cell. Make sure that the room is well lit. The scales have a fixed battery which cannot be removed.

Please check which scales you have been provided with and make sure that you are familiar with how they operate.

5.3.1 Calibrating the scales

The scales will need to be sent to Brentwood at regular intervals to be recalibrated to ensure that they provide accurate measurements. On each set of scales there is a label

with a date that they need to be recalibrated by, ensure that they have been sent to Brentwood by this date.

5.3.2 Technical faults

Please refer to Table 1 when experiencing technical difficulties with the scales.

Table 1 Troubleshooting for the scales

Fault	Action
<i>Tanita THD 305 scales</i>	
No row of 8s when turned on or will not turn on	<ul style="list-style-type: none"> • Replace batteries • If not solved, report to manager/Brentwood
Inconsistent readings	<ul style="list-style-type: none"> • Make sure on hard flooring • Ensure 0.0 on display when respondent steps on scales • Replace batteries • If not solved, report to manager/Brentwood
<i>Seca 870 scales</i>	
No '1888' when turned on or will not turn on	<ul style="list-style-type: none"> • Insufficient light to operate solar cell • If not solved, report to manager/Brentwood
Inconsistent readings	<ul style="list-style-type: none"> • Make sure on hard flooring • Ensure 0.0 on display when respondent steps on scales • Insufficient light to operate solar cell • If not solved, report to manager/Brentwood

5.4 Procedure for adults

1. Weigh the respondent on a hard and even surface if possible. Carpets may affect measurements.
2. Ask the respondent to remove shoes, heavy outer garments such as jackets and cardigans, heavy jewellery, and to empty their pockets of all items.
3. Switch on the scales and wait for 888.8 (for the Tanita scales) or 1888 (for the Seca scales) to be momentarily displayed in the window. Do not attempt to weigh anyone at this point.
4. When the display reads 0.0, ask the respondent to stand with their feet together in the centre and their heels against the back edge of the scales. Their arms should be hanging loosely at their sides and their head should be facing forward. Having the respondent stand in this position means that the most accurate weight measurement can be obtained. Ensure that they keep looking ahead – it may be tempting for the respondent to look down at their weight reading. Ask them not to do this and assure them that you will tell them their weight afterwards if they want to know.
5. The scales will need to stabilise. The weight reading will flash on and off when it has stabilised. If the respondent moves excessively while the scales are stabilising you may get a false reading. If you think this is the case reweigh the respondent.

6. The scales are calibrated in kilograms and 100 gram units (0.1 kg). Record the reading in CAPI before the respondent steps off the scales.
7. If the respondent wishes, record the reading on their measurement record card.
8. The scales should switch off automatically a few seconds after the respondent steps off them.

5.5 Procedure for children

1. You must get the co-operation of an adult household member. This will help the child to relax and children, especially small children are much more likely to be co-operative themselves if an adult known to them is involved in the procedure.
2. Children who wear nappies should be dry. If the nappy is wet, please ask the parent to change it for a dry one and explain that the wetness of the nappy will affect the weight measurement.
3. Weigh the child, following the same procedure for adults. Encourage the child to 'Be as still as a statue' for an accurate reading. If you think that the results are inaccurate, code this in CAPI.

For very young children who are unable to stand unaided or small children who find this difficult follow the procedure below you will need to ask for the assistance of an adult as the following procedure requires you to measure the adult and then the adult holding the child:

1. Explain to the adult what you are going to do and the reasons why.
2. Code in CAPI the procedure used to measure the weight of the child.
3. Weigh the adult as normal following the protocol as set out above. Enter this weight into CAPI.
4. Weigh the adult and child together and enter this into CAPI. CAPI will calculate the difference between the two weights to get the child's weight.
5. If the respondent wishes record this reading on their measurement record card.

6 DEMISPAN MEASUREMENT

6.1 Introduction

The demispan measurement is an alternative measure of height. It is the distance between the midline of the sternal notch and the base of the fingers between the middle and ring fingers, with the arm out-stretched laterally (see Figure 5).

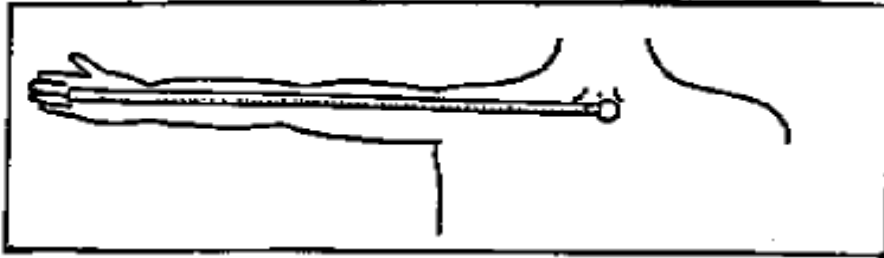


Figure 1 The Demispan Measurement

The demispan measurement is taken when it is difficult to measure height accurately. For example if the respondent cannot stand straight or is unsteady on their feet as is quite often in the case of the elderly and some disabled people. It is used as a proxy for a height measurement as there is a relationship between demispan and 'true height'. Additionally, height decreases with age to a varying degree depending on individuals, and thus the standard measure of height may be less useful for some older respondents. The long bones in the arm do not get shorter however, and thus can be used to estimate accurately a respondent's 'true height'.

6.2 Exclusion criteria

Respondents are excluded from the demispan measurement if:

- They cannot straighten either arm without pain or discomfort.

6.3 Equipment

You will need:

- A thin retractable demispan tape calibrated in cm and mm
- A skin marker pencil
- Micropore tape

6.3.1 Using the demispan tape

A hook is attached to the tape and this is anchored between the middle and ring fingers at the finger roots. The tape is then extended horizontally to the sternal notch.

The tape is fairly fragile. It can be easily damaged and will dent or snap if bent or pressed too firmly against the respondent's skin. Also the ring connecting the hook to the tape is a relatively weak point. Avoid putting more strain on this ring than necessary to make the measurements. When extending the tape, hold the tape case rather than the tape itself

as this puts less strain on the hook and tape. When placing the tape against the sternal notch, do not press into the sternal notch so much that the tape kinks.

6.4 Preparing the respondent

Explain to the respondent the purpose of conducting the demispan measurement and explain the procedure. Further explain that the measurement requires minimal undressing because certain items may affect the accuracy of the measurement. The items of clothing that will need to be removed include:

- Ties
- Jackets, jumpers and other thick garments
- Jewellery items such as chunky necklaces/bracelets
- Shoulder pads
- High heeled shoes
- Shirts should be unbuttoned at the neck

If the respondent does not wish to remove any item that you think might affect the measurement, record that the measurement was not reliable in CAPI.

For the purpose of consistency, where possible the **right arm** should always be used. If this is not possible, carry out the measure on the left arm and make a note of this in CAPI.

6.5 Procedure

1. Locate a wall where there is room for the respondent to stretch his/her arm. They need to stand with their back to the wall but not support themselves on it, standing approximately 3 inches (7cm) from the wall.
2. Ask the respondent to stand with weight evenly distributed on both feet, head facing forward.
3. Have them raise their **right arm** and extend it horizontally to their side until it is parallel with the floor. The right wrist should be in neutral rotation and neutral flexion. Rest your left arm against the wall allowing the respondent's right wrist to rest on your left wrist.
4. When the respondent is in the correct position, mark the skin at the centre of the sternal notch using the skin marker pencil. This mark must be made when the respondent is standing in the correct position. Explain to the respondent that the mark will wash off afterwards.
5. If clothing, jewellery or subcutaneous fat obscures the sternal notch, use a piece of micropore tape on the clothing or jewellery. If the respondent refuses to the use of the marker pen or the tape, proceed with the measurement but record it as unreliable in CAPI.
6. Ask the respondent to relax while you get the demispan tape.
7. Place the hook between the middle and ring fingers of the respondent so that the tape runs smoothly across the arm.

8. Ask the respondent to get into the position they were in previously, with their arm raised horizontally, the wrist in neutral flexion and rotation. Check they are in the correct position.
9. Extend the tape to the sternal notch. If no mark was made, feel for the correct position and extend the tape to this point.
10. Ask the respondent to stretch his/her arm checking that they remain in the same position, the hook has not moved on their fingers and that the respondent is not leaning on the wall or bending at the waist.
11. Record the measurement in CAPI, in centimetres and millimetres. Always report to one decimal place. If the length lies halfway between 2 millimetres, then round to the **nearest even millimetre** (see section 2.4).
12. Ask the respondent to relax and loosen up the right arm by shaking it gently.
13. Repeat steps 2-11. Explain to the respondent that the measure needs to be taken again for accuracy. If the second measure is significantly different to the first, CAPI will give you an error message. At this point you can check to make sure that you have entered the readings correctly or take a third measure if there is another reason for the measurements being different. This is to be taken in the same way as the previous two. CAPI will work out which two of the three readings to use.
14. If the respondent wishes, record the results on their measurement record card. You can use the conversion chart on your showcards to convert the results into inches.

6.6 Additional points

- If the respondent is unable to stand in the correct position or finds it difficult to stand steadily, ask them to sit for the measurement. Use an upright chair and position it close to a wall. If a respondent is unable to sit or stand, the measurement can be taken when the respondent is lying down. In both cases still try to support the arm if possible. You may need to sit or kneel to take the reading.
- Record in CAPI how the measurement was taken (i.e.. with respondent standing, sitting, etc).
- If there is no wall available for the respondent to stand in front of and extend their arm horizontally, have them stand in front of any other flat surface e.g. in front of a cupboard or window, ensuring that they are not supporting their body weight on this surface.
- If the respondent is much taller than you take the measurement with the respondent sitting.
- If the respondent's arm is much longer than yours is, support the arm close to the elbow rather than wrist level. Your arm must not be between the elbow and shoulder, as this will not provide sufficient support.

7 WAIST CIRCUMFERENCE

7.1 Introduction

There has been increasing interest in the distribution of body fat as an important indicator of increased risk of cardiovascular disease. The waist circumference is a measure of the distribution of body fat. Waist circumference is probably a more important predictor of health risk than the body mass index (BMI), which is weight relative to height.

7.2 Exclusion criteria

Respondents are excluded from the waist circumference measurement if they:

- Are pregnant
- Are chair bound
- Have a colostomy / ileostomy (This is a surgical opening drawing the intestine or colon to the surface of the skin in the lower abdominal area. Bodily waste is collected in a pouch outside the body). Respondents may volunteer this information. Do not ask a respondent directly if they have a colostomy.

7.3 Equipment

You will need:

- A measuring tape calibrated in millimetres

7.4 Preparing the respondent

The respondent needs to be wearing light clothing. Never measure directly onto the skin. Explain to the respondent the importance of this measurement and that layers of clothing can substantially affect the reading. If possible the respondent needs to remove:

- All outer layers of clothing, such as jackets, heavy or baggy jumpers, cardigans and waistcoats
- Shoes with heels as this alters the natural position of the torso
- Tight garments intended to alter the shape of the body, such as corsets, lycra body suits and support tights/underwear (if the respondent is unable or unwilling to remove these then continue the measurement but record a note in the CAPI)
- Belts (can be loosened if not removed)

Some respondents may be wearing religious or other symbols which they cannot remove and which may affect the measurement. Do not embarrass or offend the respondent by asking them to remove such items. Record in CAPI if the measurement is likely to be affected by this.

7.5 Procedure

1. Ensure that the respondent is standing erect in a relaxed manner and breathing normally. Weight should be evenly balanced on both feet and the feet should be about 25-30cm (1

foot) apart. The arms should be hanging loosely at their sides. This position will provide the most accurate and easy measurement of the waist.

2. Ask the respondent to point to his or her navel or tummy button.
3. Instruct the respondent to place the tape around their body, over their clothing, at the level of the navel. You should then click the popper in place and pull to tight the tape around the waist of the respondent overlying their navel. The tape should be snug but not tight. If the respondent is not able to pass the tape around his/her waist, you may have to hold onto one end of the tape measure at their navel, and walk around the respondent with the other end.
4. Check that the tape is not twisted and that it is horizontal all the way around the respondent. To do this you must look round the participant's back from his/her left side to check that it is level. This will be easier if you are **kneling** or **sitting** on a chair to the **side** of the respondent.
4. Ask the respondent to breathe normally and to look straight ahead.
5. Take the measurement at the end of a normal breath by holding the tape flat against the body.
6. Record the measurement in CAPI in centimetres, to one decimal place.
7. Repeat steps 1-6 to record a second measurement. If the second reading differs significantly from the first, CAPI will report an error message. At this point check that you have entered the results into CAPI correctly. Otherwise take a third measurement, following the procedure above. Enter this result into CAPI. The computer will know which two results to use.
8. If the respondent wishes, record the waist measurement on their measurement record card.

7.6 Additional points

- The tape should be tight enough so that it doesn't slip but not tight enough to indent clothing.
- Some respondents will be wearing clothing where the waistband of the trousers/skirt sits on the waist. Do not ask them to move the clothing or take the measurement at a different position. Measure the waist circumference over the waistband and make a note of this in CAPI. If the waistband is not horizontal all the way around the body i.e. it may be lower at the front, always ensure that the tape is horizontal which may mean that it passes over the waist band in some places and not in others.
- We only want to record problems that will affect the measurement by more than would be expected when measuring over light clothing. As a rough guide only record a problem if you feel it affected the measurements by more than 0.5cm.
- Wipe the measurement tape with Milton wipes between households.

8 BLOOD PRESSURE

8.1 Introduction

Blood pressure is the exertion that the blood applies to the arterial walls as it is pumped through the circulatory system by the heart. Having a high blood pressure is an important risk factor for cardiovascular disease, particularly heart disease and stroke. The exact cause(s) of high blood pressure is not completely known however some factors known to affect blood pressure are smoking, alcohol consumption, family history, physical fitness and diet. It is important that we examine blood pressure using a standard method to see the distribution of blood pressure measurements across the population. This is vital for monitoring change over time.

8.2 Exclusion criteria

Respondents are excluded from the blood pressure measure if they are:

- Pregnant (If a pregnant woman wishes to have her blood pressure measured, you may do so, but do not record the readings in CAPI)

8.3 Equipment

You will need:

- An Omron HEM 907 blood pressure monitor
- Child/ small adult cuff (17-22 cm)
- Standard adult cuff (22-32 cm)
- Large adult cuff (32-42 cm)
- An AC adapter

8.3.1 Using the Omron HEM 907

Figure 4 shows the monitor of the Omron

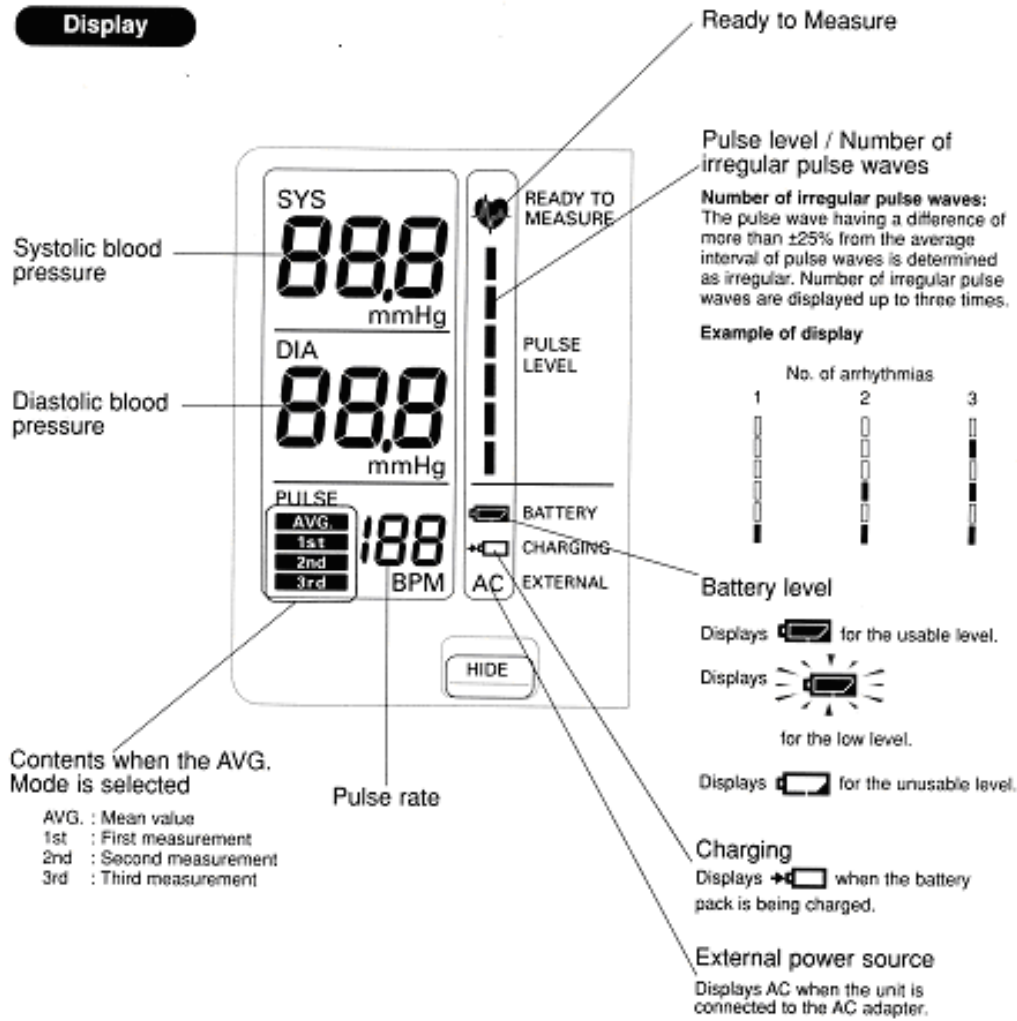


Figure 4 The Omron HEM 907 monitor

1. Switch the monitor on by pressing the ON/OFF button. Wait for the READY TO MEASURE symbol to light, indicating the monitor is ready to start the measurement (approximately 2 seconds).
2. Check that the MODE selector is set to AVG (average) and P-SET Volume (pressure setting) is set to auto.
3. Press the start button to begin the measurement. The cuff will start to inflate and take the first measurement. When the first measurement is complete, the LCD screen will show the systolic pressure, diastolic pressure and pulse rate. It will continue to do this at one minute intervals.
4. Press the ON/OFF button to turn it off.
5. If at any stage while you are taking the measurement you need to stop the monitor, press STOP and start the procedure again.

8.3.2 Charging the battery

The Omron HEM 907 is equipped with a rechargeable battery, which is usable for approximately 300 measurements when fully charged.

When the battery symbol in the BATTERY display starts to flash there are 20-30 measurements left, you need to charge the battery soon. When a light battery symbol appears in the BATTERY display the battery needs to be put on charge immediately.

To recharge the battery:

Connect the monitor to the mains by connecting the AC adapter to the DC jack of the main unit and the electric outlet (as shown in figure 5). A battery symbol will appear in the CHARGING display when the battery is charging. When ready to use the symbol will disappear. A dark battery symbol in the BATTERY display indicates that the battery is charged and the machine is usable. The battery can be charged in approximately 12 hours.



Figure 5 Charging the battery

NOTE: when the AC adapter is connected and the unit is turned off, the AC adapter charges the installed rechargeable battery. The Omron 907 is NOT designed to work off the mains adaptor; it should be run off the battery power pack. The mains adaptor should ONLY be used to charge the battery pack.

8.3.3 Technical faults/error readings

Refer to table 1 when error readings appear on the LCD screen.

Table 2 Troubleshooting for the Omron HEM 907

Error No.	Action
Er1, Er2	<ul style="list-style-type: none"> • Check that the tube connecting the cuff to the monitor is properly inserted and is not bent • Check that the cuff is properly wrapped around the arm • Repeat the measure
Er3	<ul style="list-style-type: none"> • Check that the tube connecting the cuff to the monitor is not bent • Repeat the measure
Er4	<ul style="list-style-type: none"> • Ask the respondent to sit as still as possible • Repeat the measure • If it persists, it may be because the respondent has very high blood pressure • Reset the P-SET Volume to 260 and repeat the measure.
Er5, Er6	<ul style="list-style-type: none"> • Check that the cuff is properly wrapped around the arm • Repeat the measure
Er7, Er8	<ul style="list-style-type: none"> • Ask the respondent to sit as still as possible • Repeat the measure • If it persists, it may be because the respondent's pulse is irregular, record that it wasn't possible and explain that this sometimes happens.
Er9	<ul style="list-style-type: none"> • Technical fault – Contact Brentwood and report that fault

8.4 Preparing the respondent

Before the procedure CAPI will instruct you to ask the respondent if they have eaten, smoked, drunk alcohol or participated in vigorous exercise in the past 30 minutes. You should note their response in CAPI.

Select the right arm unless this is impossible. Ask the respondent to remove outer garment (e.g. jumper, cardigan, jacket) and expose their upper right arm by rolling up their sleeve. If the sleeve constricts the arm, restricting the circulation of blood, ask the respondent if they would mind taking their arm out of the sleeve for the measurement.

8.4.1 Selecting the correct cuff

Do **not** measure the upper arm circumference to determine which cuff size to use. Instead, choose the correct cuff size based on the acceptable range which is marked on the inside of the cuff. You will note that there is some overlap between the cuffs. If the respondent falls within this overlap range then use the **standard** cuff where possible.

8.5 Procedure

1. Ensure the respondent is sitting in a comfortable chair with a suitable support so that the **right arm** is resting at a level to bring the elbow to approximately heart level. They should be seated in a comfortable position with legs **uncrossed** and feet flat on the floor.
2. Place the monitor on a flat stable surface close to the respondent's right side and at the level of the heart. Position the monitor so that it faces away from the respondent.
3. Turn the monitor on.
4. Using the right arm, unless this is impossible, ensure that the upper arm is either exposed or has a single layer of thin clothing only. If the left arm is used, record this in CAPI.
5. Wrap the correct sized cuff round the upper **right arm** and check that the index line falls within the range lines. Do not put the cuff on too tightly as bruising may occur on inflation. Ideally it should be possible to insert two fingers between the cuff and the arm.
6. Position the arrow on the lower end of the cuff (near the elbow) over the artery just medial to the biceps muscle. The lower edge should be about 1-2 cm above the elbow crease.
7. Explain to the respondent that you need them to sit quietly for five minutes and that during that time they cannot talk, eat, drink or smoke.
8. During this 'quiet time' follow the procedure for taking ambient air temperature (section 3) and just before taking the blood pressure reading, make a note of the air temperature.
9. After five minutes explain that you are starting the measurement, also explain that the cuff will inflate three times and each time they will feel some pressure on their arm. Ask them to relax, be seated in the position detailed in step 1 and not to speak until the measurement has been completed, as it may affect their reading.
10. Press start on the Omron HEM 907 to start the measurement. When the first measurement is complete it will be displayed on the LCD screen.
11. The unit will produce readings at one minute intervals thereafter, you will then have **three sets** of readings. **A further (4th) reading will appear which is the Average reading.** All of these readings need to be recorded. To check the readings press the 'Deflation' button.
12. Record the measures into CAPI in the following order:
 - a. Average – the reading that the Omron shows you once the measures are all complete
 - b. 1st – To show this press the grey 'deflation' button once.
 - c. 2nd – To show this press the grey 'deflation' button again.
 - d. 3rd – To show this press the grey 'deflation' button again.

If you press the deflation button again it scrolls back round to the 'Average' reading. It is important that three readings are recorded as the first reading is usually higher, and thus less accurate, than the other two readings as the respondent may be feeling nervous. **NB – these must be recorded before the Omron turns itself off (after approx 3 mins) as the measures are not held in the memory then.**

13. Press ON/OFF on the Omron to switch the unit off and remove the cuff from the respondent's arm.
14. If the respondent wishes, you should record details of their readings on the measurement record card.
15. Ensure that the cuffs stay clean. If the cuffs get soiled or you have concerns about potential or actual contamination dispose of the cuff and contact Brentwood for a replacement.

8.6 Respondent feedback

When answering queries about a respondent's blood pressure it is very important to remember that it is NOT the purpose of the survey to provide respondents with medical advice, nor are you in a position to do so.

What you may say in each situation has been agreed with the Survey Doctor and CAPI will instruct you to read out the appropriate interpretations of the respondent's results. It is very important that the agreed script in the CAPI is read word for word and that personal interpretation is never offered.

The respondent feedback protocol should be strictly followed. It is very important that as little anxiety as possible is caused, but at the same time we have a duty to advise people to see their GP if the measurements indicate that blood pressure is raised.

8.6.1 Adult respondents

As stated previously we have a duty to inform people that they need to see their GP if their blood pressure is high. It is important that the instructions below are carefully read and guidelines always followed precisely.

The computer tells you which readings your advice should be based on. This will be based on the **lowest** systolic and **lowest** diastolic reading from the last two readings. This will usually, but not always, be from the same reading. For example, occasionally it may be the systolic from the second reading and the diastolic from the third reading. Furthermore if the lowest systolic reading falls in one category and the lowest diastolic reading falls in another category, the higher of the two categories will be used to trigger the advice to respondents. For example the lowest systolic reading is 138 (normal) and the lowest diastolic is 96 (mildly raised) then the advice given will be based on a mildly raised reading. If the first reading is higher than the other two it should be explained that the first reading can be high because people are nervous of having their pressure taken.

Definitions of raised blood pressure differ slightly. The Survey Doctor has recommended the blood pressure ratings given below based on the most recent guidelines from the British Hypertension Society. It is important that you adhere to these definitions, so that all respondents are treated in an identical manner. These are shown in table 2.

Table 3 Definition of blood pressure ratings

ADULTS ONLY			
SURVEY DEFINITION OF BLOOD PRESSURE RATINGS			
For men and women aged 16+			
<u>Rating</u>	<u>Systolic</u>		<u>Diastolic</u>
Normal	<140	and	<90
Mildly raised	140 - 159	or	90 – 99
Raised	160 - 179	or	100 – 114
Considerably raised	180 or more	or	115 or more

Points to make to a respondent about their blood pressure (given on screen):

Normal:

'Your blood pressure is normal.'

Mildly raised:

'Your blood pressure is a bit high today.'

'Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure.'

'You are advised to visit your GP within 2 months to have a further blood pressure reading to see whether this is a one-off finding or not.'

Raised:

'Your blood pressure is a bit high today.'

'Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure.'

'You are advised to visit your GP or practice nurse within 2 weeks to have a further blood pressure reading to see whether this is a one-off finding or not.'

Considerably raised:

'Your blood pressure is high today.'

'Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure.'

'You are strongly advised to visit your GP or practice nurse within 5 days to have a further blood pressure reading to see whether this is a one-off finding or not.'

8.7 Action to be taken after the visit

If you need to contact the Survey Doctor do not do this from the respondent's home - you may cause unnecessary distress.

8.7.1 Adults

Table 3 summarises what action to take based on the readings you have obtained for a respondent. For this purpose you should only take into account the last two of the three readings you take, as the first reading is prone to error.

Table 4 Action due to blood pressure readings

BLOOD PRESSURE	READING	Interviewer ACTION
Normal Mildly raised Raised	Systolic less than 180 mmHg and Diastolic less than 115 mmHg	No further action necessary
Considerably raised	Systolic at or greater than 180 mmHg or Diastolic at or greater than 115 mmHg	Contact the Survey Doctor at the earliest opportunity.*

* You must still contact the Survey Doctor even if respondents tell you that their GP knows about their raised BP.

The Survey Doctor will look at all high or unusual readings when they reach the office. If the reading is high, then the Survey Doctor will contact the respondent directly.

Contact details for your Survey Doctor can be found in the project instructions. The Survey Doctor is generally available from 8.00-22.00. Calls outside these hours are either unnecessary or an emergency, in which case, the survey doctor is unlikely to be in a position to do anything practical and you should be using your judgement whether to call an ambulance or seek other urgent advice.

9 SALIVA

9.1 Introduction

Saliva samples are taken from respondents for analysis to detect various chemical compounds (depending on the aims of the individual surveys) to provide information on peoples health and lifestyle. These compounds include:

- Cortisol, indicating an individual's stress levels.
- Cotinine, a derivative of nicotine showing levels of exposure to tobacco smoke.

9.2 Exclusion criteria

Respondents are excluded from giving a saliva sample if they:

- Are pregnant
- Are HIV positive
- Have Hepatitis B or C

Do not ask for information regarding HIV and Hepatitis B or C, however if they volunteer it, record them as unable to give a sample and make a note.

9.3 Consent

There is a separate consent form for the saliva sample. This must be signed and dated by the respondent or by the parent or legal guardian in the case of children aged 15 years and below. Please make it clear to respondents that they will not receive results regarding their saliva sample (see section 2.5).

9.4 Preparing the respondent

Explain to the respondent what you will require them to do and the reasons behind why saliva samples are taken.

There are two different procedures that can be followed depending on the aims/requirements of the survey. Please refer to the project instructions for the preferred method.

9.5 Procedure One

9.5.1 Equipment

You will need:

- A plain 5ml tube
- A short wide bore straw
- Kitchen paper
- Gloves

9.5.2 Procedure

1. Remove the cap from the plain tube Give the straw to the respondent. Explain that you want him/her to collect their saliva in their mouth and then let it dribble down the straw into the tube. The saliva does not need to go through the straw, the straw is intended to direct the saliva into the tube. Ensure that you are not getting sputum i.e. they are not clearing their chest to collect their saliva.
2. Allow the respondent 3 minutes to do this, collecting as much as you can in this time. The saliva will be frothy and will look greater in volume than it actually is, so do not give up too soon. You need at least 0.5cm on depth in the tube, not including froth.
3. If respondents find it difficult to use the straw they may dribble into the tube directly. This is acceptable, but encourage them to use the straw where possible.
4. If a respondent's mouth is excessively dry and they cannot produce saliva allow them to have a drink of plain water. Wait for 5 minutes before collecting the sample to ensure that water is not retained when the sample is given.
5. Replace the cap on the tube and report any problems in CAPI. You should wear gloves at all times when you come in contact with a saliva sample.
6. Label and package as directed in the project specific instructions.

9.6 Procedure Two

9.6.1 Equipment

You will need:

- Salivettes
- Gloves

9.6.2 Procedure

1. Figure 10 is a picture of a salivette. 'A' shows the salivette correctly assembled and 'B' shows the four different parts that it consists of: the cap, absorbent swab, inner tube and outer tube.
2. To obtain the saliva sample, remove the inner tube from the outer tube. Remove the cap from the inner tube and instruct the respondent to take the absorbent swab from the inner tube, without touching it, by lifting the tube to their lips and letting the absorbent swab fall into their mouth. Further explain that they must leave it in their mouth until it is saturated with saliva.
3. Ask them to move it around in their mouth, gently biting on it, as this helps to ensure thorough wetting of the absorbent swab. It will vary from person to person, however 3 minutes will usually be ample.
4. If a respondent's mouth is excessively dry and they cannot produce saliva allow them to have a drink of plain water. Wait for 5 minutes before collecting the sample to ensure that water is not retained when the sample is given.

5. When the absorbent swab is sufficiently wet, ask the respondent to remove it from their mouth and put the absorbent swab back into the inner tube, avoiding touching it if they can.
6. Wearing gloves, check that the swab is saturated. The tube should feel noticeably heavier than an unused one. If the swab rattles around in the tube then it is not wet enough and you need to give it back to the respondent to put back in their mouth.
7. Once you are satisfied that it is saturated replace the cap on the inner tube and put the inner tube back in the outer one (the inner tube has a hole in the bottom so will leak in the post if not placed in the outer tube). Record in CAPI any problems you may have had. You should wear gloves at all times when you come in contact with a saliva sample.
8. Label and package as directed in the project specific instructions.

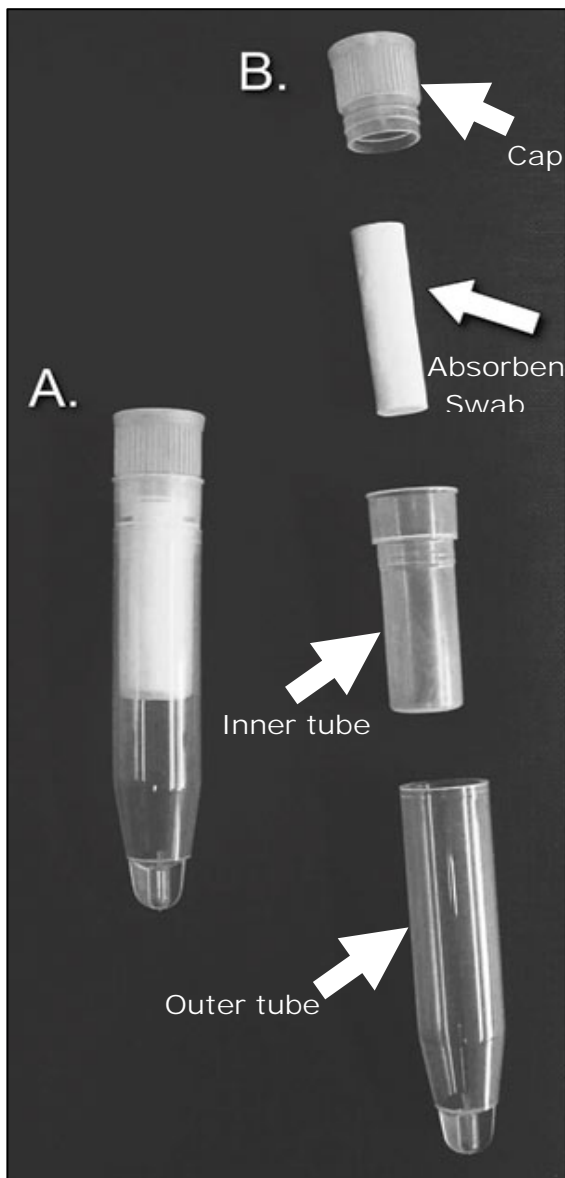


Figure 2 'A': an assembled salivette, 'B': the various components

10 SPOT URINE

10.1 Introduction

Urine, a waste product of human bodily functioning, can be analysed to provide information on various factors depending on the compound to be analysed (table 7). The information that is obtained is highly accurate and cannot be taken from any other source. Please note that the compounds that are analysed are dependent on the individual survey.

Table 5 Compounds in urine analysis

Chemical	Definition
Potassium	Potassium is both an electrolyte and a mineral which works to keep a balance in bodily fluids and has an important role in nerve and muscle functioning. Potassium is found in fruit and vegetables and thus also indicates the fruit and vegetable intake of individuals.
Sodium (salt)	Sodium is both an electrolyte and a mineral which works to keep a balance in bodily fluids and has an important role in nerve and muscle functioning. Sodium is found in most foods and has been shown to contribute to high blood pressure which is a major risk factor in the development of cardiovascular disease.
Urea and Nitrogen	Urea and nitrogen are natural by-products of the human body. They are analysed to give an indication of kidney function. They also provide information on the amount of protein in an individual's diet.

10.2 Exclusion criteria

Respondents are excluded from giving a urine sample if they:

- Are pregnant
- Are HIV positive
- Have Hepatitis B or C

Do not ask for information regarding HIV and Hepatitis B or C, however if they volunteer it, record them as unable to give a sample and make a note.

Women who have their period are not excluded from giving a urine sample. Respondents with a catheter are also not excluded. If the sample is taken from a catheter bag, this should be recorded in CAPI. It does not matter how long the urine has been in the collection bag.

10.3 Consent

There is a separate consent form for the urine sample. This must be signed and dated by the respondent or by the parent/legal guardian in the case of respondents aged 15 years and below. Please make it clear to respondents that they will not receive results regarding their urine sample.

10.4 Equipment

You will need:

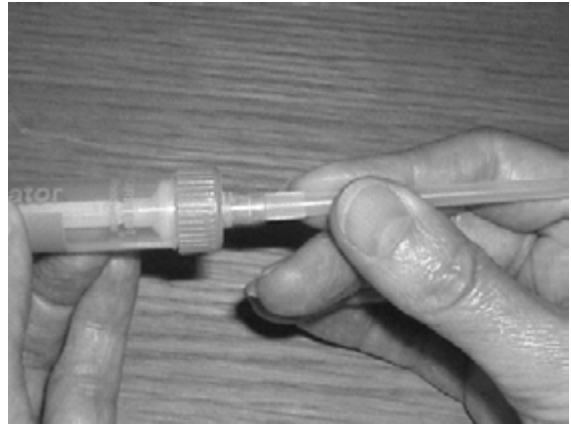
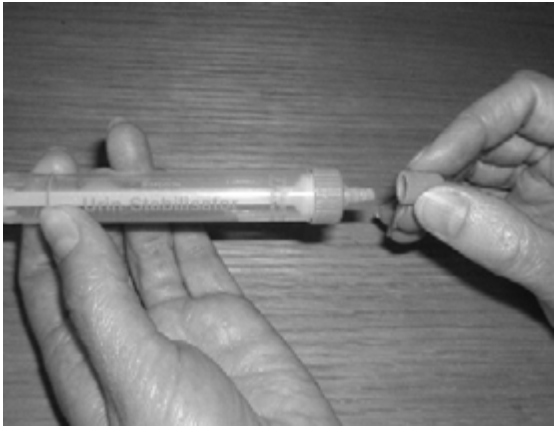
- A 100ml Polypropylene disposable beaker
- A 10ml Sarstedt urine collection syringe and extension tube containing a small amount of a preservative
- An instruction leaflet on how to use and fill the Sarstedt syringe
- Coloured labels
- Gloves
- A polythene bag to store the equipment in and can be used to discard the used equipment once the sample has been taken (optional).

10.5 Preparing the respondent

Explain to the respondent that you need a urine sample and why it is important. Explain the equipment to them and show them how to use the Sarstedt syringe. A demonstration consisting of a syringe and a beaker filled with water can be used for this purpose. The instruction leaflet, similar to Section 16.5.1, can be left with the respondent for easy reference while performing the urine collection in private, if required. Explain the procedure below to the respondent. Tell them that you need them to follow the procedure as carefully as possible.

10.5.1 Urine sample syringe instructions

1. Collect your sample in the disposable pot.
2. Remove the small push cap.
3. Push the extension tube on the syringe nozzle.



4. Put the end of the tube into the urine in the beaker and pull back the syringe to fill it.



5. Remove the extension tube.



6. Replace the cap.



7. Pull the syringe plunger until it clicks and break off the stalk.



NB: Person in pictures should be wearing gloves!

10.6 Procedure

1. Respondents are to wash their hands with soap and water prior to voiding to avoid contaminating the sample with substances which may be on their hands. It is important that the inside of the urine collection beaker is not touched or allowed to come into contact with any part of the respondent's body, clothing or any external surfaces.
2. Ask the respondent to collect a mid flow sample of their urine in the disposable collection beaker.
3. Immediately after voiding they need to collect a sample of the urine by using the syringe as you have demonstrated to them and by following the instructions on the card. The collection of the urine sample needs to happen immediately after voiding to minimise specimen exposure to air.
4. Ask the respondent to wash the outside of the filled and sealed syringe and dry it using toilet roll, once the sample collection is complete.
5. If the respondent is unable to fill the syringe him/herself, or would rather not do so, you can do this for them. Emphasise that the sample needs to be taken from the sample straight away in order to minimise specimen exposure to air, so as soon as they have finished they need to bring it to you or leave it in the bathroom and notify you that the sample is ready. Please ensure that you are wearing gloves before attempting to fill the syringe for this respondent, you should wear gloves at all times when you come in contact with a urine sample.
6. Make sure that the plastic cap is securely sealed and the syringe plunger stalk snapped.
7. Label and package the sample according to the project specific instructions.
8. To dispose of the sample, pour the remaining urine in the toilet and throw the beaker and used equipment in the rubbish bin (if the respondent prefers, this can be put in a polythene bag first and then thrown in the rubbish bin).

11 DRIED BLOOD SPOT COLLECTION

11.1 Introduction

Dried blood spots will be collected and sent for storage at a secure facility. Written consent must be obtained before proceeding with the blood spot sample. You must complete the respondent's details on the consent form and make sure they sign all the relevant forms before obtaining the sample. Please refer to the project instructions for information on how to use and fill in the consent booklet for specific projects.

11.2 Exclusion criteria

Respondents are excluded from blood spot collection if they:

- Are pregnant
- Have a clotting or bleeding disorder or are on medication that thins the blood (anticoagulant) such as Warfarin, Synthrome (Acenocoumarol), Pradaxa (Dabigatran Etxilate), Xarelto (Rivaroxaban) or Phenindione.
- Are HIV positive*
- Have Hepatitis B or C*

There will be questions in the CAPI program to establish whether the respondent meets any of the exclusion criteria. With regard to HIV and Hepatitis, respondents will be asked whether they are aware of any reason why they should not give a blood sample and will indicate their answer using a show card.

11.3 Equipment

You will need:

- Isopropyl Alcohol Hand gel
- Disposable gloves x 4
- Disposable table mat
- Blood collection kit containing
 - Auto-retracting lancet x 2
 - Blood spot collection card
 - Gauze pad x 2
 - Alcohol wipe
 - Eureka alcohol free cleansing wipes (if respondent allergic to alcohol on their skin)
 - Plaster
 - Micropore tape and gauze pad (if respondent allergic to plasters)
- Sharps bin
- Sealable disposal bag
- Dispatch packaging

11.4 Preparing the respondent

Inform the respondent that you are going to need to prick one of their middle fingers or their thumb. The finger prick can be done on either hand, whichever the respondent prefers. Read the appropriate text in the CAPI to the respondent and ensure that signed consent has been obtained.

11.5 Procedure

1. Wash or cleanse your hands as appropriate for the setting.
2. Place the disposable mat on a hard, clean and dry surface (you may use the same mat if previously used for saliva collection).
3. Put on a pair of disposable gloves.
4. Remove all parts of the blood collection kit and place on the disposable mat in close proximity. If any item is opened or broken do not use. Ensure that all equipment and materials are out of the reach of children.
5. Ask the respondent to rub their hands together or massage them so that the blood is flowing to finger tips.
6. Ask the respondent whether they'd rather use their left or right hand. Choose a finger or thumb for the finger prick
 - Avoid fingers with thick calluses or with tight rings as they may obstruct blood flow.
7. Clean the respondent's finger or thumb with alcohol wipe or with a Eureka wipe if allergic to alcohol on their skin and make sure that the finger is dry before proceeding (wait at least 30 seconds).

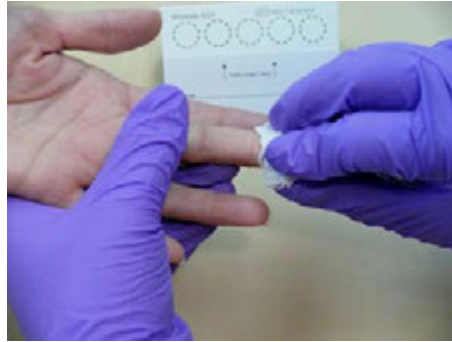


8. Remove the blue tip from the lancet in order to activate it. While holding the respondents hand firmly, place the lancet on the side of the pad of the respondent's finger or thumb.



9. Trigger the lancet to prick the finger. If necessary instruct the respondent to gently squeeze his/her finger from the base several times to form a large drop of blood.

10. With the sterile gauze pad, wipe away the first drop of blood. Place the used gauze pad on the disposable mat.



11. When the next large drop of blood is formed, allow the blood to drop onto the left-most box on the blood collection card. If a single drop of blood does not completely fill the area, you may add additional drops as soon as they form. If the blood does not absorb into the card, gently tap the card to break the surface tension of the blood and allow it to flow through to the card below.



12. Collect remaining drops of blood onto the filter paper card. Attempt to obtain five good spots.

- allow each drop of blood to fully form before dropping onto the filter paper
- do not “milk” the finger to increase blood flow—instead, gently knead the hand from palm down in order to stimulate blood flow
- wipe away blood that begins to clot or spreads unevenly with a gauze pad



DO NOT:

- drop spot before full drop has formed – this creates small spots that should be avoided
- drop spots close enough that they overlap
- blot finger onto filter paper. Instead, you should let the blood drop naturally or touch the blood drop (not the finger) to the filter paper card

13. Provide the respondent with a gauze pad to press on their finger and offer them an adhesive plaster or alternative dressing.

14. Dispose of the lancet in the sharps bin.

15. Place or ask the respondent to place the used gauze pad, alcohol wipe and wrappers in the disposal bag, along with your disposable gloves and seal the bag. Dispose, or ask the respondent to dispose, of the waste.

16. Put the blood spot card in a safe place and allow the blood sample to air dry for a minimum of 20 minutes.
17. Once the blood spots are dry, ensure that you put on a new pair of disposable gloves before packaging the samples. Close the blood sample card and package with a desiccant pack using the dispatch materials as directed by the project instructions.
18. Use hand gel to cleanse hands after sample packaged

Respondents who declare that they are HIV positive or have Hepatitis B or C should be excluded from this measurement. If, however, they declare this during or after the procedure you should continue with the sample collection and then dispose of all waste in the sharps bin rather than the disposable bag. You should allow the samples to dry and package as you would in any other case but these should **not** be dispatched through the post. After you leave the respondent's house you should also dispose of the blood spot cards in the sharps bin.

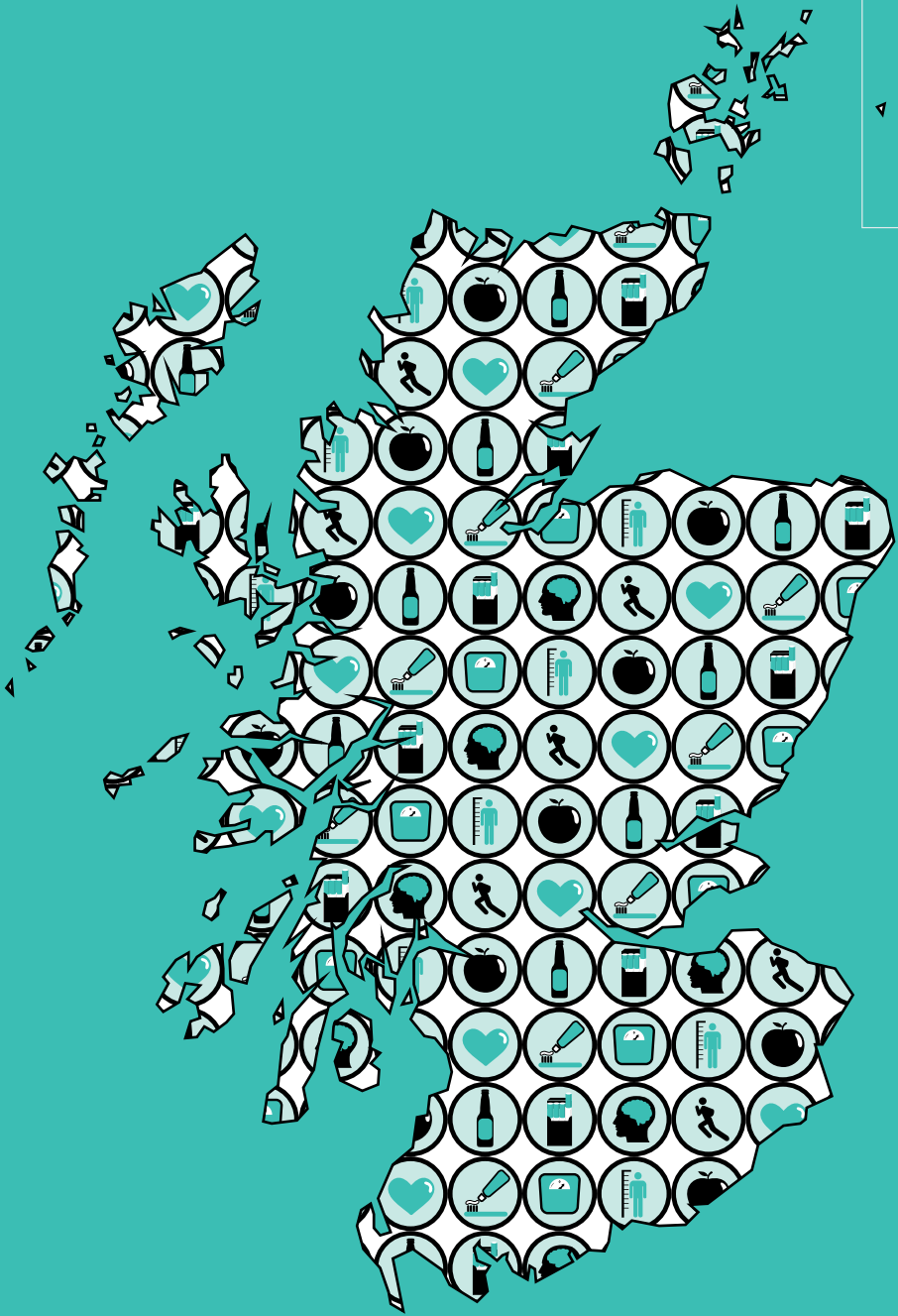
12 CONTACTS

Should you have any questions regarding the protocols then please do not hesitate to contact your project manager. You can also contact the Survey Doctor, whose details can be found in the project instructions.

Should you have any questions regarding the project on which you are working then please contact the relevant operations team in Brentwood or the research team in London. These details are also found in the project instructions.

13 USEFUL NATCEN REFERENCE GUIDES

1. *CMS User Guide*
For all queries on using the CAPI menu system.
2. *Operations Safety Handbook*
A guide for interviewers, nurses and researchers
3. *Project Instructions*

















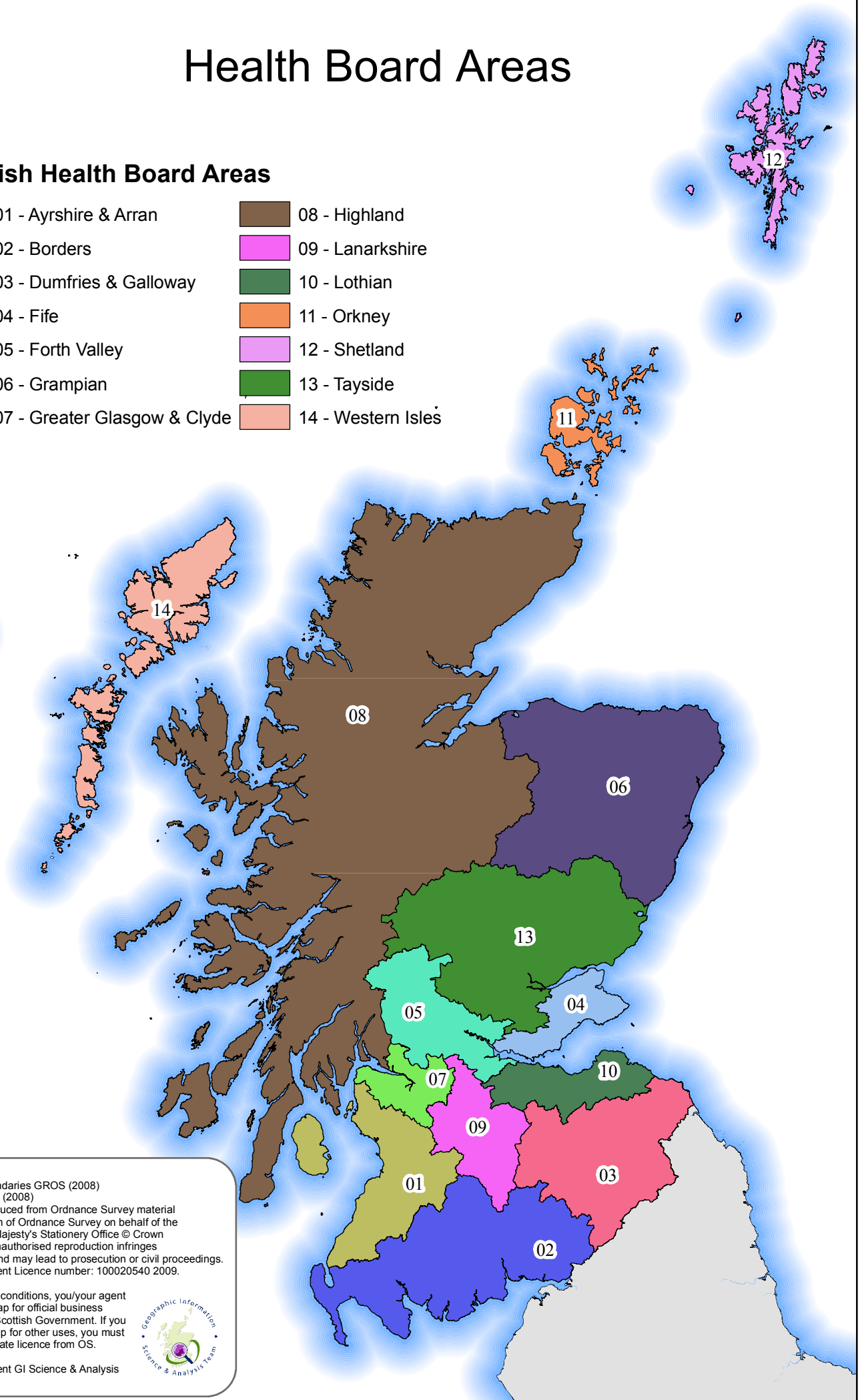
Appendix C

Health Board areas

Health Board Areas

Scottish Health Board Areas

	01 - Ayrshire & Arran		08 - Highland
	02 - Borders		09 - Lanarkshire
	03 - Dumfries & Galloway		10 - Lothian
	04 - Fife		11 - Orkney
	05 - Forth Valley		12 - Shetland
	06 - Grampian		13 - Tayside
	07 - Greater Glasgow & Clyde		14 - Western Isles

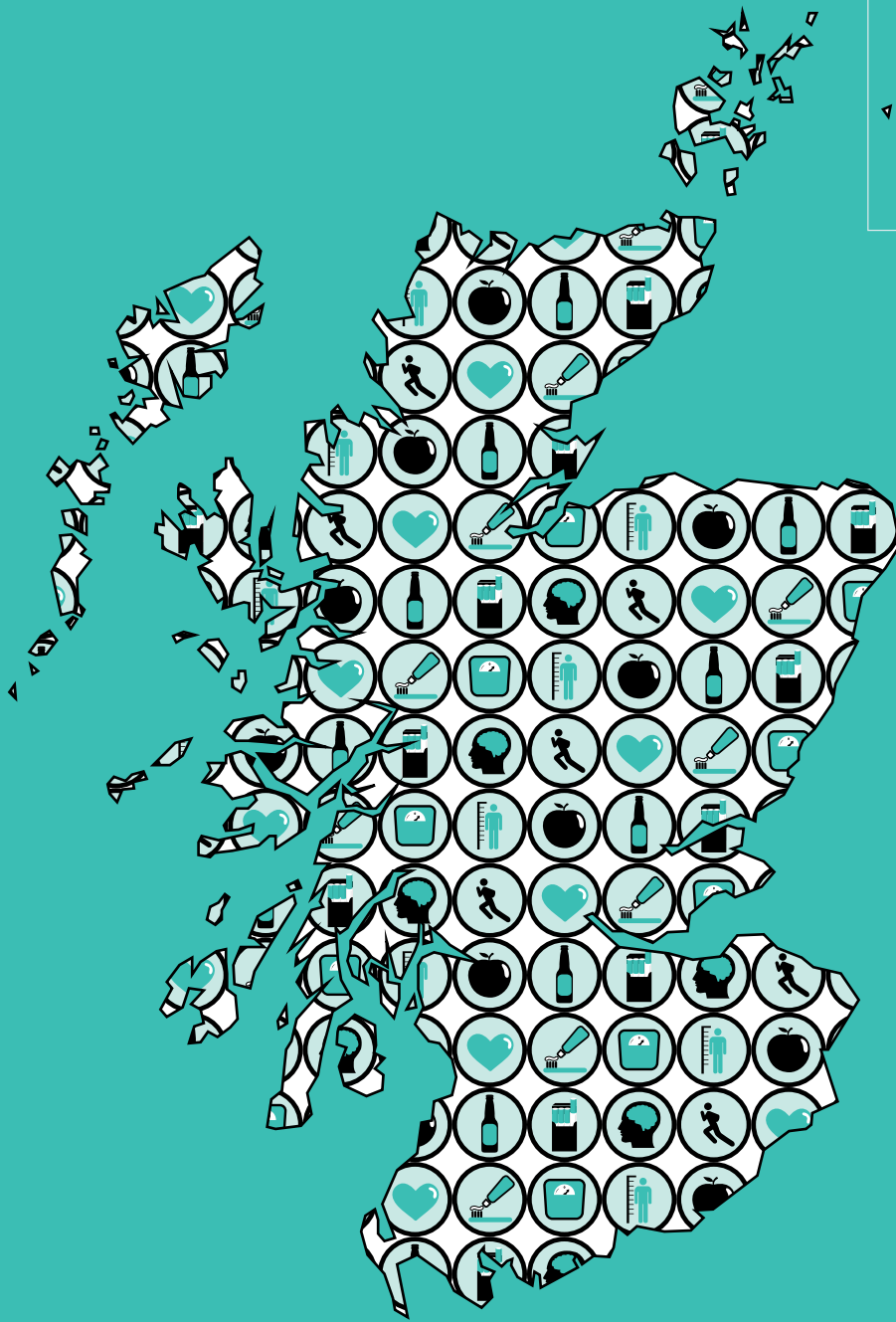


Sources:
 Health Board Boundaries GROS (2008)
 LA Boundaries OS (2008)
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Scottish Government GI Science & Analysis Team May 2009.



Appendix D

Glossary

APPENDIX A: GLOSSARY

This glossary explains terms used in the report, other than those fully described in particular chapters.

Age Standardisation Age standardisation has been used in order to enable groups to be compared after adjusting for the effects of any differences in their age distributions.

When different sub-groups are compared in respect of a variable on which age has an important influence, any differences in age distributions between these sub-groups are likely to affect the observed differences in the proportions of interest.

Age standardisation was carried out, using the direct standardisation method. The standard population to which the age distribution of sub-groups was adjusted was the mid-2011 population estimates for Scotland. All age standardisation has been undertaken separately within each sex.

The age-standardised proportion p' was calculated as follows, where p_i is the age specific proportion in age group i and N_i is the standard population size in age group i :

$$p' = \frac{\sum_i N_i p_i}{\sum_i N_i}$$

Therefore p' can be viewed as a weighted mean of p_i using the weights N_i . Age standardisation was carried out using the age groups: 16-24, 25-34, 35-44, 45-54, 55-64, 65-74 and 75 and over. The variance of the standardised proportion can be estimated by:

$$var(p') = \frac{\sum_i (N_i^2 p_i q_i / n_i)}{(\sum_i N_i)^2}$$

where $q_i = 1 - p_i$.

Anthropometric measurement See **Body mass index (BMI), Waist circumference**

Arithmetic mean See **Mean**

AUDIT The Alcohol Use Disorders Identification Test (AUDIT) is a tool developed by the World Health Organisation used to measure

harmful alcohol consumption or dependence. In 2012 it was used on SHeS, replacing the CAGE questionnaire, which was also used to identify prevalence of problem drinking. AUDIT consists of 10 questions – questions 1-3 are indicators of consumption, questions 4-6 are indicators of alcohol dependency and questions 7-10 are indicators of harmful consumption. A score of 8 or more are taken to be indicative of an alcohol use disorder. Scores 8 to 15 suggest “hazardous” drinking behaviour and scores of 16 to 19 indicate “harmful” behaviour, although neither of these groups tend to be considered in isolation. Due to the (potentially) sensitive nature of the questions, this questionnaire was administered in self-completion format. All participants who drank alcohol more than very occasionally were asked to complete the questions.

Blood pressure Systolic (SBP) and diastolic (DBP) blood pressure were measured using a standard method (see Volume 2, Appendix B for measurement protocol). In adults, high blood pressure is defined as SBP \geq 140 mmHg or DBP \geq 90 mmHg or on antihypertensive drugs.

Body mass index Weight in kg divided by the square of height in metres. Adults (aged 16 and over) can be classified into the following BMI groups:

<i>BMI (kg/m²)</i>	<i>Description</i>
Less than 18.5	Underweight
18.5 to less than 25	Normal
25 to less than 30	Overweight
30 to less than 40	Obese
40 and above	Morbidly obese

Although the BMI calculation method is the same, there are no fixed BMI cut-off points defining overweight and obesity in children. Instead, overweight and obesity are defined using several other methods including age and sex specific BMI cut-off points or BMI percentiles cut-offs based on reference populations. Children can be classified into the following groups:

<i>Percentile cut-off</i>	<i>Description</i>
At or below 2nd percentile	At risk of underweight
Above 2nd percentile and below 85th percentile	Healthy weight
At or above 85th percentile and below 95th percentile	At risk of overweight
At or above 95th percentile and below 98th percentile	At risk of obesity

CAGE

The CAGE questionnaire has been included in SHeS since 1995 and was replaced in 2012 by the AUDIT questionnaire. It was asked of participants aged 16 and over who drank alcohol more than occasionally. Three questions relate to physical dependency on alcohol and the other three relate to feeling that they ought to cut down on drinking, feeling guilty about drinking and annoyance of other people's impression of their own drinking. Agreement with two (or more) of the six CAGE items is indicative of problem drinking. This questionnaire was administered in self-completion format due to the sensitive nature of the questions.

Cardiovascular Disease

Participants were classified as having cardiovascular disease (CVD) if they reported ever having any of the following conditions diagnosed by a doctor: angina, heart attack, stroke, heart murmur, irregular heart rhythm, 'other heart trouble'. For the purpose of this report, participants were classified as having a particular condition only if they reported that the diagnosis was confirmed by a doctor. No attempt was made to assess these self-reported diagnoses objectively. There is therefore the possibility that some misclassification may have occurred, because some participants may not have remembered (or not remembered correctly) the diagnosis made by their doctor.

Chronic Obstructive Pulmonary Disease (COPD)

COPD is defined by the World Health Organisation (WHO) as 'a pulmonary disease characterised by chronic obstruction lung airflow that interferes with normal breathing and is not fully reversible.' It is associated with symptoms and clinical signs that in the past have been called 'chronic bronchitis' and 'emphysema,' including regular cough (at least three consecutive months of the year) and production of phlegm.

Cotinine

Cotinine is a metabolite of nicotine. It is one of several biological markers that are indicators of smoking. In this survey, it was measured in saliva. It has a half-life in the body of between 16 and 20 hours, which means that it will detect regular smoking (or other tobacco use such as chewing) but may not detect occasional use if the last occasion was several days ago. In this report, anyone with a salivary cotinine level of 12 nanograms per millilitre or more was judged highly likely to be a tobacco user. In previous reports the threshold for detecting tobacco use was set 15 nanograms per millilitre or more of cotinine. Chapter 4 in this report explains the reasoning for the threshold change. Saliva samples were collected as part of the biological module.

Creatinine

This is excreted in urine and unlike sodium and potassium is relatively stable over time. Therefore in the analysis of urinary salt, the ratio of sodium to creatinine and of potassium to creatinine are analysed as proxy measures for dietary sodium and potassium. See also **Urine, Sodium, Potassium**.

DSM-IV

The DSM-IV screening instrument was developed for the British Gambling Prevalence Survey (BGPS) series is based on criteria from the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association (DSM-IV). This contains ten diagnostic criteria ranging from chasing losses to committing a crime to fund gambling. The DSM-IV criteria constitute a tool created for diagnosis of pathological gambling by clinicians and was not intended for use as a screening instrument among the general population. As such, there is no 'gold standard' questionnaire version of the DSM-IV. The screen used within the BGPS series and on SHeS was first developed in 1999 and was subject to a rigorous development and testing process, including cognitive testing and piloting. Each DSM-IV item is assessed on a four point scale, ranging from 'never' to 'very often'. Responses to each item can either be dichotomised to show whether a person meets the criteria or not, or allocated a score and a total score produced. Previous surveys in the BGPS series have used the dichotomous scoring method and it is this method that is presented in this report. A total score between zero and ten is possible.

Among clinicians, a diagnosis of pathological gambling is made if a person meets five out of the ten criteria. Many surveys including the BGPS, when adapting the DSM-IV criteria into a screening instrument for use within a general population survey have included a further category of 'problem gambler' for those who meet at least three of the DSM-IV criteria. This cut-point has been found to give good discrimination between criterion groups and has provided the closest match to prevalence estimated by alternative screens used in the BGPS series (the SOGs in 1999 and PGSI in 2007).

Diastolic blood

When measuring blood pressure the diastolic arterial pressure is the lowest pressure at the resting phase of the cardiac cycle. See also **Blood pressure, Systolic blood pressure**.

Equivalised Household income

Making precise estimates of household income, as is done for example in the Family Resources Survey, requires far more interview time than was available in the Health Survey. Household income was thus established by means of a card (see Volume 2, Appendix A) on which banded incomes were presented. Information was obtained from the household reference person (HRP) or their partner. Initially they were

asked to state their own (HRP and partner) aggregate gross income, and were then asked to estimate the total household income including that of any other persons in the household. Household income can be used as an analysis variable, but there has been increasing interest recently in using measures of equivalised income that adjust income to take account of the number of persons in the household. Methods of doing this vary in detail: the starting point is usually an exact estimate of net income, rather than the banded estimate of gross income obtained in the Health Survey. The method used in the present report was as follows. It utilises the widely used McClements scoring system, described below.

1. A score was allocated to each household member, and these were added together to produce an overall household McClements score. Household members were given scores as follows.

First adult (HRP)	0.61
Spouse/partner of HRP	0.39
Other second adult	0.46
Third adult	0.42
Subsequent adults	0.36
Dependant aged 0-1	0.09
Dependant aged 2-4	0.18
Dependant aged 5-7	0.21
Dependant aged 8-10	0.23
Dependant aged 11-12	0.25
Dependant aged 13-15	0.27
Dependant aged 16+	0.36

2. The equivalised income was derived as the annual household income divided by the McClements score.
3. This equivalised annual household income was attributed to all members of the household, including children.
4. Households were ranked by equivalised income, and quintiles q1- q5 were identified. Because income was obtained in banded form, there were clumps of households with the same income spanning the quintiles. It was decided not to split clumps but to define the quintiles as 'households with equivalised income up to q1', 'over q1 up to q2' etc.
5. All individuals in each household were allocated to the equivalised household income quintile to which their household had been allocated. Insofar as the mean number of persons per household may vary between tertiles, the numbers in the quintiles will be unequal. Inequalities in numbers are also introduced by the clumping referred to

above, and by the fact that in any sub-group analysed the proportionate distribution across quintiles will differ from that of the total sample.

Reference: McClements, D. (1977). Equivalence scales for children. *Journal of Public Economics*. 8: 191-210.

Frankfort plane

The Frankfort Plane is an imaginary line passing through the external ear canal and across the top of the lower bone of the eye socket, immediately under the eye. Informants' heads are positioned with the Frankfort Plane in a horizontal position when height is measured using a stadiometer as a means of ensuring that, as far as possible, the measurements taken are standardised.

Geometric mean

The geometric mean is a measure of central tendency. It is sometimes preferable to the arithmetic mean, since it takes account of positive skewness in a distribution. An arithmetic mean is calculated by summing the values for all cases and dividing by the number of cases in the set. The geometric mean is instead calculated by multiplying the values for all cases and taking the n th root, where n is the number of cases in the set. For example, a dataset with two cases would use the square root, for three cases the cube root would be used, and so on. The geometric mean of 2 and 10 is 4.5 ($2 \times 10 = 20$, $\sqrt{20} = 4.5$). Geometric means can only be calculated for positive numbers so zero values need to be handled before geometric means are calculated. See also **Arithmetic mean**.

GHQ12

The General Health Questionnaire (GHQ12) is a scale designed to detect possible psychiatric morbidity in the general population. It was administered to informants aged 13 and above. The questionnaire contains 12 questions about the informant's general level of happiness, depression, anxiety and sleep disturbance over the past four weeks. Responses to these items are scored, with one point given each time a particular feeling or type of behaviour was reported to have been experienced 'more than usual' or 'much more than usual' over the past few weeks. These scores are combined to create an overall score of between zero and twelve. A score of four or more (referred to as a 'high' GHQ12 score) has been used in this report to indicate the presence of a possible psychiatric disorder.

Reference: Goldberg D, Williams PA. *User's Guide to the General Health Questionnaire*. NFER-NELSON, 1988.

High blood pressure

See **Blood pressure**

Household	A household was defined as one person or a group of people who have the accommodation as their only or main residence and who either share at least one meal a day or share the living accommodation.
Household Reference Person	The household reference person (HRP) is defined as the householder (a person in whose name the property is owned or rented) with the highest income. If there is more than one householder and they have equal income, then the household reference person is the oldest.
Income	See Equivalised household income
Ischaemic heart disease	Participants were classified as having ischaemic heart disease (IHD) if they reported ever having angina or a heart attack diagnosed by a doctor.
Latent Class Analysis	Latent class analysis is a statistical approach which categorises people into different groups or 'latent classes' based on responses to a series of questions. LCA operates by identifying the number of classes or groups that best fit the data and generating probabilities membership of each group for every eligible participant. Once this is done, a participant is assigned to the class for which they have the highest probability of membership.
Logistic regression	<p>Logistic regression was used to investigate the effect of two or more independent or predictor variables on a two-category (binary) outcome variable. The independent variables can be continuous or categorical (grouped) variables. The parameter estimates from a logistic regression model for each independent variable give an estimate of the effect of that variable on the outcome variable, adjusted for all other independent variables in the model.</p> <p>Logistic regression models the log 'odds' of a binary outcome variable. The 'odds' of an outcome is the ratio of the probability of it occurring to the probability of it not occurring. The parameter estimates obtained from a logistic regression model have been presented as odds ratios for ease of interpretation.</p> <p>For <i>continuous</i> independent variables, the odds ratio gives the change in the odds of the outcome occurring for a one unit change in the value of the predictor variable.</p> <p>For <i>categorical</i> independent variables one category of the categorical variable has been selected as a baseline or</p>

reference category, with all other categories compared to it. Therefore there is no parameter estimate for the reference category and odds ratios for all other categories are the ratio of the odds of the outcome occurring between each category and the reference category, adjusted for all other variables in the model.

The statistical significance of independent variables in models was assessed by the likelihood ratio test and its associated p value. 95% confidence intervals were also calculated for the odds ratios. These can be interpreted as meaning that there is a 95% chance that the given interval for the sample will contain the true population parameter of interest. In logistic regression a 95% confidence interval which does not include 1.0 indicates the given parameter estimate is statistically significant.

Reference: Hosmer, D.W. Jr. and Lemeshow. S. (1989).

Applied logistic regression. New York: John Wiley & Sons.

Long-term conditions & limiting long-term conditions

Long-term conditions were defined as a physical or mental health condition or illness lasting, or expected to last 12 months or more. The wording of this question changed in 2012 and is now aligned with the harmonised questions for all large Scottish Government surveys. Between 2008 and 2011 participants were asked whether they had a long-standing physical or mental condition or disability that has troubled them for at least 12 months, or is likely to affect them for at least 12 months. Note that prior to 2008 these were described as long-standing illnesses. Long-term conditions were coded into categories defined in the International Classification of Diseases (ICD), but it should be noted that the ICD is used mostly to classify conditions according to the cause, whereas SHeS classifies according to the reported symptoms. A long-term condition was defined as limiting if the respondent reported that it limited their activities in any way.

Mean

Means in this report are **Arithmetic means** (the sum of the values for cases divided by the number of cases).

Median

The value of a distribution which divides it into two equal parts such that half the cases have values below the median and half the cases have values above the median.

Morbid obesity

See **Body mass index**.

NHS Health Board

The National Health Service (NHS) in Scotland is divided up into 14 geographically-based local NHS Boards and a number of National Special Health Boards. Health Boards in this report refers to the 14 local NHS Boards. (See Volume 2: Appendix C)

NS-SEC

The National Statistics Socio-economic Classification (NS-SEC) is a social classification system that attempts to classify

groups on the basis of employment relations, based on characteristics such as career prospects, autonomy, mode of payment and period of notice. There are fourteen operational categories representing different groups of occupations (for example higher and lower managerial, higher and lower professional) and a further three 'residual' categories for full-time students, occupations that cannot be classified due to lack of information or other reasons. The operational categories may be collapsed to form a nine, eight, five or three category system. This report mostly uses the five category system in which participants are classified as managerial and professional, intermediate, small employers and own account workers, lower supervisory and technical, and semi-routine and routine occupations. In some instances where there were insufficient numbers to use the five category classification, the three category system was used instead. In analyses presented in this report it is the NS-SEC of the household reference person which is used. NS-SEC was introduced in 2001 and replaced Registrar General's Social Class (which had been used in the 1995 and 1998 surveys) as the main measure of socio-economic status.

Obesity	See Body mass index
Odds ratio	See Logistic regression
Overweight	See Body mass index
Percentile	The value of a distribution which partitions the cases into groups of a specified size. For example, the 20th percentile is the value of the distribution where 20 percent of the cases have values below the 20th percentile and 80 percent have values above it. The 50th percentile is the median.
p value	A p value is the probability of the observed result occurring due to chance alone. A p value of less than 5% is conventionally taken to indicate a statistically significant result ($p < 0.05$). It should be noted that the p value is dependent on the sample size, so that with large samples differences or associations which are very small may still be statistically significant. Results should therefore be assessed on the magnitude of the differences or associations as well as on the p value itself. The p values given in this report take into account the clustered sampling design of the survey.
Potassium	The intake of potassium (K) can be estimated by measuring urinary excretion. This is collected in the nurse visit using a spot urine sample. See also Urine, Sodium, Creatinine . There

is an inverse association between potassium intake and blood pressure.

Problem Gambling Severity Index (PGSI) The PGSI, developed by Ferris and Wynne, was specifically designed for use among the general population rather than within a clinical context. It was developed, tested and validated within a general population survey of over 3,000 Canadian residents. The index consists of nine items ranging from chasing losses to gambling causing health problems to feeling guilty about gambling. Each item is assessed on a four-point scale: never, sometimes, most of the time, almost always. Responses to each item are given the following scores: never = zero; sometimes = one; most of the time = two; almost always = three. When scores to each item are summed, a total score ranging from zero to 27 is possible. A PGSI score of eight or more represents a problem gambler. This is the threshold recommended by the developers of the PGSI and the threshold used in this report. The PGSI was also developed to give further information on sub-threshold problem gamblers. PGSI scores between three and seven are indicative of 'moderate risk' gambling and a score of one or two is indicative of 'low risk' gambling.

Quintile Quintiles are percentiles which divide a distribution into fifths, i.e., the 20th, 40th, 60th and 80th percentiles.

Scottish Index of Multiple Deprivation The Scottish Index of Multiple Deprivation (SIMD) is the Scottish Government's official measure of area based multiple deprivation. It is based on 37 indicators across 7 individual domains of current income, employment, housing, health, education, skills and training and geographic access to services and telecommunications. SIMD is calculated at data zone level, enabling small pockets of deprivation to be identified. The data zones are ranked from most deprived (1) to least deprived (6505) on the overall SIMD index. The result is a comprehensive picture of relative area deprivation across Scotland.

This report uses the SIMD 2012.
<http://www.scotland.gov.uk/Topics/Statistics/SIMD>

Sodium The intake of sodium (Na) can be estimated by measuring urinary excretion. This was collected in the biological module using a spot urine sample. There is an association between sodium intake and blood pressure. See also **Urine, Potassium, Creatinine**.

SDQ The Strengths and Difficulties Questionnaire (SDQ) is designed to detect behavioural, emotional and relationship difficulties in children aged 4-16. The questionnaire is based on 25 items: 10

strengths, 14 difficulties and one neutral item. The 25 items are divided into 5 scales of 5 items each: hyperactivity, emotional symptoms, conduct problems, peer problems and prosocial behaviour. Each SDQ item has three possible answers which are assigned a value 0, 1 or 2. The score for each scale is generated by adding up the scores on the 5 items within that scale, producing scale scores ranging from 0 to 10. A 'Total Difficulties' score is derived from the sum of scores from each of the scales except the Prosocial Behaviour scale, producing a total score from 0 to 40. The SDQ was used for children aged 4-12 in the 2008, 2009, 2010 and 2011 surveys.

The SDQ correlates highly with the Rutter questionnaire and the Child Behaviour Checklist, both of which are long established behavioural screening questionnaires for children that have been proved valid and reliable in many contexts and correlate highly with one another. The SDQ is shorter than these screening instruments and is the first to include a scale focusing on positive behaviour: the Prosocial Behaviour Scale. Reference: Goodman, R. (1997). The Strengths and Difficulties Questionnaire: A Research Note. *Journal of Child Psychology and Psychiatry*. 38: 581-586.

- Standard deviation** The standard deviation is a measure of the extent to which the values within a set of data are dispersed from, or close to, the mean value. In a normally distributed set of data 68% of the cases will lie within one standard deviation of the mean, 95% within two standard deviations and 99% will be within 3 standard deviations. For example, for a mean value of 50 with a standard deviation of 5, 95% of values will lie within the range 40-60.
- Standard error** The standard error is a variance estimate that measures the amount of uncertainty (as a result of sampling error) associated with a survey statistic. All data presented in this report in the form of means are presented with their associated standard errors (with the exception of the WEMWBS scores which are also presented with their standard deviations). Confidence intervals are calculated from the standard error; therefore the larger the standard error, the wider the confidence interval will be.
- Standardisation** In this report, standardisation refers to standardisation (or 'adjustment') by age (see **Age standardisation**).
- Unit of alcohol** Alcohol consumption is reported in terms of units of alcohol. A unit of alcohol is 8 gms or 10ml of ethanol (pure alcohol). See Chapter 3 of volume 1 of this Report for a full explanation of how reported volumes of different alcoholic drinks were

converted into units. The method for doing this has undergone significant change since the report of the 2003 SHeS was published, these are also detailed in Chapter 3.

**Waist
Circumference**

Waist circumference is a measure of deposition of abdominal fat. It was measured during the biological module. A raised waist circumference has been defined as more than 102cm in men and more than 88cm in women.

WEMWBS

The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) was developed by researchers at the Universities of Warwick and Edinburgh, with funding provided by NHS Health Scotland, to enable the measurement of mental well-being of adults in the UK. It was adapted from a 40 item scale originally developed in New Zealand, the Affectometer 2. The WEMWBS scale comprises 14 positively worded statements with a five item scale ranging from '1 - None of the time' to '5 - All of the time'. The lowest score possible is therefore 14 and the highest is 70. The 14 items are designed to assess positive affect (optimism, cheerfulness, relaxation); and satisfying interpersonal relationships and positive functioning (energy, clear thinking, self-acceptance, personal development, mastery and autonomy).

References:

Kammann, R. and Flett, R. (1983). *Sourcebook for measuring well-being with Affectometer 2*. Dunedin, New Zealand: Why Not? Foundation.

The briefing paper on the development of WEMWBS is available online from: <www.wellscotland.info/indicators.html>

A NATIONAL STATISTICS PUBLICATION FOR SCOTLAND

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