Volume 2

Methodology and documentation

A survey carried out on behalf of The NHS Information Centre

Edited by Rachel Craig and Nicola Shelton

Joint Health Surveys Unit

NatCen
National Centre for Social Research

UCL
Department of Epidemiology and Public Health, UCL Medical School
Volume 2

Methodology and documentation

Edited by
Rachel Craig and Nicola Shelton

Principal authors
Moushumi Chaudhury, Emanuela Falaschetti, Elizabeth Fuller, Helen Mackenzie, Jennifer Mindell, Soazig Nicholson, Deanna Pickup, Marilyn Roth, Shaun Scholes, Faiza Tabassum, Joanne Thompson and Heather Wardle.

Joint Health Surveys Unit
National Centre for Social Research
Department of Epidemiology and Public Health,
UCL Medical School

THE NHS INFORMATION CENTRE
Volume 2: Methodology and documentation

Foreword 7
Editors' acknowledgements 8
Notes 9

1 Introduction 11
1.1 The Health Survey for England series 11
1.2 The 2007 survey 12
1.3 Reports on the Health Survey for England 2007 12
1.4 Availability of unpublished data 13

2 Sample design 13
2.1 Overview of the sample design 13
2.2 Selection of primary sampling units 13
2.3 Sampling addresses, dwelling units and households 14
2.4 Sampling individuals within households 14

3 Topic coverage 14
3.1 Documentation 14
3.2 The Stage 1 interview 14
3.3 The Stage 2 nurse visit 16

4 Fieldwork procedures 17
4.1 Advance letters 17
4.2 Making contact 17
4.3 Collecting data 17
4.4 Interviewing and measuring children 17
4.5 Feedback to participants 18

5 Fieldwork quality control and ethical clearance 18
5.1 Quality control measures 18
5.2 Ethical clearance 19

6 Survey response 19
6.1 Introduction to response analysis 19
6.2 General population sample: household response 19
6.3 General population sample: individual response for adults 20
6.4 General population sample: individual response for children aged 0-15
6.5 General population and boost sample of children: individual response
6.6 Variations in survey response
6.7 Age and sex profile of the general population sample

7 Weighting the data
7.1 Background
7.2 Calculation of the general population sample weights
7.3 Child sample weights combining general population sample and boost sample
7.4 Child sample weights for the boost sample only

8 Data analysis and reporting
8.1 Introduction
8.2 Weighted and unweighted data and bases in the report tables
8.3 Reporting age variables
8.4 Standard analysis breakdowns
8.5 Logistic regression analysis
8.6 Design effects and true standard errors

9 Quality control of urine and saliva analytes
9.1 Introduction and key conclusions
9.2 Methodology
9.3 Internal quality control (IQC)
9.4 External quality assessment (EQA)
References and notes
Tables

Appendices
A Fieldwork documents
B Measurement protocols
C Glossary
This report presents the findings of the seventeenth annual survey of health in England. I am pleased to present this important research which has been undertaken on behalf of The NHS Information Centre for health and social care.

The Health Survey for England is conducted annually and collects information about a representative sample of the general population. It is vital to our understanding of the health situation and behaviours of the public in England and helps to ensure that policies are informed by these data.

The survey combines information gathered through interviewing the sampled respondents, including a wealth of socio-demographic variables, with objective measures of health, such as blood pressure measurements. Thus we can study the inter-relationship of the characteristics and circumstances of adults and their children, with their health situation.

The primary focus of the Health Survey for England in 2007 was knowledge and attitudes about key aspects of lifestyle: smoking, drinking, eating and physical activity. Lifestyle behaviours have a major impact on health and are among the important risk factors for many illnesses and health conditions. The 2007 survey focussed on two further areas. One was childhood obesity and other health risk factors for children, including fruit and vegetable consumption, physical activity, drinking and smoking. The remaining topic focus was the impact of the smokefree legislation which came into force in England on the 1st July 2007, making all enclosed public places and workplaces in England smokefree.

I am honoured to welcome this valuable report and to thank all my colleagues in The NHS Information Centre and our counterparts in the Joint Health Surveys Unit for their work. Surveys of this complexity are a team effort. The dedication of the skilled interviewing force is especially noteworthy. May I also thank the anonymous respondents across England who gave up their time to take part in the survey and who were willing to submit to various health tests. Without their help we would lose a public tool of enormous potential to benefit and protect the health of every one of us.

Tim Straughan
Chief Executive
The NHS Information Centre for health and social care
Editors’ acknowledgements

We wish to thank, first of all, all those who gave up their time to be interviewed and who welcomed interviewers and nurses into their homes. We would also like to acknowledge the debt the survey’s success owes to the commitment and professionalism of the interviewers and nurses who worked on the survey throughout the year.

We would like to thank all those colleagues who contributed to the survey and this report. In particular we would like to thank:

- The authors of all the chapters: Moushumi Chaudhury, Emanuela Falaschetti, Elizabeth Fuller, Helen Mackenzie, Jennifer Mindell, Soazig Nicholson, Deanna Pickup, Marilyn Roth, Shaun Scholes, Faiza Tabassum, Joanne Thompson and Heather Wardle.
- Emily Diment and Claire Deverill, whose hard work and support have been crucial in putting this report together.
- Other research colleagues, especially Shaun Scholes, Kevin Pickering and Sarah Tipping.
- Operations staff, especially Lesley Mullender, Sue Roche and the Area Managers at NatCen and Barbara Carter-Szatynska at UCL.
- The principal programmers, Jo Periam, Sven Sjodin and Colin Micelli.
- All the field interviewers and nurses who worked on the project.

We would also like to express our thanks to Professor Ian Gibb and his staff at the Department of Clinical Biochemistry at the Royal Victoria Infirmary in Newcastle upon Tyne, and to Dr Colin Feyerabend and his staff at ABS Laboratories, London, for their helpfulness and efficiency.

Last, but certainly not least, we wish to express our appreciation of the work of the staff at The NHS Information Centre at all stages of the project, and in particular the contribution made by Andy Sutherland, Alison Crawford, Alyson Whitmarsh, Adam Millican-Slater, Nicola Dawes, James Greenwood and Andrew Hayton.

Rachel Craig and Nicola Shelton
1. The data used in the report have been weighted. The weighting is described in Chapter 7, in Volume 2 of this report. Both unweighted and weighted sample sizes are shown at the foot of each table. The weighted numbers reflect the relative size of each group in the population, not numbers of interviews made, which are shown by the unweighted bases.

2. Children’s data each year have been weighted to adjust for the probability of selection, since a maximum of two children are selected in each household. This ensures that children from larger households are not under-represented. Since 2003, as for adults, non-response weighting has also been applied.

3. Three different non-response weights have been used: one for non-response at the interview stage, one for non-response to the nurse visit, and one for non-response to the cotinine sample. In addition in Chapter 9, Children’s physical activity, there is a separate weight for children in the boost sample only (relating to physical activity behaviour).

4. The following conventions have been used in tables:
   - no observations (zero value)
   0 non-zero values of less than 0.5% and thus rounded to zero
   [] used to warn of small sample bases, if the unweighted base is less than 50. If a group’s unweighted base is less than 30, data are normally not shown for that group.

5. Because of rounding, row or column percentages may not add exactly to 100%.

6. A percentage may be quoted in the text for a single category that aggregates two or more of the percentages shown in a table. The percentage for the single category may, because of rounding, differ by one percentage point from the sum of the percentages in the table.

7. Values for means, medians, percentiles and standard errors are shown to an appropriate number of decimal places. Standard Error may sometimes be abbreviated to SE for reasons of space.

8. ‘Missing values’ occur for several reasons, including refusal or inability to answer a particular question; refusal to co-operate in an entire section of the survey (such as the nurse visit or a self-completion questionnaire); and cases where the question is not applicable to the participant. In general, missing values have been omitted from all tables and analyses. Some questions in the self-completion questionnaire included ‘don’t know’ categories, and these are generally included in the relevant tables.

9. The group to whom each table refers is stated at the upper left corner of the table.

10. The term ‘significant’ refers to statistical significance (at the 95% level) and is not intended to imply substantive importance.
Blank page
Methodology and documentation

Rachel Craig, Sarah Tipping, Kevin Pickering, Shaun Scholes, Emily Diment, Moushumi Chaudhury, Ian Gibb, Mira Doig

1 Introduction

1.1 The Health Survey for England series

The Health Survey for England (HSE) comprises a series of annual surveys, of which the 2007 survey is the seventeenth. All surveys have covered the adult population aged 16 and over living in private households in England. Since 1995, the surveys have also covered children aged 2-15 living in households selected for the survey, and since 2001 infants aged under two have been included as well as older children.

The Health Survey for England (HSE) is part of a programme of surveys currently commissioned by The NHS Information Centre for health and social care, and before April 2005 commissioned by the Department of Health. The surveys provide regular information that cannot be obtained from other sources on a range of aspects concerning the public’s health, and many of the factors that affect health. The series of Health Surveys for England was designed to:

1. Provide annual data from nationally representative samples to monitor trends in the nation’s health;
2. Estimate the proportion of people in England who have specified health conditions;
3. Estimate the prevalence of certain risk factors associated with these conditions;
4. Examine differences between subgroups of the population (by age, sex or income) in their likelihood of having specified conditions or risk factors;
5. Assess the frequency with which particular combinations of risk factors are found, and in which groups these combinations most commonly occur;
6. Monitor progress towards selected health targets;
7. (Since 1995) measure the height of children at different ages, replacing the National Study of Health and Growth; and
8. (Since 1995) monitor the prevalence of overweight and obesity in children.

Each survey in the series includes core questions and measurements such as blood pressure, anthropometric measurements and analysis of saliva and urine samples, as well as modules of questions on specific issues that vary from year to year. In recent years, the core sample has also been augmented by an additional boosted sample from a specific population subgroup, such as minority ethnic groups, older people or, as in 2007, children.

The Health Survey for England has been designed and carried out since 1994 by the Joint Health Surveys Unit of the National Centre for Social Research (NatCen) and the Department of Epidemiology and Public Health at the University College London Medical School (UCL).
1.2 The 2007 survey

The primary focus of the Health Survey for England in 2007 was knowledge and attitudes about key aspects of lifestyle: smoking, drinking, eating and physical activity. Lifestyle behaviours have a major impact on health and are among the important risk factors for many illnesses and health conditions. The HSE has traditionally measured lifestyle behaviour, and in 2007 a new area of questioning was introduced to explore the extent to which people are aware of current government recommendations, and their attitudes to key health issues. It is intended that the data will inform policy making and ensure that appropriate messages about adopting healthy lifestyles can be targeted at different groups within the population.

The Health Survey for England 2007 had two further areas of focus. One was childhood obesity and other health risk factors for children, including fruit and vegetable consumption, physical activity and smoking. Childhood obesity is associated with many illnesses, and in adulthood is linked to increased mortality and reduced life expectancy. Data from the HSE has demonstrated that levels of obesity among children are increasing, and the Public Service Agreement (PSA) shared by the Department of Health, Department for Children, Schools and Families and Department of Culture, Media and Sport aims to ‘Reduce the proportion of overweight and obese children to 2000 levels by 2020 in the context of tackling obesity across the population’.

The remaining topic focus was the impact of the smokefree legislation introduced during 2007. From 1st July 2007, virtually all enclosed public places and workplaces in England became smokefree. The 2007 data allow an initial examination of the effect of the legislation by looking at adults’ and children’s smoking behaviour, and their exposure to other people’s smoke, pre and post 1st July.

As with all previous years, the 2007 Health Survey for England involved a stratified random probability sample of households. The core sample comprised 7,200 addresses selected at random in 720 postcode sectors. Adults and children were interviewed at households identified at the selected addresses. The general household sampling method does not yield sufficient numbers of children for the detailed analyses required, and in 2007 a boost sample of children aged 2-15 was included to supplement the numbers of children recruited through core households. The boost sample of children was attained by randomly selecting 26,100 addresses, some in the same postcode sectors as the core sample and some in an additional 180 postcode sectors to supplement the sample obtained in the core sectors. For both the core and boost samples, where there were three or more children in a household, two of the children were selected at random to limit the respondent burden for parents. Core and boost addresses were issued over 12 months from January to December 2007. For further details on sampling see Section 2.

A total of 6,882 adults and 7,504 children were interviewed, with 1,727 children from the core sample and 5,777 from the boost.

Data collection involved an interview, followed by a visit from a specially trained nurse for all those in the core sample who agreed. The nurse visit included measurements and collection of urine and saliva samples, as well as additional questioning.

1.3 Reports on the Health Survey for England 2007

This volume reports on the methodology of the HSE 2007, and is one of two volumes based on the survey, published as a set as ‘The Health Survey for England 2007’:

1. Healthy lifestyles: knowledge, attitudes and behaviour
2. Methodology and Documentation
### 1.4 Availability of unpublished data

As with previous surveys, a copy of the HSE 2007 data will be deposited at the Data Archive at the University of Essex. Copies of anonymised data files can be made available for specific research projects through the Archive. In addition, trend tables showing data for variables collected every year (‘core’ modules) for adults and children are available on The NHS Information Centre’s website.

### 2 Sample design

#### 2.1 Overview of the sample design

The core sample of the Health Survey for England 2007 was designed to be representative of the population living in private households in England. People living in institutions, who are likely to be older and, on average, in poorer health than those in private households, were not covered. This should be borne in mind when considering the Health Survey’s account of the population’s health.

Like previous surveys in the Health Survey series, the 2007 survey adopted a multi-stage stratified probability sampling design. The sampling frame was the small user Postcode Address File (PAF). A very small proportion of households living at addresses not on the PAF (less than 1%) was not covered.

The sample for HSE 2007 comprised two components: the core (general population) sample and a boost sample of children aged 2-15.

#### 2.2 Selection of primary sampling units

The sample for the HSE was drawn in two stages. At the first stage a random sample of primary sampling units (PSUs), based on postcode sectors, was selected. Within each selected PSU, a random sample of postal addresses (known as delivery points) was then drawn.

Postcode sectors with fewer than 500 PAF addresses were combined with neighbouring sectors to form the PSUs. This was done to prevent the addresses being too clustered within a PSU. To maximise the precision of the sample, it was selected using a method called stratified sampling. The list of PSUs in England was ordered by local authority and, within each local authority, by the percentage of households in the 2001 Census with a head of household in a non-manual occupation (NS-SEC groups 1-3). The sample of PSUs was then selected by sampling from the list at fixed intervals from a random starting point.

900 PSUs were selected with probability proportional to the total number of addresses within them. Selecting PSUs with probability proportional to number of addresses and sampling a fixed number of addresses in each ensures that an efficient (equal probability) sample of addresses is obtained. Once selected the 900 PSUs were randomly allocated to one of two groups; 720 PSUs were allocated to the core sample and 180 PSUs were allocated to the additional child boost sample. The core PSUs contained sampled addresses for both the core and child boost sample, the additional child boost PSUs contained child boost sample only.

Once selected, the PSUs were randomly allocated to the 12 months of the year (60 per month in the core sample, 15 per month in the additional child boost) so that each quarter provided a nationally representative sample.
2.3 Sampling addresses, dwelling units and households

Within each of the 720 core PSUs a sample of 36 addresses was selected. The selected addresses were randomly allocated to either the core or child boost sample: 10 addresses to the core sample and 26 to the child boost sample. In total therefore, there were 10 core addresses allocated within each PSU, giving a total sample of 7,200 (720 x 10) core addresses, and 18,720 child boost addresses (720 x 26).

For the 180 additional child boost PSUs, a random sample of 41 addresses was selected in each PSU, giving a total sample of 7,380 addresses (180 x 41) for the additional child boost sample. The total child boost sample was thus 26,100 addresses (18,720 from the child boost sample in core points and 7,380 from the additional child boost sample).

When visited by interviewers, 11.4% of the selected addresses in the core sample were found not to contain private households. Examples include businesses and institutions, vacant properties, demolished properties and those still being built. These addresses were thus ineligible and were excluded from the survey sample.

Most addresses selected from the PAF contain a single dwelling unit and/or household. However, a small proportion of addresses (about 1%) are multi-occupied. At addresses with more than one dwelling unit (with a separate entrance), one is selected at random by the interviewer to be included in the survey. For dwelling units with more than one household, interviewers were instructed to select all households up to a maximum of three. If there were four or more households, then three households were selected at random.

2.4 Sampling individuals within households

For the HSE core sample, all adults aged 16 years and over at each household were selected for the interview (up to a maximum of ten adults). However, a limit of two was placed on the number of interviews carried out with children aged 0-15. For households at which there were three or more children, interviewers selected two children at random.

For child boost addresses interviewers screened for households containing at least one child aged 2-15 years (i.e. the age range was different from the core). At households containing eligible children, up to two were selected by the interviewer for inclusion in the survey.

The application of weights is required to compensate for the omission of children in households with more than two children (see Section 7), otherwise children from large households would be under-represented.

3 Topic coverage

3.1 Documentation

Copies of all the survey data collection documents are included in Appendix A. Protocols for measurements and for the collection of saliva and urine samples are included in Appendix B. The content of the Stage 1 interview and the Stage 2 nurse visit is summarised below.

3.2 The Stage 1 interview

Information was collected at household level and at individual level. Figure A summarises the content of the household and individual level interviews for all participants, by age group.
### Figure A

**Health Survey for England 2007: Contents**

<table>
<thead>
<tr>
<th>Household data</th>
<th>Household income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household size, composition and relationships</td>
<td>Smoking in household</td>
</tr>
<tr>
<td>Accommodation tenure and number of bedrooms</td>
<td>Type of dwelling and area</td>
</tr>
<tr>
<td>Economic status/occupation of Household Reference Person</td>
<td>Car ownership</td>
</tr>
</tbody>
</table>

#### Individual level information

<table>
<thead>
<tr>
<th>Interviewer visit</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0-1</td>
</tr>
<tr>
<td>General health, longstanding illness, limiting illness, acute sickness, fractures</td>
<td>●</td>
</tr>
<tr>
<td>Child diabetes</td>
<td>●</td>
</tr>
<tr>
<td>Fruit and vegetable consumption (and salt)</td>
<td>●</td>
</tr>
<tr>
<td>Eating habits (fat, sugar)</td>
<td>●</td>
</tr>
<tr>
<td>Child physical activity&lt;sup&gt;a&lt;/sup&gt;</td>
<td>●</td>
</tr>
<tr>
<td>Smoking</td>
<td>●&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
<tr>
<td>Drinking (seven day period)</td>
<td>●&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
<tr>
<td>Economic status/occupation, educational achievement</td>
<td>●</td>
</tr>
<tr>
<td>Ethnic origin</td>
<td>●</td>
</tr>
<tr>
<td>Height measurement</td>
<td>●</td>
</tr>
<tr>
<td>Weight measurement</td>
<td>●</td>
</tr>
<tr>
<td>Reported birth weight</td>
<td>●</td>
</tr>
<tr>
<td>Consent to linkage to NHSCR/ HES</td>
<td>●</td>
</tr>
<tr>
<td>Cycling safety</td>
<td>●&lt;sup&gt;j&lt;/sup&gt;</td>
</tr>
<tr>
<td>Perception of weight</td>
<td>●&lt;sup&gt;j&lt;/sup&gt;</td>
</tr>
<tr>
<td>Attitudes to healthy eating</td>
<td>●&lt;sup&gt;j&lt;/sup&gt;</td>
</tr>
<tr>
<td>Attitudes to smoking</td>
<td>●&lt;sup&gt;j&lt;/sup&gt;</td>
</tr>
<tr>
<td>Attitudes to drinking</td>
<td>●&lt;sup&gt;j&lt;/sup&gt;</td>
</tr>
<tr>
<td>Attitudes to physical activity</td>
<td>●&lt;sup&gt;j&lt;/sup&gt;</td>
</tr>
<tr>
<td>Strengths and difficulties</td>
<td>●&lt;sup&gt;j&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

**Nurse visit**

<table>
<thead>
<tr>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>0-1</td>
</tr>
<tr>
<td>2-3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5-7</td>
</tr>
<tr>
<td>8-10</td>
</tr>
<tr>
<td>11-15</td>
</tr>
<tr>
<td>16-64</td>
</tr>
<tr>
<td>65+</td>
</tr>
</tbody>
</table>

- <sup>a</sup> This module was asked in the boost sample only.
- <sup>b</sup> This module was administered by self-completion.
- <sup>c</sup> This module was administered by self-completion for those aged 16-17 and some aged 18-24.
- <sup>d</sup> This module was administered by self-completion to parents of 4-15 year olds (boost sample only).
- <sup>e</sup> Demi-span measurements were taken for adults aged 25-44 and 65 and over.

---

HSE 2007 | VOL 2: METHODOLOGY AND DOCUMENTATION
The 2007 survey for adults focused on lifestyle behaviour, knowledge and attitudes. Adults were asked modules of questions on general health, alcohol consumption, smoking, and fruit and vegetable consumption. Knowledge and attitudes were covered in self-completion questionnaires (see below).

Children aged 13-15 were interviewed themselves, and parents of children aged 0-12 were asked about their children, with the interview including questions on eating habits (fat and sugar consumption) and fruit and vegetable consumption. Children in the boost sample only were asked about physical activity.

Participants aged eight and over were asked to fill in a self-completion booklet during the interview. There were six booklets for different age groups as specified below. Adults aged 65 and over had a slightly shorter booklet since this age group tends to take longer to complete the survey. The booklet for young adults aged 16-17 asked about smoking and drinking behaviour as well as attitudes, and interviewers also had the option of using this booklet for those aged 18-24 if they felt that it would be difficult for anyone in this age group to give honest answers to the questions face-to-face with other household members present. The extent to which attitude questions were included for children varied according to age group.

<table>
<thead>
<tr>
<th>Booklet for adults aged 18-64</th>
<th>Attitudes to smoking, drinking, healthy eating, physical activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Booklet for adults aged 65 and over</td>
<td>Attitudes to smoking, drinking, healthy eating</td>
</tr>
<tr>
<td>Booklet for young adults aged 16-17</td>
<td>Smoking, drinking; attitudes to smoking, drinking, healthy eating, physical activity</td>
</tr>
<tr>
<td>Booklet for children aged 13-15</td>
<td>Smoking, drinking, perception of weight; attitudes to smoking, drinking, healthy eating, physical activity</td>
</tr>
<tr>
<td>Booklet for children aged 11-12</td>
<td>Smoking, drinking, perceptions of weight; attitudes to healthy eating, physical activity</td>
</tr>
<tr>
<td>Booklet for children aged 8-10</td>
<td>Smoking, drinking, perceptions of weight, cycling safety.</td>
</tr>
</tbody>
</table>

Parents of children aged 4-15 were given a self-completion booklet about each child selected for the survey. This booklet contained the Strengths and Difficulties Questionnaire (SDQ) which is designed to detect possible emotional, behavioural or relationship problems among children of this age.

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

### 3.3 The Stage 2 nurse visit

Nurse visits were offered to all participants in the core sample.

At the nurse visit, questions were asked about prescribed medication, vitamin supplements and use of nicotine replacements; smokers were asked about their current brand of cigarette. For infants, additional information was collected on immunisations. Nurses measured infant length (for those aged six weeks to under 2 years). The nurse also took the blood pressure of those aged 5 and over, and took waist and hip measurements for those aged 11 and over. Demi-span measurements (the length between the sternal notch and the end of the outstretched arm) were taken for participants aged 25-44 and 65 and over.

Spot urine samples were taken from participants aged 16 and over, and samples of saliva (for the analysis of cotinine, a derivative of nicotine) were taken from adults aged 16 and over and children aged 4-15. Written consent was obtained for these samples.

Nurses administered a self-completion booklet about eating habits to those aged 16 and over.
4 Fieldwork procedures

4.1 Advance letters

Each sampled address was sent an advance letter, which introduced the survey and stated that an interviewer would be calling to seek permission to interview.

4.2 Making contact

At initial contact, the interviewer established the number of dwelling units and/or households at an address, and made any selection necessary (see Section 2.3).

The interviewer then made contact with each selected household and, at a core address, attempted to interview all adults (up to a maximum of ten) and up to two children aged 0-15 (see Section 2.4). At boost addresses, interviewers screened for households with children aged 2-15, and within such households up to two children were selected for interview. The interviewer sought parents’ and children’s consent to interview selected children.

4.3 Collecting data

Both interviewers and nurses used computer assisted interviewing.

At each co-operating eligible household, the interviewer first completed a household questionnaire, information being obtained from the household reference person5 or their partner wherever possible. This questionnaire obtained information about all members of the household, regardless of age. If there were one or two children aged under 16, they were automatically included in the sample for an interview. If there were three or more children aged under 16, two were selected. The program created individual questionnaires for adults in core households, and for selected children in core and boost households.

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

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

At the end of the interview in core households, participants were asked for their agreement to the second stage of the survey, the follow-up visit by a nurse. In the case of children aged under 16, the parent’s permission was sought (see Section 4.4 for details). Wherever possible an appointment was made for the nurse to visit within a few days of the interview. At this visit the nurse carried out the measurements described in Section 3.3 and obtained saliva and urine samples from those eligible and willing to provide these samples.

In addition to the advance letter, participants were given two leaflets describing the purpose of the survey and the associated measurements. Interviewers initially handed out one leaflet describing the purpose of the interview. At the end of the interview, they handed out a second leaflet explaining the nurse visit to those who had agreed to this next stage. Copies of these two documents are included in Appendix A. Participants were also given a leaflet summarising some of the findings from previous surveys.

4.4 Interviewing and measuring children

Children aged 13-15 were interviewed directly by interviewers, after permission was 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 from a parent. Whenever possible, younger children were present while their parent answered questions about their health. This was partly
because the interviewer had to measure their height and weight and, in the case of those aged 8 and over, to ask the child to complete a short self-completion booklet during the interview. It also ensured that the child could contribute information where appropriate.

Permission for a nurse to carry out any measurements on a child aged under 16 had to be obtained from the child's parent or someone else with legal parental responsibility for that child. This person had to be present during the nurse visit.

Written consent to collect a saliva sample from the child was obtained from the parent.

4.5 Feedback to participants

Each informant was given a Measurement Record Card in which the interviewer entered the informant’s height and weight, and the nurse entered waist, hip and blood pressure measurements. Participants who saw a nurse were asked if they would like their blood pressure results sent to their GP. If they did want results to go to their GP, written consent was obtained. Written consent to send information to a child’s GP was obtained from the parent.

Nurses were issued with a set of guidelines to follow when commenting on participants’ blood pressure readings (see Appendix B for details). If an adult’s blood pressure reading was severely raised, nurses were instructed to contact the Survey Doctor at the earliest opportunity. For children, they were instructed not to comment on a high reading but to contact the Survey Doctor to assess whether any action was required. Where permission had been given for results to be sent to a participant’s GP, the Survey Doctor contacted the GP if any blood pressure results were markedly abnormal.

5 Fieldwork quality control and ethical clearance

5.1 Quality control measures

5.1.1 Training interviewers and nurses

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

All nurses were professionally qualified and proficient in taking blood samples before joining the Health Survey team. They attended a one and a half day training session at which they received equipment training and were briefed on the specific requirements of the survey with respect to taking blood pressure, taking anthropometric measurements, and taking blood, urine and saliva samples.

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

Interviewers and nurses who had worked on the previous year’s Health Survey attended full day refresher training sessions, where the emphasis was on updating them on new topic coverage, improving measurement skills and gaining respondent participation.

All interviewers and nurses new to the Health Survey were accompanied by a supervisor during the early stages of their work to ensure that interviews and protocols were being correctly administered. Routine supervision of 10% of the work of both interviewers and nurses was carried out subsequently.
5.1.2 Checking interviewer and measurement quality

A large number of quality control measures were built into the survey at both data collection and subsequent stages to check on the quality of interviewer and nurse performance. Recalls to check on the work of both interviewers and nurses were carried out at 10% of productive households. The computer program used by interviewers had in-built soft checks (which can be suppressed) and hard checks (which cannot be suppressed); these included messages querying uncommon or unlikely answers as well as answers out of 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.

At the end of each survey month, the measurements made by each interviewer and nurse were inspected. Any problems (such as higher than average proportions of measurements not obtained, insufficient samples and so on) were discussed with the relevant nurse or interviewer and their supervisor.

5.2 Ethical clearance

Ethical approval for the 2007 survey was obtained from the London Multi-centre Research Ethics Committee (MREC).

6 Survey response

6.1 Introduction to response analysis

This section looks at the response of sampled households in the general population sample (Section 6.2), and then at the response of eligible individuals within those households, firstly for adults (Section 6.3) and then for children (Section 6.4). Individual response for adults and children is examined in two ways: overall response for all eligible individuals in the ‘set’ sample, and response for individuals within co-operating households. Section 6.5 examines response among the total sample of children, combining the general population and boost samples.

Participants were asked to co-operate in a sequence of operations, beginning with a face-to-face interview, progressing to a nurse visit and ending with a request for urine and saliva samples. Individual non-responses are therefore accumulated through the survey stages.

Not every measurement obtained by an interviewer or a nurse was subsequently considered valid for analysis purposes. Full details of the numbers of measurements used for analysis, the number of exclusions and the reasons for them are given in the relevant chapters.

6.2 General population sample: household response

Table 1 shows household response by calendar quarter. The row labelled ‘Total eligible households’ shows the number of private residential households found at the selected addresses (after selection of a single dwelling unit, and up to three households when necessary).
Households described as ‘co-operating’ are those where at least one eligible person was interviewed at Stage 1, the interviewer stage. Households described as ‘all interviewed’ are those where all eligible persons were interviewed, and ‘fully co-operating’ are those where all eligible persons were interviewed, had height and weight measured and agreed to the nurse visit. Households where a participant was ineligible for a height or weight measurement because of a functional impairment or pregnancy are not counted as fully co-operating for this response analysis.

Non-respondents to the survey fall into two groups, those living in households where no one co-operated with the survey, and those living in households where at least one person was interviewed.

66% of eligible households (4,200) in the general population sample took part in the 2007 Health Survey. At 53% of households in the general population sample, all eligible adults and children were interviewed. In the boost sample, 75% of eligible households took part in the survey, and at 74% of boost households all selected children were interviewed. Table 1

6.3 General population sample: individual response for adults

6.3.1 Overall response

There were 6,882 individual interviews with adults in the general population, and 4,998 adults had a nurse visit.

To calculate the response rate for individuals, this number of interviews, the productive outcomes, should be expressed as a proportion of the total number of adults in the sampled households. However, the total number of adults in the sampled households is not known, and must be estimated. There are three groups of households to consider:

- Co-operating households (7,810 adults in 4,200 households, average 1.86 per household)
- Non co-operating households where information on the number of adults is known (2,653 adults in 1,472 households, average 1.80)
- Non co-operating households about which nothing is known (724 households).

The most reasonable assumption is to attribute to the last group the same average number of adults (1.84) as for all households where the number of adults is known (the sum of the first two groups). This assumption gives an estimated total of 11,799 eligible adults, known as the ‘set’ sample.

A further assumption is needed to provide separate ‘set’ samples for men and women. In non co-operating households where the number of adults was known, the numbers of men and women were not usually obtained. However, it can be assumed that the proportion of men and women in the estimated total sample is the same as for the adults in the 4,200 co-operating households. The proportions are 47.8% men and 52.2% women. Applying these proportions to the estimated total of adults gives ‘set’ samples of 5,636 men and 6,162 women.

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

- 58% were interviewed
- 53% had their height measured
- 51% had their weight measured
- 42% saw a nurse
- 41% had their waist and hip circumferences measured
41% had their blood pressure measured
39% gave a saliva sample
36% gave a urine sample

Response to the interview was 54% among men and 62% among women.

### 6.3.2 Adult response in co-operating households

As adults’ ages and other personal characteristics are not known in non-co-operating households, indications of differences in response by these characteristics are confined to co-operating households. Tables 6 and 7 show the proportion of men and women in co-operating households who participated in the key survey stages, by age. These are summarised below:

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>All adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interviewed</td>
<td>82</td>
<td>93</td>
<td>88</td>
</tr>
<tr>
<td>Height measured</td>
<td>75</td>
<td>85</td>
<td>80</td>
</tr>
<tr>
<td>Weight measured</td>
<td>74</td>
<td>81</td>
<td>78</td>
</tr>
<tr>
<td>Saw a nurse</td>
<td>60</td>
<td>68</td>
<td>64</td>
</tr>
<tr>
<td>Waist and hip measured</td>
<td>59</td>
<td>65</td>
<td>62</td>
</tr>
<tr>
<td>Blood pressure measured</td>
<td>59</td>
<td>65</td>
<td>62</td>
</tr>
<tr>
<td>Saliva sample given</td>
<td>57</td>
<td>62</td>
<td>60</td>
</tr>
<tr>
<td>Urine sample given</td>
<td>52</td>
<td>58</td>
<td>55</td>
</tr>
</tbody>
</table>

In co-operating households, response was highest among the oldest age groups, and lowest among those aged 16-24 (70% of men and 82% of women).

It should be noted that, although a lower proportion of men than women had height or weight measured, saw a nurse or had any of the nurse measures, this difference is because a lower proportion of men than women were interviewed. Among those interviewed, co-operation rates were at least as high among men as women for each measure.

### 6.4 General population sample: individual response for children aged 0-15

#### 6.4.1 Overall response among children

Interviews were carried out with 1,727 children (898 boys and 829 girls) aged 0-15 in the core sample, and 1,233 children were seen by a nurse.

To calculate the response rate for children, the number of eligible children in sampled households (the ‘set sample’) is needed as the denominator. This was estimated by assuming that the households where the numbers of children were not known had the same average number of boys and girls as those where it was known, and that the proportion of boys and girls was the same. This results in a ‘set sample’ of 2,646 children. This is likely to be an over-estimate, since non-contacted households have fewer children, on average, than those contacted. Response rates computed for children are therefore conservative. Most non-responding children were in households where no-one (child or adult) cooperated with the survey. The total number of children in the sampled households would be slightly greater than the set sample as some households would have had more than two children.
Response to the interview was 66% among boys and 65% among girls. Height measurements were limited to those aged 2 and over, and for children aged 6 weeks to under 2, infant length was measured. On the assumption that the age distribution of children in the ‘set sample’ is the same as that of children living in interviewed households, response rates were:

<table>
<thead>
<tr>
<th></th>
<th>Boys</th>
<th>Girls</th>
<th>All children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interviewed</td>
<td>66%</td>
<td>65%</td>
<td>65%</td>
</tr>
<tr>
<td>Height/infant length measured</td>
<td>53%</td>
<td>53%</td>
<td>53%</td>
</tr>
<tr>
<td>Weight measured</td>
<td>54%</td>
<td>54%</td>
<td>54%</td>
</tr>
<tr>
<td>Saw a nurse</td>
<td>45%</td>
<td>49%</td>
<td>47%</td>
</tr>
</tbody>
</table>

Table 5

6.4.2 Response in co-operating households

Child response rates, like adult response rates, have also been calculated based on co-operating households to provide sufficient numbers for analysis by age. Among selected children aged 0-15 in co-operating households, the proportion who were interviewed was high, at 95% of eligible boys and 94% of eligible girls. The proportion interviewed was lower among children aged 11-15 (91% of both boys and girls) than among those aged under 11 (98% for boys and 96% for girls).

Tables 8 and 9 show the proportion of boys and girls in co-operating households who participated in the key survey stages, by age. These are summarised below:

<table>
<thead>
<tr>
<th></th>
<th>Boys</th>
<th>Girls</th>
<th>All children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interviewed</td>
<td>95%</td>
<td>94%</td>
<td>95%</td>
</tr>
<tr>
<td>Height measured (aged 2 and over)</td>
<td>80%</td>
<td>82%</td>
<td>81%</td>
</tr>
<tr>
<td>Weight measured</td>
<td>78%</td>
<td>79%</td>
<td>79%</td>
</tr>
<tr>
<td>Saw a nurse</td>
<td>65%</td>
<td>71%</td>
<td>68%</td>
</tr>
<tr>
<td>Infant length measured (aged 6 weeks to under 2 years)</td>
<td>47%</td>
<td>46%</td>
<td>47%</td>
</tr>
<tr>
<td>Waist and hip measured (aged 11 and over)</td>
<td>57%</td>
<td>65%</td>
<td>61%</td>
</tr>
<tr>
<td>Blood pressure measured (aged 5 and over)</td>
<td>58%</td>
<td>66%</td>
<td>62%</td>
</tr>
<tr>
<td>Saliva sample given (aged 4 and over)</td>
<td>55%</td>
<td>63%</td>
<td>59%</td>
</tr>
</tbody>
</table>

The majority of children in all age groups co-operated with the measurements, the only exception being the small number of infants aged from 6 weeks to under 2 years. Around two thirds co-operated with the nurse visit. Tables 8, 9

6.5 General population and boost sample of children: individual response

A total of 5,777 children (2,970 boys and 2,807 girls) aged 2-15 were interviewed in the boost sample and, when combined with the 1,727 children from the core sample, provides a total sample of 7,504 children.
Tables 10 and 11 provide individual response rates to the interview stage for this combined sample in co-operating households; children in the boost did not have a nurse visit. The response rates for the total children’s sample are summarised below:

<table>
<thead>
<tr>
<th></th>
<th>Boys %</th>
<th>Girls %</th>
<th>All children %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interviewed</td>
<td>99</td>
<td>99</td>
<td>99</td>
</tr>
<tr>
<td>Height measured</td>
<td>88</td>
<td>89</td>
<td>88</td>
</tr>
<tr>
<td>(aged 2 and over)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weight measured</td>
<td>86</td>
<td>87</td>
<td>87</td>
</tr>
</tbody>
</table>

**6.6 Variations in survey response**

**6.6.1 Regional variations in response**

As in previous years, response varied by region (Government Office Region). Household response in the general population sample was highest in the North East and was lowest in the London region.

**6.6.2 Response by type of dwelling**

Table 3 shows household response by the type of building in which the address was found, as classified by interviewers.

Response was highest among households living in detached houses (69%), and lowest among households living in flats on the fourth floor or above (58%), or in a dwelling type not otherwise classified (57%).

**6.7 Age and sex profile of the general population sample**

Tables 12 and 13 compare the age and sex profiles of responding adults and children in the general population sample at the two survey stages (interview and nurse visit) with the mid-2006 population estimates.

Overall the 2007 HSE sample over-represented women relative to men (55% and 45% respectively, compared with 51% and 49% in the mid-year population estimates). This is a response pattern found on a number of surveys. Men aged under 35 were slightly under-represented at both interview and nurse visit relative their proportions in the census population, while men aged 65 and over were slightly over-represented. Among women, those aged under 25 were slightly under-represented at both stages, while women aged 45-54 and 65-74 were slightly over-represented.

As Table 13 shows, among children aged 0-15, both the sex and age profiles of the achieved HSE sample were very close to the population estimates, although girls aged 14-15 were slightly under-represented at the nurse visit.

**7 Weighting the data**

**7.1 Background**

Before 2003, the weighting strategy for the core sample in the HSE was to apply selection weights only, and no attempt was made to reduce non-response bias through weighting.
However, following a review of the weighting for the HSE, non-response weighting has been incorporated into the weighting strategy (as well as selection weights) since HSE 2003. This same strategy has been followed for weighting the HSE 2007 core general population sample data.

### 7.2 Calculation of the general population sample weights

#### 7.2.1 Dwelling unit selection weights

Most addresses selected from the PAF contain a single dwelling unit, i.e. with a separate entrance. At addresses with more than one dwelling unit, only one is selected, and interviewers carry out a selection procedure to identify which dwelling unit to include in the sample using a Kish grid.

The dwelling unit selection weights ($w_{du}$) adjust for this selection of the dwelling unit at addresses with more than one. The weights were calculated as the number of dwelling units identified at the address. The weights were trimmed at 3 to avoid any large values.

The dwelling unit selection weights ensure that dwelling units in addresses containing more than one are not under-represented in the issued sample.

#### 7.2.2 Household selection weights

Most dwelling units selected via the PAF contain a single household. At dwelling units which contain more than one household, a selection procedure is carried out by interviewers to identify which households to include in the sample. If up to three households are found at a dwelling unit, then all are included in the sample; if more than three households are found at a dwelling unit, then three are selected at random by the interviewer using a Kish grid.

The household selection weights ($w_{hh}$) adjust for this selection of households. The weights were calculated as the number of households identified at the dwelling unit divided by the number selected. The weights were trimmed at 2 to avoid any large values.

The household selection weights ensure that households in multi-occupied dwelling units are not under-represented in the issued sample.

Composite selection weights ($w_1$) were calculated as the product of the dwelling unit selection weights ($w_{du}$) and household selection weights ($w_{hh}$).

#### 7.2.3 Calibration weighting

Calibration weighting was used to ensure that the weighted distribution of household members in participating households matched ONS 2006 mid-year population estimates for sex/age groups and GOR as shown in Tables A and B. The composite selection weights ($w_1$), described in Section 7.2.2, were used as initial values when generating the calibration weights ($w_2$).

The aim of the calibration weighting was to reduce non-response bias resulting from differential non-response at the household level. The calibration weights generated ($w_2$) were re-scaled so that the sum of the weights equaled the number of participating households to give the household weights for the core sample ($wt_{hhld}$). Thus the final household weight ($wt_{hhld}$) adjusts for dwelling unit and household selection, and for the age/sex and region profiles of participating households.

Note that the ONS mid-2006 population estimates were adjusted to remove people aged 65 and over living in institutions, who are not eligible for the HSE; this was estimated using data from the 2001 Census.
7.2.4 Child selection and adjustment weights in the general population sample

At participating households in the core sample with three or more children (aged 0 to 15), two were selected at random. In order that children in larger households were not under-represented in the sample, a selection weight was calculated as the number of children within the household divided by the number selected \((w_3)\). This weight was trimmed at 3 to avoid any large weights.

The selection of children within the participating households and differential non-response mean that the age/sex distribution of the achieved sample of children does not match that of all children in participating households. Unless corrected, this would result in bias for estimates. Child adjustment weights \((w_4)\) were therefore calculated by dividing the number of children in the issued households (weighted by wt_hhld) by the number of children in the achieved sample (weighted by wt_hhld x \(w_3\)), within each age year for girls and boys separately.

Thus these weights both adjust for the probability of selection for children in larger households, and ensure that the profile of children selected for the survey matches the profile of all children. As the level of response for obtaining a child interview in participating households in the core sample was relatively high (94%), no additional non-response weighting was undertaken for the core sample of children. (For details of the weighting for the child sample including children from core and boost samples, see Section 7.3.)

7.2.5 Non-response weights for adults

There were no selection weights for adult respondents in the core sample since all adults in responding households were selected. However, non-response weights were calculated to reduce bias from adult non-response (88% of adults responded in households with more than one adult).

To obtain the non-response weights, a logistic regression model (weighted by wt_hhld) was fitted for all adults in participating households, excluding single-adult households. The outcome variable was whether or not the interview was completed. The following variables were entered as covariates: age group by sex, household type, Government Office Region (GOR), and social class of household reference person (HRP). The adult non-response weights \((w_r)\) were calculated as the inverse of the predicted probabilities of response estimated from the regression model. The non-response weights for adults were trimmed at the 1% tails to remove extreme values.

Participants in single adult households were not included in the model and were given a non-response weight \((w_r)\) of 1.
7.2.6 Combining the weights

The interview weights for the core sample of adults and children were then calculated as:

\[
\text{wt\_int} = \text{wt\_hhld} \times w_5 \quad \text{for adults}; \quad \text{and} \\
\text{wt\_int} = \text{wt\_hhld} \times w_3 \times w_4 \quad \text{for children.}
\]

The interview weights for all responding adults and children were re-scaled so that the weighted core sample size is the same as the achieved core sample size, for adults and children separately. Therefore, the final interview weights adjust for selection, non-response and population profile for all those interviewed.

7.2.7 Nurse visit weights

For data relating to nurse visits, two logistic regression models, weighted by wt_int, were fitted, one for children and the other for adults. The outcome variable was whether or not a nurse visit was undertaken, with the following as covariates: age group by sex; household type, GOR, social class of HRP, smoking status (for adults), and general health.

The weights for non-response to the nurse visit \((w_6)\) were calculated as the reciprocal of the predicted probability of a nurse visit being undertaken, estimated from the regression models.

The weights were trimmed at the 1% tails to remove extreme values; this was done separately for adults and children. The weights for the nurse visit sample were calculated as \(\text{wt\_nurse} = \text{wt\_int} \times w_6\). These weights were re-scaled so that the weighted sample size for the nurse visit is the same as the achieved sample size. They adjust for selection, non-response and population profile for the sample that receives the nurse visit.

7.2.8 Cotinine weights

All adults and children aged 4-15 that had a nurse visit were eligible to have a sample of saliva taken. Two logistic regression models, weighted by wt_nurse, were fitted; one for adults and one for children. The outcome variable was whether or not a usable saliva sample was obtained and the following were used as covariates: age group by sex; household type; GOR; social class of HRP; smoking status and general health.

The weights for non-participation for the saliva sample \((w_7)\) were calculated as the reciprocal of the predicted probability of a saliva sample being obtained, estimated from the regression models.

The weights were trimmed at the 1% tails to remove extreme values, this was done separately for adults and children. The weights for the saliva sample were calculated as \(\text{wt\_cotinine} = \text{wt\_nurse} \times w_7\). These weights were re-scaled so that the weighted cotinine sample size is the same as the achieved sample size. They adjust for selection, non-response and population profile for the sample that gave a usable saliva sample.

7.3 Child sample weights combining general population and boost sample

7.3.1 Background

The child sample is defined as all children aged 0-15 from the core sample and all children aged 2-15 from the boost sample addresses. The weighting approach for this child sample is different from that used for children in the core sample (described in Section 7.2.4). This different approach is needed because no household information is obtained for the many households in the boost sample that are screened out once it is established that no children live there. This means there is no population data to weight to.

There are several stages in generating the weights for the child sample: selection weights for the dwelling unit/household, selection weights for the children in the household, and calibration weighting to adjust the profile of the achieved sample.
7.3.2 Dwelling unit and household selection weights

The combined weights for the selection of dwelling units and households (w₁) were generated in the same way for the child boost sample as for the core sample (see Sections 7.2.1 and 7.2.2).

7.3.3 Child selection weights

At participating households with three or more eligible children, two were selected at random. For the boost sample households this meant selecting two children aged 2-15; at core sample households, two children aged 0-15 were selected.

In order that children in larger households were not under-represented in the sample, selection weights were calculated as the number of eligible children within the household divided by the number of eligible children selected (w₂). These weights were trimmed at 3 to avoid any large weights. Unlike the core sample weights, the age/sex profile of the achieved sample was not adjusted (see Section 7.2.4); this was because calibration weighting was used to correct the age and sex profile of children (see Section 7.3.4).

7.3.4 Calibration weights for children

The achieved sample of children was calibrated to generate weights so that the (weighted) distributions for age/sex groups and GOR matched ONS 2006 mid-year population estimates (Tables C and D). The combined dwelling unit/household and child selection weights (w₁ x w₂) were used as initial values when generating the calibration weights (w₃).

The aim of the calibration weighting was to reduce non-response bias resulting from differential non-response at the individual interview stage, and includes adjustment for the fact that children aged 0-1 are only included in the core sample. The calibration weights generated (w₃) were re-scaled so that the weighted sample size is the same as the achieved sample size. This gave the final weight for the child sample: wt_child.

<table>
<thead>
<tr>
<th>Table C</th>
<th>2006 ONS mid-year population estimates, by age and sex</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Boys</td>
<td></td>
</tr>
<tr>
<td>0-1</td>
<td>626,786</td>
</tr>
<tr>
<td>2-3</td>
<td>600,723</td>
</tr>
<tr>
<td>4-5</td>
<td>569,505</td>
</tr>
<tr>
<td>6-7</td>
<td>591,816</td>
</tr>
<tr>
<td>8-9</td>
<td>617,481</td>
</tr>
<tr>
<td>10-11</td>
<td>624,840</td>
</tr>
<tr>
<td>12-13</td>
<td>645,865</td>
</tr>
<tr>
<td>14-15</td>
<td>679,848</td>
</tr>
<tr>
<td>Total</td>
<td>9,673,981</td>
</tr>
</tbody>
</table>

| Girls  | 0-1    | 598,685 | 6.2  |
|        | 2-3    | 570,850 | 5.9  |
|        | 4-5    | 545,683 | 5.6  |
|        | 6-7    | 564,679 | 5.8  |
|        | 8-9    | 590,845 | 6.1  |
|        | 10-11  | 594,529 | 6.1  |
|        | 12-13  | 611,177 | 6.3  |
|        | 14-15  | 640,689 | 6.6  |
| Total  | 9,673,981 | 100  |

<table>
<thead>
<tr>
<th>Table D</th>
<th>2006 ONS mid-year population estimates for region</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
</tr>
<tr>
<td>North East</td>
<td>469,334</td>
</tr>
<tr>
<td>North West</td>
<td>1,322,115</td>
</tr>
<tr>
<td>Yorkshire and the Humber</td>
<td>979,188</td>
</tr>
<tr>
<td>East Midlands</td>
<td>819,430</td>
</tr>
<tr>
<td>West Midlands</td>
<td>1,057,461</td>
</tr>
<tr>
<td>East of England</td>
<td>1,077,714</td>
</tr>
<tr>
<td>London</td>
<td>1,445,063</td>
</tr>
<tr>
<td>South East</td>
<td>1,581,434</td>
</tr>
<tr>
<td>South West</td>
<td>922,242</td>
</tr>
<tr>
<td>Total</td>
<td>9,673,981</td>
</tr>
</tbody>
</table>
There were nurse visits and saliva samples for children at core addresses although not at boost addresses. Therefore, additional weights were not required for nurse visits and saliva samples for children; those derived for the core sample should be used (see sections 7.2.7 and 7.2.8).

### 7.4 Child sample weights for the boost sample only

#### 7.4.1 Background

There were two sets of questions (physical activity and SDQ self-completion) that were included only in the child boost sample, where children aged 2-15 were interviewed. Separate weights were needed for analysis of these questions. The weighting approach for the child boost sample is the same as that used for the combined child sample (described in Section 7.3) and includes selection weights for the dwelling unit/household, selection weights for the children in the household and calibration weighting to adjust the profile of the achieved sample.

#### 7.4.2 Dwelling unit and household selection weights

The combined weights for the selection of dwelling units and households ($w_1$) were generated in the same way for the child boost sample as for the core sample (see Sections 7.2.1 and 7.2.2).

#### 7.4.3 Child selection weights

As with the core sample, at participating households with three or more children aged 2-15, the interviewer selected two children at random, and selection weights were calculated in the same way so that children in larger households were not under-represented. Unlike the core sample weights, the age/sex profile of the achieved sample was not adjusted (see Section 7.2.4); this was because calibration weighting was used to correct the age and sex profile of children (see Section 7.4.4).

#### 7.4.4 Calibration weights for children

The achieved sample of children was calibrated to generate weights so that the (weighted) distributions for age/sex groups and GOR matched ONS 2006 mid-year population estimates (Tables E and F). The combined dwelling unit/household and child selection weights ($w_1 \times w_2$) were used as initial values when generating the calibration weights ($w_3$).

The aim of the calibration weighting was to reduce non-response bias resulting from differential non-response at the individual interview stage. The calibration weights generated ($w_3$) were re-scaled so that the weighted sample size is the same as the achieved sample size. This gave the final weight for the child sample: $w_{\text{childb}}$.

There were no nurse visits for the child boost addresses and no saliva samples taken for children in the boost sample; therefore, no nurse or cotinine weights were required.

### 8 Data analysis and reporting

#### 8.1 Introduction

The HSE is a cross-sectional survey of the population. It examines associations between health states, personal characteristics and behaviour, and in 2007, attitudes to health and lifestyles. 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.
8.2 Weighted and unweighted data and bases in the report tables

Non-response weighting was introduced to the HSE in 2003, and has been used in all subsequent years. All 2007 data in this report are weighted. Both weighted and unweighted bases are given in each table. The unweighted bases show the number of participants involved. The weighted bases show the relative sizes of the various sample elements after weighting, reflecting their proportions in the population in England, so that data from different columns can be combined in their correct proportions. The absolute size of the weighted bases has no particular significance, since they have been scaled to the achieved sample size.

Children’s data each year have been weighted to adjust for the probability of selection, since a maximum of two children are selected in each household (see section 7.2.4 and 7.3.3). This ensures that children from larger households are not under-represented. Since 2003, as for adults, non-response weighting has also been applied. A full discussion of the effects of non-response weighting can be found in the 2003 HSE report, Volume 3, Methodology and Documentation.9

In this report, most chapters focus on 2007 results, but in a small number of chapters trend tables are presented. In trend tables that show years with and without non-response weighting, data for the first year where non-response weighting was applied are shown in two rows or columns, one showing unweighted results and the other weighted results. For tables showing trends in children’s data, results for years up to 2002 have selection weighting only, and results for 2003-2006 have selection and non-response weighting.

8.3 Reporting age variables

8.3.1 Defining age for data collection

Some sections of the data collected in the HSE 2007 are age specific, with different questions directed to different age groups. The participant’s date of birth was ascertained.
For data collection purposes, a participant’s age was defined as their age on their last birthday before the interview. The nurse, who visited them later, treated them as being of the same age as at the interview, even if they had an intervening birthday.

8.3.2 **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 2007 and was interviewed on October 1 2007 would be classified as being aged 24.75 or 24¾).

The presentation of tabular data involves categorising 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 the present report all references to age are age at last birthday.

8.3.3 **Age standardisation**

Adult data have been age-standardised throughout the 2007 report to allow comparisons between groups after adjusting for the effects of any differences in their age distributions. When different sub-groups are compared in respect of a variable on which age has an important influence, any differences in age distributions between these sub-groups are likely to affect the observed differences in the proportions of interest.

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

Age standardisation was carried out using the direct standardisation method. The standard population to which the age distribution of sub-groups was adjusted was the mid-year 2006 population estimates for England. 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 \( i \):

\[
p' = \frac{\sum N_i p_i}{\sum N_i}
\]

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:

\[
\text{var}(p') = \frac{\sum (N_i p_i q_i / n_i) (\sum N_i)^2}{(\sum N_i)^2}
\]

where \( q_i = 1 - p_i \), and \( n_i \) is the sample number in age-sex group \( i \).

8.4 **Standard analysis breakdowns**

For most tables in this report, two standard analysis breakdowns have been used as well as age. The first of these is Government Office Region (GOR) and Strategic Health Authority (SHA), and the second is equivalised household income.

8.4.1 **Government Office/Strategic Health Authority**

Government Office Region (GOR) is the key classification system used for regional statistics. There are nine Government Office Regions in England: North East, North West, Yorkshire and the Humber, East Midlands, West Midlands, East of England, London, South East and South West. The nine-category system has been used since 1998, although GOR boundaries may change from year to year as they reflect administrative boundaries.
From July 2006 a new configuration of Strategic Health Authorities (SHAs) was introduced in England, reducing the number from 28 to 10 SHAs. The boundaries are the same as those of the Government Office Regions with the exception of the South East, which has been divided into South East Coast SHA and South Central SHA. Tables in the report show the nine GORs to the left of the table, and the final two right hand columns show the South East Coast SHA and South Central SHA.

Both observed and age-standardised data are provided by GOR and SHA in the tables. Observed data can be used to examine actual prevalence or mean values within a region; age-standardised data are required for comparisons between areas to exclude age-related effects, and may be discussed in the report text.

It should be noted that base sizes for GORs are often relatively small, and caution should be exercised in examining regional differences.

### 8.4.2 Equivalised household income

The second standard breakdown looks at equivalised household income. Household income was established by means of a show-card (see Appendix A) on which banded incomes were presented. This 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. To derive this, each household member is given a score depending, for adults, on the number of adults apart from the household reference person, and for dependent children, on their age. The total household income is divided by the sum of the scores to provide the measure of equivalised household income. All individuals in each household were allocated to the equivalised household income quintile to which their household had been allocated.

Further details about equivalised household income are given in the Glossary at the back of this volume.

### 8.5 Logistic regression analysis

Logistic regression modelling has been used in a number of chapters to examine the factors associated with selected outcome variables, after adjusting for other predictors. For instance in Volume 1, Chapter 3, regression analyses have been performed to examine the association between health risk based on BMI and raised waist circumference (the outcome variable), and a variety of predictor variables including age, perceptions of participants’ own physical activity and diet, and income. Forward stepwise models have been used for men and women separately. A wide range of possible predictor variables were tested in each model, and any that were significant among men or women were included in the final model in both sexes, as is customary practice in HSE reports. This gives an estimate of the independent effect of each predictor variable on the outcome when all the other independent variables were included in the model.

The results of the regression analyses are presented in tables showing odds ratios for the final models, together with the probability that the association is statistically significant. The predictor variable is significantly associated with the outcome variable if $p<0.05$. The models show the odds of being in the particular category of the outcome variable (i.e. for being ‘most at risk’) 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 informants (e.g. current smokers).
### 8.6 Design effects and true standard errors

The HSE 2007 used a clustered, stratified multi-stage sample design. In addition, weights were applied when obtaining survey estimates. One of the effects of using the complex design and weighting is that standard errors for survey estimates are generally higher than the standard errors that would be derived from an unweighted simple random sample of the same size. The calculations of standard errors shown in tables, and comments on statistical significance throughout the report, have taken the clustering, stratification and weighting into account.

The ratio of the standard error of the complex sample to that of a simple random sample of the same size is known as the design factor. Put another way, the design factor (or ‘deft’) is the factor by which the standard error of an estimate from a simple random sample has to be multiplied to give the true standard error of the complex design.

The true standard errors and defts for the HSE 2007 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 14-30 for selected survey estimates presented in the topic reports.  

### 9 Quality control of urine and saliva analytes

#### 9.1 Introduction and key conclusions

This section describes the assay of analytes for HSE 2007 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 analytes and saliva produced internal quality control results and, for urine analytes, external quality assessment results within expected limits. The results of the analyses for each of the urine analytes and saliva cotinine levels were acceptable for the 2007 Health Survey for England.

#### 9.1.1 Analysing laboratories

The Royal Victoria Infirmary (RVI) in Newcastle upon Tyne was the analysing laboratory used in the Health Survey for England 2007 for urine sample analyses. As in previous years, cotinine analysis from saliva samples for the 2007 Health Survey for England was conducted by ABS Laboratories in London.

#### 9.1.2 Samples collected

**Urine**

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

**Saliva**

A saliva sample was obtained from children aged 4 to 15 and from adults aged 16 and over from the core sample only. Saliva samples were collected to be analysed for cotinine (a metabolite of nicotine that shows recent exposure to tobacco smoke). For children a saliva collection tube was used for this purpose, and for adults a salivette was used.
9.2 Methodology

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.

There are no reference ranges for urinary sodium, potassium and creatinine in spot urines, or for saliva cotinine.

9.2.1 Urine sample

*Urinary sodium, potassium and creatinine*

All urine analytes were assayed on an Olympus AU 640 analyser at the RVI. Urinary sodium and potassium were analysed using the indirect ISE method. Urinary creatinine was analysed using the Jaffe method.

9.2.2 Saliva sample

*Cotinine*

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. Cotinine analysis was carried out by ABS Laboratories Ltd using a specific assay using liquid extraction and gas chromatography with nitrogen phosphorous detection. This laboratory specialises in accurate measurement of low levels of cotinine and therefore takes special precautions to ensure that no contamination by environmental tobacco smoke occurs.

9.3 Internal quality control (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 urine and saliva analyte, 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 here. Internal QC values are assessed against an acceptable range and samples are re-analysed if Westgard rules have been violated.

9.3.1 Urine sample

*Sodium, potassium, creatinine*

Urine samples were assayed twice a day (am and pm). The IQC results for sodium, potassium and creatinine, summarised monthly, are shown in Tables 31-33.

9.3.2 Saliva sample

*Cotinine*

ABS Labs ran eight IQC samples at six levels with each analytical batch of samples. For the results from any analytical batch to be acceptable, six out of the eight IQCs must have a...
bias of no greater than 15%. A summary of these monthly results for six levels of cotinine is presented in Table 34.

### 9.4 External quality assessment (EQA)

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

Each of the figures presented in Tables 35-37 corresponds with an individual EQA sample.

#### 9.4.1 Urine sample

The Clinical Biochemistry laboratory participates in the RIQAS scheme for the urine analytes (sodium, potassium and creatinine). Tables 35-37 show the monthly external quality assessment results for sodium, potassium and creatinine.

#### 9.4.2 Saliva sample

**Cotinine**

There was no external quality control scheme available in 2007 to analyse cotinine but ABS Laboratories participates in world-wide inter-laboratory split analyses when performed to ensure comparable results.
References and notes


3 http://www.data-archive.ac.uk/

4 http://www.ic.nhs.uk/pubs/hse07trends

5 The household reference person (HRP) is defined as the householder (the person in whose name the property is owned or rented); if there is more than one, the person with the highest income. If there are two householders with equal income, then the household reference person is the oldest.

6 Mid-2006 population estimates, the most recent available at the time of weighting the sample, were obtained from: http://www.gad.gov.uk/Population/index.asp?v=Principal&y=2003&subYear=Continue


8 A Kish grid is a framework to ensure that the dwelling unit is selected without interviewer bias. The number of dwelling units is listed across the top of the grid, with a random number below to indicate which dwelling unit should be selected.


11 Westgard rules are a statistical approach to evaluation of day-to-day analytical performance. The Westgard multirule quality control procedure uses five different control rules to judge the acceptability of an analytical run (rather than the single criterion or single set of control limits used by single-rule quality control systems, such as a Levey-Jennings chart with control limits set as either the mean plus or minus 2 standard deviations or the mean plus or minus 3 standard deviations). Westgard rules are generally used with two or four control measurements per run. This means they are appropriate when two different control materials are measured once or twice per material, which is the case in many chemistry applications. Some alternative control rules are more suitable when three control materials are analysed, which is common for applications in haematology. More detail is available at www.westgard.com/mltrule.htm#westgard.


<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Household response, by sample type and calendar quarter</td>
</tr>
<tr>
<td>2</td>
<td>Household response, by sample type and Government Office Region</td>
</tr>
<tr>
<td>3</td>
<td>General population sample: Household response, by dwelling type</td>
</tr>
<tr>
<td>4</td>
<td>General population sample: Summary of adults’ individual response to the survey, by sex</td>
</tr>
<tr>
<td>5</td>
<td>General population sample: Summary of children’s individual response to the survey, by sex</td>
</tr>
<tr>
<td>6</td>
<td>General population sample: Men in co-operating households, response to the stages of the survey, by age</td>
</tr>
<tr>
<td>7</td>
<td>General population sample: Women in co-operating households, response to the stages of the survey, by age</td>
</tr>
<tr>
<td>8</td>
<td>General population sample: Boys in co-operating households, response to the stages of the survey, by age</td>
</tr>
<tr>
<td>9</td>
<td>General population sample: Girls in co-operating households, response to the stages of the survey, by age</td>
</tr>
<tr>
<td>10</td>
<td>Combined general population and boost sample: Boys in co-operating households, response to the stages of the survey, by age</td>
</tr>
<tr>
<td>11</td>
<td>Combined general population and boost sample: Girls in co-operating households, response to the stages of the survey, by age</td>
</tr>
<tr>
<td>12</td>
<td>General population sample: Age distribution of responding adult sample compared with mid-2006 population estimates for England, by sex</td>
</tr>
<tr>
<td>13</td>
<td>General population sample: Age distribution of responding child sample compared with mid-2007 population estimates for England, by sex</td>
</tr>
<tr>
<td>14</td>
<td>True standard errors and 95% confidence intervals for adult socio-economic variables</td>
</tr>
<tr>
<td>15</td>
<td>True standard errors and 95% confidence intervals for adult hypertension categories</td>
</tr>
<tr>
<td>16</td>
<td>True standard errors and 95% confidence intervals for adult Body Mass Index (BMI), underweight, overweight and obesity prevalence</td>
</tr>
<tr>
<td>17</td>
<td>True standard errors and 95% confidence intervals for proportions of adults agreeing with attitudes about physical activity</td>
</tr>
<tr>
<td>18</td>
<td>True standard errors and 95% confidence intervals for adult fruit and vegetable consumption</td>
</tr>
<tr>
<td>19</td>
<td>True standard errors and 95% confidence intervals for proportion of adults agreeing with attitudes to healthy eating</td>
</tr>
<tr>
<td>20</td>
<td>True standard errors and 95% confidence intervals for adult cigarette smoking status</td>
</tr>
<tr>
<td>21</td>
<td>True standard errors and 95% confidence intervals for adult saliva cotinine levels</td>
</tr>
<tr>
<td>22</td>
<td>True standard errors and 95% confidence intervals for adults’ maximum alcohol consumption on any day in the last week</td>
</tr>
<tr>
<td>23</td>
<td>True standard errors and 95% confidence intervals for children’s socio-economic variables</td>
</tr>
<tr>
<td>24</td>
<td>True standard errors and 95% confidence intervals for children’s BMI and BMI status</td>
</tr>
<tr>
<td>25</td>
<td>True standard errors and 95% confidence intervals for children’s physical activity levels</td>
</tr>
<tr>
<td>26</td>
<td>True standard errors and 95% confidence intervals for children’s fruit and vegetable consumption</td>
</tr>
<tr>
<td>27</td>
<td>True standard errors and 95% confidence intervals for proportion of children agreeing with attitudes to healthy eating</td>
</tr>
<tr>
<td>28</td>
<td>True standard errors and 95% confidence intervals for children’s self-reported cigarette smoking status</td>
</tr>
<tr>
<td>29</td>
<td>True standard errors and 95% confidence intervals for children’s saliva cotinine levels</td>
</tr>
<tr>
<td>30</td>
<td>True standard errors and 95% confidence intervals for children’s self-reported experience of drinking alcohol</td>
</tr>
<tr>
<td>31</td>
<td>Internal quality control results for urinary sodium</td>
</tr>
</tbody>
</table>
32 Internal quality control results for urinary potassium
33 Internal quality control results for urinary creatinine
34 Internal quality control results for saliva cotinine
35 External quality assessment results for urinary sodium
36 External quality assessment results for urinary potassium
37 External quality assessment results for urinary creatinine
### Table 1

**Household response, by sample type and calendar quarter**

<table>
<thead>
<tr>
<th>Address and household outcome</th>
<th>Survey quarter</th>
<th>Total 2007</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Jan-Mar</td>
<td>Apr-Jun</td>
</tr>
<tr>
<td><strong>General population sample</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Selected addresses</td>
<td>1800</td>
<td>1800</td>
</tr>
<tr>
<td>Ineligible addresses – type a</td>
<td>233</td>
<td>200</td>
</tr>
<tr>
<td>Addresses at which interview sought</td>
<td>1567</td>
<td>1600</td>
</tr>
<tr>
<td>Extra households sampled at multi-household addresses</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Total eligible households</td>
<td>1567</td>
<td>1602</td>
</tr>
<tr>
<td><strong>Household response</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Co-operating households b</td>
<td>1047</td>
<td>1057</td>
</tr>
<tr>
<td>All interviewed</td>
<td>852</td>
<td>837</td>
</tr>
<tr>
<td>Fully co-operating c</td>
<td>664</td>
<td>42</td>
</tr>
<tr>
<td>Non-responding households</td>
<td>520</td>
<td>545</td>
</tr>
<tr>
<td>Non-contact/unknown eligibility</td>
<td>25</td>
<td>32</td>
</tr>
<tr>
<td>Refusal</td>
<td>413</td>
<td>432</td>
</tr>
<tr>
<td>Other non-response</td>
<td>82</td>
<td>81</td>
</tr>
<tr>
<td><strong>Boost sample</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Selected addresses</td>
<td>6525</td>
<td>6525</td>
</tr>
<tr>
<td>Ineligible addresses – type a</td>
<td>517</td>
<td>389</td>
</tr>
<tr>
<td>Ineligible addresses – type b</td>
<td>4821</td>
<td>4815</td>
</tr>
<tr>
<td>Addresses at which interview sought</td>
<td>1187</td>
<td>1321</td>
</tr>
<tr>
<td>Extra households sampled at multi-household addresses</td>
<td>14</td>
<td>0</td>
</tr>
<tr>
<td>Total eligible households</td>
<td>1201</td>
<td>1321</td>
</tr>
<tr>
<td><strong>Household response</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Co-operating households b</td>
<td>1019</td>
<td>977</td>
</tr>
<tr>
<td>All interviewed</td>
<td>1012</td>
<td>973</td>
</tr>
<tr>
<td>Fully co-operating f</td>
<td>946</td>
<td>924</td>
</tr>
<tr>
<td>Non-responding households</td>
<td>330</td>
<td>317</td>
</tr>
<tr>
<td>Non-contact/unknown eligibility</td>
<td>29</td>
<td>45</td>
</tr>
<tr>
<td>Refusal</td>
<td>282</td>
<td>231</td>
</tr>
<tr>
<td>Other non-response</td>
<td>39</td>
<td>41</td>
</tr>
<tr>
<td><strong>Base: all eligible households</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General population sample</td>
<td>1567</td>
<td>1602</td>
</tr>
<tr>
<td>Boost sample</td>
<td>1201</td>
<td>1321</td>
</tr>
</tbody>
</table>

---

* a Addresses where no private households were found.
* b Households where at least one person was interviewed.
* c All eligible household members were interviewed, had height and weight measured and agreed to a nurse visit.
* d Boost sample addresses where no persons aged 2-15 were found.
* e Includes 96 not screened but assumed to be eligible.
* f All eligible household members were interviewed, had height and weight measured but with no nurse visit.
### Table 2

#### Household response, by sample type and Government Office Region

**Selected addresses/eligible households**

<table>
<thead>
<tr>
<th>Address and household</th>
<th>Government Office Region</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>North East</td>
<td>North West</td>
</tr>
<tr>
<td></td>
<td>N %</td>
<td>N %</td>
</tr>
<tr>
<td><strong>General population sample</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Selected addresses</td>
<td>380</td>
<td>995</td>
</tr>
<tr>
<td>Ineligible addresses – type a</td>
<td>32</td>
<td>127</td>
</tr>
<tr>
<td>Addresses at which interview sought</td>
<td>348</td>
<td>868</td>
</tr>
<tr>
<td>Extra households sampled at multi-household addresses</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Total eligible households</td>
<td>349</td>
<td>869</td>
</tr>
</tbody>
</table>

**Household response**

<table>
<thead>
<tr>
<th>Address and household</th>
<th>Government Office Region</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-operating households</td>
<td>276</td>
<td>79</td>
</tr>
<tr>
<td>All interviewed</td>
<td>212</td>
<td>61</td>
</tr>
<tr>
<td>Fully co-operating</td>
<td>181</td>
<td>52</td>
</tr>
<tr>
<td>Non-responding households</td>
<td>73</td>
<td>21</td>
</tr>
<tr>
<td>Non-contact/unknown eligibility</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Refusal</td>
<td>49</td>
<td>14</td>
</tr>
<tr>
<td>Other non-response</td>
<td>21</td>
<td>6</td>
</tr>
</tbody>
</table>

**Boost sample**

<table>
<thead>
<tr>
<th>Address and household</th>
<th>Government Office Region</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-operating households</td>
<td>1357</td>
<td>3574</td>
</tr>
<tr>
<td>All interviewed</td>
<td>1039</td>
<td>2626</td>
</tr>
<tr>
<td>Fully co-operating</td>
<td>182</td>
<td>78</td>
</tr>
<tr>
<td>Non-responding households</td>
<td>34</td>
<td>15</td>
</tr>
<tr>
<td>Non-contact/unknown eligibility</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Refusal</td>
<td>27</td>
<td>12</td>
</tr>
<tr>
<td>Other non-response</td>
<td>4</td>
<td>2</td>
</tr>
</tbody>
</table>

**Base: all eligible households**

<table>
<thead>
<tr>
<th>Address and household</th>
<th>Government Office Region</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>General population sample</td>
<td>349</td>
<td>869</td>
</tr>
<tr>
<td>Boost sample</td>
<td>232</td>
<td>663</td>
</tr>
</tbody>
</table>

---

**a** Addresses where no private households were found.

**b** Households where at least one person was interviewed.

**c** All eligible household members were interviewed, had height and weight measured and agreed to a nurse visit.

**d** Boost sample addresses where no persons aged 2-15 were found.

**e** Includes 96 not screened but estimated as eligible.

**f** All eligible household members were interviewed and had height and weight measured, but with no nurse visit.
### Table 3

**General population sample: Household response, by dwelling type**

<table>
<thead>
<tr>
<th>Household response</th>
<th>Detached house</th>
<th>Semi-detached</th>
<th>Terraced house</th>
<th>Purpose built flat&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Purpose built flat&lt;sup&gt;b&lt;/sup&gt;</th>
<th>Converted flat/rooms&lt;sup&gt;c&lt;/sup&gt;</th>
<th>Other type</th>
<th>Total&lt;sup&gt;d&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-operating households&lt;sup&gt;c&lt;/sup&gt;</td>
<td>69</td>
<td>66</td>
<td>66</td>
<td>62</td>
<td>58</td>
<td>61</td>
<td>57</td>
<td>66</td>
</tr>
<tr>
<td>All interviewed</td>
<td>56</td>
<td>52</td>
<td>52</td>
<td>54</td>
<td>52</td>
<td>53</td>
<td>53</td>
<td>53</td>
</tr>
<tr>
<td>Fully co-operating&lt;sup&gt;d&lt;/sup&gt;</td>
<td>45</td>
<td>41</td>
<td>42</td>
<td>42</td>
<td>36</td>
<td>40</td>
<td>41</td>
<td>42</td>
</tr>
<tr>
<td>Non-responding households</td>
<td>31</td>
<td>34</td>
<td>34</td>
<td>38</td>
<td>42</td>
<td>39</td>
<td>43</td>
<td>34</td>
</tr>
</tbody>
</table>

**Base:** all eligible households 1485 1999 1860 667 130 180 49 6396

<sup>a</sup> Includes maisonette

<sup>b</sup> Includes 26 households where type of dwelling not recorded

<sup>c</sup> Households where at least one person was interviewed

<sup>d</sup> All eligible household members were interviewed, had height and weight measured and agreed to a nurse visit.

### Table 4

**General population sample: Summary of adults' individual response to the survey, by sex**

**Estimated adult sample ("set" sample of adults aged 16 and over) 2007**

<table>
<thead>
<tr>
<th>Individual response</th>
<th>Men</th>
<th>Women</th>
<th>All adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interviewed</td>
<td>3070</td>
<td>54</td>
<td>3812 62</td>
</tr>
<tr>
<td>Non responders:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In co-operating households</td>
<td>661</td>
<td>12</td>
<td>267 4</td>
</tr>
<tr>
<td>In non-responding households</td>
<td>1905</td>
<td>34</td>
<td>2083 34</td>
</tr>
<tr>
<td>Saw nurse</td>
<td>2239</td>
<td>40</td>
<td>2759 45</td>
</tr>
<tr>
<td>Responded to:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-completion</td>
<td>2927</td>
<td>52</td>
<td>3660 59</td>
</tr>
<tr>
<td>Height</td>
<td>2816</td>
<td>50</td>
<td>3458 56</td>
</tr>
<tr>
<td>Weight</td>
<td>2768</td>
<td>49</td>
<td>3298 54</td>
</tr>
<tr>
<td>Waist/hip</td>
<td>2187</td>
<td>39</td>
<td>2639 43</td>
</tr>
<tr>
<td>Blood pressure</td>
<td>2192</td>
<td>39</td>
<td>2656 43</td>
</tr>
<tr>
<td>Urine</td>
<td>1935</td>
<td>34</td>
<td>2355 38</td>
</tr>
<tr>
<td>Saliva</td>
<td>2118</td>
<td>38</td>
<td>2538 41</td>
</tr>
</tbody>
</table>

**Base:** set sample<sup>d</sup> 5636 6162 11799

<sup>a</sup> For the method of estimating the adult "set" sample, see section 6.3. Estimated bases have been rounded.
### Table 5

**General population sample: Summary of children's individual response to the survey, by sex**

*Estimated child sample (‘set’ sample of children aged 0-15) 2007*

<table>
<thead>
<tr>
<th>Individual response</th>
<th>Boys</th>
<th>Girls</th>
<th>All children</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Interviewed</td>
<td>898</td>
<td>66</td>
<td>829</td>
</tr>
<tr>
<td>Non responders:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In co-operating households</td>
<td>44</td>
<td>3</td>
<td>51</td>
</tr>
<tr>
<td>In non-responding households</td>
<td>450</td>
<td>31</td>
<td>424</td>
</tr>
<tr>
<td>Saw nurse</td>
<td>612</td>
<td>45</td>
<td>621</td>
</tr>
<tr>
<td>Responded to:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Height a</td>
<td>726</td>
<td>53</td>
<td>684</td>
</tr>
<tr>
<td>Weight</td>
<td>739</td>
<td>54</td>
<td>692</td>
</tr>
<tr>
<td>Base: set sample b</td>
<td>1366</td>
<td>1280</td>
<td>2646</td>
</tr>
</tbody>
</table>

*a* Includes infant length for those aged 6 weeks to 2 years  
*b* For the method of estimating the child ‘set’ sample, see section 6.4. Estimated bases have been rounded
<table>
<thead>
<tr>
<th>Individual response</th>
<th>Age group</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>16-24</td>
<td>25-34</td>
</tr>
<tr>
<td>Men</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interviewed</td>
<td>Interviewed</td>
<td>70</td>
</tr>
<tr>
<td>Not contacted/refused</td>
<td>30</td>
<td>22</td>
</tr>
<tr>
<td>Height</td>
<td>Measured</td>
<td>64</td>
</tr>
<tr>
<td></td>
<td>Refused</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Measurement not attempted</td>
<td>1</td>
</tr>
<tr>
<td>Not contacted/not obtained</td>
<td>31</td>
<td>22</td>
</tr>
<tr>
<td>Weight</td>
<td>Measured</td>
<td>63</td>
</tr>
<tr>
<td></td>
<td>Refused</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Measurement not attempted</td>
<td>2</td>
</tr>
<tr>
<td>Not contacted/not obtained</td>
<td>31</td>
<td>23</td>
</tr>
<tr>
<td>Nurse visit</td>
<td>Co-operated with nurse visit</td>
<td>46</td>
</tr>
<tr>
<td></td>
<td>Not interviewed</td>
<td>44</td>
</tr>
<tr>
<td></td>
<td>Refused/no contact at nurse visit</td>
<td>11</td>
</tr>
<tr>
<td>Waist/hip</td>
<td>Measured</td>
<td>44</td>
</tr>
<tr>
<td></td>
<td>No nurse visit</td>
<td>54</td>
</tr>
<tr>
<td></td>
<td>Refused/not obtained</td>
<td>1</td>
</tr>
<tr>
<td>Blood pressure</td>
<td>Measured</td>
<td>44</td>
</tr>
<tr>
<td></td>
<td>No nurse visit</td>
<td>54</td>
</tr>
<tr>
<td></td>
<td>Refused/not obtained</td>
<td>2</td>
</tr>
<tr>
<td>Urine sample</td>
<td>Measured</td>
<td>35</td>
</tr>
<tr>
<td></td>
<td>No nurse visit</td>
<td>54</td>
</tr>
<tr>
<td></td>
<td>Refused/not obtained</td>
<td>11</td>
</tr>
<tr>
<td>Saliva sample</td>
<td>Measured</td>
<td>42</td>
</tr>
<tr>
<td></td>
<td>No nurse visit</td>
<td>54</td>
</tr>
<tr>
<td></td>
<td>Refused/not obtained</td>
<td>4</td>
</tr>
</tbody>
</table>

| Bases               | Men aged 16 and over in co-operating households | 513 | 546 | 702 | 620 | 576 | 460 | 314 | 3731 |     |     |     |     |     |     |

*Includes non-responders to interview as well as those where measurements not obtained.*

*Includes non-responders to interview.*
### Table 7

**General population sample: Women in co-operating households, response to stages of the survey, by age**

*Women aged 16 and over in co-operating households 2007*

<table>
<thead>
<tr>
<th>Individual response</th>
<th>Age group</th>
<th>Total</th>
<th>%</th>
<th>%</th>
<th>%</th>
<th>%</th>
<th>%</th>
<th>%</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>16-24</td>
<td>25-34</td>
<td>35-44</td>
<td>45-54</td>
<td>55-64</td>
<td>65-74</td>
<td>75+</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Women Interviewed</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interviewed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>82</td>
<td>92</td>
<td>96</td>
<td>93</td>
<td>96</td>
<td>97</td>
<td>97</td>
<td>93</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not contacted/refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>8</td>
<td>4</td>
<td>7</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Height</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measured</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>75</td>
<td>86</td>
<td>89</td>
<td>86</td>
<td>87</td>
<td>88</td>
<td>78</td>
<td>85</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measurement not attempted</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not contacted/not obtaineda</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>8</td>
<td>4</td>
<td>7</td>
<td>5</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Weight</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measured</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>69</td>
<td>78</td>
<td>86</td>
<td>82</td>
<td>84</td>
<td>86</td>
<td>78</td>
<td>81</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>5</td>
<td>6</td>
<td>8</td>
<td>9</td>
<td>7</td>
<td>6</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measurement not attempted</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not contacted/not obtaineda</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>16</td>
<td>6</td>
<td>8</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Nurse visit</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Co-operated with nurse visit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>55</td>
<td>66</td>
<td>70</td>
<td>68</td>
<td>69</td>
<td>77</td>
<td>66</td>
<td>68</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not interviewed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>23</td>
<td>19</td>
<td>23</td>
<td>24</td>
<td>18</td>
<td>26</td>
<td>23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refused/no contact at nurse visit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>10</td>
<td>11</td>
<td>9</td>
<td>7</td>
<td>5</td>
<td>8</td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Waist/hip</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measured</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>51</td>
<td>60</td>
<td>67</td>
<td>67</td>
<td>68</td>
<td>74</td>
<td>62</td>
<td>65</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No nurse visitb</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>48</td>
<td>39</td>
<td>32</td>
<td>32</td>
<td>31</td>
<td>23</td>
<td>34</td>
<td>34</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refused/not obtained</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Blood pressure</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measured</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>51</td>
<td>60</td>
<td>68</td>
<td>67</td>
<td>68</td>
<td>76</td>
<td>64</td>
<td>65</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No nurse visitb</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>48</td>
<td>39</td>
<td>32</td>
<td>32</td>
<td>31</td>
<td>23</td>
<td>34</td>
<td>34</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refused/not obtained</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Urine sample</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measured</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>42</td>
<td>52</td>
<td>62</td>
<td>62</td>
<td>62</td>
<td>69</td>
<td>51</td>
<td>58</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No nurse visitb</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>48</td>
<td>39</td>
<td>32</td>
<td>32</td>
<td>31</td>
<td>23</td>
<td>34</td>
<td>34</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refused/not obtained</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>9</td>
<td>7</td>
<td>6</td>
<td>7</td>
<td>7</td>
<td>15</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Saliva sample</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measured</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>49</td>
<td>58</td>
<td>65</td>
<td>66</td>
<td>65</td>
<td>70</td>
<td>57</td>
<td>62</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No nurse visitb</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>48</td>
<td>39</td>
<td>32</td>
<td>32</td>
<td>31</td>
<td>23</td>
<td>34</td>
<td>34</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refused/not obtained</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>4</td>
<td>7</td>
<td>9</td>
<td>4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Additional Notes

- a Includes non-responders to interview as well as those where measurements not obtained.
- b Includes non-responders to interview.
## General population sample: Boys in co-operating households, response to stages of the survey, by age

Eligible boys aged 0-15 in co-operating households 2007

<table>
<thead>
<tr>
<th>Individual response</th>
<th>Age group</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0-1</td>
<td>2-4</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td><strong>Boys</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interviewed¹</td>
<td>100</td>
<td>98</td>
</tr>
<tr>
<td>Not contacted/refused</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td><strong>Height</strong>²</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measured</td>
<td>77</td>
<td>86</td>
</tr>
<tr>
<td>Refused</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>Measurement not attempted</td>
<td>14</td>
<td>5</td>
</tr>
<tr>
<td>Not contacted/not obtained ⁴</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td><strong>Weight</strong>¹</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measured</td>
<td>67</td>
<td>78</td>
</tr>
<tr>
<td>Refused</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Measurement not attempted</td>
<td>29</td>
<td>13</td>
</tr>
<tr>
<td>Not contacted/not obtained ⁴</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td><strong>Nurse visit</strong>¹</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Co-operated with nurse visit</td>
<td>78</td>
<td>67</td>
</tr>
<tr>
<td>Not interviewed</td>
<td>8</td>
<td>20</td>
</tr>
<tr>
<td>Refused/no contact at nurse visit</td>
<td>14</td>
<td>13</td>
</tr>
<tr>
<td><strong>Infant length</strong>³</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measured</td>
<td>47</td>
<td></td>
</tr>
<tr>
<td>No nurse visit</td>
<td>27</td>
<td></td>
</tr>
<tr>
<td>Refused/not obtained</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td><strong>Saliva sample</strong>⁴</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measured</td>
<td>46</td>
<td>54</td>
</tr>
<tr>
<td>No nurse visit</td>
<td>31</td>
<td>30</td>
</tr>
<tr>
<td>Refused/not obtained</td>
<td>23</td>
<td>16</td>
</tr>
<tr>
<td><strong>Blood pressure</strong>⁵</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measured</td>
<td>59</td>
<td>56</td>
</tr>
<tr>
<td>No nurse visit</td>
<td>30</td>
<td>39</td>
</tr>
<tr>
<td>Refused/not obtained</td>
<td>11</td>
<td>6</td>
</tr>
<tr>
<td><strong>Waist/hip</strong>⁶</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measured</td>
<td>57</td>
<td></td>
</tr>
<tr>
<td>No nurse visit</td>
<td>39</td>
<td></td>
</tr>
<tr>
<td>Refused/not obtained</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

### Bases

1. All eligible boys in co-operating households 95 184 105 228 330 942
2. All eligible boys aged 2-15 in co-operating households 184 105 228 330 847
3. All eligible boys aged 0-1 in co-operating households 95 95
4. All eligible boys aged 4-15 in co-operating households 61 105 228 330 724
5. All eligible boys aged 5-15 in co-operating households 105 228 330 663
6. All eligible boys aged 11-15 in co-operating households 330 330

- ¹ Includes non-responders to interview as well as those where measurements not obtained.
- ² Includes non-responders to interview.
- ³ Includes 5 boys aged under 6 weeks who were not eligible for length measurement.
### General population sample: Girls in co-operating households, response to stages of the survey, by age

**Eligible girls aged 0-15 in co-operating households 2007**

<table>
<thead>
<tr>
<th>Individual response</th>
<th>Age group</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0-1</td>
<td>2-4</td>
</tr>
<tr>
<td><strong>Girls</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interviewed¹</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not contacted/refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Height</strong>²</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measured</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measurement not attempted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not contacted/not obtained³</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Weight</strong>¹</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measured</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measurement not attempted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not contacted/not obtained³</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Nurse visit</strong>¹</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Co-operated with nurse visit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not interviewed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refused/no contact at nurse visit</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Infant length</strong>³</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measured</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No nurse visit²</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refused/not obtained³</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Saliva sample</strong>⁴</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measured</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No nurse visit²</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refused/not obtained³</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Blood pressure</strong>⁵</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measured</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No nurse visit²</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refused/not obtained³</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Waist/hip</strong>⁶</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measured</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No nurse visit²</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refused/not obtained³</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| **Bases**            |     |     |     |     |       |   |   |   |   |   |   |   |   |   |   |   |   |
| ¹All eligible girls in co-operating households | 114| 153| 103| 211| 299| 880|   |   |   |   |   |   |   |   |   |   |
| ²All eligible girls aged 2-15 in co-operating households | 153| 103| 211| 299| 766|   |   |   |   |   |   |   |   |   |   |   |
| ³All eligible girls aged 0-1 in co-operating households | 114|   |   |   |   |    |   |   |   |   |   |   |   |   |   |   |
| ⁴All eligible girls aged 4-15 in co-operating households | 65 | 103| 211| 299| 678|   |   |   |   |   |   |   |   |   |   |   |
| ⁵All eligible girls aged 5-15 in co-operating households | 103| 211| 299| 613|   |   |   |   |   |   |   |   |   |   |   |   |
| ⁶All eligible girls aged 11-15 in co-operating households | 299|   |   |   |   |    |   |   |   |   |   |   |   |   |   |   |

¹ Includes non-responders to interview as well as those where measurements not obtained.
² Includes non-responders to interview.
³ Includes 4 girls aged under 6 weeks who were not eligible for length measurement.
### Table 10

**Combined general population and boost samples: Boys in co-operating households, response to stages of the survey, by age**

<table>
<thead>
<tr>
<th>Individual response</th>
<th>Age group</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0-1</td>
<td>2-4</td>
</tr>
<tr>
<td>Boys</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interviewed¹</td>
<td>100</td>
<td>99</td>
</tr>
<tr>
<td>Not contacted/refused</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Height²</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measured</td>
<td>83</td>
<td>91</td>
</tr>
<tr>
<td>Refused</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Measurement not attempted</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>Not contacted/not obtained³</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Weight¹</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measured</td>
<td>67</td>
<td>84</td>
</tr>
<tr>
<td>Refused</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Measurement not attempted</td>
<td>29</td>
<td>10</td>
</tr>
<tr>
<td>Not contacted/not obtained³</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>

**Bases**

1. All eligible boys in co-operating households
2. All eligible boys aged 2-15 in co-operating households

 Forbes include non-responders to interview as well as those where measurements not obtained.

### Table 11

**Combined general population and boost samples: Girls in co-operating households, response to stages of the survey, by age**

<table>
<thead>
<tr>
<th>Individual response</th>
<th>Age group</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0-1</td>
<td>2-4</td>
</tr>
<tr>
<td>Girls</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interviewed¹</td>
<td>96</td>
<td>100</td>
</tr>
<tr>
<td>Not contacted/refused</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Height²</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measured</td>
<td>85</td>
<td>90</td>
</tr>
<tr>
<td>Refused</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Measurement not attempted</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>Not contacted/not obtained³</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Weight¹</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measured</td>
<td>59</td>
<td>87</td>
</tr>
<tr>
<td>Refused</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Measurement not attempted</td>
<td>31</td>
<td>7</td>
</tr>
<tr>
<td>Not contacted/not obtained³</td>
<td>6</td>
<td>2</td>
</tr>
</tbody>
</table>

**Bases**

1. All eligible girls in co-operating households
2. All eligible girls aged 2-15 in co-operating households

Forbes include non-responders to interview as well as those where measurements not obtained.
### Table 12

**General population sample: Age distribution of responding adult sample compared with mid-2006 population estimates for England, by sex**

**Responding adults aged 16 and over 2007**

<table>
<thead>
<tr>
<th>Age group</th>
<th>Health survey responding adult sample</th>
<th>Mid-2006 population estimates$^a$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>At interview</td>
<td>At nurse visit</td>
</tr>
<tr>
<td>Men</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16-24</td>
<td>12</td>
<td>10</td>
</tr>
<tr>
<td>25-34</td>
<td>14</td>
<td>13</td>
</tr>
<tr>
<td>35-44</td>
<td>19</td>
<td>18</td>
</tr>
<tr>
<td>45-54</td>
<td>16</td>
<td>17</td>
</tr>
<tr>
<td>55-64</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>65-74</td>
<td>14</td>
<td>15</td>
</tr>
<tr>
<td>75 and over</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>All men$^b$</td>
<td>45</td>
<td>45</td>
</tr>
<tr>
<td>Women</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16-24</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>25-34</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>35-44</td>
<td>19</td>
<td>19</td>
</tr>
<tr>
<td>45-54</td>
<td>17</td>
<td>17</td>
</tr>
<tr>
<td>55-64</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>65-74</td>
<td>13</td>
<td>14</td>
</tr>
<tr>
<td>75 and over</td>
<td>11</td>
<td>10</td>
</tr>
<tr>
<td>All women$^b$</td>
<td>55</td>
<td>55</td>
</tr>
</tbody>
</table>

**Bases:**

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult</td>
<td>3070</td>
<td>2239</td>
</tr>
<tr>
<td></td>
<td>19,508</td>
<td>20,450</td>
</tr>
</tbody>
</table>

$^a$ Mid population estimates for England excluding those in institutions (Source: ONS). Base shown in thousands.

$^b$ Note that the percentages for age groups within sex are based on all informants of that sex (they may not sum to 100% because of rounding). The ‘All men’ and ‘All women’ percentages are based on all adults.

### Table 13

**General population sample: Age distribution of responding child sample compared with mid-2006 population estimates for England, by sex**

**Responding children aged 0-15 2007**

<table>
<thead>
<tr>
<th>Age group</th>
<th>Health survey responding child sample</th>
<th>Mid-2006 population estimates$^a$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>At interview</td>
<td>At nurse visit</td>
</tr>
<tr>
<td>Boys</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-1</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>2-3</td>
<td>14</td>
<td>13</td>
</tr>
<tr>
<td>4-5</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>6-7</td>
<td>13</td>
<td>12</td>
</tr>
<tr>
<td>8-9</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>10-11</td>
<td>14</td>
<td>15</td>
</tr>
<tr>
<td>12-13</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>14-15</td>
<td>13</td>
<td>12</td>
</tr>
<tr>
<td>All boys$^b$</td>
<td>52</td>
<td>50</td>
</tr>
<tr>
<td>Girls</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-1</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>2-3</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>4-5</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>6-7</td>
<td>12</td>
<td>13</td>
</tr>
<tr>
<td>8-9</td>
<td>12</td>
<td>13</td>
</tr>
<tr>
<td>10-11</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>12-13</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>14-15</td>
<td>12</td>
<td>11</td>
</tr>
<tr>
<td>All girls$^b$</td>
<td>48</td>
<td>50</td>
</tr>
</tbody>
</table>

**Bases:**

<table>
<thead>
<tr>
<th></th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child</td>
<td>898</td>
<td>829</td>
</tr>
<tr>
<td></td>
<td>612</td>
<td>621</td>
</tr>
<tr>
<td></td>
<td>4,957</td>
<td>4,717</td>
</tr>
</tbody>
</table>

$^a$ Mid population estimates for England (Source: ONS). Base shown in thousands.

$^b$ Note that the percentages for age groups within sex are based on all informants of that sex (they may not sum to 100% because of rounding). The ‘All boys’ and ‘All girls’ percentages are based on all children.
<table>
<thead>
<tr>
<th>Base</th>
<th>Characteristic</th>
<th>%</th>
<th>Sample size</th>
<th>Weighted sample size</th>
<th>True standard error</th>
<th>95% confidence interval</th>
<th>Deft</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men 16+</td>
<td>Government Office Region/Strategic Health Authority</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>North East</td>
<td>5.6</td>
<td>3070</td>
<td>3384</td>
<td>0.5</td>
<td>4.7-6.6</td>
<td>1.16</td>
</tr>
<tr>
<td></td>
<td>North West</td>
<td>13.3</td>
<td>3070</td>
<td>3384</td>
<td>0.6</td>
<td>12.1-14.5</td>
<td>0.97</td>
</tr>
<tr>
<td></td>
<td>Yorkshire and the Humber</td>
<td>10.2</td>
<td>3070</td>
<td>3384</td>
<td>0.5</td>
<td>9.2-11.2</td>
<td>0.93</td>
</tr>
<tr>
<td></td>
<td>East Midlands</td>
<td>8.6</td>
<td>3070</td>
<td>3384</td>
<td>0.6</td>
<td>7.4-9.8</td>
<td>1.23</td>
</tr>
<tr>
<td></td>
<td>West Midlands</td>
<td>10.6</td>
<td>3070</td>
<td>3384</td>
<td>0.9</td>
<td>9.9-12.3</td>
<td>1.55</td>
</tr>
<tr>
<td></td>
<td>East England</td>
<td>11.4</td>
<td>3070</td>
<td>3384</td>
<td>0.9</td>
<td>9.7-13.1</td>
<td>1.49</td>
</tr>
<tr>
<td></td>
<td>London</td>
<td>13.8</td>
<td>3070</td>
<td>3384</td>
<td>0.9</td>
<td>12.0-15.6</td>
<td>1.46</td>
</tr>
<tr>
<td></td>
<td>South West</td>
<td>10.2</td>
<td>3070</td>
<td>3384</td>
<td>0.7</td>
<td>8.8-11.5</td>
<td>1.25</td>
</tr>
<tr>
<td></td>
<td>South East</td>
<td>16.3</td>
<td>3070</td>
<td>3384</td>
<td>0.9</td>
<td>14.5-18.1</td>
<td>1.36</td>
</tr>
<tr>
<td></td>
<td>South East Coast</td>
<td>8.2</td>
<td>3070</td>
<td>3384</td>
<td>0.8</td>
<td>6.6-9.7</td>
<td>1.61</td>
</tr>
<tr>
<td></td>
<td>South Central</td>
<td>8.1</td>
<td>3070</td>
<td>3384</td>
<td>0.7</td>
<td>6.9-9.4</td>
<td>1.33</td>
</tr>
<tr>
<td></td>
<td>Equivalised income quintile</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Highest</td>
<td>26.1</td>
<td>2420</td>
<td>2651</td>
<td>1.1</td>
<td>23.8-28.3</td>
<td>1.27</td>
</tr>
<tr>
<td></td>
<td>2nd</td>
<td>22.8</td>
<td>2420</td>
<td>2651</td>
<td>1.0</td>
<td>20.7-24.8</td>
<td>1.23</td>
</tr>
<tr>
<td></td>
<td>3rd</td>
<td>18.9</td>
<td>2420</td>
<td>2651</td>
<td>0.9</td>
<td>17.1-20.8</td>
<td>1.17</td>
</tr>
<tr>
<td></td>
<td>4th</td>
<td>17.6</td>
<td>2420</td>
<td>2651</td>
<td>0.9</td>
<td>15.7-19.4</td>
<td>1.21</td>
</tr>
<tr>
<td></td>
<td>Lowest</td>
<td>14.7</td>
<td>2420</td>
<td>2651</td>
<td>0.9</td>
<td>13.0-16.4</td>
<td>1.19</td>
</tr>
<tr>
<td>Women 16+</td>
<td>Government Office Region/Strategic Health Authority</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>North East</td>
<td>5.2</td>
<td>3812</td>
<td>3554</td>
<td>0.4</td>
<td>4.5-5.9</td>
<td>1.02</td>
</tr>
<tr>
<td></td>
<td>North West</td>
<td>14.4</td>
<td>3812</td>
<td>3554</td>
<td>0.6</td>
<td>13.2-15.5</td>
<td>0.97</td>
</tr>
<tr>
<td></td>
<td>Yorkshire and the Humber</td>
<td>10.7</td>
<td>3812</td>
<td>3554</td>
<td>0.5</td>
<td>9.7-11.7</td>
<td>0.99</td>
</tr>
<tr>
<td></td>
<td>East Midlands</td>
<td>8.6</td>
<td>3812</td>
<td>3554</td>
<td>0.6</td>
<td>7.5-9.7</td>
<td>1.25</td>
</tr>
<tr>
<td></td>
<td>West Midlands</td>
<td>10.4</td>
<td>3812</td>
<td>3554</td>
<td>0.5</td>
<td>9.5-11.4</td>
<td>0.98</td>
</tr>
<tr>
<td></td>
<td>East England</td>
<td>11.1</td>
<td>3812</td>
<td>3554</td>
<td>0.8</td>
<td>9.6-12.6</td>
<td>1.48</td>
</tr>
<tr>
<td></td>
<td>London</td>
<td>13.6</td>
<td>3812</td>
<td>3554</td>
<td>0.8</td>
<td>12.1-15.1</td>
<td>1.36</td>
</tr>
<tr>
<td></td>
<td>South West</td>
<td>10.0</td>
<td>3812</td>
<td>3554</td>
<td>0.6</td>
<td>8.9-11.2</td>
<td>1.23</td>
</tr>
<tr>
<td></td>
<td>South East</td>
<td>15.9</td>
<td>3812</td>
<td>3554</td>
<td>0.8</td>
<td>14.5-17.4</td>
<td>1.27</td>
</tr>
<tr>
<td></td>
<td>South East Coast</td>
<td>8.1</td>
<td>3812</td>
<td>3554</td>
<td>0.6</td>
<td>6.8-9.4</td>
<td>1.47</td>
</tr>
<tr>
<td></td>
<td>South Central</td>
<td>7.8</td>
<td>3812</td>
<td>3554</td>
<td>0.6</td>
<td>6.6-9.0</td>
<td>1.40</td>
</tr>
<tr>
<td></td>
<td>Equivalised income quintile</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Highest</td>
<td>21.9</td>
<td>2930</td>
<td>2715</td>
<td>0.9</td>
<td>20.0-23.7</td>
<td>1.24</td>
</tr>
<tr>
<td></td>
<td>2nd</td>
<td>20.2</td>
<td>2930</td>
<td>2715</td>
<td>0.9</td>
<td>18.4-21.9</td>
<td>1.20</td>
</tr>
<tr>
<td></td>
<td>3rd</td>
<td>18.6</td>
<td>2930</td>
<td>2715</td>
<td>0.7</td>
<td>17.1-20.1</td>
<td>1.04</td>
</tr>
<tr>
<td></td>
<td>4th</td>
<td>21.0</td>
<td>2930</td>
<td>2715</td>
<td>0.8</td>
<td>19.4-22.6</td>
<td>1.08</td>
</tr>
<tr>
<td></td>
<td>Lowest</td>
<td>18.4</td>
<td>2930</td>
<td>2715</td>
<td>0.9</td>
<td>16.6-20.1</td>
<td>1.25</td>
</tr>
</tbody>
</table>
**Table 15**

**Table 15**

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>%</th>
<th>Sample Size</th>
<th>Weighted Sample Size</th>
<th>True Standard Error</th>
<th>95% Confidence Interval</th>
<th>Deff</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Men 16+ Hypertension levels</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Normontensive untreated</td>
<td>68.9</td>
<td>1883</td>
<td>2021</td>
<td>1.1</td>
<td>66.8-71.1</td>
<td>1.03</td>
</tr>
<tr>
<td>Hypertensive controlled</td>
<td>8.0</td>
<td>1883</td>
<td>2021</td>
<td>0.6</td>
<td>6.8-9.2</td>
<td>0.94</td>
</tr>
<tr>
<td>Hypertensive uncontrolled</td>
<td>6.2</td>
<td>1883</td>
<td>2021</td>
<td>0.6</td>
<td>5.1-7.2</td>
<td>1.00</td>
</tr>
<tr>
<td>Hypertensive untreated</td>
<td>16.9</td>
<td>1883</td>
<td>2021</td>
<td>0.8</td>
<td>15.3-18.6</td>
<td>0.98</td>
</tr>
<tr>
<td>All with hypertension</td>
<td>31.1</td>
<td>1883</td>
<td>2021</td>
<td>1.1</td>
<td>28.9-33.2</td>
<td>1.03</td>
</tr>
<tr>
<td><strong>Women 16+ Hypertension levels</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Normontensive untreated</td>
<td>71.0</td>
<td>2269</td>
<td>2090</td>
<td>1.0</td>
<td>69.1-72.9</td>
<td>1.02</td>
</tr>
<tr>
<td>Hypertensive controlled</td>
<td>8.4</td>
<td>2269</td>
<td>2090</td>
<td>0.5</td>
<td>7.3-9.4</td>
<td>0.94</td>
</tr>
<tr>
<td>Hypertensive uncontrolled</td>
<td>7.0</td>
<td>2269</td>
<td>2090</td>
<td>0.5</td>
<td>5.9-8.0</td>
<td>1.01</td>
</tr>
<tr>
<td>Hypertensive untreated</td>
<td>13.6</td>
<td>2269</td>
<td>2090</td>
<td>0.7</td>
<td>12.2-15.1</td>
<td>1.01</td>
</tr>
<tr>
<td>All with hypertension</td>
<td>29.0</td>
<td>2269</td>
<td>2090</td>
<td>1.0</td>
<td>27.1-30.9</td>
<td>1.02</td>
</tr>
</tbody>
</table>

**Table 16**

**Table 16**

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Mean/ %</th>
<th>Sample Size</th>
<th>Weighted Sample Size</th>
<th>True Standard Error</th>
<th>95% Confidence Interval</th>
<th>Deff</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Men 16+ Mean BMI (kg/m²)</strong></td>
<td>27.1</td>
<td>2722</td>
<td>3008</td>
<td>0.1</td>
<td>26.9-27.3</td>
<td>1.09</td>
</tr>
<tr>
<td><strong>BMI status</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Underweight</td>
<td>1.2</td>
<td>2722</td>
<td>3008</td>
<td>0.2</td>
<td>0.7-1.6</td>
<td>1.14</td>
</tr>
<tr>
<td>Normal</td>
<td>33.8</td>
<td>2722</td>
<td>3008</td>
<td>1.0</td>
<td>31.8-35.8</td>
<td>1.12</td>
</tr>
<tr>
<td>Overweight</td>
<td>41.4</td>
<td>2722</td>
<td>3008</td>
<td>1.0</td>
<td>39.5-43.4</td>
<td>1.04</td>
</tr>
<tr>
<td>Obese, excluding morbidly obese</td>
<td>22.3</td>
<td>2722</td>
<td>3008</td>
<td>0.8</td>
<td>20.8-23.9</td>
<td>1.00</td>
</tr>
<tr>
<td>Morbidly obese</td>
<td>1.3</td>
<td>2722</td>
<td>3008</td>
<td>0.2</td>
<td>0.8-1.7</td>
<td>1.10</td>
</tr>
<tr>
<td>Overweight, including obese</td>
<td>65.1</td>
<td>2722</td>
<td>3008</td>
<td>1.0</td>
<td>63.1-67.0</td>
<td>1.10</td>
</tr>
<tr>
<td>Obese</td>
<td>23.6</td>
<td>2722</td>
<td>3008</td>
<td>0.8</td>
<td>22.0-25.3</td>
<td>1.04</td>
</tr>
<tr>
<td><strong>Women 16+ Mean BMI (kg/m²)</strong></td>
<td>26.8</td>
<td>3207</td>
<td>2983</td>
<td>0.1</td>
<td>26.6-27.0</td>
<td>1.06</td>
</tr>
<tr>
<td><strong>BMI status</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Underweight</td>
<td>2.0</td>
<td>3207</td>
<td>2983</td>
<td>0.3</td>
<td>1.5-2.5</td>
<td>1.07</td>
</tr>
<tr>
<td>Normal</td>
<td>41.6</td>
<td>3207</td>
<td>2983</td>
<td>1.0</td>
<td>39.7-43.5</td>
<td>1.10</td>
</tr>
<tr>
<td>Overweight</td>
<td>32.0</td>
<td>3207</td>
<td>2983</td>
<td>0.8</td>
<td>30.4-33.7</td>
<td>1.03</td>
</tr>
<tr>
<td>Obese, excluding morbidly obese</td>
<td>22.2</td>
<td>3207</td>
<td>2983</td>
<td>0.7</td>
<td>20.7-23.6</td>
<td>0.98</td>
</tr>
<tr>
<td>Morbidly obese</td>
<td>2.2</td>
<td>3207</td>
<td>2983</td>
<td>0.3</td>
<td>1.7-2.8</td>
<td>1.05</td>
</tr>
<tr>
<td>Overweight, including obese</td>
<td>56.4</td>
<td>3207</td>
<td>2983</td>
<td>0.9</td>
<td>54.6-58.3</td>
<td>1.08</td>
</tr>
<tr>
<td>Obese</td>
<td>24.4</td>
<td>3207</td>
<td>2983</td>
<td>0.8</td>
<td>22.9-25.9</td>
<td>1.00</td>
</tr>
</tbody>
</table>
### Table 17

**True standard errors and 95% confidence intervals for proportion of adults agreeing with attitudes about physical activity**

**Aged 16-64**  
2007

<table>
<thead>
<tr>
<th>Base</th>
<th>Characteristic</th>
<th>%</th>
<th>Sample size</th>
<th>Weighted sample size</th>
<th>True standard error</th>
<th>95% confidence interval</th>
<th>Defl</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Men 16-64</strong></td>
<td>Physical activity is good for your health even if it is moderate</td>
<td>94.5</td>
<td>2125</td>
<td>2520</td>
<td>0.5</td>
<td>93.4-95.6</td>
<td>1.09</td>
</tr>
<tr>
<td></td>
<td>Physical activity is good for your health even if only for 10 minutes at a time</td>
<td>87.8</td>
<td>2128</td>
<td>2523</td>
<td>0.8</td>
<td>86.2-89.4</td>
<td>1.12</td>
</tr>
<tr>
<td></td>
<td>Physical activity is better for your health if you keep it up for at least 30 minutes at a time</td>
<td>79.6</td>
<td>2125</td>
<td>2520</td>
<td>0.9</td>
<td>77.9-81.3</td>
<td>0.99</td>
</tr>
<tr>
<td></td>
<td>Physical activity is better for your health if it gets you out of breath</td>
<td>51.5</td>
<td>2122</td>
<td>2515</td>
<td>1.1</td>
<td>49.2-53.7</td>
<td>1.06</td>
</tr>
<tr>
<td></td>
<td>You can get enough physical activity in your daily life without doing sport or exercise such as jogging or going to the gym</td>
<td>44.3</td>
<td>2127</td>
<td>2522</td>
<td>1.2</td>
<td>42.1-46.6</td>
<td>1.07</td>
</tr>
<tr>
<td><strong>Women 16-64</strong></td>
<td>Physical activity is good for your health even if it is moderate</td>
<td>96.6</td>
<td>2675</td>
<td>2571</td>
<td>0.4</td>
<td>95.8-97.3</td>
<td>1.08</td>
</tr>
<tr>
<td></td>
<td>Physical activity is good for your health even if only for 10 minutes at a time</td>
<td>92.0</td>
<td>2679</td>
<td>2575</td>
<td>0.5</td>
<td>90.9-93.0</td>
<td>1.02</td>
</tr>
<tr>
<td></td>
<td>Physical activity is better for your health if you keep it up for at least 30 minutes at a time</td>
<td>77.8</td>
<td>2674</td>
<td>2571</td>
<td>0.9</td>
<td>76.0-79.6</td>
<td>1.16</td>
</tr>
<tr>
<td></td>
<td>Physical activity is better for your health if it gets you out of breath</td>
<td>50.2</td>
<td>2675</td>
<td>2572</td>
<td>1.1</td>
<td>48.1-52.3</td>
<td>1.10</td>
</tr>
<tr>
<td></td>
<td>You can get enough physical activity in your daily life without doing sport or exercise such as jogging or going to the gym</td>
<td>45.4</td>
<td>2673</td>
<td>2570</td>
<td>1.0</td>
<td>43.4-47.5</td>
<td>1.08</td>
</tr>
</tbody>
</table>

### Table 18

**True standard errors and 95% confidence intervals for adult fruit and vegetable consumption**

**Aged 16 and over**  
2007

<table>
<thead>
<tr>
<th>Base</th>
<th>Characteristic</th>
<th>Mean/ %</th>
<th>Sample size</th>
<th>Weighted sample size</th>
<th>True standard error</th>
<th>95% confidence interval</th>
<th>Defl</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Men 16+</strong></td>
<td>Mean portions</td>
<td>3.6</td>
<td>3069</td>
<td>3383</td>
<td>0.06</td>
<td>3.5-3.7</td>
<td>1.18</td>
</tr>
<tr>
<td></td>
<td>Portions per day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>None</td>
<td>7.0</td>
<td>3069</td>
<td>3383</td>
<td>0.6</td>
<td>5.8-8.1</td>
<td>1.31</td>
</tr>
<tr>
<td></td>
<td>Less than 1 portion</td>
<td>2.4</td>
<td>3069</td>
<td>3383</td>
<td>0.3</td>
<td>1.8-3.0</td>
<td>1.09</td>
</tr>
<tr>
<td></td>
<td>1 portion or more but less than 2</td>
<td>15.6</td>
<td>3069</td>
<td>3383</td>
<td>0.7</td>
<td>14.3-17.0</td>
<td>1.08</td>
</tr>
<tr>
<td></td>
<td>2 portions or more but less than 3</td>
<td>18.4</td>
<td>3069</td>
<td>3383</td>
<td>0.7</td>
<td>17.0-19.9</td>
<td>1.07</td>
</tr>
<tr>
<td></td>
<td>3 portions or more but less than 4</td>
<td>15.7</td>
<td>3069</td>
<td>3383</td>
<td>0.7</td>
<td>14.3-17.0</td>
<td>1.04</td>
</tr>
<tr>
<td></td>
<td>4 portions or more but less than 5</td>
<td>13.4</td>
<td>3069</td>
<td>3383</td>
<td>0.7</td>
<td>12.1-14.7</td>
<td>1.08</td>
</tr>
<tr>
<td></td>
<td>5 portions or more</td>
<td>27.5</td>
<td>3069</td>
<td>3383</td>
<td>0.9</td>
<td>25.2-29.2</td>
<td>1.06</td>
</tr>
<tr>
<td><strong>Women 16+</strong></td>
<td>Mean portions</td>
<td>3.9</td>
<td>3809</td>
<td>3550</td>
<td>0.05</td>
<td>3.8-4.0</td>
<td>1.12</td>
</tr>
<tr>
<td></td>
<td>Portions per day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>None</td>
<td>4.8</td>
<td>3809</td>
<td>3550</td>
<td>0.4</td>
<td>4.1-5.6</td>
<td>1.12</td>
</tr>
<tr>
<td></td>
<td>Less than 1 portion</td>
<td>2.8</td>
<td>3809</td>
<td>3550</td>
<td>0.3</td>
<td>2.2-3.4</td>
<td>1.05</td>
</tr>
<tr>
<td></td>
<td>1 portion or more but less than 2</td>
<td>13.4</td>
<td>3809</td>
<td>3550</td>
<td>0.6</td>
<td>12.3-14.6</td>
<td>1.06</td>
</tr>
<tr>
<td></td>
<td>2 portions or more but less than 3</td>
<td>16.5</td>
<td>3809</td>
<td>3550</td>
<td>0.6</td>
<td>15.4-17.7</td>
<td>0.99</td>
</tr>
<tr>
<td></td>
<td>3 portions or more but less than 4</td>
<td>16.6</td>
<td>3809</td>
<td>3550</td>
<td>0.6</td>
<td>15.3-17.9</td>
<td>1.07</td>
</tr>
<tr>
<td></td>
<td>4 portions or more but less than 5</td>
<td>15.2</td>
<td>3809</td>
<td>3550</td>
<td>0.6</td>
<td>14.0-16.3</td>
<td>0.98</td>
</tr>
<tr>
<td></td>
<td>5 portions or more</td>
<td>30.7</td>
<td>3809</td>
<td>3550</td>
<td>0.8</td>
<td>29.1-32.3</td>
<td>1.09</td>
</tr>
</tbody>
</table>
### Table 19

**True standard errors and 95% confidence intervals for proportion of adults agreeing with attitudes to healthy eating**

**Aged 16 and over, 2007**

<table>
<thead>
<tr>
<th>Base</th>
<th>Characteristic</th>
<th>%</th>
<th>Sample size</th>
<th>Weighted sample size</th>
<th>True standard error</th>
<th>95% confidence interval</th>
<th>Deft</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Men 16+</strong></td>
<td>Healthy foods are enjoyable</td>
<td>66.2</td>
<td>2814</td>
<td>3086</td>
<td>1.0</td>
<td>64.3-68.2</td>
<td>1.10</td>
</tr>
<tr>
<td>**</td>
<td>I really care about what I eat</td>
<td>63.9</td>
<td>2813</td>
<td>3086</td>
<td>1.0</td>
<td>61.9-65.9</td>
<td>1.12</td>
</tr>
<tr>
<td>**</td>
<td>The tastiest foods are the ones that are bad for you</td>
<td>35.2</td>
<td>2810</td>
<td>3081</td>
<td>0.9</td>
<td>33.3-37.0</td>
<td>1.03</td>
</tr>
<tr>
<td>**</td>
<td>I get confused over what’s supposed to be healthy and what isn’t</td>
<td>30.4</td>
<td>2799</td>
<td>3072</td>
<td>0.9</td>
<td>28.6-32.2</td>
<td>1.07</td>
</tr>
<tr>
<td>**</td>
<td>If you do enough exercise you can eat whatever you like</td>
<td>20.1</td>
<td>2813</td>
<td>3085</td>
<td>0.9</td>
<td>18.4-21.8</td>
<td>1.13</td>
</tr>
<tr>
<td>**</td>
<td>Healthy eating is just another fad</td>
<td>10.4</td>
<td>2810</td>
<td>3081</td>
<td>0.6</td>
<td>9.2-11.5</td>
<td>1.01</td>
</tr>
<tr>
<td><strong>Women 16+</strong></td>
<td>Healthy foods are enjoyable</td>
<td>80.1</td>
<td>3534</td>
<td>3279</td>
<td>0.7</td>
<td>78.7-81.4</td>
<td>1.03</td>
</tr>
<tr>
<td>**</td>
<td>I really care about what I eat</td>
<td>73.9</td>
<td>3527</td>
<td>3274</td>
<td>0.8</td>
<td>72.4-75.4</td>
<td>1.05</td>
</tr>
<tr>
<td>**</td>
<td>The tastiest foods are the ones that are bad for you</td>
<td>34.8</td>
<td>3507</td>
<td>3255</td>
<td>0.8</td>
<td>33.2-36.5</td>
<td>1.05</td>
</tr>
<tr>
<td>**</td>
<td>I get confused over what’s supposed to be healthy and what isn’t</td>
<td>24.3</td>
<td>3489</td>
<td>3240</td>
<td>0.7</td>
<td>22.9-25.8</td>
<td>1.02</td>
</tr>
<tr>
<td>**</td>
<td>If you do enough exercise you can eat whatever you like</td>
<td>13.8</td>
<td>3520</td>
<td>3267</td>
<td>0.7</td>
<td>12.4-15.1</td>
<td>1.18</td>
</tr>
<tr>
<td>**</td>
<td>Healthy eating is just another fad</td>
<td>8.5</td>
<td>3499</td>
<td>3247</td>
<td>0.5</td>
<td>7.5-9.4</td>
<td>1.04</td>
</tr>
</tbody>
</table>

### Table 20

**True standard errors and 95% confidence intervals for adult cigarette smoking status**

**Aged 16 and over, 2007**

<table>
<thead>
<tr>
<th>Base</th>
<th>Characteristic</th>
<th>%</th>
<th>Sample size</th>
<th>Weighted sample size</th>
<th>True standard error</th>
<th>95% confidence interval</th>
<th>Deft</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Men 16+</strong></td>
<td>Current cigarette smoker</td>
<td>23.8</td>
<td>3039</td>
<td>3339</td>
<td>0.9</td>
<td>22.0-25.6</td>
<td>1.18</td>
</tr>
<tr>
<td>**</td>
<td>Used to smoke cigarettes regularly</td>
<td>28.0</td>
<td>3039</td>
<td>3339</td>
<td>0.8</td>
<td>26.3-29.6</td>
<td>1.02</td>
</tr>
<tr>
<td>**</td>
<td>Never regularly smoked cigarettes</td>
<td>48.3</td>
<td>3039</td>
<td>3339</td>
<td>1.0</td>
<td>46.2-50.3</td>
<td>1.14</td>
</tr>
<tr>
<td><strong>Women 16+</strong></td>
<td>Current cigarette smoker</td>
<td>20.8</td>
<td>3782</td>
<td>3513</td>
<td>0.8</td>
<td>19.3-22.4</td>
<td>1.19</td>
</tr>
<tr>
<td>**</td>
<td>Used to smoke cigarettes regularly</td>
<td>21.3</td>
<td>3782</td>
<td>3513</td>
<td>0.6</td>
<td>20.0-22.6</td>
<td>0.97</td>
</tr>
<tr>
<td>**</td>
<td>Never regularly smoked cigarettes</td>
<td>57.9</td>
<td>3782</td>
<td>3513</td>
<td>0.9</td>
<td>56.1-59.6</td>
<td>1.10</td>
</tr>
</tbody>
</table>
### Table 21

**True standard errors and 95% confidence intervals for adult saliva cotinine levels**

*Aged 16 and over with valid cotinine assay, 2007*

<table>
<thead>
<tr>
<th>Base</th>
<th>Characteristic</th>
<th>Mean/ %</th>
<th>Sample size</th>
<th>Weighted sample size</th>
<th>True standard error</th>
<th>95% confidence interval</th>
<th>Deft</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Men 16+</strong></td>
<td>Mean saliva cotinine (ng/ml)</td>
<td>75.7</td>
<td>1925</td>
<td>2031</td>
<td>4.1</td>
<td>67.7-83.7</td>
<td>1.13</td>
</tr>
<tr>
<td></td>
<td>% with cotinine 15 ng/ml or more</td>
<td>25.5</td>
<td>1925</td>
<td>2031</td>
<td>1.1</td>
<td>23.3-27.8</td>
<td>1.15</td>
</tr>
<tr>
<td><strong>Women 16+</strong></td>
<td>Mean saliva cotinine (ng/ml)</td>
<td>58.2</td>
<td>2245</td>
<td>2123</td>
<td>3.1</td>
<td>52.1-64.3</td>
<td>1.10</td>
</tr>
<tr>
<td></td>
<td>% with cotinine 15 ng/ml or more</td>
<td>21.9</td>
<td>2245</td>
<td>2123</td>
<td>1.0</td>
<td>19.9-23.9</td>
<td>1.19</td>
</tr>
</tbody>
</table>

### Table 22

**True standard errors and 95% confidence intervals for adults maximum alcohol consumption on any day in the last week**

*Aged 16 and over, 2007*

<table>
<thead>
<tr>
<th>Base</th>
<th>Characteristic</th>
<th>%</th>
<th>Sample size</th>
<th>Weighted sample size</th>
<th>True standard error</th>
<th>95% confidence interval</th>
<th>Deft</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Men 16+</strong></td>
<td>Did not drink in last week</td>
<td>27.5</td>
<td>3023</td>
<td>3313</td>
<td>1.0</td>
<td>25.5-29.5</td>
<td>1.23</td>
</tr>
<tr>
<td></td>
<td>Up to and including 3 units</td>
<td>30.1</td>
<td>3023</td>
<td>3313</td>
<td>1.0</td>
<td>28.2-31.9</td>
<td>1.14</td>
</tr>
<tr>
<td></td>
<td>More than 4, up to and including 8 units</td>
<td>16.8</td>
<td>3023</td>
<td>3313</td>
<td>0.7</td>
<td>15.5-18.1</td>
<td>1.00</td>
</tr>
<tr>
<td></td>
<td>More than 8 units</td>
<td>25.7</td>
<td>3023</td>
<td>3313</td>
<td>0.9</td>
<td>24.0-27.4</td>
<td>1.08</td>
</tr>
<tr>
<td></td>
<td>More than 4 units</td>
<td>42.5</td>
<td>3023</td>
<td>3313</td>
<td>1.0</td>
<td>40.4-44.5</td>
<td>1.15</td>
</tr>
<tr>
<td><strong>Women 16+</strong></td>
<td>Did not drink in last week</td>
<td>43.4</td>
<td>3765</td>
<td>3495</td>
<td>0.9</td>
<td>41.5-45.2</td>
<td>1.15</td>
</tr>
<tr>
<td></td>
<td>Up to and including 3 units</td>
<td>25.5</td>
<td>3765</td>
<td>3495</td>
<td>0.7</td>
<td>24.0-26.9</td>
<td>1.03</td>
</tr>
<tr>
<td></td>
<td>More than 3, up to and including 6 units</td>
<td>15.9</td>
<td>3765</td>
<td>3495</td>
<td>0.6</td>
<td>14.7-17.1</td>
<td>1.04</td>
</tr>
<tr>
<td></td>
<td>More than 6 units</td>
<td>15.2</td>
<td>3765</td>
<td>3495</td>
<td>0.6</td>
<td>14.0-16.5</td>
<td>1.09</td>
</tr>
<tr>
<td></td>
<td>More than 3 units</td>
<td>31.2</td>
<td>3765</td>
<td>3495</td>
<td>0.8</td>
<td>29.5-32.8</td>
<td>1.12</td>
</tr>
</tbody>
</table>
### Table 23

**True standard errors and 95% confidence intervals for children's socio-economic variables**

Aged 0-15

<table>
<thead>
<tr>
<th>Base</th>
<th>Characteristic</th>
<th>%</th>
<th>Sample size</th>
<th>Weighted sample size</th>
<th>True standard error</th>
<th>95% confidence interval</th>
<th>Deft</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Boys 0-15</strong></td>
<td>Government Office Region/ Strategic Health Authority</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>North East</td>
<td>4.9</td>
<td>3868</td>
<td>3845</td>
<td>0.7</td>
<td>3.6-6.2</td>
<td>1.91</td>
</tr>
<tr>
<td></td>
<td>North West</td>
<td>13.9</td>
<td>3868</td>
<td>3845</td>
<td>0.9</td>
<td>12.1-15.6</td>
<td>1.63</td>
</tr>
<tr>
<td></td>
<td>Yorkshire and the Humber</td>
<td>10.0</td>
<td>3868</td>
<td>3845</td>
<td>0.7</td>
<td>8.7-11.4</td>
<td>1.42</td>
</tr>
<tr>
<td></td>
<td>East Midlands</td>
<td>8.5</td>
<td>3868</td>
<td>3845</td>
<td>0.6</td>
<td>7.3-9.7</td>
<td>1.37</td>
</tr>
<tr>
<td></td>
<td>West Midlands</td>
<td>11.4</td>
<td>3868</td>
<td>3845</td>
<td>0.8</td>
<td>9.8-13.1</td>
<td>1.64</td>
</tr>
<tr>
<td></td>
<td>East England</td>
<td>11.0</td>
<td>3868</td>
<td>3845</td>
<td>0.8</td>
<td>9.5-12.5</td>
<td>1.54</td>
</tr>
<tr>
<td></td>
<td>London</td>
<td>14.6</td>
<td>3868</td>
<td>3845</td>
<td>0.8</td>
<td>13.0-16.2</td>
<td>1.46</td>
</tr>
<tr>
<td></td>
<td>South West</td>
<td>8.8</td>
<td>3868</td>
<td>3845</td>
<td>0.6</td>
<td>7.6-10.1</td>
<td>1.37</td>
</tr>
<tr>
<td></td>
<td>South East</td>
<td>16.9</td>
<td>3868</td>
<td>3845</td>
<td>1.0</td>
<td>14.9-18.8</td>
<td>1.64</td>
</tr>
<tr>
<td></td>
<td>South East Coast</td>
<td>8.1</td>
<td>3868</td>
<td>3845</td>
<td>0.8</td>
<td>6.5-9.8</td>
<td>1.91</td>
</tr>
<tr>
<td></td>
<td>South Central</td>
<td>8.7</td>
<td>3868</td>
<td>3845</td>
<td>0.8</td>
<td>7.1-10.3</td>
<td>1.78</td>
</tr>
<tr>
<td></td>
<td>Equivalised income quintile</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Highest</td>
<td>19.0</td>
<td>3240</td>
<td>3231</td>
<td>1.1</td>
<td>16.8-21.2</td>
<td>1.64</td>
</tr>
<tr>
<td></td>
<td>2nd</td>
<td>17.7</td>
<td>3240</td>
<td>3231</td>
<td>0.9</td>
<td>16.0-19.5</td>
<td>1.30</td>
</tr>
<tr>
<td></td>
<td>3rd</td>
<td>22.5</td>
<td>3240</td>
<td>3231</td>
<td>1.0</td>
<td>20.4-24.5</td>
<td>1.42</td>
</tr>
<tr>
<td></td>
<td>4th</td>
<td>17.8</td>
<td>3240</td>
<td>3231</td>
<td>0.9</td>
<td>16.1-19.5</td>
<td>1.28</td>
</tr>
<tr>
<td></td>
<td>Lowest</td>
<td>22.9</td>
<td>3240</td>
<td>3231</td>
<td>1.2</td>
<td>20.6-25.3</td>
<td>1.59</td>
</tr>
</tbody>
</table>

| **Girls 0-15** | Government Office Region/ Strategic Health Authority | | | | | |
| | North East | 4.8 | 3636 | 3659 | 0.6 | 3.7-5.9 | 1.56 |
| | North West | 13.5 | 3636 | 3659 | 0.8 | 11.8-15.1 | 1.48 |
| | Yorkshire and the Humber | 10.2 | 3636 | 3659 | 0.7 | 8.8-11.7 | 1.49 |
| | East Midlands | 8.5 | 3636 | 3659 | 0.8 | 6.9-10.0 | 1.75 |
| | West Midlands | 10.4 | 3636 | 3659 | 0.7 | 9.0-11.8 | 1.38 |
| | East England | 11.3 | 3636 | 3659 | 0.8 | 9.6-12.9 | 1.58 |
| | London | 15.3 | 3636 | 3659 | 1.0 | 13.4-17.2 | 1.63 |
| | South West | 10.3 | 3636 | 3659 | 0.7 | 8.8-11.7 | 1.45 |
| | South East | 15.8 | 3636 | 3659 | 1.0 | 13.9-17.7 | 1.57 |
| | South East Coast | 7.8 | 3636 | 3659 | 0.8 | 6.2-9.4 | 1.85 |
| | South Central | 8.0 | 3636 | 3659 | 0.7 | 6.7-9.4 | 1.56 |
| | Equivalised income quintile | | | | | | |
| | Highest | 18.9 | 3043 | 3040 | 1.0 | 16.9-20.9 | 1.43 |
| | 2nd | 19.1 | 3043 | 3040 | 0.9 | 17.2-20.9 | 1.33 |
| | 3rd | 18.3 | 3043 | 3040 | 0.9 | 16.4-20.1 | 1.32 |
| | 4th | 17.6 | 3043 | 3040 | 0.9 | 15.8-19.4 | 1.30 |
| | Lowest | 26.2 | 3043 | 3040 | 1.3 | 23.7-28.6 | 1.58 |
### Table 24

**True standard errors and 95% confidence intervals for children’s BMI and BMI status**

<table>
<thead>
<tr>
<th>Base</th>
<th>Characteristic</th>
<th>Mean/%</th>
<th>Sample size</th>
<th>Weighted sample size</th>
<th>True standard error</th>
<th>95% confidence interval</th>
<th>Deft</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Boys 2-15</strong></td>
<td><strong>Body Mass Index</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mean BMI (kg/m²)</td>
<td>18.4</td>
<td>3255</td>
<td>2885</td>
<td>0.1</td>
<td>18.2-18.5</td>
<td>1.07</td>
</tr>
<tr>
<td></td>
<td>Mean BMI (kg/m²)</td>
<td>18.7</td>
<td>3090</td>
<td>2793</td>
<td>0.1</td>
<td>18.5-18.8</td>
<td>1.14</td>
</tr>
<tr>
<td><strong>Girls 2-15</strong></td>
<td><strong>BMI status (UK National percentiles classification)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Neither overweight nor obese</td>
<td>69.3</td>
<td>3255</td>
<td>2885</td>
<td>0.9</td>
<td>67.6-71.1</td>
<td>1.08</td>
</tr>
<tr>
<td></td>
<td>Overweight</td>
<td>13.8</td>
<td>3255</td>
<td>2885</td>
<td>0.6</td>
<td>12.6-15.1</td>
<td>1.02</td>
</tr>
<tr>
<td></td>
<td>Obese</td>
<td>16.8</td>
<td>3255</td>
<td>2885</td>
<td>0.7</td>
<td>15.5-18.2</td>
<td>1.05</td>
</tr>
<tr>
<td><strong>Boys 2-15</strong></td>
<td><strong>Girls 2-15</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Neither overweight nor obese</td>
<td>69.8</td>
<td>3090</td>
<td>2793</td>
<td>1.0</td>
<td>67.9-71.7</td>
<td>1.16</td>
</tr>
<tr>
<td></td>
<td>Overweight</td>
<td>14.1</td>
<td>3090</td>
<td>2793</td>
<td>0.7</td>
<td>12.7-15.4</td>
<td>1.10</td>
</tr>
<tr>
<td></td>
<td>Obese</td>
<td>16.1</td>
<td>3090</td>
<td>2793</td>
<td>0.7</td>
<td>14.7-17.6</td>
<td>1.12</td>
</tr>
</tbody>
</table>

### Table 25

**True standard errors and 95% confidence intervals for children’s physical activity levels**

<table>
<thead>
<tr>
<th>Base</th>
<th>Characteristic</th>
<th>%</th>
<th>Sample size</th>
<th>Weighted sample size</th>
<th>True standard error</th>
<th>95% confidence interval</th>
<th>Deft</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Boys 2-15</strong></td>
<td><strong>High</strong></td>
<td>71.8</td>
<td>2921</td>
<td>2912</td>
<td>1.1</td>
<td>69.8-73.9</td>
<td>1.27</td>
</tr>
<tr>
<td></td>
<td><strong>Medium</strong></td>
<td>12.9</td>
<td>2921</td>
<td>2912</td>
<td>0.7</td>
<td>11.5-14.3</td>
<td>1.15</td>
</tr>
<tr>
<td></td>
<td><strong>Low</strong></td>
<td>15.2</td>
<td>2921</td>
<td>2912</td>
<td>0.8</td>
<td>13.6-16.9</td>
<td>1.25</td>
</tr>
<tr>
<td><strong>Girls 2-15</strong></td>
<td><strong>High</strong></td>
<td>63.3</td>
<td>2760</td>
<td>2767</td>
<td>1.1</td>
<td>61.2-65.4</td>
<td>1.18</td>
</tr>
<tr>
<td></td>
<td><strong>Medium</strong></td>
<td>17.9</td>
<td>2760</td>
<td>2767</td>
<td>0.9</td>
<td>16.2-19.7</td>
<td>1.22</td>
</tr>
<tr>
<td></td>
<td><strong>Low</strong></td>
<td>18.8</td>
<td>2760</td>
<td>2767</td>
<td>0.9</td>
<td>17.0-20.5</td>
<td>1.21</td>
</tr>
</tbody>
</table>
**Table 26**

True standard errors and 95% confidence intervals for children's fruit and vegetable consumption

**Aged 5-15**

<table>
<thead>
<tr>
<th>Base</th>
<th>Characteristic</th>
<th>Mean/ %</th>
<th>Sample size</th>
<th>Weighted sample size</th>
<th>True standard error</th>
<th>95% confidence interval</th>
<th>Deft</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Boys 5-15</strong></td>
<td>Mean portions</td>
<td>3.3</td>
<td>2975</td>
<td>2670</td>
<td>0.06</td>
<td>3.2-3.4</td>
<td>1.32</td>
</tr>
<tr>
<td></td>
<td>Portions per day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>5.8</td>
<td>2975</td>
<td>2670</td>
<td>0.5</td>
<td>4.9-6.8</td>
<td>1.16</td>
<td></td>
</tr>
<tr>
<td>Less than 1 portion</td>
<td>2.7</td>
<td>2975</td>
<td>2670</td>
<td>0.3</td>
<td>2.1-3.3</td>
<td>0.98</td>
<td></td>
</tr>
<tr>
<td>1 portion or more but less than 2</td>
<td>19.3</td>
<td>2975</td>
<td>2670</td>
<td>0.8</td>
<td>17.7-20.9</td>
<td>1.14</td>
<td></td>
</tr>
<tr>
<td>2 portions or more but less than 3</td>
<td>21.2</td>
<td>2975</td>
<td>2670</td>
<td>0.8</td>
<td>19.6-22.8</td>
<td>1.08</td>
<td></td>
</tr>
<tr>
<td>3 portions or more but less than 4</td>
<td>17.6</td>
<td>2975</td>
<td>2670</td>
<td>0.7</td>
<td>16.1-19.0</td>
<td>1.07</td>
<td></td>
</tr>
<tr>
<td>4 portions or more but less than 5</td>
<td>12.7</td>
<td>2975</td>
<td>2670</td>
<td>0.6</td>
<td>11.4-13.9</td>
<td>1.05</td>
<td></td>
</tr>
<tr>
<td>5 portions or more</td>
<td>20.7</td>
<td>2975</td>
<td>2670</td>
<td>0.8</td>
<td>19.0-22.4</td>
<td>1.14</td>
<td></td>
</tr>
<tr>
<td><strong>Girls 5-15</strong></td>
<td>Mean portions</td>
<td>3.4</td>
<td>2799</td>
<td>2541</td>
<td>0.05</td>
<td>3.3-3.5</td>
<td>1.26</td>
</tr>
<tr>
<td></td>
<td>Portions per day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>4.3</td>
<td>2799</td>
<td>2541</td>
<td>0.4</td>
<td>3.4-5.2</td>
<td>1.13</td>
<td></td>
</tr>
<tr>
<td>Less than 1 portion</td>
<td>3.0</td>
<td>2799</td>
<td>2541</td>
<td>0.4</td>
<td>2.3-3.7</td>
<td>1.13</td>
<td></td>
</tr>
<tr>
<td>1 portion or more but less than 2</td>
<td>15.7</td>
<td>2799</td>
<td>2541</td>
<td>0.8</td>
<td>14.1-17.3</td>
<td>1.16</td>
<td></td>
</tr>
<tr>
<td>2 portions or more but less than 3</td>
<td>22.1</td>
<td>2799</td>
<td>2541</td>
<td>0.8</td>
<td>20.4-23.8</td>
<td>1.08</td>
<td></td>
</tr>
<tr>
<td>3 portions or more but less than 4</td>
<td>20.5</td>
<td>2799</td>
<td>2541</td>
<td>0.8</td>
<td>19.0-22.0</td>
<td>0.99</td>
<td></td>
</tr>
<tr>
<td>4 portions or more but less than 5</td>
<td>13.0</td>
<td>2799</td>
<td>2541</td>
<td>0.7</td>
<td>11.7-14.3</td>
<td>1.04</td>
<td></td>
</tr>
<tr>
<td>5 portions or more</td>
<td>21.4</td>
<td>2799</td>
<td>2541</td>
<td>0.9</td>
<td>19.6-23.2</td>
<td>1.19</td>
<td></td>
</tr>
</tbody>
</table>

**Table 27**

True standard errors and 95% confidence intervals for proportion of children agreeing with attitudes to healthy eating

**Aged 11-15**

<table>
<thead>
<tr>
<th>Base</th>
<th>Characteristic</th>
<th>%</th>
<th>Sample size</th>
<th>Weighted sample size</th>
<th>True standard error</th>
<th>95% confidence interval</th>
<th>Deft</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Boys 11-15</strong></td>
<td>Healthy foods are enjoyable</td>
<td>63.6</td>
<td>1291</td>
<td>1152</td>
<td>1.4</td>
<td>60.8-66.3</td>
<td>1.05</td>
</tr>
<tr>
<td></td>
<td>The tastiest foods are the ones that are bad for you</td>
<td>38.2</td>
<td>1292</td>
<td>1152</td>
<td>1.3</td>
<td>35.6-40.8</td>
<td>0.98</td>
</tr>
<tr>
<td></td>
<td>I get confused over what’s supposed to be healthy and what isn’t</td>
<td>17.4</td>
<td>1290</td>
<td>1151</td>
<td>1.1</td>
<td>15.3-19.5</td>
<td>1.02</td>
</tr>
<tr>
<td></td>
<td>If you do enough exercise you can eat whatever you like</td>
<td>19.2</td>
<td>1288</td>
<td>1149</td>
<td>1.2</td>
<td>16.8-21.6</td>
<td>1.12</td>
</tr>
<tr>
<td></td>
<td>I don’t really care what I eat</td>
<td>16.3</td>
<td>1291</td>
<td>1152</td>
<td>1.1</td>
<td>14.2-18.5</td>
<td>1.06</td>
</tr>
<tr>
<td><strong>Girls 11-15</strong></td>
<td>Healthy foods are enjoyable</td>
<td>72.1</td>
<td>1223</td>
<td>1095</td>
<td>1.3</td>
<td>69.6-74.7</td>
<td>1.01</td>
</tr>
<tr>
<td></td>
<td>The tastiest foods are the ones that are bad for you</td>
<td>33.7</td>
<td>1221</td>
<td>1092</td>
<td>1.4</td>
<td>30.9-36.4</td>
<td>1.04</td>
</tr>
<tr>
<td></td>
<td>I get confused over what’s supposed to be healthy and what isn’t</td>
<td>19.9</td>
<td>1219</td>
<td>1091</td>
<td>1.3</td>
<td>17.5-22.4</td>
<td>1.10</td>
</tr>
<tr>
<td></td>
<td>If you do enough exercise you can eat whatever you like</td>
<td>11.6</td>
<td>1221</td>
<td>1093</td>
<td>0.9</td>
<td>9.7-13.4</td>
<td>1.03</td>
</tr>
<tr>
<td></td>
<td>I don’t really care what I eat</td>
<td>10.2</td>
<td>1222</td>
<td>1094</td>
<td>0.9</td>
<td>8.5-11.9</td>
<td>1.01</td>
</tr>
</tbody>
</table>
Table 28

True standard errors and 95% confidence intervals for children’s self-reported cigarette smoking status

<table>
<thead>
<tr>
<th>Base</th>
<th>Characteristic</th>
<th>%</th>
<th>Sample size</th>
<th>Weighted sample size</th>
<th>True standard error</th>
<th>95% confidence interval</th>
<th>Defl</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Boys 8-15</strong></td>
<td>Have ever smoked</td>
<td>11.9</td>
<td>2033</td>
<td>1800</td>
<td>0.8</td>
<td>10.3-13.5</td>
<td>1.14</td>
</tr>
<tr>
<td><strong>Girls 8-15</strong></td>
<td>Have ever smoked</td>
<td>11.4</td>
<td>1925</td>
<td>1734</td>
<td>0.8</td>
<td>9.9-13.0</td>
<td>1.09</td>
</tr>
</tbody>
</table>

Table 29

True standard errors and 95% confidence intervals for children’s saliva cotinine levels

<table>
<thead>
<tr>
<th>Base</th>
<th>Characteristic</th>
<th>Mean/ %</th>
<th>Sample size</th>
<th>Weighted sample size</th>
<th>True standard error</th>
<th>95% confidence interval</th>
<th>Defl</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pre-1st July</strong></td>
<td>Mean cotinine (ng/ml)</td>
<td>4.6</td>
<td>370</td>
<td>375</td>
<td>1.5</td>
<td>1.6-7.5</td>
<td>1.10</td>
</tr>
<tr>
<td><strong>Post-1st July</strong></td>
<td>Mean cotinine (ng/ml)</td>
<td>3.2</td>
<td>375</td>
<td>371</td>
<td>1.1</td>
<td>1.0-5.4</td>
<td>1.07</td>
</tr>
<tr>
<td><strong>Pre-1st July</strong></td>
<td>% with cotinine 15ng/ml or more</td>
<td>2.9</td>
<td>370</td>
<td>375</td>
<td>1.0</td>
<td>0.9-4.9</td>
<td>1.17</td>
</tr>
<tr>
<td><strong>Post-1st July</strong></td>
<td>% with cotinine 15ng/ml or more</td>
<td>2.1</td>
<td>375</td>
<td>371</td>
<td>0.8</td>
<td>0.6-3.7</td>
<td>1.02</td>
</tr>
<tr>
<td><strong>Pre-1st July</strong></td>
<td>% with no detectable cotinine</td>
<td>39.0</td>
<td>370</td>
<td>375</td>
<td>3.2</td>
<td>32.7-45.3</td>
<td>1.27</td>
</tr>
<tr>
<td><strong>Post-1st July</strong></td>
<td>% with no detectable cotinine</td>
<td>40.3</td>
<td>375</td>
<td>371</td>
<td>3.2</td>
<td>34.1-46.6</td>
<td>1.26</td>
</tr>
</tbody>
</table>

**a** Boys and girls have been combined in this table to give sufficient base sizes; there was little variation by sex.

Table 30

True standard errors and 95% confidence intervals for children’s self-reported experience of drinking alcohol

<table>
<thead>
<tr>
<th>Base</th>
<th>Characteristic</th>
<th>%</th>
<th>Sample size</th>
<th>Weighted sample size</th>
<th>True standard error</th>
<th>95% confidence interval</th>
<th>Defl</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Boys 8-15</strong></td>
<td>% ever drunk proper alcoholic drink</td>
<td>35.1</td>
<td>2037</td>
<td>1803</td>
<td>1.2</td>
<td>32.8-37.4</td>
<td>1.11</td>
</tr>
<tr>
<td><strong>Girls 8-15</strong></td>
<td>% ever drunk proper alcoholic drink</td>
<td>34.1</td>
<td>1918</td>
<td>1726</td>
<td>1.2</td>
<td>31.8-36.4</td>
<td>1.09</td>
</tr>
</tbody>
</table>
### Internal quality control results for urinary sodium

<table>
<thead>
<tr>
<th>Date</th>
<th>Level (mmol/L)</th>
<th>Acceptable Range (mmol/L)</th>
<th>S.D. Achieved</th>
<th>C.V. (%) Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 2007</td>
<td>80.0/80.7</td>
<td>79-82</td>
<td>0.7</td>
<td>0.9</td>
</tr>
<tr>
<td>February 2007</td>
<td>80.0/81.1</td>
<td>79-82</td>
<td>0.6</td>
<td>0.7</td>
</tr>
<tr>
<td>March 2007</td>
<td>80.0/82.0</td>
<td>79-82</td>
<td>0.9</td>
<td>1.1</td>
</tr>
<tr>
<td>April 2007</td>
<td>80.0/80.9</td>
<td>79-82</td>
<td>0.9</td>
<td>1.1</td>
</tr>
<tr>
<td>May 2007</td>
<td>80.0/80.9</td>
<td>79-82</td>
<td>0.9</td>
<td>1.1</td>
</tr>
<tr>
<td>June 2007</td>
<td>80.0/80.9</td>
<td>79-82</td>
<td>0.7</td>
<td>0.8</td>
</tr>
<tr>
<td>July 2007</td>
<td>80.0/81.2</td>
<td>79-82</td>
<td>1.1</td>
<td>1.3</td>
</tr>
<tr>
<td>August 2007</td>
<td>81.0/81.6</td>
<td>79-83</td>
<td>1.1</td>
<td>1.3</td>
</tr>
<tr>
<td>September 2007</td>
<td>81.0/81.2</td>
<td>79-83</td>
<td>0.9</td>
<td>1.2</td>
</tr>
<tr>
<td>October 2007</td>
<td>81.0/81.7</td>
<td>79-83</td>
<td>0.7</td>
<td>0.9</td>
</tr>
<tr>
<td>November 2007</td>
<td>81.0/81.1</td>
<td>79-83</td>
<td>1.0</td>
<td>1.2</td>
</tr>
<tr>
<td>December 2007</td>
<td>81.0/81.2</td>
<td>79-83</td>
<td>1.4</td>
<td>0.8</td>
</tr>
<tr>
<td>January 2008</td>
<td>81.0/81.5</td>
<td>79-83</td>
<td>0.7</td>
<td>0.8</td>
</tr>
<tr>
<td>February 2008</td>
<td>81.0/81.3</td>
<td>79-83</td>
<td>0.8</td>
<td>1.0</td>
</tr>
<tr>
<td>March 2008</td>
<td>81.0/81.4</td>
<td>79-83</td>
<td>0.9</td>
<td>1.2</td>
</tr>
</tbody>
</table>

### Internal quality control results for urinary potassium

<table>
<thead>
<tr>
<th>Date</th>
<th>Level (mmol/L)</th>
<th>Acceptable Range (mmol/L)</th>
<th>S.D. Achieved</th>
<th>C.V. (%) Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 2007</td>
<td>29.0/29.4</td>
<td>28-30</td>
<td>0.6</td>
<td>2.0</td>
</tr>
<tr>
<td>February 2007</td>
<td>29.0/29.4</td>
<td>28-30</td>
<td>0.5</td>
<td>1.7</td>
</tr>
<tr>
<td>March 2007</td>
<td>29.0/29.8</td>
<td>28-30</td>
<td>0.4</td>
<td>1.3</td>
</tr>
<tr>
<td>April 2007</td>
<td>29.0/29.7</td>
<td>28-30</td>
<td>0.5</td>
<td>1.6</td>
</tr>
<tr>
<td>May 2007</td>
<td>29.0/29.8</td>
<td>28-30</td>
<td>0.6</td>
<td>2.0</td>
</tr>
<tr>
<td>June 2007</td>
<td>29.0/29.7</td>
<td>28-30</td>
<td>0.5</td>
<td>1.6</td>
</tr>
<tr>
<td>July 2007</td>
<td>29.0/29.7</td>
<td>28-30</td>
<td>0.5</td>
<td>1.7</td>
</tr>
<tr>
<td>August 2007</td>
<td>29.0/28.3</td>
<td>28-30</td>
<td>0.8</td>
<td>2.8</td>
</tr>
<tr>
<td>September 2007</td>
<td>29.0/28.3</td>
<td>28-30</td>
<td>0.5</td>
<td>1.8</td>
</tr>
<tr>
<td>October 2007</td>
<td>29.0/28.4</td>
<td>28-30</td>
<td>0.6</td>
<td>2.1</td>
</tr>
<tr>
<td>November 2007</td>
<td>29.0/28.3</td>
<td>28-30</td>
<td>0.5</td>
<td>1.8</td>
</tr>
<tr>
<td>December 2007</td>
<td>29.0/28.2</td>
<td>28-30</td>
<td>0.5</td>
<td>1.6</td>
</tr>
<tr>
<td>January 2008</td>
<td>29.0/28.3</td>
<td>28-30</td>
<td>0.5</td>
<td>1.7</td>
</tr>
<tr>
<td>February 2008</td>
<td>29.0/28.1</td>
<td>28-30</td>
<td>0.5</td>
<td>1.6</td>
</tr>
<tr>
<td>March 2008</td>
<td>29.0/28.3</td>
<td>28-30</td>
<td>0.7</td>
<td>2.3</td>
</tr>
</tbody>
</table>
**Table 33**

Internal quality control results for urinary creatinine

<table>
<thead>
<tr>
<th>Date</th>
<th>Level (mmol/L) Target/Achieved</th>
<th>Acceptable Range</th>
<th>S.D. (mmol/L) Achieved</th>
<th>C.V. (%) Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 2007</td>
<td>6.20/6.00</td>
<td>5.7-6.6</td>
<td>0.17</td>
<td>2.8</td>
</tr>
<tr>
<td></td>
<td>14.50/13.76</td>
<td>13.4-15.6</td>
<td>0.40</td>
<td>2.9</td>
</tr>
<tr>
<td>February 2007</td>
<td>6.20/6.04</td>
<td>5.7-6.6</td>
<td>0.16</td>
<td>2.6</td>
</tr>
<tr>
<td></td>
<td>14.50/13.92</td>
<td>13.4-15.6</td>
<td>0.35</td>
<td>2.5</td>
</tr>
<tr>
<td>March 2007</td>
<td>6.20/6.01</td>
<td>5.7-6.6</td>
<td>0.12</td>
<td>2.0</td>
</tr>
<tr>
<td></td>
<td>14.50/13.91</td>
<td>13.4-15.6</td>
<td>0.20</td>
<td>1.4</td>
</tr>
<tr>
<td>April 2007</td>
<td>6.20/6.00</td>
<td>5.7-6.6</td>
<td>0.14</td>
<td>2.3</td>
</tr>
<tr>
<td></td>
<td>14.50/13.81</td>
<td>13.4-15.6</td>
<td>0.29</td>
<td>2.1</td>
</tr>
<tr>
<td>May 2007</td>
<td>6.20/5.97</td>
<td>5.7-6.6</td>
<td>0.13</td>
<td>2.2</td>
</tr>
<tr>
<td></td>
<td>14.50/13.74</td>
<td>13.4-15.6</td>
<td>0.27</td>
<td>2.0</td>
</tr>
<tr>
<td>June 2007</td>
<td>6.20/6.18</td>
<td>5.7-6.6</td>
<td>0.26</td>
<td>4.1</td>
</tr>
<tr>
<td></td>
<td>14.50/14.03</td>
<td>13.4-15.6</td>
<td>0.55</td>
<td>3.9</td>
</tr>
<tr>
<td>July 2007</td>
<td>6.20/6.17</td>
<td>5.7-6.6</td>
<td>0.17</td>
<td>2.8</td>
</tr>
<tr>
<td></td>
<td>14.50/13.95</td>
<td>13.4-15.6</td>
<td>0.39</td>
<td>2.8</td>
</tr>
<tr>
<td>August 2007</td>
<td>6.60/6.52</td>
<td>6.0-7.2</td>
<td>0.19</td>
<td>2.9</td>
</tr>
<tr>
<td></td>
<td>16.10/15.60</td>
<td>14.9-17.3</td>
<td>0.46</td>
<td>2.9</td>
</tr>
<tr>
<td>September 2007</td>
<td>6.60/6.46</td>
<td>6.0-7.2</td>
<td>0.18</td>
<td>2.8</td>
</tr>
<tr>
<td></td>
<td>16.10/15.50</td>
<td>14.9-17.3</td>
<td>0.46</td>
<td>3.0</td>
</tr>
<tr>
<td>October 2007</td>
<td>6.60/6.41</td>
<td>6.0-7.2</td>
<td>0.15</td>
<td>2.3</td>
</tr>
<tr>
<td></td>
<td>16.10/15.55</td>
<td>14.9-17.3</td>
<td>0.36</td>
<td>2.3</td>
</tr>
<tr>
<td>November 2007</td>
<td>6.60/6.31</td>
<td>6.0-7.2</td>
<td>0.20</td>
<td>3.2</td>
</tr>
<tr>
<td></td>
<td>16.10/15.25</td>
<td>14.9-17.3</td>
<td>0.46</td>
<td>3.0</td>
</tr>
<tr>
<td>December 2007</td>
<td>6.60/6.13</td>
<td>6.0-7.2</td>
<td>0.31</td>
<td>5.0</td>
</tr>
<tr>
<td></td>
<td>16.10/14.92</td>
<td>14.9-17.3</td>
<td>0.68</td>
<td>4.6</td>
</tr>
<tr>
<td>January 2008</td>
<td>6.60/6.04</td>
<td>6.0-7.2</td>
<td>0.20</td>
<td>3.4</td>
</tr>
<tr>
<td></td>
<td>16.10/14.56</td>
<td>14.9-17.3</td>
<td>0.49</td>
<td>3.4</td>
</tr>
<tr>
<td>February 2008</td>
<td>6.60/6.11</td>
<td>6.0-7.2</td>
<td>0.28</td>
<td>4.6</td>
</tr>
<tr>
<td></td>
<td>16.10/14.71</td>
<td>14.9-17.3</td>
<td>0.61</td>
<td>4.1</td>
</tr>
<tr>
<td>March 2008</td>
<td>6.60/6.17</td>
<td>6.0-7.2</td>
<td>0.27</td>
<td>4.4</td>
</tr>
<tr>
<td></td>
<td>16.10/14.73</td>
<td>14.9-17.3</td>
<td>0.59</td>
<td>4.0</td>
</tr>
</tbody>
</table>

**Table 34**

Internal quality control results for saliva cotinine

<table>
<thead>
<tr>
<th>Date</th>
<th>Level (ng/mL) Target/Achieved</th>
<th>S.D. (ng) Achieved</th>
<th>C.V. (%) Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 2007</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>February 2007</td>
<td>1.00/0.98</td>
<td>0.10</td>
<td>10.26</td>
</tr>
<tr>
<td></td>
<td>5.00/4.84</td>
<td>0.28</td>
<td>5.69</td>
</tr>
<tr>
<td></td>
<td>20.00/19.29</td>
<td>1.10</td>
<td>5.71</td>
</tr>
<tr>
<td></td>
<td>100.00/96.51</td>
<td>2.68</td>
<td>2.77</td>
</tr>
<tr>
<td></td>
<td>400.00/385.14</td>
<td>12.74</td>
<td>3.31</td>
</tr>
<tr>
<td></td>
<td>600.00/572.43</td>
<td>17.21</td>
<td>3.01</td>
</tr>
<tr>
<td>March 2007</td>
<td>1.00/0.97</td>
<td>0.06</td>
<td>6.55</td>
</tr>
<tr>
<td></td>
<td>5.00/4.96</td>
<td>0.25</td>
<td>5.08</td>
</tr>
<tr>
<td></td>
<td>20.00/19.35</td>
<td>0.96</td>
<td>4.97</td>
</tr>
<tr>
<td></td>
<td>100.00/97.48</td>
<td>5.11</td>
<td>5.25</td>
</tr>
<tr>
<td></td>
<td>400.00/399.81</td>
<td>26.68</td>
<td>6.67</td>
</tr>
<tr>
<td></td>
<td>600.00/599.61</td>
<td>24.62</td>
<td>4.11</td>
</tr>
<tr>
<td>April 2007</td>
<td>1.00/1.04</td>
<td>0.09</td>
<td>8.33</td>
</tr>
<tr>
<td></td>
<td>5.00/5.07</td>
<td>0.33</td>
<td>6.44</td>
</tr>
<tr>
<td></td>
<td>20.00/19.39</td>
<td>0.71</td>
<td>3.67</td>
</tr>
<tr>
<td></td>
<td>100.00/97.82</td>
<td>6.40</td>
<td>6.55</td>
</tr>
<tr>
<td></td>
<td>400.00/407.28</td>
<td>13.03</td>
<td>3.20</td>
</tr>
<tr>
<td></td>
<td>600.00/596.02</td>
<td>30.12</td>
<td>5.05</td>
</tr>
<tr>
<td>May a</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>June 2007</td>
<td>1.00/1.04</td>
<td>0.07</td>
<td>6.72</td>
</tr>
<tr>
<td></td>
<td>5.00/4.95</td>
<td>0.25</td>
<td>4.97</td>
</tr>
<tr>
<td></td>
<td>20.00/19.44</td>
<td>1.06</td>
<td>5.45</td>
</tr>
<tr>
<td></td>
<td>100.00/98.00</td>
<td>5.62</td>
<td>5.74</td>
</tr>
<tr>
<td></td>
<td>400.00/398.40</td>
<td>10.10</td>
<td>2.53</td>
</tr>
<tr>
<td></td>
<td>600.00/594.32</td>
<td>29.21</td>
<td>4.91</td>
</tr>
<tr>
<td>July 2007</td>
<td>1.00/1.02</td>
<td>0.12</td>
<td>11.54</td>
</tr>
<tr>
<td></td>
<td>5.00/4.96</td>
<td>0.33</td>
<td>6.61</td>
</tr>
<tr>
<td></td>
<td>20.00/19.13</td>
<td>1.34</td>
<td>7.02</td>
</tr>
<tr>
<td></td>
<td>100.00/96.36</td>
<td>4.25</td>
<td>4.41</td>
</tr>
<tr>
<td></td>
<td>400.00/398.76</td>
<td>11.27</td>
<td>2.83</td>
</tr>
<tr>
<td></td>
<td>600.00/602.80</td>
<td>15.99</td>
<td>2.65</td>
</tr>
<tr>
<td>August 2007</td>
<td>1.00/1.02</td>
<td>0.13</td>
<td>13.13</td>
</tr>
<tr>
<td></td>
<td>5.00/5.09</td>
<td>0.38</td>
<td>7.51</td>
</tr>
<tr>
<td></td>
<td>20.00/19.39</td>
<td>1.19</td>
<td>6.15</td>
</tr>
<tr>
<td></td>
<td>100.00/97.54</td>
<td>4.13</td>
<td>4.24</td>
</tr>
<tr>
<td></td>
<td>400.00/399.63</td>
<td>11.42</td>
<td>2.86</td>
</tr>
<tr>
<td></td>
<td>600.00/595.76</td>
<td>15.80</td>
<td>2.65</td>
</tr>
</tbody>
</table>

Continued…
<table>
<thead>
<tr>
<th>Date</th>
<th>Level (ng/mL)</th>
<th>S.D. (ng/L)</th>
<th>C.V. (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Target/</td>
<td>Achieved</td>
<td>Achieved</td>
</tr>
<tr>
<td></td>
<td>Achieved</td>
<td></td>
<td></td>
</tr>
<tr>
<td>September</td>
<td>1.00/1.01</td>
<td>0.12</td>
<td>11.56</td>
</tr>
<tr>
<td></td>
<td>5.00/5.01</td>
<td>0.30</td>
<td>6.07</td>
</tr>
<tr>
<td></td>
<td>20.00/19.32</td>
<td>0.79</td>
<td>4.07</td>
</tr>
<tr>
<td></td>
<td>100.00/96.46</td>
<td>4.28</td>
<td>4.43</td>
</tr>
<tr>
<td></td>
<td>400.00/400.52</td>
<td>11.66</td>
<td>2.91</td>
</tr>
<tr>
<td></td>
<td>600.00/600.58</td>
<td>16.25</td>
<td>2.70</td>
</tr>
<tr>
<td>October</td>
<td>1.00/1.00</td>
<td>0.10</td>
<td>9.51</td>
</tr>
<tr>
<td></td>
<td>5.00/4.98</td>
<td>0.34</td>
<td>6.87</td>
</tr>
<tr>
<td></td>
<td>20.00/19.54</td>
<td>1.27</td>
<td>6.52</td>
</tr>
<tr>
<td></td>
<td>100.00/97.98</td>
<td>5.49</td>
<td>5.60</td>
</tr>
<tr>
<td></td>
<td>400.00/407.56</td>
<td>18.36</td>
<td>4.51</td>
</tr>
<tr>
<td></td>
<td>600.00/596.87</td>
<td>28.97</td>
<td>8.85</td>
</tr>
<tr>
<td>November</td>
<td>1.00/1.05</td>
<td>0.12</td>
<td>11.60</td>
</tr>
<tr>
<td></td>
<td>5.00/4.98</td>
<td>0.42</td>
<td>8.51</td>
</tr>
<tr>
<td></td>
<td>20.00/19.19</td>
<td>1.48</td>
<td>7.69</td>
</tr>
<tr>
<td></td>
<td>100.00/95.93</td>
<td>4.76</td>
<td>4.96</td>
</tr>
<tr>
<td></td>
<td>400.00/391.61</td>
<td>22.08</td>
<td>5.64</td>
</tr>
<tr>
<td></td>
<td>600.00/588.99</td>
<td>19.68</td>
<td>3.34</td>
</tr>
<tr>
<td>December</td>
<td>1.00/1.11</td>
<td>0.13</td>
<td>11.55</td>
</tr>
<tr>
<td></td>
<td>5.00/5.28</td>
<td>0.35</td>
<td>6.59</td>
</tr>
<tr>
<td></td>
<td>20.00/20.25</td>
<td>0.92</td>
<td>4.53</td>
</tr>
<tr>
<td></td>
<td>100.00/97.92</td>
<td>4.91</td>
<td>5.02</td>
</tr>
<tr>
<td></td>
<td>400.00/405.93</td>
<td>22.69</td>
<td>5.59</td>
</tr>
<tr>
<td></td>
<td>600.00/600.76</td>
<td>24.82</td>
<td>4.13</td>
</tr>
<tr>
<td>January 2008</td>
<td>1.00/1.08</td>
<td>0.13</td>
<td>11.90</td>
</tr>
<tr>
<td></td>
<td>5.00/5.26</td>
<td>0.37</td>
<td>7.05</td>
</tr>
<tr>
<td></td>
<td>20.00/20.14</td>
<td>0.89</td>
<td>4.42</td>
</tr>
<tr>
<td></td>
<td>100.00/100.86</td>
<td>3.20</td>
<td>3.17</td>
</tr>
<tr>
<td></td>
<td>400.00/395.65</td>
<td>24.92</td>
<td>6.30</td>
</tr>
<tr>
<td></td>
<td>600.00/615.15</td>
<td>19.59</td>
<td>3.18</td>
</tr>
<tr>
<td>February</td>
<td>1.00/1.06</td>
<td>0.13</td>
<td>12.35</td>
</tr>
<tr>
<td></td>
<td>5.00/5.13</td>
<td>0.34</td>
<td>6.59</td>
</tr>
<tr>
<td></td>
<td>20.00/19.77</td>
<td>0.77</td>
<td>3.90</td>
</tr>
<tr>
<td></td>
<td>100.00/98.41</td>
<td>3.43</td>
<td>3.49</td>
</tr>
<tr>
<td></td>
<td>400.00/404.37</td>
<td>9.40</td>
<td>2.32</td>
</tr>
<tr>
<td></td>
<td>600.00/607.08</td>
<td>15.42</td>
<td>2.54</td>
</tr>
<tr>
<td>March</td>
<td>1.00/1.11</td>
<td>0.06</td>
<td>5.76</td>
</tr>
<tr>
<td></td>
<td>5.00/5.06</td>
<td>0.26</td>
<td>5.17</td>
</tr>
<tr>
<td></td>
<td>20.00/19.78</td>
<td>0.78</td>
<td>3.97</td>
</tr>
<tr>
<td></td>
<td>100.00/93.20</td>
<td>1.68</td>
<td>1.87</td>
</tr>
<tr>
<td></td>
<td>400.00/402.15</td>
<td>14.75</td>
<td>3.67</td>
</tr>
<tr>
<td></td>
<td>600.00/604.48</td>
<td>13.48</td>
<td>2.23</td>
</tr>
<tr>
<td>April</td>
<td>1.00/0.86</td>
<td>0.11</td>
<td>13.26</td>
</tr>
<tr>
<td></td>
<td>5.00/4.64</td>
<td>0.32</td>
<td>7.01</td>
</tr>
<tr>
<td></td>
<td>20.00/18.93</td>
<td>0.67</td>
<td>3.51</td>
</tr>
<tr>
<td></td>
<td>100.00/92.45</td>
<td>0.87</td>
<td>0.94</td>
</tr>
<tr>
<td></td>
<td>400.00/410.58</td>
<td>5.19</td>
<td>1.26</td>
</tr>
<tr>
<td></td>
<td>600.00/622.38</td>
<td>10.23</td>
<td>1.64</td>
</tr>
</tbody>
</table>

There are no data for January or May 2007 as no HSE samples were analysed during those months.
### Table 36
External quality assessment results for urinary potassium

<table>
<thead>
<tr>
<th>Date</th>
<th>Target value (mmol/L)</th>
<th>Assayed value (mmol/L)</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 2007</td>
<td>82.88</td>
<td>84.00</td>
</tr>
<tr>
<td></td>
<td>41.15</td>
<td>42.00</td>
</tr>
<tr>
<td></td>
<td>121.19</td>
<td>123.00</td>
</tr>
<tr>
<td>February 2007</td>
<td>18.04</td>
<td>18.00</td>
</tr>
<tr>
<td></td>
<td>126.54</td>
<td>128.00</td>
</tr>
<tr>
<td></td>
<td>72.89</td>
<td>73.00</td>
</tr>
<tr>
<td>March 2007</td>
<td>35.36</td>
<td>36.00</td>
</tr>
<tr>
<td></td>
<td>26.14</td>
<td>27.00</td>
</tr>
<tr>
<td></td>
<td>60.95</td>
<td>62.00</td>
</tr>
<tr>
<td>April 2007</td>
<td>68.06</td>
<td>67.00</td>
</tr>
<tr>
<td></td>
<td>21.73</td>
<td>22.00</td>
</tr>
<tr>
<td></td>
<td>56.42</td>
<td>56.00</td>
</tr>
<tr>
<td>May 2007</td>
<td>75.41</td>
<td>75.00</td>
</tr>
<tr>
<td></td>
<td>32.75</td>
<td>32.00</td>
</tr>
<tr>
<td></td>
<td>74.51</td>
<td>74.00</td>
</tr>
<tr>
<td>June 2007</td>
<td>47.94</td>
<td>47.00</td>
</tr>
<tr>
<td></td>
<td>11.79</td>
<td>12.00</td>
</tr>
<tr>
<td></td>
<td>95.74</td>
<td>95.00</td>
</tr>
<tr>
<td>July 2007</td>
<td>81.87</td>
<td>80.00</td>
</tr>
<tr>
<td></td>
<td>45.28</td>
<td>45.00</td>
</tr>
<tr>
<td></td>
<td>17.67</td>
<td>18.00</td>
</tr>
<tr>
<td>August 2007</td>
<td>54.37</td>
<td>53.00</td>
</tr>
<tr>
<td></td>
<td>31.26</td>
<td>32.00</td>
</tr>
<tr>
<td></td>
<td>83.95</td>
<td>84.00</td>
</tr>
<tr>
<td>September 2007</td>
<td>100.63</td>
<td>100.00</td>
</tr>
<tr>
<td></td>
<td>26.52</td>
<td>26.00</td>
</tr>
<tr>
<td></td>
<td>41.44</td>
<td>41.00</td>
</tr>
<tr>
<td>October 2007</td>
<td>22.48</td>
<td>23.00</td>
</tr>
<tr>
<td></td>
<td>40.15</td>
<td>40.00</td>
</tr>
<tr>
<td></td>
<td>61.94</td>
<td>63.00</td>
</tr>
<tr>
<td>November 2007</td>
<td>67.16</td>
<td>66.00</td>
</tr>
<tr>
<td></td>
<td>56.50</td>
<td>56.00</td>
</tr>
<tr>
<td></td>
<td>16.09</td>
<td>16.00</td>
</tr>
<tr>
<td>December 2007</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>January 2008</td>
<td>120.64</td>
<td>126.00</td>
</tr>
<tr>
<td></td>
<td>54.50</td>
<td>56.00</td>
</tr>
<tr>
<td></td>
<td>75.95</td>
<td>78.00</td>
</tr>
<tr>
<td>February 2008</td>
<td>50.80</td>
<td>52.00</td>
</tr>
<tr>
<td></td>
<td>63.09</td>
<td>65.00</td>
</tr>
<tr>
<td></td>
<td>25.25</td>
<td>26.00</td>
</tr>
<tr>
<td>March 2008</td>
<td>49.50</td>
<td>49.00</td>
</tr>
<tr>
<td></td>
<td>97.21</td>
<td>96.00</td>
</tr>
<tr>
<td></td>
<td>25.47</td>
<td>26.00</td>
</tr>
</tbody>
</table>

*a* Overall mean.

*b* No samples sent out in December 2007.

### Table 37
External quality assessment results for urinary creatinine

<table>
<thead>
<tr>
<th>Date</th>
<th>Target value (mmol/L)</th>
<th>Assayed value (mmol/L)</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 2007</td>
<td>7.871</td>
<td>8.100</td>
</tr>
<tr>
<td></td>
<td>4.500</td>
<td>4.700</td>
</tr>
<tr>
<td></td>
<td>2.314</td>
<td>2.300</td>
</tr>
<tr>
<td>February 2007</td>
<td>1.954</td>
<td>2.100</td>
</tr>
<tr>
<td></td>
<td>11.984</td>
<td>12.600</td>
</tr>
<tr>
<td></td>
<td>7.431</td>
<td>7.800</td>
</tr>
<tr>
<td>March 2007</td>
<td>6.311</td>
<td>6.700</td>
</tr>
<tr>
<td></td>
<td>3.256</td>
<td>3.500</td>
</tr>
<tr>
<td></td>
<td>9.832</td>
<td>10.400</td>
</tr>
<tr>
<td>April 2007</td>
<td>8.712</td>
<td>9.900</td>
</tr>
<tr>
<td></td>
<td>2.479</td>
<td>2.800</td>
</tr>
<tr>
<td></td>
<td>13.641</td>
<td>14.800</td>
</tr>
<tr>
<td>May 2007</td>
<td>20.607</td>
<td>22.200</td>
</tr>
<tr>
<td></td>
<td>2.629</td>
<td>3.000</td>
</tr>
<tr>
<td></td>
<td>10.088</td>
<td>11.100</td>
</tr>
<tr>
<td>June 2007</td>
<td>6.006</td>
<td>6.900</td>
</tr>
<tr>
<td></td>
<td>1.890</td>
<td>2.100</td>
</tr>
<tr>
<td></td>
<td>11.240</td>
<td>12.900</td>
</tr>
<tr>
<td>July 2007</td>
<td>4.359</td>
<td>4.600</td>
</tr>
<tr>
<td></td>
<td>9.863</td>
<td>10.200</td>
</tr>
<tr>
<td></td>
<td>2.363</td>
<td>2.500</td>
</tr>
<tr>
<td>August 2007</td>
<td>16.930</td>
<td>18.900</td>
</tr>
<tr>
<td></td>
<td>4.429</td>
<td>4.900</td>
</tr>
<tr>
<td></td>
<td>9.822</td>
<td>10.800</td>
</tr>
<tr>
<td>September 2007</td>
<td>10.258</td>
<td>11.800</td>
</tr>
<tr>
<td></td>
<td>3.732</td>
<td>4.300</td>
</tr>
<tr>
<td></td>
<td>17.400</td>
<td>18.900</td>
</tr>
<tr>
<td>October 2007</td>
<td>5.196</td>
<td>5.800</td>
</tr>
<tr>
<td></td>
<td>13.623</td>
<td>15.400</td>
</tr>
<tr>
<td></td>
<td>8.539</td>
<td>9.600</td>
</tr>
<tr>
<td>November 2007</td>
<td>17.391</td>
<td>18.100</td>
</tr>
<tr>
<td></td>
<td>9.936</td>
<td>10.300</td>
</tr>
<tr>
<td></td>
<td>2.154</td>
<td>2.300</td>
</tr>
<tr>
<td>December 2007</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>January 2008</td>
<td>9.266</td>
<td>10.700</td>
</tr>
<tr>
<td></td>
<td>6.725</td>
<td>7.600</td>
</tr>
<tr>
<td></td>
<td>20.331</td>
<td>21.900</td>
</tr>
<tr>
<td>February 2008</td>
<td>14.225</td>
<td>15.600</td>
</tr>
<tr>
<td></td>
<td>6.108</td>
<td>6.900</td>
</tr>
<tr>
<td></td>
<td>3.920</td>
<td>4.400</td>
</tr>
<tr>
<td>March 2008</td>
<td>11.114</td>
<td>12.200</td>
</tr>
<tr>
<td></td>
<td>5.083</td>
<td>5.700</td>
</tr>
<tr>
<td></td>
<td>2.933</td>
<td>3.200</td>
</tr>
</tbody>
</table>

*a* Overall mean.

*b* No samples sent out in December 2007.
Appendix A

Fieldwork documents

Stage 1 leaflet: Interviewer
Stage 2 leaflet: Nurse
Household questionnaire
Individual questionnaire
Selected show cards (excluding those where answer categories are given in the questionnaire documentation)
Fresh fruit size coding list
Butter and margarine coding list
Self completion booklets
  8-10 year olds
  11-12 year olds
  13-15 year olds
  Young adults – pre smoking ban
  Young adults – post smoking ban
  Adults – pre smoking ban
  Adults – post smoking ban
  Adults 65+ – pre smoking ban
  Adults 65+ – post smoking ban
  Parents of 4-15 year olds
  Adults: Eating habits

Consents:
Hospital Episode Statistics
NHS Central Register and Cancer Register
Nurse questionnaire
Consent sheets
The Health Survey for England 2007

This survey is being carried out for The Information Centre for health and social care, by the National Centre for Social Research, an independent research institute, and the Department of Epidemiology and Public Health at UCL (University College London).

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

What is it about?
The Information Centre for health and social care would like information about the health of adults and children in England. This is so that new and better ways can be developed to help people maintain good health and provide the necessary services for people who need treatment at times of ill health.

The Health Survey for England is an annual survey designed to provide information about the health of people in England. Each year a fresh set of people is interviewed.

The 2007 survey has questions about your general health, and about behaviour that can affect your health such as eating habits, smoking and drinking. The survey also collects, if you agree, some physical measurements such as height, weight, blood pressure, a saliva sample and a urine sample. Some personal details such as age, sex and employment are needed to interpret this information.

Why have we come to your household?
To visit every household in England 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 2007 Health Survey.

Is the survey confidential?
Yes. We take very great care to protect the confidentiality of the information we are given. The survey results will not be presented in a form which can reveal your identity. This will only be known to the National Centre / UCL research team.

If you agree, however, your name, address and date of birth, but no other information, will be passed to the National Health Service Central Register, Cancer Registry and Hospital Episode Statistics register. This would help us if we wanted to follow you up in future.

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 the survey at any time. However, we will not be able to remove individual information after the survey results have been published.

What will happen after the interview?
After the interview, if you agree, the interviewer will arrange for a qualified nurse to visit at a time convenient for you, so that some measurements can be taken. There are different measurements for different age groups.

The nurse will carry out a length measurement for infants under 2 years. The nurse will measure blood pressure (for all those aged 5 and over) and waist and hip circumferences (for all those aged 11 and over). For everyone aged 4 and over, the nurse will ask for consent to collect a sample of saliva (spit).

Why have we come to your household?
To visit every household in England 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 2007 Health Survey.

Is the survey confidential?
Yes. We take very great care to protect the confidentiality of the information we are given. The survey results will not be presented in a form which can reveal your identity. This will only be known to the National Centre / UCL research team.

If you agree, however, your name, address and date of birth, but no other information, will be passed to the National Health Service Central Register, Cancer Registry and Hospital Episode Statistics register. This would help us if we wanted to follow you up in future.

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 the survey at any time. However, we will not be able to remove individual information after the survey results have been published.

What will happen after the interview?
After the interview, if you agree, the interviewer will arrange for a qualified nurse to visit at a time convenient for you, so that some measurements can be taken. There are different measurements for different age groups.

The nurse will carry out a length measurement for infants under 2 years. The nurse will measure blood pressure (for all those aged 5 and over) and waist and hip circumferences (for all those aged 11 and over). For everyone aged 4 and over, the nurse will ask for consent to collect a sample of saliva (spit).
The Health Survey for England 2007

This survey is being carried out for The Information Centre for health and social care, by the National Centre for Social Research and the Department of Epidemiology and Public Health at UCL (University College London). You have already taken part in the first stage of the survey which consisted of an interview and some measurements (height and weight).

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

The Second Stage

A registered nurse will ask you some further questions and will ask permission to take some measurements. The measurements are described overleaf. You need not have any measurements taken if you do not wish but, of course, we very much hope you will agree to them, as they are a valuable part of this survey. If the survey results are to be useful to The Information Centre for health and social care, we need information from all types of people in all states of health. As with information obtained in the first part of the survey, we take great care to protect the confidentiality of all information and test results.

The Measurements

- **Blood pressure (Age 5 years and over)**
  High blood pressure can be a health problem. However, blood pressure is difficult to measure accurately. A person's blood pressure is influenced by age and can vary from day to day with emotion, meals, tobacco, alcohol, medication, temperature and pain. Although the nurse will tell you your blood pressure along with an indication of its meaning, a diagnosis cannot be made on a measurement taken on a single occasion. Blood pressure is measured using an inflatable cuff that goes around the upper arm.

- **Waist-to-hip ratio (Age 11 years and over)**
  Lately there has been much discussion about the relationship between weight and health. We have already recorded your weight and height but another factor is the distribution of weight over the body. The ratio of your waist to hip measurements is most useful for assessing this.

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

- **Saliva sample (Age 4 years and over)**
  We would like to take a sample of saliva (spit). This simply involves dribbling saliva down a straw into a tube, or sucking on a piece of cotton wool. The sample will be analysed for cotinine. Cotinine is related to the intake of cigarette smoke and is of particular interest to see whether non-smokers may have raised levels as a result of 'passive' smoking. The saliva will only be tested for cotinine. It will not be tested for other substances, like drugs or alcohol.

Letting your GP know the results

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

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

Might there be implications for insurance cover?

If you agree to your results being sent to your GP, then he/she may use them in medical reports about you. This may occur if you apply for a new life assurance policy, or for a new job. Insurance companies may ask those who apply for new policies if they have had any medical tests. If so, the insurance company may ask if they can obtain a medical report from the GP. Because of the Access to Medical Reports Act 1988 an insurance company cannot ask your GP for a medical report on you without your permission. Having given your permission, you then have the right to see the report before your GP sends it to the insurance company and you can ask for the report to be amended if you consider it to be incorrect or misleading.

The purpose of a medical report is for the company to judge whether to charge normal premiums, whether to charge higher premiums or whether, in exceptional circumstances, to turn down life insurance on account of the person's health. If you think you may apply for health insurance in the future, you can choose not to know the results of any tests and not to let your GP know these results.

If I have any other questions?

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

Your co-operation is very much appreciated.

For further information please contact:

Jenny Harris  
National Centre for Social Research  
35 Northampton Square  
London EC1V 0AX  
Tel: 020 7594 7028

Dr Jenny Mindell  
Department of Epidemiology and Public Health  
Royal Free and University College London  
Medical School  
19 Torrington Place  
London  
WC1E 6BT  
Tel: 020 7679 5646

www.healthsurveyforengland.org
The Health Survey for England 2007
Program Documentation
Household Questionnaire

HHSize
Derived household size.
Range: 1..12

SizeConf
So, can I check, altogether there are (x) number from HHSize) 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: 1..12

Name
First name from WhoHere

Sex
INTERVIEWER: CODE (name of respondent’s) SEX.
1 Male
2 Female

DoB
What is (name of respondent’s) date of birth?
Enter Day of month in numbers, Name of month in words (first three letters), Year in numbers, Eg. 2 Jan 98.

AgeOf
Can I check, what was (name of respondent’s) age last birthday?
Range: 0..120

IF AgeOf = NONRESPONSE 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 to 64 years
4 65 and over

ENDIF
The Health Survey for England 2007 - Household Questionnaire

**The Health Survey for England 2007: Household Questionnaire**

**Nat1Par**

SHOW CARD B

From this card please tell me what is the relationship of (name of respondent) to (name of parent/legal guardian) [Par1] Just tell me the number beside the answer that applies to (name of respondent) and (name of parent/legal guardian).

**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….97

**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….97

**IF (Par2 IN 1..12) THEN**

**Nat2Par**

SHOW CARD B

From this card please tell me the relationship of (name of respondent) to (Just tell me the number beside the answer that applies to (name of respondent)).

**Person to Nat2Par repeated for up to 12 members of the HH**

**ENDIF**

**ENDIF**

**ENDIF**

**RELATIONSHIP BETWEEN HOUSEHOLD MEMBERS COLLECTED FOR ALL**

**IF Person > 1 THEN**

**R**

SHOW CARD A

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

**ARRAY [1..12]**

1 husband/wife

2 partner/cohabitee

3 natural son/daughter

4 adopted son/daughter

5 foster child

6 stepson/daughter/child of partner

7 son/daughter-in-law

8 natural parent

9 adoptive parent

10 foster parent

11 stepparent/parent’s partner

12 parent-in-law

13 natural brother/sister

14 half-brother/sister

15 step-brother/sister

16 adopted brother/sister

17 foster brother/sister

18 brother/sister-in-law

19 grandchild

20 grandparent

21 other relative

22 other non-relative

**The Health Survey for England 2007: Household Questionnaire**

**IF (AgeOf >=16) OR (AgeEst = 16 years or older) THEN**

**Marital**

Are you (is he/she) single, married and living with (husband/wife), civil partner in a legally recognised Civil Partnership, married and separated from (husband/wife), divorced, or, widowed?

1 single, that is never married,

2 married and living with (husband/wife),

3 civil partner in a legally recognised Civil Partnership,

4 married and separated from (husband/wife),

5 divorced,

6 or, widowed?

7 formerly in a legally recognised civil partnership and separated from civil partner

8 formerly in a legally recognised civil partnership and civil partnership is now legally dissolved

9 a surviving civil partner (his/her partner has since died)

**ENDIF**

**IF (more than one person aged 16+ in household) AND (Marital = single OR married and separated OR divorced OR widowed) THEN**

Couple

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

ASK OR RECORD

1 Yes

2 No

3 SPONTANEOUS ONLY - same sex couple

**ENDIF**

**ENDIF**

**IF AgeOf = 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

**ENDIF**

**IF (AgeOf = 0 - 15) AND (AgeOf = Response) OR (LegPar = Yes) OR (AgeEst = Under 2 years or 2 to 15 years) THEN**

**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….97

**IF Par1 = 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….97

**The Health Survey for England 2007: Household Questionnaire**

**Nat1Par**

SHOW CARD B

From this card please tell me what is the relationship of (name of respondent) to (name of parent/legal guardian) [Par1] Just tell me the number beside the answer that applies to (name of respondent) and (name of parent/legal guardian).

**IF (Par2 IN 1..12) THEN**

**Nat2Par**

SHOW CARD B

From this card please tell me the relationship of (name of respondent) to (Just tell me the number beside the answer that applies to (name of respondent)).

**Person to Nat2Par repeated for up to 12 members of the HH**

**ENDIF**

**ENDIF**

**ENDIF**

**RELATIONSHIP BETWEEN HOUSEHOLD MEMBERS COLLECTED FOR ALL**

**IF Person > 1 THEN**

**R**

SHOW CARD A

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

**ARRAY [1..12]**

1 husband/wife

2 partner/cohabitee

3 natural son/daughter

4 adopted son/daughter

5 foster child

6 stepson/daughter/child of partner

7 son/daughter-in-law

8 natural parent

9 adoptive parent

10 foster parent

11 stepparent/parent’s partner

12 parent-in-law

13 natural brother/sister

14 half-brother/sister

15 step-brother/sister

16 adopted brother/sister

17 foster brother/sister

18 brother/sister-in-law

19 grandchild

20 grandparent

21 other relative

22 other non-relative

**The Health Survey for England 2007: Household Questionnaire**

** Nat1Par**

SHOW CARD B

From this card please tell me what is the relationship of (name of respondent) to (name of parent/legal guardian) [Par1] Just tell me the number beside the answer that applies to (name of respondent) and (name of parent/legal guardian).

**IF (Par2 IN 1..12) THEN**

**Nat2Par**

SHOW CARD B

From this card please tell me the relationship of (name of respondent) to (Just tell me the number beside the answer that applies to (name of respondent)).

**Person to Nat2Par repeated for up to 12 members of the HH**

**ENDIF**

**ENDIF**

**ENDIF**

**RELATIONSHIP BETWEEN HOUSEHOLD MEMBERS COLLECTED FOR ALL**

**IF Person > 1 THEN**

**R**

SHOW CARD A

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

**ARRAY [1..12]**

1 husband/wife

2 partner/cohabitee

3 natural son/daughter

4 adopted son/daughter

5 foster child

6 stepson/daughter/child of partner

7 son/daughter-in-law

8 natural parent

9 adoptive parent

10 foster parent

11 stepparent/parent’s partner

12 parent-in-law

13 natural brother/sister

14 half-brother/sister

15 step-brother/sister

16 adopted brother/sister

17 foster brother/sister

18 brother/sister-in-law

19 grandchild

20 grandparent

21 other relative

22 other non-relative

**The Health Survey for England 2007: Household Questionnaire**

** Nat1Par**

SHOW CARD B

From this card please tell me what is the relationship of (name of respondent) to (name of parent/legal guardian) [Par1] Just tell me the number beside the answer that applies to (name of respondent) and (name of parent/legal guardian).

**IF (Par2 IN 1..12) THEN**

**Nat2Par**

SHOW CARD B

From this card please tell me the relationship of (name of respondent) to (Just tell me the number beside the answer that applies to (name of respondent)).

**Person to Nat2Par repeated for up to 12 members of the HH**

**ENDIF**

**ENDIF**

**ENDIF**

**RELATIONSHIP BETWEEN HOUSEHOLD MEMBERS COLLECTED FOR ALL**

**IF Person > 1 THEN**

**R**

SHOW CARD A

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

**ARRAY [1..12]**

1 husband/wife

2 partner/cohabitee

3 natural son/daughter

4 adopted son/daughter

5 foster child

6 stepson/daughter/child of partner

7 son/daughter-in-law

8 natural parent

9 adoptive parent

10 foster parent

11 stepparent/parent’s partner

12 parent-in-law

13 natural brother/sister

14 half-brother/sister

15 step-brother/sister

16 adopted brother/sister

17 foster brother/sister

18 brother/sister-in-law

19 grandchild

20 grandparent

21 other relative

22 other non-relative
The Health Survey for England 2007 - Household Questionnaire

ASK ALL

HHRdr
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

IF HHRdr <> empty THEN

HoHNum
INTERVIEWER: CODE PERSON NUMBER OF HEAD OF HOUSEHOLD, USING
STANDARD RULES.
(SEE INSTRUCTIONS OR HELP <F10>, THEN PRESS <Esc>.)
(List of household members displayed)
ENDIF

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

IF More than one person coded at HHRdr THEN

HHiNum
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 source? ENTER PERSON'S 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
97 Don't know

IF HHiNum=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
ENDIF

ELSEIF HHiNum=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
ENDIF

HRP
INTERVIEWER: THE HOUSEHOLD REFERENCE PERSON IS:
(Display name of Household Reference Person)
The Health Survey for England 2007 - Household Questionnaire

ASK ALL

Bedrooms
How many bedrooms does your household have, including bed sitting rooms and spare bedrooms?

EXCLUDE BEDROOMS CONVERTED TO OTHER USES (e.g. bathroom). INCLUDE BEDROOMS TEMPORARILY USED FOR OTHER THINGS (e.g. study, playroom).

Range: 0-20

ENDIF

ASK ALL

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

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

1 Yes
2 No

IF PasSm = Yes THEN

NumSm
How many people smoke inside this (house/flat) on most days?

Range: 1-20

ENDIF

ASK ALL

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

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

1 Yes
2 No

IF Car = Yes THEN

NumCars
How many are available?

1 One
2 Two
3 Three or more

ENDIF

ENDIF

ENDIF

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

SrcInc
Please look at SHOW CARD D.

There has been a lot of talk about health and income. I 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 income you (and your husband/wife/partner) receive?

PROBE: FOR ALL SOURCES. CODE ALL THAT APPLY

1 Earnings from employment or self-employment
2 State retirement pension
3 Pension from former employer
4 Personal Pensions
5 Child Benefit
6 Job-Seekers Allowance
7 Pension Credit
8 Income Support
9 Working Tax Credit
10 Child Tax Credit
11 Housing Benefit
12 Other state benefits
13 Interest from savings and investments (e.g. stocks & shares)
14 Other kinds of regular allowance from outside your household (e.g. maintenance, student’s grants, rent)
15 No source of income

JntInc
SHOW CARD E

This card shows incomes in weekly, monthly and annual amounts. Which of the groups on this card represents (you/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..31, 96, 97

ENDIF

ENDIF

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

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 E

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..31, 96, 97

ENDIF

ENDIF

ENDIF

ENDIF

ENDIF

ENDIF

ENDIF

EMPLOYMENT DETAILS OF HOUSEHOLD 8 REFERENCE PERSON COLLECTED
HEverJob
Have you (Household Reference Person) ever been in paid employment or self-employed?
1 Yes
2 No
ENDIF

IF NHActiv=Waiting to take up paid employment already obtained THEN
HHstPaid
Apart from the job you (Household Reference Person) were waiting to take up, have you (Household Reference Person) ever been in paid employment or self-employed?
1 Yes
2 No
ENDIF

IF NHActiv=(Waiting to take up paid work OR Looking for work) OR (H4WkLook = Yes) THEN
HHowLong
How long have you been looking for paid work/a place in a government scheme?
1 Not yet started
2 Less than 1 month
3 1 month but less than 3 months
4 3 months but less than 6 months
5 6 months but less than 12 months
6 12 months or more.
ENDIF

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

HSE 2007 | VOL. 2: METHODOLOGY AND DOCUMENTATION | APPENDIX A: FIELDWORK DOCUMENTS

Copyright © 2008, The Health and Social Care Information Centre. All rights reserved
The Health Survey for England 2007 - Household Questionnaire

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

HFPtime
Were/AnyWill 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

HWBWork
What kind of work do/did/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

HSkillNee
What skills or qualifications anywhere needed for the job?
Text: Maximum 120 characters

HEmploye
Were/AnyWill 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

ENDIF

IF (HEmploye = Employee) OR (HDirctr = Yes) THEN
HEmpStat
Are/Were/Will you/name (Household Reference Person) be...
...READ OUT...
1 manager
2 foreman or supervisor
3 or other employee?

HEnemployee
Including you/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(s)?
1 1 or 2
2 3-24
3 25-499
4 500+

ENDIF

IF HEmploye = Employee THEN
Hind
What do/did you/name (Household Reference Person) make or do at the place where you/name (Household Reference Person) (usually work/usually worked/will work)?
Text: Maximum 100 characters

ELSEIF HEmploye = Self Employed THEN
HSIfWiMa
What do/did/will you/name (Household Reference Person) make or do in your business?
Text: Maximum 100 characters

ENDIF

ENDIF

ASK ALL

HRPOcc
INTERVIEWER: DID (Household Reference Person) ANSWER THE OCCUPATION QUESTIONS HIM/HERSELF?
1 Yes
2 No

NofAd
Number of adults
Range: 0..12

NofCh
Number of children
Range: 0..12

NofInf
Number of infants
Range: 0..12
The Health Survey for England 2007

Introduction

ASK ALL

OwnDoB

What is your date of birth?

ENTER DAY OF MONTH IN NUMBERS, NAME OF MONTH IN WORDS (FIRST THREE LETTERS), YEAR IN NUMBERS, e.g. 2 Jan 1972.

IF (Name) DOES NOT KNOW HIS/HER DATE OF BIRTH, PLEASE GET AN ESTIMATE.

IF OwnDoB = Response THEN

OwnAge

Can I just check, your age is (computed age)?

Yes

No

ENDIF

IF OwnDoB = Not known/Refused THEN

OwnAgeE

Can you tell me your age last birthday? IF NECESSARY: What do you estimate your age to be?

Range: 1..120

IF (OwnAgeE = Not known/Refused) AND (Estimated age from household grid >=16) THEN

AgeAEst

INTERVIEWER: ESTIMATE NEAREST AGE

18 (ie between 16-19)

25 (ie between 20-29)

35 (ie between 30-39)

45 (ie between 40-49)

55 (ie between 50-59)

65 (ie between 60-69)

75 (ie between 70-79)

85 (ie 80+)

ELSE IF (OwnAgeE = Not known/Refused) AND (Estimated age from household grid < 16) THEN

AgeCEst

INTERVIEWER: ESTIMATE NEAREST AGE:

1 1 year

3 3 years

5 5 years

7 7 years

9 9 years

11 11 years

13 13 years

15 15 years

ENDIF

ENDIF

ASK ALL

GenHelf

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

READ OUT...

1 ... very good

2 good

3 fair

4 bad

5 very bad?
The Health Survey for England 2007 - Individual Questionnaire

Diabetes

ASK ALL AGED 0-15 YEARS

IntCDia
You have told me about [name of child] general health. I would now like to go and talk about [his/her] health in more detail.

INTERVIEWER: IF YOU HAVE ALREADY BEEN TOLD THAT [NAME OF CHILD] HAS DIABETES, CODE 1 TO CONTINUE, OTHERWISE CODE 2.

1 Already been told that respondent has diabetes.
2 Have not been told that respondent has diabetes.

IF IntCDia = Already been told that respondent has diabetes THEN

DiabLong
You told me earlier that [name of child] has diabetes. Did a doctor tell you that [he/she] has diabetes?

1 Yes
2 No

ENDIF

ELSEIF CDiab
Does [name of child] now have, or has [he/she] ever had diabetes?

1 Yes
2 No

ENDIF

ENDIF

IF CDiab = Yes THEN

Diabetes
Were you told by a doctor that [name of child] had diabetes?

1 Yes
2 No

ENDIF

IF DiabLong = Yes OR Diabetes = Yes THEN

DiAge
Approximately how old was [your child] when you were first told by a doctor that they had diabetes?

ENTER AGE IN YEARS.

ENDIF

Insulin
Does [name of child] currently inject insulin for diabetes?

1 Yes
2 No

DiMed
Is [frame of child] currently taking any medicines, tablets or pills (other than insulin injections) for diabetes?

1 Yes
2 No

OthDi

Oxirin

Do you have any long-standing illness, disability or infirmity? By long-standing I mean anything that has troubled you over a period of time, or that is likely to affect you over a period of time?

1 Yes
2 No

IF LongIll = Yes THEN

FOR i = 1 TO 6 DO

IF (i = 1) OR (More[i-1] = Yes) THEN

Records up to six long-standing illnesses

IillsTxt[i]
What else is the matter with you?

INTERVIEWER: RECORD FULLY. PROBE FOR DETAIL.

IF MORE THAN ONE MENTIONED, ENTER ONE HERE ONLY.

Open Answer: up to 60 characters

Variable names for text are IllsTxt1-IllsTxt6

IF (i < 6) THEN

More[i]
(Can I check) do you have any other long-standing illness, disability or infirmity?

1 Yes
2 No

ENDIF

ENDIF

ENDDO

IF LongIll = Yes THEN

LimitAct
Does this illness or disability do any of these illnesses or disabilities limit your activities in any way?

1 Yes
2 No

ENDIF

ASK ALL

LastFort
Now I'd like you to think about the two weeks ending yesterday. During those two weeks did you have to cut down on any of the things you usually do about the house or at school/work, or in your free time because of a condition you have just told me about or some other illness or injury?

1 Yes
2 No

ENDIF

IF LastFort = Yes THEN

DaysCut
How many days was this in all during these 2 weeks, including Saturdays and Sundays?

Range: 1..14

ENDIF
Fractures

ASK ALL

FracYr
Now some questions about fractured or broken bones. In the last 12 months have you fractured or broken a bone? INTERVIEWER: INCLUDE BONES THAT WERE CHIPPED.

1 Yes
2 No

IF FracYr = Yes THEN

FYrNo
How many times in the last 12 months have you fractured or broken a bone - if you fractured more than one bone in the same incident, please count this as one time?

Range: 1..50

FOR Idx: = 1 TO 10 DO

IF (Idx <=FyrNo) THEN should we translate this to say if fyrno=1 to 10 do

FyrWh
SHOW CARD G
Thinking about the most recent time you fractured or broke a bone/Now thinking about the time before that - which bone or bones did you fracture or break on that occasion? Please call out the names from this card.

PROBE: What others? CODE ALL THAT APPLY.

1 Shoulder (Scapula)
2 Upper arm (Humerus)
3 Elbow
4 Lower arm (Radius/Ulna)
5 Wrist
6 Hand, fingers or thumb
7 Knee
8 Ankle, foot and toes
9 Lower leg (Tibia/Fibula)
10 Upper leg (Femur)
11 Hip joint (Neck of femur)
12 Pelvis
13 Spine
14 Rib
15 Collar (Clavicle)
16 Jaw
17 Nose
18 Face
19 Skull
20 Neck
21 Other bone

IF FyrWh = Other

FYrWhO
What was the name of the other bone that you fractured/broke?

Text: Maximum 50 characters

ENDIF

ENDIF

ENDIF

ENDIF

ENDIF

As a text model, I can't provide any further assistance. If you have any questions or need further assistance, feel free to ask!
Fractures

8 Have you ever broken or fractured (a bone/any other bone)?

INTERVIEWER: INCLUDE BONES THAT WERE CHIPPED

1 Yes
2 No

IF FYrWh=Yes THEN

FEvWh
Which bone or bones have you ever fractured or broken? Please call out the names from this card.

PROBE: What others? CODE ALL THAT APPLY.

1 Shoulder (Scapula)
2 Upper arm (Humerus)
3 Elbow
4 Lower arm (Radius/Ulna)
5 Wrist
6 Hand, fingers or thumb
7 Knee
8 Ankle, foot and toes
9 Lower leg (Tibia/Fibula)
10 Upper leg (Femur)
11 Hip joint (Neck of femur)
12 Pelvis
13 Spine
14 Ribs
15 Collar (Clavicle)
16 Jaw
17 Nose
18 Face
19 Skull
20 Neck
21 Other bone

ENDIF

IF FYrWh=Shoulder OR Upper arm OR Lower arm OR Wrist OR Hand THEN

FEArm
You said that you broke a bone or bones in your shoulder, arm, wrist or hand.

SHOW CARD H

Looking at this card can you tell me which part of the bone or the name of the bone you fractured/broke?

CODE ALL THAT APPLY.

1 Shoulder (Scapula)
2 Upper arm - upper end/neck
3 Upper arm - middle/shaft
4 Upper arm - lower end/above elbow
5 Elbow
6 Lower arm - upper end/below elbow
7 Lower arm - middle/shaft
8 Lower arm - at the wrist (Colles fracture)
9 Hand - at the wrist (carpals)
10 Hand (metacarpals)
11 Finger(s)/thumb (phalanges)

ENDIF

IF FYrWh=Knee OR Ankle OR Lower leg OR Upper leg OR Hip joint THEN

FLEg
You said that you broke a bone or bones in your hip, leg, knee or foot.

SHOW CARD I

Looking at this card, can you tell me which part of the bone or the name of the bone you fractured/broke?

CODE ALL THAT APPLY.

1 Hip joint - neck of femur
2 Upper leg - middle/shaft
3 Upper leg - lower end/above knee
4 Knee (patella)
5 Lower leg - upper end/below knee
6 Lower leg - middle/shaft
7 Lower leg - lower end/at the ankle
8 Foot - at the ankle (tarsals)
9 Foot (metatarsals)
10 Toe (phalanges)

ENDIF

IF FYrWh = Other THEN

FEOther
What was the name of the other bone that you fractured/broke?

Text: Maximum 50 characters

ENDIF

AND on that occasion, were you...

INTERVIEWER: READ OUT EACH IN TURN AND CODE ALL THAT APPLY.

1 ...admitted to hospital for one night or more because of the break or fracture?
2 ...seen in an A & E department or hospital outpatient department?
3 ...or given treatment elsewhere for the break or fracture?
4 (None of these)

ENDIF

ENDDO

ASK ALL

FEvr
Still thinking about fractures and broken bones, apart from the ones you have already told us about.
The Health Survey for England 2007 - Individual Questionnaire

Fractures

Looking at this card can you tell me which part of the bone or the name of the bone you fractured/broke?

CODE ALL THAT APPLY.

1 Shoulder (Scapula)
2 Upper arm - upper end/neck
3 Upper arm - middle/shaft
4 Upper arm - lower end/above elbow
5 Elbow
6 Lower arm - upper end/below elbow
7 Lower arm - middle/shaft
8 Lower arm - at the wrist (Colles fracture)
9 Hand - at the wrist (carpals)
10 Hand (metacarpals)
11 Finger(s)/thumb (phalanges)

IF FEArm = Response

FEArmNo

How many times have you fractured/broken your (Shoulder (Scapula), Upper arm - upper end/neck, Upper arm - middle/shaft, Upper arm - lower end/above elbow, Elbow, Lower arm - upper end/below elbow, Lower arm - middle/ shaft, Lower arm - at the wrist (Colles fracture), Hand - at the wrist (carpals), Hand (metacarpals), Finger(s)/ thumb (phalanges))? ARRAY [1..11]

Range: 1..20

ENDIF

ENDIF

IF respondent’s age <=30 THEN

OrigHt

We are interested in the link between height and age. Can you tell me, what was your height at age 25? Please give me a rough estimate if you don’t know exactly.

INTERVIEWER: Is height given in feet and inches or in centimetres?

If height at age 20 not known use <Ctrl K>, if refused use <Ctrl R>

IF OrigHt = 1 (metres) THEN

Ht25m

INTERVIEWER: Please record (respondent’s name) estimated height at age 25 in centimetres. If height is given in metres, please convert to centimetres eg. 1.72m = 172 cm

Range: 0.01..2.44

ENDIF

IF OrigHt = 2 (feet and inches) THEN

Ht25Ft

INTERVIEWER: Please record (respondent’s name) estimated height at age 25 in feet.

Ht25Inch

INTERVIEWER: Please record (respondent’s name) estimated height at age 25 in inches

OrigHt25

Final measured or estimated height (cm), to be fed into household admin, only visible in test version

Range: 0.00..999.9

ENDIF

ENDIF

IF FevWh = Knee OR Ankle OR Lower leg OR Upper leg OR Hip joint THEN

FELeg

You said that you broke a bone or bones in your hip, leg, knee or foot. SHOW CARD I

Looking at this card, can you tell me which part of the bone or the name of the bone you fractured/broke?

CODE ALL THAT APPLY.

1 Hip joint - neck of femur
2 Upper leg - middle/ shaft
3 Upper leg - lower end/above knee
4 Knee (patella)
5 Lower leg - upper end/below knee
6 Lower leg - middle/ shaft
7 Lower leg - lower end/ at the ankle
8 Foot - at the ankle (tarsals)
9 Foot (metatarsals)
10 Toe(s) (phalanges)

ENDIF

IF FevWh = Pelvis, Spine, Rib(s), Collar (Clavicle), Jaw, Nose, a bone in your face, Skull, Neck, (other bone)

FEGenNo

How many times have you fractured/broken your (Pelvis, Spine, Rib(s), Collar (Clavicle), Jaw, Nose, a bone in your face, Skull, Neck, (other bone))?

ARRAY [12..21]

Range: 1..20

ENDIF

IF FEArm = Response

FEArmNo

How many times have you fractured/broken your (Shoulder (Scapula), Upper arm - upper end/neck, Upper arm - middle/ shaft, Upper arm - lower end/above elbow, Elbow, Lower arm - upper end/below elbow, Lower arm - middle/ shaft, Lower arm - at the wrist (Colles fracture), Hand - at the wrist (carpals), Hand (metacarpals), Finger(s)/thumb (phalanges))?
Fruit and vegetable consumption

IF Age of respondent >= 5 THEN
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. Fruit and vegetable consumption
2. Pulses

INTERVIEWER: SALADS MADE MAINLY FROM BEANS CAN EITHER BE INCLUDED HERE OR AT THE NEXT QUESTION.

1. Yes
2. No

IF VegSal = Yes THEN
VegSalQ
How many cereal bowlfuls of salad did you eat yesterday?
IF ASKED: 'Think about an average-sized cereal bowl'.
Range: 0.5 - 50.0
ENDIF

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
SHOWCARD J
How many tablespoons of pulses did you eat yesterday?
IF ASKED: 'Think about a heaped or full tablespoon'.
Range: 0.5 - 50.0
ENDIF

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
SHOWCARD J
How many tablespoons of vegetables did you eat yesterday?
IF ASKED: 'Think about a heaped or full tablespoon'.
Range: 0.5 - 50.0
ENDIF
VegDish
Apart from anything you have already told me about, did you eat any other dishes made mainly from vegetables or pulses yesterday, such as vegetable lasagne or vegetable curry?
Don't count vegetable soups or dishes made mainly from potatoes.
1 Yes
2 No

IF VegDish = Yes THEN
SHOWCARD J
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
ENDIF

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?

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
FrtDrnk
Not counting cordials, fruit-drinks and squashes, did you drink any fruit juice yesterday?
1 Yes
2 No

ENDIF

Frt
Did you eat any fresh fruit yesterday? Don't count fruit salads, fruit pies, etc.
1 Yes
2 No

IF Frt = Yes THEN
FOR idx:= 1 TO 15 DO

IF (idx = 1) OR (FrtMor[idx-1] = Yes) THEN
FrtC[idx]
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. IF MORE THAN ONE KIND OF FRUIT MENTIONED, CODE ONE HERE ONLY
1 Very large fruit
2 Large fruit
3 Medium-sized fruit
4 Small fruit
5 Very small fruit
6 Not on coding list
ENDIF

FrtQ[idx]
How much of this fruit did you eat yesterday?
Range: 0.5 - 50.0

ENDIF

FrtUsual
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?

ENDIF

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
FrtDrnk
Not counting cordials, fruit-drinks and squashes, did you drink any fruit juice yesterday?
1 Yes
2 No

ENDIF

Frt
Did you eat any fresh fruit yesterday? Don't count fruit salads, fruit pies, etc.
1 Yes
2 No

IF Frt = Yes THEN
FOR idx:= 1 TO 15 DO

IF (idx = 1) OR (FrtMor[idx-1] = Yes) THEN
The Health Survey for England 2007 - Individual Questionnaire

Eating Habits

ASK ALL AGED 2-15

EatIntr
Now I would like to ask some questions about the different types of food you eat.

BreadA
What kind of bread do you usually eat? Is it...

1. White (incl chollah)
2. Brown - granary, wheatmeal, (incl wheatgerm, softgrain, rye, german)
3. Whole (incl highbran)
4. Other
5. Does not have a usual type
6. Does not eat any type of bread

IF BreadA=Other THEN

Obread
Please specify other kind of bread
Text: Maximum 20 characters
ENDIF

BreadQua
How many rolls or pieces of bread do you eat each day, on average? Is it...

1. less than 1 a day
2. 1 or 2 a day
3. 3 or 4 a day
4. 5 or more a day?

Nspread
What type of margarine, butter or other spread do you usually use, for example on bread, sandwiches, toast, potatoes or vegetables?

CODE ONE ONLY. REFER TO CODING LIST FOR BUTTER/MARGARINE IN YOUR CODING BOOKLET.

1. Butter or margarine
2. Low fat spread or reduced fat spread, or half-fat butter
3. Spread not on coding list
SPONTANEOUS:
4. Does not have usual type
5. Does not use fat spread

IF NSpread = Other THEN

OthSprd
INTERVIEWER- SPECIFY NAME OF SPREAD.
Text: Maximum 40 characters
ENDIF

IF NSpread = Butter, low fat, not on list, no type THEN

SprdQua
How many pats or rounded teaspoons of margarine, butter or other spread do you use each day on average, for example on bread, sandwiches, toast, potatoes or vegetables?

Range: 0...99

ENDIF

The Health Survey for England 2007 - Individual Questionnaire

Fruit and vegetable consumption

FrtDryQ
SHOWCARD J
How many tablespoons of dried fruit did you eat yesterday?

IF ASKED: ‘Think about a heaped or full tablespoon.’

Range: 0.5 - 50.0

ENDIF

FrtFroz
Did you eat any frozen or tinned fruit yesterday?

1. Yes
2. No

IF FrtFroz = Yes THEN

FrtFrozQ
SHOWCARD J
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

ENDIF

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
SHOWCARD J
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

ENDIF

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?

ENDIF

Copyright © 2008, The Health and Social Care Information Centre. All rights reserved
The Health Survey for England 2007 - Individual Questionnaire

Eating Habits

FatQ
When you eat fried foods, what kind of fat or oil are the foods usually cooked in?
CODE ONE ONLY. Is it … READ OUT …
1 butter, ghee, lard, suet or other solid cooking fat,
2 hard or soft margarine, half fat butter,
3 vegetable oil e.g. sunflower, olive, rape, seed, mustard, peanut?
4 Does not use fat not oil in cooking

CMilk
What kind of milk do you usually use for drinks, in tea or coffee and on cereals?
1 whole milk,
2 semi-skimmed (incl dried semi-skimmed),
3 skimmed (incl dried skimmed, Boots dried powder, Co-op powder),
4 or, some other kind of milk?
SPONTANEOUS: 5 Does not have usual type
6 Does not drink milk

IF CMilk = Other THEN
OMilk
Please specify other kind of milk.
Text: Maximum 20 characters
ENDIF

IF Milk = Whole, semi-skimmed, skimmed, does not have type THEN
CMilkQua
About how much milk do you use each day, on average for drinks, in tea and coffee, on cereals etc.?
Is it … READ OUT …
1 less than a quarter of a pint,
2 about a quarter of a pint,
3 about half a pint,
4 or, one pint or more?
ENDIF

HotSug
Do you usually have sugar in hot drinks like tea and coffee?
INTERVIEWER: If the respondent only uses artificial sweetener, code No.
1 Yes, always,
2 Yes, sometimes,
3 No,
4 Does not drink hot drinks.

CerQua
About how many times a week do you have a bowl of breakfast cereal or porridge?
1 6 or more times a week,
2 3-5 times a week,
3 1-2 times a week,
4 less than once a week,
5 rarely or never.

StarchB
SHOW CARD K
### Eating Habits

#### How often on average do you eat a serving of **fried** food, including fried fish, chips, cooked breakfast, samosas?

- **1.** 6 or more times a week
- **2.** 3-5 times a week
- **3.** 1-2 times a week
- **4.** Less than once a week
- **5.** Rarely or never

#### Apart from fried fish, how often on average do you eat a serving of fish?

- **1.** 6 or more times a week
- **2.** 3-5 times a week
- **3.** 1-2 times a week
- **4.** Less than once a week
- **5.** Rarely or never

#### How often on average do you eat snacks such as crisps, nuts or biscuits, including savoury biscuits such as cream crackers?

- **1.** 6 or more times a week
- **2.** 3-5 times a week
- **3.** 1-2 times a week
- **4.** Less than once a week
- **5.** Rarely or never

#### How often on average do you eat a serving of cakes, pies, puddings, including rice pudding or semolina, or pastries?

- **1.** 6 or more times a week
- **2.** 3-5 times a week
- **3.** 1-2 times a week
- **4.** Less than once a week
- **5.** Rarely or never

#### How often on average do you eat sweets or chocolate?

- **1.** 6 or more times a week
- **2.** 3-5 times a week
- **3.** 1-2 times a week
- **4.** Less than once a week
- **5.** Rarely or never

---

**SaltIntr**

Now I would like to ask a couple of questions about the amount of salt used in cooking and at the table. Please think about all different types of food when answering these questions.

**ClSalt**

Has salt generally been added to your food during cooking?

- **1.** Yes (include sea salt)
- **2.** No, do not use salt in cooking
- **3.** Use Lo-Salt or salt alternative

**CTabSalt**

At the table do you... **READ OUT**...

**CODE ONE ONLY. TREAT LOSALT AS SALT.**

- **1.** generally add salt to your food without tasting it first
- **2.** taste the food, but then generally add salt
- **3.** taste the food, but only occasionally add salt
- **4.** rarely, or never, add salt at the table
Children's Physical Activity

ASK ALL AGED 2-15 IN CHILD BOOST ONLY

IF Age=4 THEN
  ChSch
  Can I just check, is (child's name) at school in reception class yet?
  1 Yes
  2 No
ENDIF

Wlk5Ch
Now I'd like to ask you about some of the things (you/child's name) (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/has) (he/she) done a continuous walk that lasted at least 5 minutes (not counting things done as part of school lessons)?
  1 Yes
  2 No

IF Wlk5Ch = Yes THEN
  DaysWlk
  On how many days in the last week did (you/child's name) do a continuous walk that lasted at least 5 minutes (not counting things done as part of school lessons)?
  1 One day
  2 Two days
  3 Three days
  4 Four days
  5 Five days
  6 Six days
  7 Every day

DayWlkT
SHOW CARD 1
On each day that (you/child's name) did a walk like this for at least 5 minutes, how long did (you/he/she) spend walking?
Please give an answer from this card.
INTERVIEWER NOTE: What we want recorded is the average time spent walking per weekday. If the respondent walked for over 5 minutes on more than one day in the last week, take an average of the time spent per day.
  1 5 minutes, less than 15 minutes
  2 15 minutes, less than 30 minutes
  3 30 minutes, less than 1 hour
  4 1 hour, less than 1 1/2 hours
  5 1 1/2 hours, less than 2 hours
  6 2 hours, less than 2 1/2 hours
  7 2 1/2 hours, less than 3 hours
  8 3 hours, less than 3 1/2 hours
  9 3 1/2 hours, less than 4 hours
  10 4 hours or more (please specify how long)

IF DayWlkT = more than 4 hours THEN

WlkHrs
How long did (you/child's name) spend walking on each day?
INTERVIEWER: Record hours spent below.
Record minutes at the next question.
Range 0-12

WlkMin
INTERVIEWER: Record here minutes spent walking.
Range 0-59

IF Age>=8 AND Age<=15 THEN
  HWkCh
  In the last week (have/has) (you/child's name) done any housework or gardening which involved pulling or pushing, like hoovering, cleaning a car, mowing grass or sweeping up leaves for at least 15 minutes a time?
  1 Yes
  2 No

IF HWkCh = Yes THEN
  DHWkCh
  On how many days in the last week (have/has) (you/child's name) 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
SHOW CARD I
On each day that (have/has) (you/child's name) 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.

INTERVIEWER: If it varied, take average.
  1 15 minutes, less than 30 minutes
The Health Survey for England 2007 - Individual Questionnaire

**Children’s Physical Activity**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>30 minutes, less than 1 hour</td>
</tr>
<tr>
<td>3</td>
<td>1 hour, less than 1 1/2 hours</td>
</tr>
<tr>
<td>4</td>
<td>1 1/2 hours, less than 2 hours</td>
</tr>
<tr>
<td>5</td>
<td>2 hours, less than 2 1/2 hours</td>
</tr>
<tr>
<td>6</td>
<td>2 1/2 hours, less than 3 hours</td>
</tr>
<tr>
<td>7</td>
<td>3 hours, less than 3 1/2 hours</td>
</tr>
<tr>
<td>8</td>
<td>3 1/2 hours, less than 4 hours</td>
</tr>
<tr>
<td>9</td>
<td>4 hours or more (please specify how long)</td>
</tr>
</tbody>
</table>

**SHOW CARD L**

On (Saturday/Sunday) when (you/child’s name) 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.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>15 minutes, less than 30 minutes</td>
</tr>
<tr>
<td>2</td>
<td>30 minutes, less than 1 hour</td>
</tr>
<tr>
<td>3</td>
<td>1 hour, less than 1 1/2 hours</td>
</tr>
<tr>
<td>4</td>
<td>1 1/2 hours, less than 2 hours</td>
</tr>
<tr>
<td>5</td>
<td>2 hours, less than 2 1/2 hours</td>
</tr>
<tr>
<td>6</td>
<td>2 1/2 hours, less than 3 hours</td>
</tr>
<tr>
<td>7</td>
<td>3 hours, less than 3 1/2 hours</td>
</tr>
<tr>
<td>8</td>
<td>3 1/2 hours, less than 4 hours</td>
</tr>
<tr>
<td>9</td>
<td>4 hours or more (please specify how long)</td>
</tr>
</tbody>
</table>

**IF** WeSpH **= More than four hours THEN**

**HWkHrs**

How long did (you/child’s name) spend doing housework or gardening on each day?

**INTERVIEWER:** Record hours spent below.

Record minutes at next question.

Range: 4..12

**HWkMin**

**INTERVIEWER:** Record here minutes spent doing housework/gardening

Range: 0..59

**EN**

**ENDIF**

**ENDIF**

**IF** age>=2 AND age<15 THEN

**Sport**

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

Continue

**SportDo**

**SHOW CARD M**

In the last week, that is last (weekday seven days ago) up to yesterday, (has/have) (you/child’s name) 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

**IF** SportDo = Yes

**WESpDo**

Did (you/he/she) do any of these sports or exercise activities at the weekend

1. Yes
2. No

**IF** WEspDo = Yes

**DWESp**

Was that on Saturday or Sunday or on both days?
The Health Survey for England 2007 - Individual Questionnaire
Children's Physical Activity

On each weekday that (you/your child’s name) did these sports or exercise activities, how long did (you/your child’s name) spend?

INTERVIEWER: If it varied, take average.

1. 15 minutes, less than 30 minutes
2. 30 minutes, less than 1 hour
3. 1 hour, less than 1 1/2 hours
4. 1 1/2 hours, less than 2 hours
5. 2 hours, less than 2 1/2 hours
6. 2 1/2 hours, less than 3 hours
7. 3 hours, less than 3 1/2 hours
8. 3 1/2 hours, less than 4 hours
9. 4 hours or more (please specify how long)

IF WkSpH = More than 4 hours THEN
WkSpH

How long did (you/child’s name) spend doing these sports or exercise activities on each weekday?

INTERVIEWER: Record hours spent below.
Record minutes at next question.
Range: 4..12

WkSpM

INTERVIEWER: Record here minutes spent doing sports or exercise activities.
Range: 0..59
ENDIF
ENDIF
ENDIF
ENDIF

IF age>=2 AND age<=15 THEN
WEActDo

SHOW CARD N

Now I would like to know about when (you/child’s name) (do/does) active things, like the examples on this card or other activities like these. Did (you/he/she) do any active things like these at the weekend?

INTERVIEWER NOTE: Do not include any activities already covered under sports and exercise activities.

1. Yes
2. No

IF WEActDo = Yes THEN
DWEact

Was that on Saturday or Sunday or on both days?
1. Saturday only
2. Sunday only
3. Both Saturday and Sunday

WEAct

SHOW CARD L

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

IF WEActDo = More than four hours THEN
WeActH

How long did (you/child’s name) spend doing active things like these on each day?

INTERVIEWER: Record hours spent below.
Record minutes at next question.
Range: 4.12

WeActM

INTERVIEWER: Record here minutes spent doing active things like these.
Range: 0.59
ENDIF
ENDIF

IF WEActDo = Yes THEN
WkActDo

SHOW CARD N

Still thinking about last week. On how many of the weekdays did (you/child’s name) do active things, like the examples 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.

1. None in last week
2. 1 day
3. 2 days
4. 3 days
5. 4 days
6. 5 days

IF WkActDo = More than four hours THEN
WkActH

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

INTERVIEWER: Record hours spent below.
Record minutes at next question.
Range: 4..12

WkSpH

INTERVIEWER: Record here minutes spent doing sports or exercise activities.
Range: 0..59
ENDIF
ENDIF

The Health Survey for England 2007 - Individual Questionnaire
Children's Physical Activity

Copyright © 2008, The Health and Social Care Information Centre. All rights reserved
The Health Survey for England 2007 - Individual Questionnaire

**Children's Physical Activity**

1. **IF WESitDo=Yes**
   - **DSitWE**
     - Was that on Saturday or Sunday or on both days?
     - **1** Saturday only
     - **2** Sunday only
     - **3** Both Saturday and Sunday

   **SHOW CARD L**
   - On **(Saturday/Sunday)** when **(you/child's name)** spent time sitting down doing 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.

   **1** 15 minutes, less than 30 minutes
   **2** 30 minutes, less than 1 hour
   **3** 1 hour, less than 1 1/2 hours
   **4** 1 1/2 hours, less than 2 hours
   **5** 2 hours, less than 2 1/2 hours
   **6** 2 1/2 hours, less than 3 hours
   **7** 3 hours, less than 3 1/2 hours
   **8** 3 1/2 hours, less than 4 hours
   **9** 4 hours or more (please specify how long)

   **IF SitWE = More than four hours THEN**
   - **WkSitDo**
     - How long did **(you/child's name)** spend sitting down doing things like these on each weekday?
     - **INTERVIEWER:** Record hours spent below.
     - **Record minutes at next question.**
     - **Range:** 4..12

   **WkActM**
   - **INTERVIEWER:** Record here minutes spent doing active things like these.
     - **Range:** 0..59

   **ENDIF**

**ENDIF**

**IF age>=2 AND age<=15 THEN**

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

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

**ENDIF**

**IF age>=2 AND age<=15 THEN**

**WESitDo**
- **SHOW CARD O**
  - Now I'd like to know about when **(you/child's name)** spend time sitting down doing things like the ones on this card. Did **(you/child's name)** spend time sitting down doing any things like these for at least 5 minutes a time at the weekend?

1. Yes
2. No

**ENDIF**

**The Health Survey for England 2007 - Individual Questionnaire**

**Children's Physical Activity**

**IF WESitDo=Yes**

**DSitWE**
- Was that on Saturday or Sunday or on both days?
  - **1** Saturday only
  - **2** Sunday only
  - **3** Both Saturday and Sunday

**SHOW CARD L**
- On **(Saturday/Sunday)** when **(you/child's name)** spent time sitting down doing 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.

**1** 15 minutes, less than 30 minutes
**2** 30 minutes, less than 1 hour
**3** 1 hour, less than 1 1/2 hours
**4** 1 1/2 hours, less than 2 hours
**5** 2 hours, less than 2 1/2 hours
**6** 2 1/2 hours, less than 3 hours
**7** 3 hours, less than 3 1/2 hours
**8** 3 1/2 hours, less than 4 hours
**9** 4 hours or more (please specify how long)

**IF SitWE = More than four hours THEN**

**WkSitDo**
- How long did **(you/child's name)** spend sitting down doing things like these on each weekday?
  - **INTERVIEWER:** Record hours spent below.
  - **Record minutes at next question.**
  - **Range:** 4..12

**WkActM**
- **INTERVIEWER:** Record here minutes spent doing active things like these.
  - **Range:** 0..59

**ENDIF**

**ENDIF**

**ENDIF**

**Стр. 27**

**The Health Survey for England 2007 - Individual Questionnaire**

**Children's Physical Activity**

**IF WESitDo=Yes**

**DSitWE**
- Was that on Saturday or Sunday or on both days?
  - **1** Saturday only
  - **2** Sunday only
  - **3** Both Saturday and Sunday

**SHOW CARD L**
- On **(Saturday/Sunday)** when **(you/child's name)** spent time sitting down doing 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.

**1** 15 minutes, less than 30 minutes
**2** 30 minutes, less than 1 hour
**3** 1 hour, less than 1 1/2 hours
**4** 1 1/2 hours, less than 2 hours
**5** 2 hours, less than 2 1/2 hours
**6** 2 1/2 hours, less than 3 hours
**7** 3 hours, less than 3 1/2 hours
**8** 3 1/2 hours, less than 4 hours
**9** 4 hours or more (please specify how long)

**IF SitWE = More than four hours THEN**

**WkSitDo**
- How long did **(you/child's name)** spend sitting down doing things like these on each weekday?
  - **INTERVIEWER:** Record hours spent below.
  - **Record minutes at next question.**
  - **Range:** 4..12

**WkActM**
- **INTERVIEWER:** Record here minutes spent doing active things like these.
  - **Range:** 0..59

**ENDIF**

**ENDIF**

**ENDIF**

**ENDIF**

**Стр. 28**
The Health Survey for England 2007 - Individual Questionnaire

Smoking (Aged 18+)

IF Age of Respondent = 18 to 24 THEN
BookChk
INTERVIEWER CHECK: (name of respondent) IS AGED (age of respondent). RESPONDENT TO BE:
1 Asked Smoking/Drinking questions
2 Given SELF-COMPLETION BOOKLET FOR YOUNG ADULTS
ENDIF

IF Age of respondent = 16 to 17 AND (is in joint session with Adult aged 25+ OR with adult aged 18-24 AND BookChk=1) THEN
YAIntro
INTERVIEWER: Prepare lilac or grey self-completion booklet for young adults by entering serial numbers. Check that you have the correct person number.
Press <1> and <Enter> to continue.

YAInt2
At this point, I would now like you to answer some questions by completing all of this booklet on your own. The questions cover smoking, drinking and attitudes to health. I will need to ask you a few more questions from the laptop in a little while, and I will ask you to close the booklet for a few minutes while I do this.

INTERVIEWER: Explain how to complete booklet and show example in booklet.
Press <1> and <Enter> to continue.

IF (Age of Respondent is 18 years or over) OR (BookChk = Asked) THEN
SmokEver
May I just check, have you ever smoked a cigarette, a cigar or a pipe?
1 Yes
2 No
ENDIF

IF SmokEver = Yes THEN
SmokeNow
Do you smoke cigarettes at all nowadays?
1 Yes
2 No
ENDIF

IF SmokeNow = Yes THEN
DlySmoke
About how many cigarettes a day do you usually smoke on weekdays?
INTERVIEWER: IF LESS THAN ONE A DAY, ENTER 0. IF RANGE GIVEN AND CAN'T ESTIMATE, ENTER MID POINT. IF RESPONDENT SMOKES ROLL UPS AND CANNOT GIVE NUMBER OF CIGARETTES, CODE 97.
Range: 0..97

Estim
INTERVIEWER: ASK RESPONDENT FOR AN ESTIMATED (DAILY) CONSUMPTION OF TOBACCO (ON WEEKDAYS). WILL IT BE GIVEN IN GRAMS OR IN OUNCES?
1 Grams
2 Ounces
IF Estim = grams THEN

WkSitDo
IF WkSitDo = 1-5 THEN
WkSitHrs
SHOW CARD L
On each weekday that (you/he/she) spent time sitting down doing things like these, how long did (you/he/she) spend?
Please give an answer from this card.
INTERVIEWER: If it varied, take average.
1 15 minutes, less than 30 minutes
2 30 minutes, less than 1 hour
3 1 hour, less than 1 1/2 hours
4 1 1/2 hours, less than 2 hours
5 2 hours, less than 2 1/2 hours
6 1/2 hours, less than 3 hours
7 3 hours, less than 3 1/2 hours
8 1 1/2 hours, less than 4 hours
9 4 hours or more (please specify how long)

IF WkSitHrs=More than four hours THEN
WkSitH
How long did (you/child's name) spend sitting down doing things like these on each weekday?
INTERVIEWER: Record hours spent below.
Record minutes at the next question.
Range: 4-12

WkSitM
INTERVIEWER: Record here minutes spent sitting down doing things like these.
Range: 0..59
ENDIF
ENDIF

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/he/she) usually do more physical activity or less?
1 No - same as usual
2 Yes different - usually more
3 Yes different - usually less

The Health Survey for England 2007 - Individual Questionnaire

Children's Physical Activity

6 5 days

IF WkSitDo = 1-5 THEN
WkSitHrs
SHOW CARD L
On each weekday that (you/he/she) spent time sitting down doing things like these, how long did (you/he/she) spend?
Please give an answer from this card.
INTERVIEWER: If it varied, take average.
1 15 minutes, less than 30 minutes
2 30 minutes, less than 1 hour
3 1 hour, less than 1 1/2 hours
4 1 1/2 hours, less than 2 hours
5 2 hours, less than 2 1/2 hours
6 1/2 hours, less than 3 hours
7 3 hours, less than 3 1/2 hours
8 1 1/2 hours, less than 4 hours
9 4 hours or more (please specify how long)

IF WkSitHrs=More than four hours THEN
WkSitH
How long did (you/child's name) spend sitting down doing things like these on each weekday?
INTERVIEWER: Record hours spent below.
Record minutes at the next question.
Range: 4-12

WkSitM
INTERVIEWER: Record here minutes spent sitting down doing things like these.
Range: 0..59
ENDIF
ENDIF

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/he/she) usually do more physical activity or less?
1 No - same as usual
2 Yes different - usually more
3 Yes different - usually less

Copyright © 2008, The Health and Social Care Information Centre. All rights reserved
The Health Survey for England 2007 - Individual Questionnaire

Smoking

Grams
PLEASE RECORD ESTIMATED (DAILY) CONSUMPTION OF TOBACCO (ON WEEKDAYS) IN GRAMS.
Range: 1.67

ELSE IF Estim = ounces THEN
Ounces
PLEASE RECORD ESTIMATED (DAILY) CONSUMPTION OF TOBACCO (ON WEEKDAYS) IN OUNCES.
FOR FRACTIONS OF OUNCES RECORD:
1/4 (a quarter) oz as .25
1/3 (a third) oz as .33
1/2 (half) oz as .5
2/3 (two thirds) oz as .66
3/4 (three quarters) oz as .75
Range: 0.01..2.40
ENDIF

RolDly
Computed: estimated tobacco consumption in ounces.
Range: 1..97
ENDIF

For analysis purposes ounces or grams of tobacco are converted to number of cigarettes and stored in the variable CigWDay.

WKndSmok
And about how many cigarettes a day do you usually smoke at weekends?
INTERVIEWER: IF RANGE GIVEN AND CAN'T ESTIMATE, ENTER MID POINT. IF RESPONDENT SMOKES ROLL UPS AND CANNOT GIVE NUMBER OF CIGARETTES, CODE 97.
Range: 0.97

IF WKndSmok = 97 THEN
Estim
INTERVIEWER: ASK RESPONDENT FOR AN ESTIMATED (DAILY) CONSUMPTION OF TOBACCO (AT WEEKENDS). WILL IT BE GIVEN IN GRAMS OR IN OUNCES?
1 Grams
2 Ounces

IF Estim = grams THEN
Grams
PLEASE RECORD ESTIMATED (DAILY) CONSUMPTION OF TOBACCO (AT WEEKENDS) IN GRAMS.
Range: 1.67

ELSE IF Estim = ounces THEN
Ounces
PLEASE RECORD ESTIMATED (DAILY) CONSUMPTION OF TOBACCO (AT WEEKENDS) IN OUNCES.
FOR FRACTIONS OF OUNCES RECORD:
1/4 (a quarter) oz as .25
1/3 (a third) oz as .33
3/4 (three quarters) oz as .75
Range: 0.01..2.40
ENDIF

RolWknd
Computed: estimated tobacco consumption in ounces.
Range: 1..997
ENDIF

For analysis purposes ounces or grams of tobacco are converted to number of cigarettes and stored in the variable CigWEnd.

CigType
Do you mainly smoke...
1 filter-tipped cigarettes
2 plain or untipped cigarettes,
3 or hand-rolled cigarettes?
ENDIF

ENDIF

SmokNow
And about how many cigarettes a day do you usually smoke?
INTERVIEWER: IF RANGE GIVEN AND CAN'T ESTIMATE, ENTER MID POINT. IF RESPONDENT SMOKES ROLL UPS AND CANNOT GIVE NUMBER OF CIGARETTES, CODE 97.
Range: 0..97

IF SmokNow = 97 THEN
Estim
INTERVIEWER: ASK RESPONDENT FOR AN ESTIMATED (DAILY) CONSUMPTION OF TOBACCO (AT WEEKENDS). WILL IT BE GIVEN IN GRAMS OR IN OUNCES?
1 Grams
2 Ounces

IF Estim = grams THEN
Grams
PLEASE RECORD ESTIMATED (DAILY) CONSUMPTION OF TOBACCO (AT WEEKENDS) IN GRAMS.
Range: 1..67

ELSEIF Estim = ounces THEN
Ounces
PLEASE RECORD ESTIMATED (DAILY) CONSUMPTION OF TOBACCO (AT WEEKENDS) IN OUNCES.
FOR FRACTIONS OF OUNCES RECORD:
1/4 (a quarter) oz as .25
1/3 (a third) oz as .33
2/3 (two thirds) oz as .66
3/4 (three quarters) oz as .75
Range: 0.01..2.40
ENDIF

RolWknd
Computed: estimated tobacco consumption in ounces.
Range: 1..97
ENDIF

For analysis purposes ounces or grams of tobacco are converted to number of cigarettes and stored in the variable CigWEnd.

SmokOut
And about how many cigarettes a day do you usually smoke?
INTERVIEWER: IF RANGE GIVEN AND CAN'T ESTIMATE, ENTER MID POINT. IF RESPONDENT SMOKES ROLL UPS AND CANNOT GIVE NUMBER OF CIGARETTES, CODE 97.
Range: 0..97

IF SmokOut = 97 THEN
Estim
INTERVIEWER: ASK RESPONDENT FOR AN ESTIMATED (DAILY) CONSUMPTION OF TOBACCO (AT WEEKENDS). WILL IT BE GIVEN IN GRAMS OR IN OUNCES?
1 Grams
2 Ounces

IF Estim = grams THEN
Grams
PLEASE RECORD ESTIMATED (DAILY) CONSUMPTION OF TOBACCO (AT WEEKENDS) IN GRAMS.
Range: 1..67

ELSEIF Estim = ounces THEN
Ounces
PLEASE RECORD ESTIMATED (DAILY) CONSUMPTION OF TOBACCO (AT WEEKENDS) IN OUNCES.
FOR FRACTIONS OF OUNCES RECORD:
1/4 (a quarter) oz as .25
1/3 (a third) oz as .33
2/3 (two thirds) oz as .66
3/4 (three quarters) oz as .75
Range: 0.01..2.40
ENDIF

RolWknd
Computed: estimated tobacco consumption in ounces.
Range: 1..97
ENDIF

For analysis purposes ounces or grams of tobacco are converted to number of cigarettes and stored in the variable CigWEnd.
SHOWCARD R
Where did you smoke outside during the last 7 days ending yesterday?
1 In the street, or out and about
2 Outside at work
3 Outside at other people’s home
4 Outside pubs or bars
5 Outside restaurants, cafes or canteens
6 Outside shops
7 Outside other places

IF SmokeNow=Yes THEN
SHOWCARD S
In the last 7 days, did you smoke near to any of the following types of people?
1 Babies aged 2 and under
2 Children aged 2-10
3 Children aged 11-15
4 Older adults over the age of 65
5 Pregnant women
6 Adults aged 16-64 with asthma or breathing problems
7 None of these
ENDIF

IF SmokeNow = Yes
SmNoDay
How easy or difficult would you find it to go without smoking for a whole day? Would you find it ... READ OUT ...
1 ... very easy,
2 ... fairly easy,
3 ... fairly difficult,
4 ... or, very difficult?
ENDIF

GiveUp
Would you like to give up smoking altogether?
1 Yes
2 No

IF GiveUp = YES
GvUpReas
What are your main reasons for wanting to give up?
1 Because of a health problem I have at present
2 Better for my health in general
3 To reduce the risk of getting smoking related illnesses
4 Because of the (forthcoming) smoking ban in all enclosed public places, including pubs and restaurants
5 Family or friends asked me to stop
6 Financial reasons (couldn’t afford it)
7 Worried about the effect on my children
8 Worried about the effect on other family member
9 Something else

NOTE:
One of the answer categories in showcards T and P changed after the smoking ban came into force on 1st July 2007.

Before the ban, showcard T, answer option 4 read ‘because of the forthcoming smoking ban’. After 1st July, this changed to ‘because of the smoking ban’.

Before the ban, showcard P, answer option 6 read ‘being faced with the forthcoming smoking ban’. After 1st July, this changed to ‘being faced with a smoking ban’.

**IF SmokeCig = Yes 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?

INTERVIEWER: IF RANGE GIVEN AND CAN’T ESTIMATE, ENTER MID POINT. IF RESPONDENT SMOKES ROLL UPS AND CANNOT GIVE NUMBER OF CIGARETTES, CODE 97.

Range: 0..97

**IF NumSmok = 97 THEN**

**Estim**

INTERVIEWER: ASK RESPONDENT FOR AN ESTIMATED (DAILY) CONSUMPTION OF TOBACCO (ON WEEKDAYS/ON WEEKENDS). WILL IT BE GIVEN IN GRAMS OR IN OUNCES?

1. Grams
2. Ounces

**IF Estim = grams THEN**

**Grams**

PLEASE RECORD ESTIMATED (DAILY) CONSUMPTION OF TOBACCO (ON WEEKDAYS/AT WEEKENDS) IN GRAMS.

**Range: 1..67**

**ELSEIF Estim = ounces THEN**

**Ounces**

PLEASE RECORD ESTIMATED (DAILY) CONSUMPTION OF TOBACCO (ON WEEKDAYS/AT WEEKENDS) IN OUNCES FOR FRACTIONS OF OUNCES RECORD:

1/4 (a quarter) oz as .25
1/3 (a third) oz as .33
1/2 (half) oz as .5
2/3 (two thirds) oz as .66
DrSmoke
Did/Has a medical person, for example a doctor or 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?
INTERVIEWER: PROMPT AS NECESSARY.
1 Within the last twelve months
2 Over twelve months ago
ENDIF
ENDIF
CigarNow
Do you smoke cigars at all nowadays?
1 Yes
2 No
IF CigarNow = Yes THEN
CigarReg
Do you smoke cigars regularly, that is at least one cigar a month, or do you smoke them only occasionally?
1 Smoke at least one cigar a month
2 Smoke them only occasionally
ENDIF
ENDIF
IF Sex = Male THEN
PipeNowA
Do you smoke a pipe at all nowadays?
1 Yes
2 No
ENDIF
ENDIF
ELSEIF (IsPreg = No) OR (IsPreg = NONRESPONSE) OR (SmokeNow = Yes) THEN
PregRec
Can I check, have you been pregnant in the last twelve months?
1 Currently pregnant
2 Was pregnant in last twelve months but not now
3 Not pregnant in last twelve months
ENDIF
ENDIF
IF (PregSmok = Yes, some of the time OR No, not at all) THEN
PregStop
Did you stop smoking specifically because of your pregnancy, or for some other reason?
1 Because of pregnancy
2 For some other reason
ENDIF
ENDIF
IF (SmokeNow = Yes) OR (SmokeReg = smoked occasionally..regularly) THEN
SmokeTry
Have you ever tried to give up smoking because of a particular health condition you have had at the time?
1 Yes
2 No
ENDIF
ENDIF
ELSEIF (EndSmoke <> EMPTY) AND (EndSmoke < 2) THEN
IsPreg
Can I check, are you pregnant now?
1 Yes
2 No
IF IsPreg = Yes THEN
SmokePrg
Have you smoked at all since you've known you've been pregnant?
1 Yes, all the time
2 Yes, some of the time
3 No, not at all
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF

**SCIntro**

The Health Survey for England 2007 - Individual Questionnaire

**Smoking**

INTERVIEWER: Prepare Salmon or Blue/orange or Pink self-completion booklet for adults (aged up to 64) / adults (65 years and over) by entering serial numbers. Check that you have the correct person number.

Press <1> and <Enter> to continue.

**SChmAtt**

I would now like you to answer some questions by completing the first section of this booklet on your own. The questions cover attitudes to smoking. I'd like you to stop when you get to the end of the first section.

INTERVIEWER: Explain how to complete booklet and show example in booklet.

Press <1> and <Enter> to continue.

**IntDrink**

I would like to ask you some more questions from the laptop, so please could you close the booklet for now.

Press <1> and <Enter> to continue.
Drinking (Aged 18+)

IF (Age of Respondent is 25 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

IF DrinkAny = Never THEN

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

IF AlwaysTT = Used to drink but stopped THEN

WhyTT
Did you stop drinking because of a particular health condition that you had at the time?

INTERVIEWER: IF RESPONDENT SAYS PREGNANCY, CODE YES

1 Yes
2 No

ENDIF

ENDIF

IF (Drink = Yes) OR (DrinkAny = very occasionally) THEN

DrinkOft
Thinking now about all kinds of drinks, how often have you had an alcoholic drink of any kind during the last 12 months?

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

IF DrinkOft <> Not at all in the last 12 months THEN

DrinkType
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
2 Strong beer/lager/cider
3 Spirits or liqueurs
4 Sherry or martini
5 Wine
6 Alcopops/pre-mixed alcoholic drinks
7 Other alcoholic drinks
8 Low alcohol drinks only

IF DrinkType = Normal strength beer/lager/cider/shandy THEN

DrnkL7
You have told me what you have drunk over the last 12 months, but we know that what people drink can vary a lot from week to week, so I’d like to ask you a few questions about last week. Did you have an alcoholic drink in the seven days ending yesterday?

1 Yes
2 No

IF DrinkL7 = Yes THEN

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

Range: 1..7

IF DrnkDay = 2 to 7 days THEN

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

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

ENDIF

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

DrnkType
SHOW CARD W
Thinking about last (answer to WhichDay), what types of drink did you have that day?

CODE MEASURES THAT YOU ARE GOING TO USE

1 Half pints
2 Small cans
3 Large cans
4 Bottles

IF NBRL7=Ha If pints THEN

NBRL7Q(1)
ASK OR CODE: How many half pints of normal strength beer, lager, stout, cider
The Health Survey for England 2007 - Individual Questionnaire

Drinking

or shandy (excluding cans and bottles of shandy) did you drink that day?

Range: 1.97

ENDIF

IF NBrL7Q = Small cans THEN
NBrL7Q(2)
ASK OR CODE: How many small cans of normal strength beer, lager, cider or shandy did you drink that day?
Range: 1.97

ENDIF

IF NBrL7=Large cans THEN
NBrL7Q(3)
ASK OR CODE: How many large cans of normal strength beer, lager, cider or shandy did you drink that day?
Range: 1.97

ENDIF

IF NBrL7=Bottles THEN
NBrL7Q(4)
ASK OR CODE: How many bottles of normal strength beer, lager, cider or shandy did you drink that day?
Range: 1.97

NBotL7
ASK OR CODE: What make of normal strength beer, lager, stout, cider or shandy did you drink from bottles on that day? INTERVIEWER: IF RESPONDENT DRANK DIFFERENT MAKES CODE WHICH THEY DRANK MOST.
Text: Maximum 21 characters

ENDIF

ENDIF

IF DrnkType = Strong beer/lager/cider THEN
SBrL7
Still thinking about last (answer to WhichDay), how much strong beer, lager, stout or cider did you drink that day? INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.
1 Half pints
2 Small cans
3 Large cans
4 Bottles

IF SBrL7=Half pints THEN
SBrL7Q(1)
ASK OR CODE: How many half pints of strong beer, lager, stout or cider (excluding cans and bottles of shandy) did you drink on that day?
Range: 1.97

ENDIF

IF SBrL7=Small cans THEN
SBrL7Q(2)
ASK OR CODE: How many small cans of strong beer, lager, stout or cider did you drink on that day?

43
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 information.

**CODE THE NUMBER OF GLASSES.**

1 BOTTLE =6 GLASSES
½ BOTTLE=3 GLASSES
1/3 BOTTLE=2 GLASSES
½ LITRE=1.5 GLASSES
1 LITRE=8 GLASSES
½ LITRE=4 GLASSES
1/3 LITRE=2.5 GLASSES
½ LITRE=2 GLASSES

Range: 1..97 (ALLOW FRACTIONS)

**ENDIF**

F9 for WL7Gl

If respondent has answered in bottles or litres convert to glasses using the information provided on the screen. For example if a respondents said they shared a bottle with one other person and they shared it equally code 3 glasses.

**IF WineL7= 2 (Glasses)**

**WL7Gl**

CODE THE NUMBER OF GLASSES drunk as glasses.
Range: 1..97 (ALLOW FRACTIONS)

**WL7Glz**

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

INTERVIEWER: If respondent drank from two or three different size glasses, please code all that apply.

INTERVIEWER: please note that if respondent was drinking in a pub or wine bar and had a small glass, this would usually be 175ml.

1) Large glass (250mL)
2) Standard glass (175 mL)
3) Small glass (125 mL)

**IF WL7Glz=1 THEN 250mGlz**

250mGlz
How many large (250mL) glasses did you drink?
Range 1..97

**IF WL7Glz=2 THEN 175mGlz**

175mGlz
How many standard (175mL) glasses did you drink?
Range 1..97

**IF WL7Glz=3 THEN 125mGlz**

125mGlz
How many small (125mL) glasses did you drink?
48

Compared to five years ago, would you say that on the whole you drink more, about the same or less nowadays?

1 More nowadays
2 About the same
3 Less nowadays

ENDIF

ENDIF

IF (Age of Respondent is 18 years or over) OR (BookChk = Asked) THEN

SCDnkAtt

I would now like you to answer some questions by completing the second section of this booklet on your own. The questions cover attitudes to drinking. I’d like you to stop when you get to the end of the second section.

Press <1> and <Enter> to continue.

IntDemog

I would like to ask a few more questions from the laptop, so please could you close the booklet again. Press <1> and <Enter> to continue.

ENDIF

ENDIF

IF Age of respondent = 16 to 17 AND (is in joint session with Adult aged 25+ OR with adult aged 18-24 AND BookChc=1) THEN

YAPause

I would like to ask a few more questions from the laptop, so please could stop at the question you are on, and close the booklet for now. You will get a chance to complete the booklet in a few minutes.

Press <1> and <Enter> to continue.

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

IF NActiv = [Looking for paid work or a Government training scheme...Doing something else]
OR StWork=No) THEN
EverJob
Have you ever been in paid employment or self-employed?
1 Yes
2 No
ENDIF

IF NActiv=Wating to take up paid work already obtained THEN
OthPaid
Apart from the job you are waiting to take up, have you ever been in paid employment or self-employed?
1 Yes
2 No
ENDIF

IF NActiv=Wating to take up paid work OR Looking for work) OR (H4WkLook =Yes) THEN
HowLong
How long have you been looking for paid work/a place in a government scheme?
1 Not yet started
2 Less than 1 month
3 1 month but less than 3 months
4 3 months but less than 6 months
5 6 months but less than 12 months
6 12 months or more.
ENDIF

IF (Everjob=Yes) THEN
PayLast
Which year did you leave your last paid job?
WRITEIN.
Range: 1920-2001

IF Last paid job less than or equal to 8 years ago (from PayLast) THEN
PayMon
Which month in that year did you leave?
1 January
2 February
3 March
4 April
5 May
6 June
7 July
8 August
9 September
10 October
11 November
12 December
ENDIF
### The Health Survey for England 2007 - Individual Questionnaire

#### Classification

<table>
<thead>
<tr>
<th>Classification</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEmple</td>
<td>Image or description of the classification of NEmple</td>
</tr>
<tr>
<td>Employe</td>
<td>Image or description of the classification of Employe</td>
</tr>
<tr>
<td>PayAgeI</td>
<td>Image or description of the classification of PayAgeI</td>
</tr>
<tr>
<td>EmpStat</td>
<td>Image or description of the classification of EmpStat</td>
</tr>
<tr>
<td>JobTitle</td>
<td>Image or description of the classification of JobTitle</td>
</tr>
<tr>
<td>WtWork</td>
<td>Image or description of the classification of WtWork</td>
</tr>
<tr>
<td>MatUsed</td>
<td>Image or description of the classification of MatUsed</td>
</tr>
<tr>
<td>SkilNee</td>
<td>Image or description of the classification of SkilNee</td>
</tr>
<tr>
<td>Dirctr</td>
<td>Image or description of the classification of Dirctr</td>
</tr>
<tr>
<td>EndIF</td>
<td>Image or description of the classification of EndIF</td>
</tr>
</tbody>
</table>

#### PAYAEL

**Computed:** Age when last had a paid job.

#### NEmple

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

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1 or 2</td>
</tr>
<tr>
<td>2</td>
<td>3-24</td>
</tr>
<tr>
<td>3</td>
<td>25-499</td>
</tr>
<tr>
<td>4</td>
<td>500+</td>
</tr>
</tbody>
</table>

#### ELSEIF Employe = Self-employed AND Dirctr = No THEN

**SNEmpIe**

Do (did/will) you have any employees?

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>None</td>
</tr>
<tr>
<td>2</td>
<td>1-24</td>
</tr>
<tr>
<td>3</td>
<td>25-499</td>
</tr>
<tr>
<td>4</td>
<td>500+</td>
</tr>
</tbody>
</table>

#### IF EverJob = Yes OR (NActiv = [In paid employment or self-employment...Waiting to take up paid work already obtained]) OR (SWork = Yes) OR (Respondent is Male and EverJob = Yes) OR (Respondent is Female and PayAgeI >= 50) THEN

Job/TItle

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 100 characters

#### ELSEIF Employe = Self-employed THEN

**SWiWMa**

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

Text: Maximum 100 characters

#### ELSEIF (EverJob = Yes) OR (NActiv = [In paid employment or self-employment...Waiting to take up paid work already obtained]) OR (SWork = Yes) OR (Respondent is Male and EverJob = Yes) OR (Respondent is Female and PayAgeI >= 50) THEN

#### ENDIF

#### IF Age of Respondent is 16+ THEN

PayAgeI

Computed: Age when last had a paid job.

#### ENDIF

#### IF (EverJob = Yes) OR (NActiv = [In paid employment or self-employment...Waiting to take up paid work already obtained]) OR (SWork = Yes) OR (Respondent is Male and EverJob = Yes) OR (Respondent is Female and PayAgeI >= 50) THEN

#### ENDIF

#### IF Age of Respondent is 16+ THEN

PayAgeI

Computed: Age when last had a paid job.

#### ENDIF

#### ELSEIF Employe = Self-employed AND Dirctr = No THEN

**SNEmpIe**

Do (did/will) you have any employees?

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>None</td>
</tr>
<tr>
<td>2</td>
<td>1-24</td>
</tr>
<tr>
<td>3</td>
<td>25-499</td>
</tr>
<tr>
<td>4</td>
<td>500+</td>
</tr>
</tbody>
</table>

#### ENDIF

#### IF Age of Respondent is 16+ THEN
The Health Survey for England 2007 - Individual Questionnaire

**Classification**

**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

**Qual**
Show card
Do you have any of the qualifications listed on this card? Please look down the whole list before telling me.
1 Yes
2 No

IF Qual = Yes THEN

**QualA**
Which of the qualifications on this card do you have? Just tell me the number written beside each one. RECORD ALL THAT APPLY. PROBE: Any others?
1 Degree/degree level qualification (including higher degree)
2 Teaching qualification
3 Nursing qualifications SRN, SCM, SEN, RGN, RM, RVN, Midwife
4 HNC/HND, BTEC Higher, BTEC Higher/SCOTEC Higher
5 ONC/OND/BEC/TEC/BTEC not higher
6 City and Guilds Full Technological Certificate
7 City and Guilds Advanced/Ordinary Level
8 City and Guilds Craft/Ordinary Level
9 A-levels/Higher School Certificate
10 AS level
11 SLC/SCE/SPEat Higher Grade or Certificate of Sixth Year Studies
12 O-level passes taken in 1975 or earlier
13 O-level passes taken after 1975 GRADES A-C
14 O-level passes taken after 1975 GRADES D-E
15 GCSE GRADES A-C
16 GCSE GRADES D-G
17 CSE GRADE 1/SCCE BANDS A-C/Standard Grade LEVEL 1-3
18 CSE GRADES 2/SCCE Ordinary BANDS D-E
19 CSE Ungraded
20 SLC Lower
21 SUPE Lower or Ordinary
22 School Certificate or Metric
23 NVQ Level 5
24 NVQ Level 4
25 NVQ Level 3/Advanced level GNVQ
26 NVQ Level 2/Intermediate level GNVQ
27 NVQ Level 1/Foundation level GNVQ
28 Recognised Trade Apprenticeship completed
29 Clerical or Commercial Qualification (e.g. typing/book-keeping/commerce)
ENDIF

IF NOT (Degree IN QualA) THEN

**OthQual**
Do you have any qualifications not listed on this card?
1 Yes
2 No

IF OthQual = Yes THEN

**QualB**
What qualifications are these? RECORD ALL OTHER QUALIFICATIONS IN FULL. PROBE: Any others?

ENDIF

ENDIF

ENDIF

**EthnicI**
Can I check, to which of the groups on this card do you consider you belong? CODE ONE ONLY
1 White
2 Mixed ethnic group
3 Asian or Asian British
4 Black or Black British
5 Chinese or other ethnic group

IF EthnicI = White THEN

**EurCult**
What is your cultural background? CODE ALL THAT APPLY
1 English
2 Irish
3 Scottish
4 Welsh
5 Other European
95 Any other White background (specify)

ELSEIF EthnicI = Mixed THEN

**MixCult**
What is your cultural background?
CODE ALL THAT APPLY
1 White and Black Caribbean
2 White and Black African
3 White and Asian
95 Any other mixed background (specify)

ELSEIF EthnicI = Black or Black British THEN

ENDIF

ENDIF

ENDIF

ASK ALL
The Health Survey for England 2007 - Individual Questionnaire

### Self-completion placement (Aged 8+)

If Age of Respondent is 8+ years

**SCIntro**

PREPARE (Yellow/Green/Brown/Lilac or Grey) SELF-COMPLETION BOOKLET (FOR CHILDREN AGED 8-12/ FOR CHILDREN AGED 13-15/ FOR YOUNG ADULTS) BY ENTERING SERIAL NUMBERS. CHECK YOU HAVE CORRECT PERSON NUMBER.

**SCIntCh**

Here is a little booklet which I would like to ask (name of child) to complete for (him/herself). It asks children if they have ever tried cigarettes or alcohol, and about cycling. May I explain it to him/her?

**SCIntCh2**

I would now like you to answer some more questions in this booklet on your own. The questions cover general health and attitudes towards healthy eating and physical activity. Press <1> and <Enter> to continue.

### Classification

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Caribbean</td>
</tr>
<tr>
<td>2</td>
<td>African</td>
</tr>
<tr>
<td>95</td>
<td>Any other cultural background (specify)</td>
</tr>
</tbody>
</table>

**SCIntCh3**

INTERVIEWER CHECK: WAS THE (LILAC/YELLOW/BLUE/PINK) BOOKLET (FOR ADULTS 16+/ FOR YOUNG ADULTS/ FOR CHILDREN AGED 13-15/ FOR CHILDREN AGED 8-12) COMPLETED?

1. Fully completed
2. Partially completed
3. Not completed

**SCIntCh4**

If SComp3 = Fully completed OR Partially completed THEN

**SCIntCh5**

Was it completed without assistance?

1. Completed independently
2. Assistance from other children
3. Assistance from other household member (Assistance from adult(s) (not interviewer)
4. Assistance from interviewer
5. Interviewer administered

### Cultural Background

#### BlaCult

What is your cultural background? Is it Caribbean, African, or any other cultural background?

**Code ALL THAT APPLY**

1. Caribbean
2. African
95. Any other cultural background (specify)

**IndCult**

What is your cultural background? Is it African-Indian, Indian, Pakistani, Bangladeshi, or any other cultural background? **CODE ALL THAT APPLY.**

1. African Indian
2. Indian
3. Pakistani
4. Bangladeshi
95. Any other Asian background (specify)

**EthnI = Asian or Asian British THEN**

**IndCult**

What is your cultural background? Is it African-Indian, Indian, Pakistani, Bangladeshi, or any other cultural background? **CODE ALL THAT APPLY.**

1. African Indian
2. Indian
3. Pakistani
4. Bangladeshi
95. Any other Asian background (specify)

**EthnI = Other THEN**

**OthCultI**

What is your cultural background? Is it Chinese, Japanese, Philippino, Vietnamese, or any other cultural background? **CODE ALL THAT APPLY.**

1. Chinese
2. Japanese
3. Philippino
4. Vietnamese
95. Any other cultural background (specify)

**EndIF**
The Health Survey for England 2007 - Individual Questionnaire

Self-completion

**SComp6**

INTERVIEWER: RECORD WHY BOOKLET NOT COMPLETED / PARTIALLY COMPLETED. CODE ALL THAT APPLY:

1. Child away from home during fieldwork period
2. Eyesight problems
3. Language problems
4. Reading/writing/comprehension problems
5. Respondent bored/fed up/tired
6. Questions too sensitive/invasion of privacy
7. Too long/too busy/taken long enough already
8. Refused to complete booklet (no other reason given)
9. Other (SPECIFY)

IF SComp6=Other THEN

SComp6O

PLEASE SPECIFY OTHER REASON. Text: Maximum 60 characters

ENDIF

ENDIF

IF SComp3 = Fully completed OR Partially completed THEN

SComp5A

INTERVIEWER: CODE WHO WAS PRESENT IN ROOM WHILE (name of respondent) COMPLETED SELF-COMPLETION. INCLUDE YOURSELF, ANYONE INTERVIEWED AT THE SAME TIME AS RESPONDENT, PARENT ANSWERING ON BEHALF OF 8-12 YEAR OLDS OR OTHERS IN THE ROOM. CODE ALL THAT APPLY.

1. Spouse / partner
2. Parent(s) (incl step-/foster-)
3. Brother(s)/Sister(s)
4. Own/Related child(ren) (incl step-/ foster-/ partner’s)
5. Other relative(s)
6. Unrelated adult(s)
7. Unrelated child(ren)
8. Interviewer
9. Completed alone in room

ENDIF

ENDIF

IF Age of respondent is 4 TO 15 years THEN

SDQC таках

INTERVIEWER PLEASE CHECK: Was the WHITE booklet for parents completed?

1. Fully completed
2. Partially completed
3. Not completed

IF SDQC таках = Partially completed OR Not completed THEN

SDQComp

INTERVIEWER: Record why booklet not completed/partially completed. CODE ALL THAT

ENDIF

ENDIF
Measurements

ASK ALL

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. MAKE OUT MRC FOR EACH PERSON.

IF Age >= 2 THEN

RespHts MEASURE HEIGHT AND CODE. INCLUDE ‘DISGUISED’ REFUSALS SUCH AS IT WILL TAKE TOO LONG, I HAVE TO GO OUT ETC. AT CODE 2: Height refused.

1 Height measured
2 Height refused
3 Height attempted, not obtained
4 Height not attempted

IF RespHts = Height measured THEN

Height ENTER HEIGHT.
Range: 60.0..244.0

ENDIF

RelHite INTERVIEWER CODE ONE ONLY

1 No problems experienced reliable height measurement obtained
2 Reliable
3 Unreliable

IF RelHite = Unreliable THEN

HINRel WHAT CAUSED THE HEIGHT MEASUREMENT TO BE UNRELIABLE?

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

IF HINRel = Other THEN

OHiNRel PLEASE SPECIFY WHAT CAUSED UNRELIABLE HEIGHT MEASUREMENT.
Text: Maximum 60 characters

ENDIF

ENDIF

MBookHt INTERVIEWER: CHECK HEIGHT RECORDED ON MEASUREMENT RECORD CARD. HEIGHT: (x) cm OR (x) feet (x) inches.
The Health Survey for England 2007 - Individual Questionnaire

Please record estimated height. Enter inches.
Range: 0.0 - 80.0

**Measurements**

**EstHt**
Computed: Final measured or estimated height (cm).
Range: 0.0 - 220.0

**IF (Sex = Female) AND (Age of Respondent is 16 to 49) THEN**

**PregNowB**
May I check, are you pregnant now?
1 Yes
2 No

**ENDIF**

**IF PregNowB<> Yes THEN**

**RespWts**
Measure weight and code. (Interviewer: If respondent weighs more than 130kg (20 1/2 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 2-5 years: weight obtained (child held by adult)/ if age over 5 years: DO NOT USE THIS CODE
1 Weight obtained (subject on own)
2 Weight refused
3 Weight attempted, not obtained
4 Weight not attempted

**ELSEIF RespWts=Weight obtained (subject on own) OR Weight obtained (child held by adult) THEN**

**IF RespWts=Weight obtained (subject on own) THEN**

**XWeight**
Record weight.
Range: 10.0 - 130.0

**ELSEIF RespWts=Weight obtained (child held by adult) THEN**

**WAdult**
Enter weight of adult on his/her own.
Range: 15.0 - 130.0

**WCChAd**
Enter weight of adult holding child.
Range: 15.0 - 130.0

**ENDIF**

**Weight**
Computed: Measured weight, either Weight or WCChAd - WAdult
Range: 0.0 - 140.0

**FloorC**
Scales placed on? 0 Uneven floor
1 Carpet
2 None of these

**RelWaitB**
Interviewer code only.
1 No problems experienced, reliable weight measurement obtained
2 Problems experienced - measurement likely to be
3 Unreliable

**MBookWt**
Interviewer: Check weight recorded on measurement record card.
Weight: (x) kg or (x) stones (x) pounds. If weight looks wrong, go back to XWeight and reweigh.

**ENDIF**

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

**RenNWt**
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/trail/tried
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

**ELSEIF RespWts=Weight attempted, not obtained OR Weight not attempted THEN**

**NoWtBc**
Code reason for not obtaining weight.
1 Child away from home during fieldwork period (specify in a Note)
2 Respondent is unsteady on feet
3 Respondent cannot stand upright
4 Respondent is chairbound
5 Confined to bed
6 Respondent unable to remove shoes
7 Respondent weighs more than 130 kg
8 Ill or in pain
9 Scales not working
10 Parent unable to hold child
11 Child asleep
12 Other - specify

**IF NoWtBc = Other THEN**

**NoWatCO**
Please specify other reason.
Text: Maximum 20 characters

**ENDIF**
The Health Survey for England 2007 - Individual Questionnaire

**Measurements**

ENDIF

IF BW1Ch = kg
 EWtkg
 PLEASE RECORD ESTIMATED WEIGHT IN KILOGRAMS.  
 Range: 1.0..210.0
ELSEIF BW1Ch = StnPnd
 EWtSt
 PLEASE RECORD ESTIMATED WEIGHT. ENTER STONES.  
 Range: 1..32
EWtL
 PLEASE RECORD ESTIMATED WEIGHT. ENTER POUNDS.  
 Range: 0..13
ENDIF

EstWt
 Computed: Final measured or estimated weight (kg).  
 Range: 0.0..999.9
ENDIF

IF (RespHts = Yes) OR (RespWts = Yes) THEN
 StadNo
 INTERVIEWER- PLEASE RECORD SERIAL NUMBER OF STADIOMETER USED FOR THIS INTERVIEW.  
 Range: 0…997
 SclNo
 INTERVIEWER- PLEASE RECORD SERIAL NUMBER OF SCALES USED FOR THIS INTERVIEW.  
 Range: 0…997
ENDIF

IF RESPONDENT IS <16
 Birth
 Can you tell me, what was (name of child’s) weight at birth?  
 INTERVIEWER: IS WEIGHT GIVEN IN KILOGRAMS OR IN POUNDS AND OUNCES?  
 1  Kilograms
 2  Pounds and ounces
 IF Birth = Kilograms THEN

**Measurements**

Birthkg
 PLEASE RECORD (name of child’s) BIRTHWEIGHT IN KILOGRAMS.  
 Range: 1.00..6.75
ELSEIF Birth = Pounds and ounces THEN
 Birthl.
 PLEASE RECORD (name of child’s) BIRTHWEIGHT. ENTER POUNDS.  
 Range: 2..15
BirthO
 PLEASE RECORD (name of child’s) BIRTHWEIGHT. ENTER OUNCES.  
 Range: 0.35
ENDIF

BirthWt
 Computed: Given birthweight (kg)  
 Range: 0.00…8.70
ENDIF

IF birthWt = [between 0.1kg and 2.5kg] THEN
 Prmature
 Was (name of child) born prematurely?  
 1  Yes
 2  No
IF Prmature = Yes THEN
 PrWeeks
 How many weeks early was (name of child) born?  
 ENTER NUMBER OF WEEKS, ROUNDED TO NEAREST WEEK. IF LESS THAN FOUR DAYS, ENTER ‘0’.  
 Range: 0..20
ENDIF

ENDIF

ENDIF

EWtCh
 INTERVIEWER: ASK (respondent) FOR AN ESTIMATED WEIGHT. WILL IT BE GIVEN IN KILOGRAMS OR IN STONES AND POUNDS?  
 1  Kilograms
 2  Stones and pounds
ENDIF

IFA EWtCh = kg
 EWtkg
 PLEASE RECORD ESTIMATED WEIGHT IN KILOGRAMS.  
 Range: 1.0..210.0
ELSEIF EWtCh = StnPnd
 EWtSt
 PLEASE RECORD ESTIMATED WEIGHT. ENTER STONES.  
 Range: 1..32
EWtL
 PLEASE RECORD ESTIMATED WEIGHT. ENTER POUNDS.  
 Range: 0..13
ENDIF

EstWt
 Computed: Final measured or estimated weight (kg).  
 Range: 0.0…999.9
ENDIF

IF (RespHts = Yes) OR (RespWts = Yes) THEN
 StadNo
 INTERVIEWER- PLEASE RECORD SERIAL NUMBER OF STADIOMETER USED FOR THIS INTERVIEW.  
 Range: 0…997
 SclNo
 INTERVIEWER- PLEASE RECORD SERIAL NUMBER OF SCALES USED FOR THIS INTERVIEW.  
 Range: 0…997
ENDIF

IF RESPONDENT IS <16
 Birth
 Can you tell me, what was (name of child’s) weight at birth?  
 INTERVIEWER: IS WEIGHT GIVEN IN KILOGRAMS OR IN POUNDS AND OUNCES?  
 1  Kilograms
 2  Pounds and ounces
 IF Birth = Kilograms THEN
The Health Survey for England 2007 – Individual Questionnaire

**Consents**

**IF Age of respondent < 16 AND No legal parent in household THEN**

**NurseA**

In order for the nurse to take any of your measurements we have to have the permission of your parents or the person who has legal parental responsibility. As there is no-one in your household who I can ask, I won’t be making an appointment for you.

1. Continue

**ELSE (All other respondents)**

**Nurse**

There are two parts to this survey. You have just helped us with the first part. We hope you will also help us with the second part, which is a visit by a qualified nurse to collect more medical information and carry out some measurements. I would like to make an appointment for the nurse to come round and explain some more about what is required. May I suggest some dates and times and see when you are free? If asked for details: for example, to take a length measurement to check if he/she is taking any medications and take a saliva sample to take his/her blood pressure and measure his/her lung capacity to make some general measurements, take your blood pressure, measure your lung capacity and take a small blood sample.

1. Agree nurse could contact
2. Refused nurse contact

IF Nurse = Refused nurse contact THEN

**NurseRef**

RECORD REASON WHY RESPONDENT REFUSED NURSE CONTACT. CODE BELOW AND RECORD AT Q 15 ON A.R.F.

1. Own doctor already has information
2. Given enough time already to this survey/expecting too much
3. Too busy, cannot spare the time (if Code 1 does not apply)
4. Had enough of medical tests/medical profession at present time
5. Worried about what nurse may find out/might tempt fate
6. Scared of medical profession/particular medical procedures (e.g. blood sample)
7. Not interested/Cant’t be bothered/No particular reason
95. Other reason (specify)

IF NurseRef=Other reason THEN

**NrsRefO**

PLEASE SPECIFY OTHER REASON FOR REFUSAL. CODE BELOW AND RECORD AT Q 15 ON A.R.F.

ENDIF

ELSEIF Nurse=Agreed nurse contact THEN

**AptRec**

INTERVIEWER: RECORD DETAILS OF THE NURSE APPOINTMENT ON THE BACK OF THE MEASUREMENT RECORD CARD I.

ENTER THE NURSE’S NAME, APPOINTMENT DATE AND TIME.

1. Continue

ENDIF

ENDIF

ENDIF

**ASK ALL**

**NHSCan**

We would like your consent for us to send your name, address and date of birth to three National Health Service registers. These are the NHS Central Register, the NHS Cancer Registry and the Hospital Episodes Statistics Register. Please read these forms, it explains more about what is involved.

INTERVIEWER: GIVE THE RESPONDENT THE COLOUR (GREEN/YELLOW) CONSENT FORM (NHS AND CANCER REGISTRY) AND ALLOW THEM TIME TO READ THE INFORMATION.

1. Consent given
2. Consent not given

IF NHSCan = Consent given THEN

**NHSSig**

EXPLAIN THE NEED FOR WRITTEN CONSENT: Before I can pass your details on, I have to obtain written consent from you.

ENTER THE RESPONDENT’S SERIAL NUMBER ON THE TOP OF THE CONSENT FORMS.

ASK RESPONDENT TO SIGN AND DATE BOTH FORMS.

GIVE THE SECOND COPY OF THE FORM TO THE RESPONDENT.

CODE WHETHER SIGNED CONSENTS OBTAINED.

CODE ALL THAT APPLY.

1. Hospital Episodes Statistics Register consent obtained
2. NHS Central Register and Cancer Registry consent obtained
3. All consents signed
4. No signed consents

ENDIF

**Thank**

That is the end of the interview. Thank you for your help. I do however need to collect a little more information for our records.

1. Continue

**TPhone**

Some interviews in a survey are checked to make sure that people like yourself are satisfied with the way the interview was carried out. Just in case yours is one of the interviews that is checked, it would be helpful if we could have your telephone number.

INTERVIEWER: IF GIVEN, ENTER TELEPHONE NUMBER ON FRONT OF A.R.F.

1. Number given
2. Number refused
3. No telephone
4. Number unknown

**RelInter**

If at some future date we wanted to talk to you further about your health, may we contact you to see if you are willing to help us again?

1. Yes
2. No
Area observations

COMPLETED BY INTERVIEWER OBSERVATION:

**AreaType**

**TYPE OF AREA:**
1. Inner city
2. Other dense urban/town centre
3. Suburban residential (city/large town outskirts)
4. Rural residential/village centre
5. Rural agricultural with isolated dwellings or small hamlets

**BldType**

**PREDOMINANT RESIDENTIAL BUILDING TYPE:**
1. Terraced houses
2. Semi-detached houses
3. Detached houses
4. Mixed houses
5. Low rise flats (5 storey blocks or less)
6. High rise flats (blocks over 5 storeys)
7. Flats with commercial premises (flats/maisonettes over parade of shops)
8. Flats mixed (high and low rise)
9. Mixed houses and flats

**TypDwell**

**HOUSEHOLD DWELLING TYPE:**
1. Detached whole house or bungalow
2. Semi-detached whole house or bungalow
3. Terraced/end of terrace whole house or bungalow
4. Flat or maisonette in a purpose built block: basement to 3rd floor
5. Flat or maisonette in a purpose built block: 4th floor or higher
6. Flat or maisonette in a converted house or some other kind of building
7. Caravan, mobile home or houseboat
8. Room or rooms
9. Some other kind of accommodation

IF TypDwell=Other THEN

**TypDwOth**

PLEASE SPECIFY OTHER DWELLING TYPE.

STRING – 40 characters

ENDIF

**EthMix**

**ETHNIC MIX OF AREA:**
1. Predominantly white
2. Predominantly black/minority ethnic
3. Mixed ethnicity
4. Don’t know
CARD B

1. Own natural child
2. Other (e.g. adopted, foster, child of partner, etc)

CARD E

GROSS INCOME FROM ALL SOURCES
(before any deductions for tax, national insurance, etc.)

WEEKLY or MONTHLY or ANNUAL

<table>
<thead>
<tr>
<th>Income Range</th>
<th>Weekly</th>
<th>Monthly</th>
<th>Annual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than £10</td>
<td>57</td>
<td>57</td>
<td>57</td>
</tr>
<tr>
<td>£10 less than £30</td>
<td>66</td>
<td>66</td>
<td>66</td>
</tr>
<tr>
<td>£30 less than £50</td>
<td>55</td>
<td>55</td>
<td>55</td>
</tr>
<tr>
<td>£50 less than £70</td>
<td>74</td>
<td>74</td>
<td>74</td>
</tr>
<tr>
<td>£70 less than £100</td>
<td>62</td>
<td>62</td>
<td>62</td>
</tr>
<tr>
<td>£100 less than £150</td>
<td>73</td>
<td>73</td>
<td>73</td>
</tr>
<tr>
<td>£150 less than £200</td>
<td>65</td>
<td>65</td>
<td>65</td>
</tr>
<tr>
<td>£200 less than £250</td>
<td>51</td>
<td>51</td>
<td>51</td>
</tr>
<tr>
<td>£250 less than £300</td>
<td>78</td>
<td>78</td>
<td>78</td>
</tr>
<tr>
<td>£300 less than £350</td>
<td>54</td>
<td>54</td>
<td>54</td>
</tr>
<tr>
<td>£350 less than £400</td>
<td>76</td>
<td>76</td>
<td>76</td>
</tr>
<tr>
<td>£400 less than £450</td>
<td>81</td>
<td>81</td>
<td>81</td>
</tr>
<tr>
<td>£450 less than £500</td>
<td>53</td>
<td>53</td>
<td>53</td>
</tr>
<tr>
<td>£500 less than £550</td>
<td>72</td>
<td>72</td>
<td>72</td>
</tr>
<tr>
<td>£550 less than £600</td>
<td>58</td>
<td>58</td>
<td>58</td>
</tr>
<tr>
<td>£600 less than £650</td>
<td>70</td>
<td>70</td>
<td>70</td>
</tr>
<tr>
<td>£650 less than £700</td>
<td>68</td>
<td>68</td>
<td>68</td>
</tr>
<tr>
<td>£700 less than £800</td>
<td>75</td>
<td>75</td>
<td>75</td>
</tr>
<tr>
<td>£800 less than £900</td>
<td>64</td>
<td>64</td>
<td>64</td>
</tr>
<tr>
<td>£900 less than £1,000</td>
<td>71</td>
<td>71</td>
<td>71</td>
</tr>
<tr>
<td>£1,000 less than £1,100</td>
<td>69</td>
<td>69</td>
<td>69</td>
</tr>
<tr>
<td>£1,100 less than £1,200</td>
<td>80</td>
<td>80</td>
<td>80</td>
</tr>
<tr>
<td>£1,200 less than £1,300</td>
<td>79</td>
<td>79</td>
<td>79</td>
</tr>
<tr>
<td>£1,300 less than £1,400</td>
<td>60</td>
<td>60</td>
<td>60</td>
</tr>
<tr>
<td>£1,400 less than £1,500</td>
<td>52</td>
<td>52</td>
<td>52</td>
</tr>
<tr>
<td>£1,500 or more</td>
<td>67</td>
<td>67</td>
<td>67</td>
</tr>
<tr>
<td>£1,600 or more</td>
<td>59</td>
<td>59</td>
<td>59</td>
</tr>
<tr>
<td>£1,700 or more</td>
<td>77</td>
<td>77</td>
<td>77</td>
</tr>
<tr>
<td>£1,800 or more</td>
<td>61</td>
<td>61</td>
<td>61</td>
</tr>
<tr>
<td>£1,900 or more</td>
<td>56</td>
<td>56</td>
<td>56</td>
</tr>
<tr>
<td>£2,000 or more</td>
<td>63</td>
<td>63</td>
<td>63</td>
</tr>
</tbody>
</table>

Copyright © 2008, The Health and Social Care Information Centre. All rights reserved
SPORTS AND EXERCISE ACTIVITIES

INCLUDE any sports and exercise activities like:

- Playing football, rugby or netball in a team, or any other organised team games
- Playing tennis, squash or badminton
- Going swimming or swimming lessons
- Gymnastics (include Toddler Gym, Tumble Tots etc)
- Dance lessons, ballet lessons, ice skating
- Horse riding
- Disco dancing

Any other organised sports, team sports or exercise activities

CARD N

Other active things like:

- Ride a bike
- Kick a ball around
- Run about (outdoors or indoors)
- Play active games
- Jump around

Any other things like these
<table>
<thead>
<tr>
<th>Name of Fruit</th>
<th>Size of Fruit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apple (all types)</td>
<td>Medium</td>
</tr>
<tr>
<td>Apricot</td>
<td>Small</td>
</tr>
<tr>
<td>Avocado</td>
<td>Large</td>
</tr>
<tr>
<td>Banana</td>
<td>Medium</td>
</tr>
<tr>
<td>Banana, apple</td>
<td>Small</td>
</tr>
<tr>
<td>Banana, nino</td>
<td>Small</td>
</tr>
<tr>
<td>Berry (other)</td>
<td>Very small</td>
</tr>
<tr>
<td>Blackcurrant</td>
<td>Very small</td>
</tr>
<tr>
<td>Blackberry</td>
<td>Very small</td>
</tr>
<tr>
<td>Blueberry</td>
<td>Very small</td>
</tr>
<tr>
<td>Cactus pear</td>
<td>Medium</td>
</tr>
<tr>
<td>Cape gooseberry</td>
<td>Very small</td>
</tr>
<tr>
<td>Carambola / Star fruit</td>
<td>Medium</td>
</tr>
<tr>
<td>Cherry</td>
<td>Very small</td>
</tr>
<tr>
<td>Cherry tomatoes</td>
<td>Very small</td>
</tr>
<tr>
<td>Chinese gooseberry</td>
<td>Small</td>
</tr>
<tr>
<td>Chinese lantern</td>
<td>Very small</td>
</tr>
<tr>
<td>Chirimoya / Cherimoya</td>
<td>Medium</td>
</tr>
<tr>
<td>Clementine</td>
<td>Medium</td>
</tr>
<tr>
<td>Custard Apple</td>
<td>Medium</td>
</tr>
<tr>
<td>Damson</td>
<td>Very small</td>
</tr>
<tr>
<td>Date (fresh)</td>
<td>Small</td>
</tr>
<tr>
<td>Dragon fruit</td>
<td>Large</td>
</tr>
<tr>
<td>Elderberry</td>
<td>Very small</td>
</tr>
<tr>
<td>Figs (fresh)</td>
<td>Small</td>
</tr>
<tr>
<td>Gooseberry</td>
<td>Very small</td>
</tr>
<tr>
<td>Granadilla / Passion</td>
<td>Small</td>
</tr>
<tr>
<td>Grapes (all types)</td>
<td>Very small</td>
</tr>
<tr>
<td>Grapefruit</td>
<td>Large</td>
</tr>
<tr>
<td>Greengage</td>
<td>Small</td>
</tr>
<tr>
<td>Grenadillo / Pitaya</td>
<td>Very small</td>
</tr>
<tr>
<td>Guava</td>
<td>Medium</td>
</tr>
<tr>
<td>Horned melon</td>
<td>Large</td>
</tr>
<tr>
<td>Kiwano</td>
<td>Medium</td>
</tr>
<tr>
<td>Kiwi</td>
<td>Small</td>
</tr>
<tr>
<td>Kumquat</td>
<td>Very small</td>
</tr>
<tr>
<td>Lemon</td>
<td>Medium</td>
</tr>
<tr>
<td>Lime</td>
<td>Medium</td>
</tr>
<tr>
<td>Loquat</td>
<td>Very small</td>
</tr>
<tr>
<td>Lychee</td>
<td>Very small</td>
</tr>
<tr>
<td>Mandarin orange</td>
<td>Medium</td>
</tr>
<tr>
<td>Mango</td>
<td>Large</td>
</tr>
<tr>
<td>Medlar</td>
<td>Medium</td>
</tr>
<tr>
<td>Melon (all types)</td>
<td>Very large</td>
</tr>
<tr>
<td>Mineola</td>
<td>Large</td>
</tr>
<tr>
<td>Nectarine</td>
<td>Medium</td>
</tr>
<tr>
<td>Olive</td>
<td>Very small</td>
</tr>
<tr>
<td>Orange</td>
<td>Medium</td>
</tr>
<tr>
<td>Passion fruit</td>
<td>Small</td>
</tr>
<tr>
<td>Papaya / Paw Paw</td>
<td>Large</td>
</tr>
<tr>
<td>Peach</td>
<td>Medium</td>
</tr>
<tr>
<td>Pear</td>
<td>Medium</td>
</tr>
<tr>
<td>Persimmon</td>
<td>Medium</td>
</tr>
<tr>
<td>Pitaya</td>
<td>Medium</td>
</tr>
<tr>
<td>Pineapple</td>
<td>Very large</td>
</tr>
<tr>
<td>Physalis</td>
<td>Very small</td>
</tr>
<tr>
<td>Plantain</td>
<td>Medium</td>
</tr>
<tr>
<td>Plum</td>
<td>Small</td>
</tr>
<tr>
<td>Pomegranate</td>
<td>Medium</td>
</tr>
<tr>
<td>Pomelo/Pummelo</td>
<td>Large</td>
</tr>
<tr>
<td>Prickly pear</td>
<td>Medium</td>
</tr>
<tr>
<td>Rambutans</td>
<td>Very small</td>
</tr>
<tr>
<td>Raspberry</td>
<td>Very small</td>
</tr>
<tr>
<td>Redcurrants</td>
<td>Very small</td>
</tr>
<tr>
<td>Salsuma</td>
<td>Medium</td>
</tr>
<tr>
<td>Shaddock</td>
<td>Large</td>
</tr>
<tr>
<td>Sharon fruit</td>
<td>Medium</td>
</tr>
<tr>
<td>Starfruit</td>
<td>Medium</td>
</tr>
<tr>
<td>Strawberry</td>
<td>Very small</td>
</tr>
<tr>
<td>Stonefruit</td>
<td>Very small</td>
</tr>
<tr>
<td>Tamarillo / Tree</td>
<td>Small</td>
</tr>
<tr>
<td>Tangerine</td>
<td>Medium</td>
</tr>
<tr>
<td>Tomato</td>
<td>Small</td>
</tr>
<tr>
<td>Tomato, beef</td>
<td>Large</td>
</tr>
<tr>
<td>Tomato, cherry</td>
<td>Very small</td>
</tr>
<tr>
<td>Tree tomato/Tamarillo</td>
<td>Small</td>
</tr>
<tr>
<td>Ugli fruit</td>
<td>Large</td>
</tr>
</tbody>
</table>

CARD O

Sitting down doing things like:

- Watching television
- Reading (or being read to)
- Doing homework
- Listening to music
- Talking to friends
- Playing computer games
- Playing boardgames
- Drawing
- Playing quietly
- Sitting in a car
- Sitting in a pushchair

Any other things like these
<table>
<thead>
<tr>
<th>HSE 2007 CODING LIST FOR BUTTER &amp; MARGARINE</th>
<th>P2727</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Note:</strong> All brands of butter and hard/block margarine code 1.</td>
<td></td>
</tr>
<tr>
<td><strong>Anchor butter</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Anchor Half-Fat Spread</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>Anchor Lighter</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>Anchor Lighter Spreadable</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>Anchor New Zealand Butter</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Anchor Spreadable</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Argento Spread</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Asda Cholesterol Reducing Spread</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>Asda Good For You Sunflower Spread</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>Asda Natural Sunflower Spread</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>Asda Olive Gold Spread</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>Asda Smart Price Butter</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Asda Smart Reduced Fat Spread</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Asda Soft Margarine</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Asda Sunflower low fat spread</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>Asda Sunflower Spread</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>Asda You’d Buttery Believe It</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Asda You’d Buttery Believe It Light</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>Benevol Butter Taste</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Benevol Butter Taste Spread</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Benevol Light Spread</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>Benevol Olive Spread</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>Bregno Ooeei Butter from fresh cream</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Bertolli Luca Olive Oil Spread</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>Bertolli Olive Spread</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>Blue Band soft margarine</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Bridel Brittany butter with sea salt</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Bridel Beurre Moute Organic Butter</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Buro do Paol Italian Butter</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Butter (any variety)</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Butterlicious (Sainsbury’s)</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Clover</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Clover Extra Lite / Diet</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Co-op Red Seal Soft Spread</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Country Life Cornish Butter</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Country Life English Butter Spreadable</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Country Life English Butter Spreadable Unsalted</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Country Life Garlic Butter</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Country Life Lightly Salted Spreadable</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Country Life Shingar Butter</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Country Life Somerfield Butter</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Country Life Sweetcream Salted Butter</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Country Life Unsalted Butter</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Dairy Crest Clover Spread</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Dairy Crest Clover Spreadable</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Delight</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Delight Extra Low / Diet</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Flora / Flora Buttery / Flora Reduced Salt</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>Flora Diet</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>Flora Light</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>Flora No Salt Spread</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>Flora Original Plus Spread</strong></td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HSE 2007 CODING LIST FOR BUTTER &amp; MARGARINE</th>
<th>P2727</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Note:</strong> All brands of butter and hard/block margarine code 1.</td>
<td></td>
</tr>
<tr>
<td><strong>Sainsbury Olive Gold Reduced Fat Spread</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>Sainsbury’s Omega 3 Light Spread</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>Sainsbury’s Soft Spread</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Sainsbury Sunflower Low Fat Spread</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>Sainsbury Sunflower Spread</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>Sainsbury Sunflower Very Low Fat Spread</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>Shape Sunflower Spread</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>Slimmers Gold Sunflower Low Fat Spread</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>Somersetfield Low Fat Sunflower</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>Sosparadise</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>Soya Margarine (own brands)</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>St Helen’s Farm Goats Butter</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>St Helen’s Farm Goats Butter Slightly Salted</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>St Ivel English unsalted</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>St Ivel Gold</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>St Ivel Gold Extra Light</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>St Ivel Gold Extra Light + Omega 3</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>St Ivel Gold Light Spread</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>St Ivel Gold Lightest</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>St Ivel Gold Low Fat</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>St Ivel Gold Lowest</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>St Ivel Gold Omega 3</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>St Ivel Monro</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Stork / Stork SB</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Stork Vegetable Fat Spread</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Summer County</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Sunflower low fat spreads (own brands)</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>Sunflower margarine (own brands)</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Sunflower very low fat spreads (own brands)</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>Tesco Butter Me Up</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Tesco Butter Me Up Light</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Tesco English Slightly Salted Butter</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Tesco Enriched Sunflower Spread</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>Tesco Finest Cornish Butter</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Tesco Healthy Eating ½ Fat Sunflower Spread</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>Tesco Healthy Eating Lowest Ever Soft Spread</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>Tesco Healthy Eating Very Low Fat Spread</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>Tesco Healthy Living Enriched Sunflower 2 Spoon</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Tesco Healthy Living Olive Light Spread</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>Tesco Olive Spread</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>Tesco Soft Spread</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Tesco Spreadable</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Tesco Value Sunflower Spread</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>The Food Doctor Omega Seed Butter</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Tomor hard margarine</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Tomor Kosher Vegetarian Margarine</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Utterly Butterly</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>Vitala Light</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>Vitala Sunflower Spread</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>Waitrose Daisy Butter Slightly Salted</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>Waitrose Enfants Buttery</strong></td>
<td>1</td>
</tr>
</tbody>
</table>
How to answer these questions

• Please read each question carefully

• Most of the questions can be answered by putting a tick in the box next to the answer that applies to you, like this

  Yes √

  No

• Sometimes you have to write a number in the box, for example

  I was 9 years old

  write in

• Next to some of the boxes are arrows and instructions

  They show or tell you which question to answer next.

  If there are no special instructions, just answer the next question.

  No

  Go to question 4

  Yes √

  I was 10 years old

  write in

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.

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
Cigarette Smoking

1. Have you ever tried smoking a cigarette, even if it was only a puff or two?

   Tick one box
   
   No  \rightarrow Go to question 2
   
   Yes
   
   How old were you when you tried smoking a cigarette, even if it was only a puff or two?
   
   I was \_\_\_\_\_ years old

2. Now read all the following sentences very carefully and tick the box next to the one which best describes you.

   Tick one box
   
   I have never smoked
   
   I have only smoked once or twice
   
   I used to smoke sometimes, but I never smoke a cigarette now
   
   I sometimes smoke, but I don’t smoke every week
   
   I smoke between one and six cigarettes a week
   
   I smoke more than six cigarettes a week

   \rightarrow Go to question 3

3. Did you smoke any cigarettes last week?

   Tick one box
   
   No  \rightarrow Go to question 4
   
   Yes
   
   How many cigarettes did you smoke last week?

   I smoked \_\_\_\_\_ cigarettes

   \rightarrow Go to next question
Drinking

6. Have you ever had a proper alcoholic drink – a whole drink, not just a sip? Please don't count drinks labeled low alcohol.
   Tick one box
   Yes [ ] Go to question 8
   No [ ] Go to question 7

7. Have you ever drunk alcopops (such as Bacardi Breezer, Smirnoff Ice, WD40, Jono etc)?
   Tick one box
   Yes [ ] Go to question 8
   No [ ] Go to question 11 on page 6

8. How old were you the first time you had a proper alcoholic drink or alcopop?
   I was [ ] years old

9. How often do you usually have an alcoholic drink or alcopop?
   Tick one box
   Almost every day [ ]
   About twice a week [ ]
   About once a week [ ]
   About once a fortnight [ ]
   About once a month [ ]
   Only a few times a year [ ]
   I never drink alcohol now [ ]

10. When did you last have an alcoholic drink or alcoholic soft drink?

   Tick one box
   Today [ ]
   Yesterday [ ]
   Some other time during the last week [ ]
   1 week, but less than 2 weeks ago [ ]
   2 weeks, but less than 4 weeks ago [ ]
   1 month, but less than 6 months ago [ ]
   6 months ago or more [ ]

Go to question 11 on page 6
Your weight

Everyone please answer

11. Given your age and height, would you say that you are…

Tick one box

About the right weight

too heavy

or too light?

Not sure

12. At the present time are you trying to lose weight, trying to gain weight, or are you not trying to change your weight?

Tick one box

Trying to lose weight

Trying to gain weight

Not trying to change weight

Cycling

Everyone please answer

13. Do you have a bicycle?

Tick one box

Yes

No

→ Go to question 14

14. Do you wear a bicycle helmet when you ride a bike?

Tick one box

I always wear a helmet when I ride a bike

I sometimes wear a helmet when I ride a bike

I never wear a helmet when I ride a bike

→ Go to question 15

15. What do you think about bicycle helmets?

Please tick all the boxes that you agree with

Tick all boxes which apply

Wearing a helmet makes me feel safer when I ride a bike

I sometimes forget to put my helmet on

Bicycle helmets cost too much money

Helms look good

It is difficult to get helmets to fit

Helms can protect you if you have an accident

Wearing a helmet makes me feel like a proper cyclist

Thank you for your help with this questionnaire.
Health Survey for England 2007
Booklet for 11-12 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.
- 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
- Most of the questions can be answered by putting a tick in the box next to the answer that applies to you like this

  Yes [✓]  No

- Sometimes you have to write a number in the box, for example

  I was __ years old

- Next to some of the boxes are arrows and instructions. They show or tell you which question to answer next. If there are no special instructions, just answer the next question.

  No [✗]  Yes [✓]

  I was __ years old

  → GO TO Q4

Thank you for taking part in this survey.
### Cigarette Smoking

**Q1** Have you ever tried smoking a cigarette, even if it was only a puff or two?

<table>
<thead>
<tr>
<th>Tick one box</th>
<th>Go to Q2</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

**Q2** Now read all the following sentences very carefully and tick the box next to the one which best describes you.

<table>
<thead>
<tr>
<th>Tick one box</th>
<th>Go to Q3</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have never smoked</td>
<td></td>
</tr>
<tr>
<td>I have only smoked once or twice</td>
<td></td>
</tr>
<tr>
<td>I used to smoke sometimes, but I never smoke a cigarette now</td>
<td></td>
</tr>
<tr>
<td>I sometimes smoke, but I don't smoke every week</td>
<td></td>
</tr>
<tr>
<td>I smoke between one and six cigarettes a week</td>
<td></td>
</tr>
<tr>
<td>I smoke more than six cigarettes a week</td>
<td></td>
</tr>
</tbody>
</table>

**Q3** Did you smoke any cigarettes last week?

<table>
<thead>
<tr>
<th>Tick one box</th>
<th>Go to Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

**Q4** Do you find that you are often near people who are smoking in any of these places?

<table>
<thead>
<tr>
<th>Tick all boxes that apply</th>
<th>Go to Q5</th>
</tr>
</thead>
<tbody>
<tr>
<td>At home</td>
<td></td>
</tr>
<tr>
<td>On buses or trains</td>
<td></td>
</tr>
<tr>
<td>In other people’s homes</td>
<td></td>
</tr>
<tr>
<td>In other places</td>
<td></td>
</tr>
<tr>
<td>No, none of these</td>
<td></td>
</tr>
</tbody>
</table>

**Q5** Does this bother you?

<table>
<thead>
<tr>
<th>Tick one box</th>
<th>Go to Q6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

**Q6** Did you smoke any cigarettes last week?

<table>
<thead>
<tr>
<th>Tick one box</th>
<th>Go to Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

**Q7** How many cigarettes did you smoke last week?

<table>
<thead>
<tr>
<th>Write in</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>cigarettes</td>
<td></td>
</tr>
</tbody>
</table>
**Drinking**

Q6 Have you ever had a proper alcoholic drink – a whole drink, not just a sip? **Please don’t count drinks labeled low alcohol.**

Tick one box
- Yes [ ] Go to Q8
- No [ ] Go to Q7

Q7 Have you ever drunk alcopops (such as Bacardi Breezer, Smirnoff Ice, WD40, Hooch etc)?

Tick one box
- Yes [ ] Go to Q8
- No [ ] Go to Q11 on page 5

Q8 How old were you the first time you had a proper alcoholic drink or alcopop?

I was [ ] years old write in

Q9 How often do you usually have an alcoholic drink or alcopop?

Tick one box
- Almost every day [ ]
- About twice a week [ ]
- About once a week [ ]
- About once a fortnight [ ]
- About once a month [ ]
- Only a few times a year [ ]
- I never drink alcohol now [ ]

Go to Q10

Q10 When did you last have an alcoholic drink or alcoholic soft drink?

Tick one box
- Today [ ]
- Yesterday [ ]
- Some other time during the last week [ ]
- 1 week, but less than 2 weeks ago [ ]
- 2 weeks, but less than 4 weeks ago [ ]
- 1 month, but less than 6 months ago [ ]
- 6 months ago or more [ ]

Go to Q11

**Your weight**

Everyone please answer

Q11 Given your age and height, would you say that you are...

Tick one box
- About the right weight [ ]
- too heavy [ ]
- or too light? [ ]
- Not sure [ ]

Q12 At the present time are you trying to lose weight, trying to gain weight, or are you not trying to change your weight?

Tick one box
- Trying to lose weight [ ]
- Trying to gain weight [ ]
- Not trying to change weight [ ].
Attitudes towards healthy eating

Q13 Official guidelines measure the fruit and vegetables that people eat in terms of ‘portions’. Which of the following do you think make up ONE ‘portion of fruit or vegetables’?

Tick all that apply

- 2 cherry tomatoes
- 1 apple
- 1 melon
- 4 grapes
- 1 jacket potato
- 2 tablespoons of carrots

Q14 How many portions of fruit and vegetables do you think people should eat everyday?

Please write in NUMBER per day

OR tick I don’t know

Q15 Here are some statements about eating. Please could you say whether you agree or disagree with them.

Please tick ONE box per row

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Can’t choose</th>
</tr>
</thead>
</table>
a) The tastiest foods are the ones that are bad for you
b) Healthy foods are enjoyable
c) I get confused over what’s supposed to be healthy and what isn’t
d) I don’t really care what I eat
e) If you do enough exercise you can eat whatever you like

Q16 Overall, would you say that what you usually eat is...

- Very healthy
- Quite healthy
- Not very healthy
- Very unhealthy

Q17 What types of snacks do you eat between meals?

Tick all that apply

- I don’t eat snacks between meals
- Crisps
- Biscuits and cakes
- Chocolate and sweets
- Cereal bars (such as Nutrigrain, Tracker)
- Savoury crackers (such as Cheddars)
- Fresh fruit
- Dried fruit including raisins
- Rice cakes and bread sticks
- Vegetable sticks and tomatoes
- Cheese
- Something else

Q18 Would you eat healthier snacks (such as fresh fruit or raisins) if they were available?

- Yes
- No
Q19 Which of the following do you think might be important for healthy eating for people of your age? Tick all that apply

- Eating less fatty or fried foods
- Eating less sugar (e.g., sweets, cakes, chocolate, biscuits)
- Eating lots of whole grain products (such as brown or wholemeal bread or cereals such as Weetabix)
- Eating lots of fruit
- Eating lots of vegetables
- Eating lots of meat, fish, or cheese
- Eating lots of pulses (such as soya beans, lentils or chickpeas)
- Drinking fewer fizzy drinks

Q20 In what ways could what you eat be improved? a) I could improve what I eat by eating less: Tick all that apply

- Convenience foods (such as chicken nuggets and chips)
- Fast foods or takeaways (such as burgers or pizza)
- Crisps or savoury biscuits
- Sugar, sweets, chocolates, biscuits, cakes
- None, no changes needed

b) I could improve what I eat by eating more: Tick all that apply

- Fruit
- Vegetables
- Salad
- None, no changes needed

Q21 What would stop you making these improvements to the way you eat? Tick all that apply

- Don’t like healthy foods
- Doesn’t satisfy hunger
- Don’t want to change eating habits
- Lack of motivation
- I eat what I’m given
- No healthy options at home
- No healthy options at school
- None of these
- No changes needed
- Something else

Go to Q23

Q22 What would encourage you to make these improvements to the way you eat? Tick all that apply

- Advice from parent
- Advice from teacher
- Advice from school nurse
- Advice from friend or brother or sister
- TV adverts
- Information leaflets
- Being motivated to
- Being given healthier food
- None of these
- Something else
Attitudes towards physical activity

We would like to ask you some questions about physical activity. By physical activity we mean all types of exercise such as walking, running around, kicking a ball, dancing, riding a bike or swimming. This includes physical activity you do at school. It also includes any sports that you do.

Q23 How many days a week do you think children of your age should do physical activity of any type?
   By week we mean the whole week including weekends
   Please write in NUMBER of Days
   I don't know

Q24 On each of the days children do physical activity, how long should they do it for it to be good for their health?
   Please write in NUMBER of minutes
   Minutes per day
   I don't know

Q25 Compared to other people of your own age would you describe yourself as:
   Very physically active
   Fairly physically active
   Not very physically active
   Not at all physically active

Q26 Would you like to do more exercise or physical activity than you do at the moment?
   Yes ➔ Go to Q27
   No ➔ Go to the END

Thank you for your help with this questionnaire.
Please give the booklet back to the interviewer.
**Health Survey for England 2007**  
**Booklet for 13-15 year olds**  
**In Confidence**

### How to answer these questions

- Please read each question carefully.
- Most of the questions can be answered by putting a tick in the box next to the answer that applies to you like this:
  - **Yes** ✓
  - **No** 

- Sometimes you have to write a number in the box, for example:
  - I was **13** years old
  - **Write in** 

- Next to some of the boxes are arrows and instructions. They show or tell you which question to answer next.
  - If there are no special instructions, just answer the next question.

---

**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.**

- 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**

---

**First name:**

**Survey month:**

---

Brown C / CS / B
EVERYONE PLEASE ANSWER

Q7a Do you find that you are often near people who are smoking in any of these places?

Please tick all the places where you are often near people who are smoking

Tick all boxes which apply

At home
On buses or trains
In other people’s homes
In other places
No, none of these

Q7b Does this bother you?

Tick one box

Yes
No

Drinking

Q8 Have you ever had a proper alcoholic drink – a whole drink, not just a sip? Please don’t count drinks labelled low alcohol.

Tick one box

Yes
No

Q9 Have you ever drunk alcopops (such as Bacardi Breezer, Smirnoff Ice, WKD, Hooch etc.)?

Tick one box

Yes
No
Q10 How old were you the first time you had a proper alcoholic drink or an alcopop?

I was __ years old

Go to Q11

Q11 How often do you usually have an alcoholic drink or alcopop?

Tick one box

Almost every day
About twice a week
About once a week
About once a fortnight
About once a month
Only a few times a year
I never drink alcohol now

Go to Q12

Q12 When did you last have an alcoholic drink or alcopop?

Tick one box

Today
Yesterday
Some other time during the last week
1 week, but less than 2 weeks ago
2 weeks, but less than 4 weeks ago
1 month, but less than 6 months ago
6 months ago or more

Go to Q13

Q13 Which, if any, of the drinks shown below, have you drunk in the last 7 days? Please either yes or no for each kind of drink. For each kind of drink, write in the box how much you drank in the last 7 days.

Beer, lager cider or shandy (exclude bottles or cans of shandy)

Have you drunk this in the last 7 days?

Tick one box

No
Yes

Go to Q14

How much did you drink in the last 7 days?

Write in:

Pints (if half a pint, write in %)
Large cans or bottles
Small cans or bottles

Q14 Spirits or liqueurs, such as gin, vodka, whisky, rum, brandy or cocktails

Have you drunk this in the last 7 days?

Tick one box

No
Yes

Go to Q15

How much did you drink in the last 7 days?

Write in:

Glasses (count doubles as two glasses)
**Q15** Sherry or martini (including port, vermouth, cinzano, dubonnent)
Have you drunk this in the last 7 days?

Tick one box

No [ ] Go to Q16

Yes [ ]

How much did you drink in the last 7 days?

Write in:

- Large glasses (250 ml)
- Standard glasses (175 ml)
- Small glasses (125 ml)
- Bottles (if half a bottle write in %)

**Q16** Wine (including babycham and champagne)
Have you drunk this in the last 7 days?

Tick one box

No [ ] Go to Q17

Yes [ ]

How much did you drink in the last 7 days?

Write in:

- Large glasses (250 ml)
- Standard glasses (175 ml)
- Small glasses (125 ml)
- Bottles (if half a bottle write in %)

**Q17** Alcopop (such as Bacardi Breezer, Smirnoff Ice, WKD, Hooch, etc.)
Have you drunk this in the last 7 days?

Tick one box

No [ ] Go to Q18

Yes [ ]

How much did you drink in the last 7 days?

Write in:

- Large cans or bottles
- Small cans or bottles

**Q18** Other kinds of alcoholic drink?
Have you drunk this in the last 7 days?

Tick one box

No [ ] Go to Q19

Yes [ ] Complete details below

Write in name of drink

How much did you drink in the last 7 days?

Write in:
Your weight

Everyone please answer

Q19 Given your age and height, would you say that you are...

Tick one box

- About the right weight
- Too heavy
- Too light?
- Not sure

Q20 At the present time are you trying to lose weight, trying to gain weight, or are you not trying to change your weight?

Tick one box

- Trying to lose weight
- Trying to gain weight
- Not trying to change weight

Attitudes towards healthy eating

Q21 Official guidelines measure the fruit and vegetables that people eat in terms of ‘portions’.

Which of the following do you think make up ONE portion of fruit or vegetables?

Tick all that apply

- 2 cherry tomatoes
- 1 apple
- 1 melon
- 4 grapes
- 1 jacket potato
- 2 tablespoons of carrots

Q22 How many portions of fruit and vegetables do you think people should eat everyday?

Please write in NUMBER per day

OR tick I don't know

Q23 Here are some statements about eating.

Please could you say whether you agree or disagree with them.

Please tick ONE box per row

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Can’t choose</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) The tastiest foods are the ones that are bad for you</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Healthy foods are enjoyable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) I get confused over what’s supposed to be healthy and what isn’t</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) I don’t really care what I eat</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) If you do enough exercise you can eat whatever you like</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Q24 Overall, would you say that what you usually eat is...
- Very healthy
- Quite healthy
- Not very healthy
- Very unhealthy

Q25 Would you like to eat more healthily than you do at the moment?
- Yes
- No
- I don’t know

Q26 Which of these statements applies to you:
- I’m unlikely ever to eat more healthily
- I expect to eat more healthily within the next year
- I expect to eat more healthily but not in the next year
- I don’t know

Q27 What types of snacks do you eat between meals?
- I don’t eat snacks between meals
- Crisps
- Biscuits and cakes
- Chocolate and sweets
- Cereal bars (such as Nutrigrain, Tracker)
- Savoury crackers (such as Cheddars)
- Fresh fruit
- Dried fruit including raisins
- Rice cakes and bread sticks
- Vegetable sticks and tomatoes
- Cheese
- Something else

Q28 Would you eat healthier snacks (such as fresh fruit or raisins) if they were available?
- Yes
- No
- I don’t know
Q29 Which of the following do you think might be important for healthy eating for people of your age?

Tick all that apply

- Eating less fatty or fried foods
- Eating less sugar (e.g. sweets, cakes, chocolate, biscuits)
- Eating lots of whole grain products (such as brown or wholemeal bread or cereals such as Weetabix)
- Eating lots of fruit
- Eating lots of vegetables
- Eating lots of meat, fish, or cheese
- Eating lots of pulses (such as soya beans, lentils or chickpeas)
- Drinking fewer fizzy drinks

Q30 In what ways could you improve what you eat?

a) I could improve what I eat by eating less:
- convenience foods (such as chicken nuggets and chips)
- fast foods or takeaways (such as burgers or pizza)
- crisps or savoury biscuits
- sugar, sweets, chocolates, biscuits, cakes
- none, no changes needed

b) I could improve what I eat by eating more:
- fruit
- vegetables
- salad
- none, no changes needed

Q31 What would stop you from making these improvements to the way you eat?

Tick all that apply

- Don't like healthy foods
- Doesn't satisfy hunger
- Don't want to change eating habits
- Lack of motivation
- I eat what I'm given
- No healthy options at home
- No healthy options at school
- None of these
- No changes needed
- Something else

Go to Q33
**Attitudes towards Physical Activity**

We would like to ask you some questions about physical activity. By physical activity we mean all types of exercise such as walking, running around, kicking a ball, dancing, riding a bike or swimming. This includes physical activity you do at school. It also includes any sport that you do.

**Q33** How many days a week do you think young people should do physical activity of any type? By week we mean the whole week including weekends.
- Please write in **NUMBER** _____ Days
- I don’t know

**Q34** On each of the days a young person does physical activity, how long should they do it for it to be good for them?
- Write in **NUMBER** _____ Minutes per day
- I don’t know

**Q35** Compared to other people of your own age, would you describe yourself as:...
- Very physically active
- Fairly physically active
- Not very physically active
- Not at all physically active

**Q36** Would you like to do more exercise or physical activity than you do at the moment?
- Yes
- No

---

**Q37** Which types of exercise/physical activity would you like to do more of in the future?

- Walking  
- Riding a bike  
- Going swimming  
- Running or jogging  
- Ball sports such as football, netball, tennis or golf  
- Other sports such as gymnastics, athletics, martial arts or trampolining  
- Dancing  
- Horse riding  
- Playing outside in garden or playgrounds  
- Skate boarding, roller skating or ice skating  
- Something else  

**Attitudes towards drinking**

**Q38** Do you ever drink alcohol?
- Yes
- No

**Q39** Do your parent(s) know that you have ever drunk alcohol?
- Yes
- No
- I don’t know

---

HSE 2007 | VOL. 2: METHODOLOGY AND DOCUMENTATION | APPENDIX A: FIELDWORK DOCUMENTS

Copyright © 2008, The Health and Social Care Information Centre. All rights reserved
**Q40** What do your parent(s) think of you drinking alcohol?

Please tick ONE box:

- They don't like me drinking alcohol
- They don't mind me drinking alcohol
- They like me drinking alcohol
- It varies
- I don't know

**Q41** Have you been drunk in the last 12 months?

- Yes
- No

**Q42** Do your parent(s) know that you have been drunk in the last 12 months?

- Yes
- No

**Q43** Here are some reasons why other people of your age may drink alcohol. Please could you say whether you agree or disagree with them.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Can't choose</th>
</tr>
</thead>
<tbody>
<tr>
<td>People of my age drink because it helps them relax</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People of my age drink because it makes them feel more confident</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People of my age drink to be sociable with their friends</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People of my age drink because of pressure from their friends</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People of my age drink because they are bored and have nothing else to do</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Q44** In general, do you mind if other people smoke near you, or not?

- Yes
- No
- It depends

**Q45** How much, if at all, would you say breathing in other people's smoke affects young people who are exposed to it?

- A great deal
- A fair amount
- Just a little
- Not at all
- I don't know

**Q46** In what ways would you say breathing in other people's smoke affects the health of young people?

Tick ALL that apply:

- Causes breathlessness
- Causes coughing
- Causes wheezing
- Causes people to get asthma or makes asthma worse
- Makes people prone to chest infections or bronchitis
- Makes people less fit than they used to be
- Makes people more likely to suffer from cancer
- Makes people more likely to suffer from other serious illnesses (such as heart disease or stroke)
- Something else
- I don't know

Thank you for answering these questions. Please give the booklet back to the interviewer.
Health Survey for England 2007
Booklet for Young Adults

In Confidence

Example Questions: How to fill in this questionnaire

Most questions on the following pages can be answered simply by ticking the box below or alongside the answer that applies to you.

Tick ONE box

Example 1: Do you feel that you lead a...
Very healthy life ◯
Fairly healthy life ◯
Not very healthy life ◯
An unhealthy life ◯

Some questions might ask you to circle an answer instead of ticking a box.

Example 2: The questions in this booklet can be answered by simply circling the number below the answer that applies.

Circle one answer

Do you feel that you lead a...
Very healthy life 1
Fairly healthy life 2
Not very healthy life 3
An unhealthy life 4

On most pages you should answer ALL the questions but sometimes you will find the box you have ticked has an arrow next to it with an instruction to go to another question.

Tick ONE box

Example 3: Would you like to lead a healthier life than you do now?
Yes ◯ Go to Q5
No ◯ Go to Q4

By following the arrows carefully, you will miss out the questions that do not apply to you.

Version 1 Lilac C

Smoking

Q1 Have you ever smoked a cigarette, a cigar or a pipe?
Tick ONE box
Yes ◯
No ◯ Go to Q12 on page 4

Q2 Have you ever smoked a cigarette?
Tick ONE box
Yes ◯
No ◯ Go to Q12 on page 4

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 13.4

Q4 Do you smoke cigarettes at all nowadays?
Tick ONE box
Yes ◯ Go to Q7
No ◯
Q5 Why did you decide to give up smoking?

Tick ALL that apply

- Advice from a GP/health professional
- Advert for a nicotine replacement product
- Government TV, radio or press advert
- Hearing about a new stop smoking treatment
- Financial reasons (couldn’t afford it)
- Because of the forthcoming ban on smoking in all public places, including pubs and restaurants
- I knew someone else who was stopping
- Seeing a health warning on a cigarette packet
- Family or friends wanted me to stop
- Being contacted by my local NHS Stop Smoking Services
- Health problems I had at the time
- Worried about future health problems
- Pregnancy
- Worried about the effect on my children
- Worried about the effect on other family members
- My own motivation
- Something else
- Cannot remember

Q6 Did you smoke cigarettes regularly or occasionally?

Tick ONE box

- Regularly, that is at least one cigarette a day
- Occasionally
- I never really smoked cigarettes, just tried them once or twice

Go to Q12 on page 4

Q7 About how many cigarettes a day do you usually smoke on weekdays?

Write in number smoked a day

Q8 And about how many cigarettes a day do you usually smoke at weekends?

Write in number smoked a day

Q9 Do you mainly smoke ...

Tick ONE box

- filter-tipped cigarettes,
- plain or untipped cigarettes,
- or hand-rolled cigarettes?

Q10 Would you like to give up smoking altogether?

Tick ONE box

- Yes
- No

Go to Q12

Q11 What are your main reasons for wanting to give up?

Tick ALL that apply

- Because of a health problem I have at present
- Better for my health in general
- Less risk of getting smoking related illnesses
- Family/friends wanted me to stop
- Financial reasons (couldn’t afford it)
- Worried about the effect on my children
- Because of the forthcoming ban on smoking in all public places
- Other
EVERYONE PLEASE ANSWER

Q12 Did your father ever smoke regularly when you were a child?
Tick ONE box
Yes
No
Don't know

Q13 Did your mother ever smoke regularly when you were a child?
Tick ONE box
Yes
No
Don't know

Q14 In most weeks, how many hours a week are you exposed to other people's tobacco smoke?

Number of hours a week
Write in

Q15 Do you find that you are often near people who are smoking in any of these places?
Please tick all the places where you are often near people who are smoking
Tick ALL boxes which apply
At home
At work
On buses or trains
In other people's homes
In pubs
In other places
No, none of these

Drinking

Q16 Do you ever drink alcohol nowadays, including drinks you brew or make at home?
Tick ONE box
Yes
No

Q17 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
Never

Q18 Have you always been a non-drinker or did you stop drinking for some reason?
Tick ONE box
Always a non-drinker
Used to drink but stopped

Q19 How old were you the first time you ever had a proper alcoholic drink?
Write in how old you were then
Q20  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 □ □
Five or six days a week □ □
Three or four days a week □ □
Once or twice a week □ □
Once or twice a month □ □
Once every couple of months □ □
Once or twice a year □ □
Not all in the last 12 months □ □

Q21  Did you have an alcoholic drink in the seven days ending yesterday?

Tick ONE box

Yes □ □  Go to Q24 on page 8
No □ □

Q22  On how many days out of the last seven did you have an alcoholic drink?

Tick ONE box

One □ □
Two □ □
Three □ □
Four □ □
Five □ □
Six □ □
Seven □ □
**Attitudes towards Smoking**

**Q24**  In general, do you mind if other people smoke near you?

Yes  [ ]  
No  [ ]  
It depends  [ ]

**Q25**  How much, if at all, do you think breathing in other people’s smoke affects the health of adults who are exposed to it?

A great deal  [ ]  
A fair amount  [ ]  
Just a little  [ ]  
Just a little  [ ]  
Not at all  [ ]  
I don’t know  [ ]

**Q26**  In what ways would you say breathing in other people’s smoke affects the health of adults?

Tick ALL that apply

- Causes breathlessness  [ ]
- Causes coughing  [ ]
- Causes wheezing  [ ]
- Causes people to get asthma or makes asthma worse  [ ]
- Makes people more prone to chest infections or bronchitis  [ ]
- Makes people less fit than they used to be  [ ]
- Makes people more likely to suffer from cancer  [ ]
- Makes people more likely to suffer from another serious illness (such as heart disease or stroke)  [ ]
- Makes children less likely to grow well  [ ]
- Causes ear infections and glue ear  [ ]
- Something else  [ ]
- I don’t know  [ ]

**Q27**  How much, if at all, do you think breathing in other people’s smoke affects the health of children under the age of 16?

A great deal  [ ]  
A fair amount  [ ]  
Just a little  [ ]  
Not at all  [ ]  
I don’t know  [ ]

**Q28**  In what ways would you say breathing in other people’s smoke affects the health of children under the age of 16?

Tick ALL that apply

- Causes breathlessness  [ ]
- Causes coughing  [ ]
- Causes wheezing  [ ]
- Causes children to get asthma or makes asthma worse  [ ]
- Makes children more prone to chest infections or bronchitis  [ ]
- Makes children more likely to suffer from cancer  [ ]
- Makes children more likely to suffer from another serious illness (such as heart disease or stroke)  [ ]
- Makes children less likely to grow well  [ ]
- Causes ear infections and glue ear  [ ]
- Something else  [ ]
- I don’t know  [ ]

**Q29**  Are there any rules about whether people should smoke in your home or where they should smoke?

Yes  [ ]  
No  [ ]  
I don’t know  [ ]
Q30  If you did not want visitors to smoke in your home how confident would you feel about asking them not to?

- Very confident
- Fairly confident
- Not very confident
- Not at all confident
- I don't know  Go to Q32

Q31  Why would you not feel confident about asking visitors not to smoke in your home?

Tick ALL that apply
- It's not up to me to decide who smokes here
- I feel too embarrassed to ask
- I don't want to be bossy
- I don't want to make a fuss
- I don't want to offend people
- I don't want to be unfriendly
- Something else

Q32  How far do you agree or disagree with the total ban on smoking inside pubs?

a)  Agree strongly  Agree
- Neither agree nor disagree
- Disagree
- Disagree strongly

b)  Agree strongly
- Agree
- Neither agree nor disagree
- Disagree
- Disagree strongly

Q33  How far do you agree or disagree that there should be restrictions on smoking in public places where there are, or are likely to be, children under the age of 16?

- Agree strongly
- Agree
- Neither agree nor disagree
- Disagree
- Disagree strongly

Q34  When pubs and restaurants are smoke free, would you visit them...

- ...more often than you do nowadays
- ...less often than you do nowadays
- ...or about the same as you do nowadays
- I don't go to pubs or restaurants

IF YOU ARE A CURRENT CIGARETTE SMOKER ANSWER QUESTIONS Q35 TO Q38 BELOW, OTHERWISE GO TO Q39 ON PAGE 13:

Q35  Will the smoking ban in pubs make you cut down on the number of cigarettes you smoke?
- Yes
- No
Attitudes towards Drinking

Q36 Will the smoking ban in pubs make you more likely to stay at home where you can smoke?
Yes [ ]
No [ ]

Q37 Will the smoking ban in restaurants make you cut down on the number of cigarettes you smoke?
Yes [ ]
No [ ]

Q38 Will the smoking ban in restaurants make you more likely to stay at home where you can smoke?
Yes [ ]
No [ ]

Q39 Have you heard of units of alcohol?
Yes [ ]
No [ ] → Go to Q45

Q40 What do you think is the current official recommended maximum number of units per day for men?
Write in NUMBER OR tick

Q41 What do you think is the current official recommended maximum number of units per day for women?
Write in NUMBER OR tick

We are interested to know what people understand by a unit of alcohol.

Q42 How many units do you think there are in a glass of wine? (A small 125ml glass)
Write in NUMBER OR tick

Q43 How many units do you think there are in a pint of normal strength beer?
Write in NUMBER OR tick
Q44 How many units do you think there are in a single pub measure of spirits? For example, whisky or gin.

Write in NUMBER OR tick

<table>
<thead>
<tr>
<th>Units</th>
<th>I don't know</th>
</tr>
</thead>
</table>

Q45 How much do you agree or disagree with the following statement:
Some people I know would think it odd if I didn't drink alcohol at all.

Tick ONE box

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>I don't drink alcohol</th>
</tr>
</thead>
</table>

Q46 Some people say that pubs and bars now being open for longer means that people will drink more alcohol. Others say that longer opening hours means that people will drink the same amount of alcohol over a longer period of time. Which of the following statements comes closest to your views about this?

Tick ONE box

<table>
<thead>
<tr>
<th>People will drink more alcohol</th>
<th>People will drink the same amount of alcohol over a longer period of time</th>
<th>There will be no change in the amount of alcohol people drink and the time they spend in pubs and bars</th>
<th>I don't know what the effect will be</th>
</tr>
</thead>
</table>

Q47 Here are some statements about drinking.
Please indicate how strongly you agree or disagree with the statements.

Please tick ONE box for each row

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Can't choose</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Getting drunk is a perfectly acceptable thing for people to do</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Drinking is a major part of the British way of life</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) It's easier to enjoy a social event if you've had a drink</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) There is nothing wrong with people getting drunk regularly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Most people with serious drinking problems can never fully recover</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) People in some other parts of Europe tend to drink alcohol more sensibly than people in Britain</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g) The government should tax alcohol more heavily to encourage people to drink less</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h) Most people with serious drinking problems have only themselves to blame</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q48 Would you like to drink less than, more than or about the same amount of alcohol as you do at the moment?

Tick ONE box

<table>
<thead>
<tr>
<th>Less</th>
<th>More</th>
<th>About the same</th>
</tr>
</thead>
</table>
### Attitudes towards Healthy Eating

**Q49** Official guidelines measure the fruit and vegetables that people eat in terms of 'portions'.

a) Which of the following **do you think** make up ONE 'portion of fruit or vegetables'?

Please tick ALL that apply

| 2 cherry tomatoes | 224 | 225 |
| 1 apple | 236 |
| 1 melon | 241 |
| 4 grapes | 220 |
| 1 jacket potato | 222 |
| 2 tablespoons of carrots | 223 |

b) **How many portions of fruit and vegetables do you think people should** eat everyday?

Please write in NUMBER _per day_ OR tick _I don't know_

**Q50** Have you heard of the guidelines for salt intake?

Yes

No _Go to Q52_

**Q51** What do you think is the official guideline for maximum daily salt intake?

Please write in NUMBER _of grams per day_ OR tick _I don't know_

### Q52 Thinking about adults, please circle the number that indicates how important you think these are for their healthy eating.

<table>
<thead>
<tr>
<th></th>
<th>Very important</th>
<th>Quite important</th>
<th>Not very important</th>
<th>Not at all important</th>
<th>Can't choose</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Limiting the amount of fat</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>b) Limiting the amount of saturated fat (found in meat and dairy products)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>c) Eating lots of red meat</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>d) Limiting sugar (sweets, chocolates, biscuits)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>e) Eating lots of whole grain foods (such as brown or wholemeal bread and cereals like weetabix)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>f) Limiting the amount of cholesterol (such as in eggs)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>g) Drinking lots of milk</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>h) Eating lots of fruit and vegetables</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>i) Limiting salt</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>j) Taking vitamin supplements</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>k) Drinking lots of water</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>l) Eating a balanced diet</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>m) Eating lots of pulses (such as soya beans, lentils or chickpeas)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
</tbody>
</table>
Q53  Thinking about children, please circle the number that indicates how important you think these are for their healthy eating.

<table>
<thead>
<tr>
<th></th>
<th>Very important</th>
<th>Quite important</th>
<th>Not very important</th>
<th>Not at all important</th>
<th>Can't choose</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Limiting the amount of fat</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>b) Limiting the amount of saturated fat (found in meat and dairy products)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>c) Eating lots of red meat</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>d) Limiting sugar (sweets, chocolates, biscuits)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>e) Eating lots of whole grain foods (such as brown or wholemeal bread and cereals like weetabix)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>f) Limiting the amount of cholesterol (such as in eggs)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>g) Drinking lots of milk</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>h) Eating lots of fruit and vegetables</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>i) Limiting salt</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>j) Taking vitamin supplements</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>k) Drinking lots of water</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>l) Eating a balanced diet</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>m) Eating lots of pulses (such as soya beans, lentils or chickpeas)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
</tbody>
</table>

Q54  Here are some statements about eating.
Please indicate how strongly you agree or disagree with the statements.

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Can't choose</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) The tastiest foods are the ones that are bad for you</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Healthy foods are enjoyable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) I get confused over what's supposed to be healthy and what isn't</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) I really care about what I eat</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Healthy eating is just another fad</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) If you do enough exercise you can eat whatever you like</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q55  Overall, would you say that what you usually eat is...

<table>
<thead>
<tr>
<th></th>
<th>Very healthy</th>
<th>Quite healthy</th>
<th>Not very healthy</th>
<th>Very unhealthy</th>
</tr>
</thead>
</table>

Q56  Would you like to eat more healthily than you do at the moment?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
</tr>
</thead>
</table>

Go to Q58
Q57 Which of these statements applies to you:

- I’m unlikely ever to eat more healthily
- I expect to eat more healthily within the next year
- I expect to eat more healthily but not in the next year
- I don’t know

Q58 In what ways could you improve what you eat?

a) I could improve what I eat by eating less: Tick ALL that apply

- convenience foods, fast foods, takeaways
- red meat (fatty meat)
- sugar, sweets, chocolates, biscuits, cakes
- salty snacks, crisps
- fried foods
- none, no changes necessary

b) I could improve what I eat by switching to: Tick ALL that apply

- lower fat food
- lean meats
- low fat spreads & unsaturated fats (Flora, sunflower oil, olive oil etc)
- food made with fresh fruit & vegetables
- skimmed or semi-skimmed milk
- none, no changes necessary

Q59 Overall, how easy or difficult would you find it to make these improvements to the way you eat?

- Very easy
- Quite easy
- Quite difficult
- Very difficult
- No changes necessary

Go to Q62
Attitudes towards Physical Activity

In this section we use the terms *physical activity*, *exercise* and *sport*.

Our definitions are given below:

**Physical activity** means a wide range of activities involving movement including housework such as vacuuming and digging the garden, active hobbies, walking and cycling, dancing, exercise such as swimming or going to the gym, and sport. It includes movement done as part of a job such as walking, lifting and carrying.

**Exercise** means a type of physical activity which is more structured and planned for the purpose of improving health and fitness.

**Sport** means a type of physical activity which is structured. It is often used to describe exercise which has rules such as football, martial arts, or competitive swimming.

Q62 You may have heard about official recommended levels of physical activity. Which of the following statements applies to you?

Tick ONE box

- I know what the recommended level of physical activity is
- I have heard of the recommended level of physical activity but don’t know what it is
- I have not heard about the recommended level of physical activity

Q63 How many days a week do you think people of your age should do physical activity?

Include all moderate physical activity, including physical activity as part of a job. By week we mean the whole week including weekends.

Please write in NUMBER Days

OR TICK I don’t know

Q64 On each of the days someone of your age does moderate physical activity, how many minutes a day should they do it for it to be good for their health?

Please write in NUMBER Minutes per day

OR TICK I don’t know
Q65 Here are some statements about physical activity and exercise. Please indicate how strongly you agree or disagree with the statements.

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Can't choose</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a) You can get enough physical activity in your daily life without doing sport or exercise such as jogging or going to the gym

b) Physical activity is good for your health even if it is only for 10 minutes at a time

c) Physical activity is good for your health even if it is moderate, such as walking briskly, gardening (for example digging) and housework (for example vacuuming)

d) Physical activity is better for your health if you keep it up for at least 30 minutes at a time

e) Physical activity is better for your health if it gets you out of breath

Q66 There are many reasons for taking part in physical activity, exercise or sport. Which, if any, on the following list apply to you?

Tick ALL that apply

353-378

Go to Q67

I don't participate in any physical activity

To release tension or relax

To be out of doors

To maintain good health

To socialise with other people

To lose or control weight

I have a physically demanding job

To have fun or adventure or excitement

To get or feel fit

To gain a sense of achievement

To enjoy the competition

To work harder or concentrate better

I have to walk or cycle to get around

Something else
Q67 Compared to other people of your own age would you describe yourself as...

- Very physically active
- Fairly physically active
- Not very physically active
- Not at all physically active

Tick ONE box

Go to Q70

Q68 Which of the following activities do you think contribute most to keeping you fit?

- Walking or cycling to get around
- Climbing stairs instead of taking a lift or escalator
- Keeping active at home with housework, gardening or childcare
- Having a physically active job
- Going for walks or going hiking
- Going out for cycle rides or going mountain biking
- Going to the gym
- Going jogging, running or swimming
- Playing golf
- Taking part in sport
- Doing keep fit, exercise or dance
- Something else

Tick ALL that apply

Go to Q70

Q69 Do you think you do enough physical activity, exercise, or sport to keep you as fit as you would like?

- Yes
- No

Go to Q73

Q70 Would you like to do more physical activity, exercise or sport than you do at the moment?

- Yes
- No

Go to Q73

Q71 Which of the following statements best describes you?

- I’m unlikely ever to do more physical activity, exercise or sport
- I expect to do more physical activity, exercise or sport in the next year
- I expect to do more physical activity, exercise or sport but not in the next year
- I don’t know

Go to Q73

Q72 Which types of physical activity, exercise or sport do you expect to take more of in the future?

- Walking or cycling to get around
- Climbing stairs instead of taking a lift or escalator
- Keeping active at home with housework, gardening or childcare
- Having a physically active job
- Going for walks or going hiking
- Going out for cycle rides or going mountain biking
- Going to the gym
- Going jogging, running or swimming
- Playing golf
- Taking part in sport
- Doing keep fit, exercise or dance
- Something else

Tick ALL that apply

Go to Q73

Q67 Compared to other people of your own age would you describe yourself as...

- Very physically active
- Fairly physically active
- Not very physically active
- Not at all physically active

Tick ONE box

Go to Q70

Q68 Which of the following activities do you think contribute most to keeping you fit?

- Walking or cycling to get around
- Climbing stairs instead of taking a lift or escalator
- Keeping active at home with housework, gardening or childcare
- Having a physically active job
- Going for walks or going hiking
- Going out for cycle rides or going mountain biking
- Going to the gym
- Going jogging, running or swimming
- Playing golf
- Taking part in sport
- Doing keep fit, exercise or dance
- Something else

Tick ALL that apply

Go to Q70

Q69 Do you think you do enough physical activity, exercise, or sport to keep you as fit as you would like?

- Yes
- No

Go to Q73

Q70 Would you like to do more physical activity, exercise or sport than you do at the moment?

- Yes
- No

Go to Q73

Q71 Which of the following statements best describes you?

- I’m unlikely ever to do more physical activity, exercise or sport
- I expect to do more physical activity, exercise or sport in the next year
- I expect to do more physical activity, exercise or sport but not in the next year
- I don’t know

Go to Q73

Q72 Which types of physical activity, exercise or sport do you expect to take more of in the future?

- Walking or cycling to get around
- Climbing stairs instead of taking a lift or escalator
- Keeping active at home with housework, gardening or childcare
- Having a physically active job
- Going for walks or going hiking
- Going out for cycle rides or going mountain biking
- Going to the gym
- Going jogging, running or swimming
- Playing golf
- Taking part in sport
- Doing keep fit, exercise or dance
- Something else

Tick ALL that apply

Go to Q73
Q73 What stops you from doing more physical activity, exercise or sport than you do now?

Tick ALL that apply

- I don’t need to do more
- My work commitments
- I don’t have enough leisure time
- Caring for children or older people
- I have no one to exercise with
- I don’t have enough money
- There are no suitable places to do it in my area
- I haven’t got the right clothes or equipment
- Poor health or physical limitations
- I have injuries which prevent me
- None of these

Go to the end

Q74 Many other factors can prevent people from doing more physical activity, exercise or sport. From the following list which, if any, apply to you?

Tick ALL that apply

- I’m not the sporty type
- I’m too old
- I’m worried about injury
- I prefer to do other things
- I think exercise is a waste of time
- I’m too overweight
- I don’t need to do more
- Caring for children or older people
- I don’t have enough leisure time
- I don’t have enough money
- There are no suitable places to do it in my area
- I haven’t got the right clothes or equipment
- Poor health or physical limitations
- I have injuries which prevent me
- None of these
- Don’t know
Q75 What would encourage you to do more physical activity, exercise or sport?

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I don't need to do more</td>
</tr>
<tr>
<td>2</td>
<td>Advice from a doctor or a nurse</td>
</tr>
<tr>
<td>3</td>
<td>Advice from a family member</td>
</tr>
<tr>
<td>4</td>
<td>My own ill health</td>
</tr>
<tr>
<td>5</td>
<td>Family member's ill health</td>
</tr>
<tr>
<td>6</td>
<td>Increased income</td>
</tr>
<tr>
<td>7</td>
<td>More leisure time</td>
</tr>
<tr>
<td>8</td>
<td>Self-motivation</td>
</tr>
<tr>
<td>9</td>
<td>Having someone to do it with</td>
</tr>
<tr>
<td>10</td>
<td>Having a physical activity I am capable of</td>
</tr>
<tr>
<td>11</td>
<td>Clearer advice from the government</td>
</tr>
<tr>
<td>12</td>
<td>Something else</td>
</tr>
<tr>
<td>13</td>
<td>None of these</td>
</tr>
</tbody>
</table>

Thank you for answering these questions.
Please give the booklet back to the interviewer.
Health Survey for England 2007

Booklet for Young Adults – Post 1st July 2007

Changes to ‘Attitudes towards Smoking’ Questions

Q34  Now that pubs and restaurants are smoke free, would you visit them...

...more often than you used to
...less often than you used to
...or about the same as you used to

I don’t go to pubs or restaurants

IF YOU ARE A CURRENT CIGARETTE SMOKER ANSWER QUESTIONS Q35 TO Q38 BELOW, OTHERWISE PLEASE CLOSE THE BOOKLET & THE INTERVIEWER WILL ASK YOU SOME MORE QUESTIONS:

Q35  Has the smoking ban in pubs made you cut down on the number of cigarettes you smoke?

Yes
No

Q36  Has the smoking ban in pubs made you more likely to stay at home where you can smoke?

Yes
No

Q37  Has the smoking ban in restaurants made you cut down on the number of cigarettes you smoke?

Yes
No

Q38  Has the smoking ban in restaurants made you more likely to stay at home where you can smoke?

Yes
No
Health Survey for England 2007
Booklet for Adults (up to age 64)

In Confidence

Health Survey for England 2007
Booklet for Adults (up to age 64)

In Confidence

Example Questions: How to fill in this questionnaire

Most questions on the following pages can be answered simply by ticking the box below or alongside the answer that applies to you.

Example 1: Do you feel that you lead a...

Tick ONE box

Very healthy life
Fairly healthy life
Not very healthy life
An unhealthy life

Some questions might ask you to circle an answer instead of ticking a box.

Example 2: The questions in this booklet can be answered by simply circling the number below the answer that applies.

Circle one answer

Very healthy life
Fairly healthy life
Not very healthy life
An unhealthy life

Do you feel that you lead a...

1 2 3 4

On most pages you should answer ALL the questions but sometimes you will find the box you have ticked has an arrow next to it with an instruction to go to another question.

Tick ONE box

Example 3: Would you like to lead a healthier life than you do now?

Yes
No

By following the arrows carefully, you will miss out the questions that do not apply to you.

Q1 In general, do you mind if other people smoke near you?

Yes
No
It depends

Q2 How much, if at all, do you think breathing in other people's smoke affects the health of adults who are exposed to it?

A great deal
A fair amount
Just a little
Not at all
I don't know

Go to Q4

Q3 In what ways would you say breathing in other people's smoke affects the health of adults?

Tick ALL that apply

Causes breathlessness
Causes coughing
Causes wheezing
Causes people to get asthma or makes asthma worse
Makes people more prone to chest infections or bronchitis
Makes people less fit than they used to be
Makes people more likely to suffer from cancer
Makes people more likely to suffer from another serious illness (such as heart disease or stroke)
Something else
I don't know

Go to Q4
Q4  How much, if at all, do you think breathing in other people’s smoke affects the health of children under the age of 16?

A great deal  
A fair amount  
Just a little  
Not at all  
I don’t know  

Q5  In what ways would you say breathing in other people’s smoke affects the health of children under the age of 16?

Tick ALL that apply

- Causes breathlessness
- Causes coughing
- Causes wheezing
- Causes children to get asthma or makes asthma worse
- Makes children more prone to chest infections or bronchitis
- Makes children more likely to suffer from cancer
- Makes children more likely to suffer from another serious illness (such as heart disease or stroke)
- Makes children less likely to grow well
- Causes ear infections and glue ear
- Something else
- I don’t know

Q6  Are there any rules about whether people should smoke in your home or where they should smoke?

Yes  
No  
I don’t know

Q7  If you did not want visitors to smoke in your home how confident would you feel about asking them not to?

Very confident  
Fairly confident  
Not very confident  
Not at all confident  
I don’t know

Q8  Why would you not feel confident about asking visitors not to smoke in your home?

Tick ALL that apply

- It’s not up to me to decide who smokes here
- I feel too embarrassed to ask
- I don’t want to be bossy
- I don’t want to make a fuss
- I don’t want to offend people
- I don’t want to be unfriendly
- Something else

Q9  How far do you agree or disagree with the total ban on smoking inside pubs?

Agree strongly  
Agree  
Neither agree nor disagree  
Disagree  
Disagree strongly
Q10  How far do you agree or disagree with the total ban on smoking inside restaurants?

Agree strongly □
Agree □
Neither agree nor disagree □
Disagree □
Disagree strongly □

Q11  How far do you agree or disagree that there should be restrictions on smoking in public places where there are, or are likely to be, children under the age of 16?

Agree strongly □
Agree □
Neither agree nor disagree □
Disagree □
Disagree strongly □

Q12  When pubs and restaurants are smoke free, would you visit them...

...more often than you do nowadays □
...less often than you do nowadays □
...or about the same as you do nowadays □
I don’t go to pubs or restaurants □

Q13  Will the smoking ban in pubs make you cut down on the number of cigarettes you smoke?

Yes □
No □

Q14  Will the smoking ban in pubs make you more likely to stay at home where you can smoke?

Yes □
No □

Q15  Will the smoking ban in restaurants make you cut down on the number of cigarettes you smoke?

Yes □
No □

Q16  Will the smoking ban in restaurants make you more likely to stay at home where you can smoke?

Yes □
No □

***STOP HERE***

THANK YOU FOR COMPLETING THE SMOKING SECTION
PLEASE CLOSE THE BOOKLET & THE INTERVIEWER WILL ASK YOU SOME MORE QUESTIONS

IF YOU ARE A CURRENT CIGARETTE SMOKER ANSWER QUESTIONS Q13 TO Q16 BELOW, OTHERWISE PLEASE CLOSE THE BOOKLET & THE INTERVIEWER WILL ASK YOU SOME MORE QUESTIONS:
Attitudes towards Drinking

Q17 Have you heard of units of alcohol?
Yes [ ] No [ ] \(\rightarrow\) Go to Q23

Q18 What do you think is the current official recommended maximum number of units per day for men?
Write in NUMBER OR tick

<table>
<thead>
<tr>
<th>Units per day</th>
<th>I don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q19 What do you think is the current official recommended maximum number of units per day for women?
Write in NUMBER OR tick

<table>
<thead>
<tr>
<th>Units per day</th>
<th>I don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

We are interested to know what people understand by a unit of alcohol.

Q20 How many units do you think there are in a glass of wine? (A small 125ml glass)
Write in NUMBER OR tick

<table>
<thead>
<tr>
<th>Units</th>
<th>I don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q21 How many units do you think there are in a pint of normal strength beer?
Write in NUMBER OR tick

<table>
<thead>
<tr>
<th>Units</th>
<th>I don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q22 How many units do you think there are in a single pub measure of spirits? For example whisky or gin.
Write in NUMBER OR tick

<table>
<thead>
<tr>
<th>Units</th>
<th>I don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q23 How much do you agree or disagree with the following statement:
Some people I know would think it odd if I didn’t drink alcohol at all.
Tick ONE box

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>I don’t drink alcohol</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q24 Some people say that pubs and bars now being open for longer means that people will drink more alcohol. Others say that longer opening hours mean that people will drink the same amount of alcohol over a longer period of time. Which of the following statements comes closest to your views about this?
Tick ONE box

<table>
<thead>
<tr>
<th>People will drink more alcohol</th>
<th>People will drink the same amount of alcohol over a longer period of time</th>
<th>There will be no change in the amount of alcohol people drink and the time they spend in pubs and bars</th>
<th>I don’t know what the effect will be</th>
</tr>
</thead>
</table>
Q25 Here are some statements about drinking. Please indicate how strongly you agree or disagree with the statements. Please tick ONE box for each row.

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Can’t choose</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Getting drunk is a perfectly acceptable thing for people to do</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Drinking is a major part of the British way of life</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) It’s easier to enjoy a social event if you’ve had a drink</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) There is nothing wrong with people getting drunk regularly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Most people with serious drinking problems can never fully recover</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) People in some other parts of Europe tend to drink alcohol more sensibly than people in Britain</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g) The government should tax alcohol more heavily to encourage people to drink less</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h) Most people with serious drinking problems have only themselves to blame</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q26 Would you like to drink less than, more than or about the same amount of alcohol as you do at the moment? Tick ONE box.

- Less
- More
- About the same

**STOP HERE**

Thank you for completing the drinking section. Please close the booklet & the interviewer will ask you some more questions.
### Q30 Thinking about adults, please circle the number that indicates how important you think these are for their healthy eating.

<table>
<thead>
<tr>
<th></th>
<th>Very important</th>
<th>Quite important</th>
<th>Not very important</th>
<th>Not at all important</th>
<th>Can't choose</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Limiting the amount of fat</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>b) Limiting the amount of saturated fat (found in meat and dairy products)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>c) Eating lots of red meat</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>d) Limiting sugar (sweets, chocolates, biscuits)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>e) Eating lots of whole grain foods (such as brown or wholemeal bread and cereals like weetabix)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>f) Limiting the amount of cholesterol (such as in eggs)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>g) Drinking lots of milk</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>h) Eating lots of fruit and vegetables</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>i) Limiting salt</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>j) Taking vitamin supplements</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>k) Drinking lots of water</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>l) Eating a balanced diet</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>m) Eating lots of pulses (such as soya beans, lentils or chickpeas)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
</tbody>
</table>

### Q31 Thinking about children, please circle the number that indicates how important you think these are for their healthy eating.

<table>
<thead>
<tr>
<th></th>
<th>Very important</th>
<th>Quite important</th>
<th>Not very important</th>
<th>Not at all important</th>
<th>Can't choose</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Limiting the amount of fat</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>b) Limiting the amount of saturated fat (found in meat and dairy products)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>c) Eating lots of red meat</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>d) Limiting sugar (sweets, chocolates, biscuits)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>e) Eating lots of whole grain foods (such as brown or wholemeal bread and cereals like weetabix)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>f) Limiting the amount of cholesterol (such as in eggs)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>g) Drinking lots of milk</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>h) Eating lots of fruit and vegetables</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>i) Limiting salt</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>j) Taking vitamin supplements</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>k) Drinking lots of water</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>l) Eating a balanced diet</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>m) Eating lots of pulses (such as soya beans, lentils or chickpeas)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
</tbody>
</table>
**Q32** Here are some statements about eating.

Please indicate how strongly you agree or disagree with the statements.

*Please tick ONE box per row*

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Can't choose</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) The tastiest foods are the ones that are bad for you</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Healthy foods are enjoyable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) I get confused over what’s supposed to be healthy and what isn’t</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) I really care about what I eat</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Healthy eating is just another fad</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) If you do enough exercise you can eat whatever you like</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Q33** Overall, would you say that what you usually eat is...

- Very healthy [ ]
- Quite healthy [ ]
- Not very healthy [ ]
- Very unhealthy [ ]

Go to Q36

**Q34** Would you like to eat more healthily than you do at the moment?

- Yes [ ]
- No [ ]
- Don't know [ ]

Go to Q36

**Q35** Which of these statements applies to you:

- I'm unlikely ever to eat more healthily [ ]
- I expect to eat more healthily within the next year [ ]
- I expect to eat more healthily but not in the next year [ ]
- I don't know [ ]

**Q36** In what ways could you improve what you eat?

**a)** I could improve what I eat by *eating less*:

- *Tick ALL that apply*
  - generally
  - convenience foods, fast foods, takeaways
  - red meat (fatty meat)
  - sugar, sweets, chocolates, biscuits, cakes
  - salty snacks, crisps
  - fried foods
  - none, no changes necessary

**b)** I could improve what I eat by *switching to*:

- *Tick ALL that apply*
  - lower fat food
  - lean meats
  - low fat spreads & unsaturated fats (Flora, sunflower oil, olive oil etc)
  - food made with fresh fruit & vegetables
  - skimmed or semi-skimmed milk
  - none, no changes necessary
Q36 I could improve what I eat by eating more:

c) Tick ALL that apply

- generally
- high fibre food (such as granary or wholemeal bread, pulses, bran cereals)
- starchy food (rice, pasta, potatoes, bread, cereals)
- fruit, vegetables, salad
- unbattered fish
- lean meat
- none, no changes necessary

Q37 Overall, how easy or difficult would you find it to make these improvements to the way you eat?

- Very easy
- Quite easy
- Quite difficult
- Very difficult
- No changes necessary

Go to Q40

Q38 What would stop you making these improvements to the way you eat?

Tick ALL that apply

- It costs too much
- I don’t have enough time
- I don’t have the cooking ability
- I eat what I’m given
- It doesn’t satisfy hunger
- I don’t like healthy foods
- My family won’t eat healthy foods
- It is hard to change my eating habits
- I am not motivated to
- Something else
- None of these

Q39 What would encourage you to make these improvements to the way you eat?

Tick ALL that apply

- Advice from doctor or nurse
- Advice from family member
- My own ill health
- Family member’s ill health
- Increased income
- Lower cost of food
- Better access to shops and supermarkets
- Cleaner advice from the government
- Cleaner labelling of foods
- Being motivated to
- Something else
- None of these
Attitudes towards Physical Activity

In this section we use the terms physical activity, exercise and sport.

Our definitions are given below:

Physical activity means a wide range of activities involving movement including housework such as vacuuming and digging the garden, active hobbies, walking and cycling, dancing, exercise such as swimming or going to the gym, and sport. It includes movement done as part of a job such as walking, lifting and carrying.

Exercise means a type of physical activity which is more structured and planned for the purpose of improving health and fitness.

Sport means a type of physical activity which is structured. It is often used to describe exercise which has rules such as football, martial arts, or competitive swimming.

Q40 You may have heard about official recommended levels of physical activity. Which of the following statements applies to you?

Tick ONE box

I know what the recommended level of physical activity is

I have heard of the recommended level of physical activity but don't know what it is

I have not heard about the recommended level of physical activity

Q41 How many days a week do you think people of your age should do physical activity?

Include all moderate physical activity, including physical activity as part of a job. By week we mean the whole week including weekends.

Please write in NUMBER Days

OR TICK I don't know

Q42 On each of the days someone of your age does moderate physical activity, how many minutes a day should they do it to be good for their health?

Please write in NUMBER Minutes per day

OR TICK I don't know

Q43 Here are some statements about physical activity and exercise. Please indicate how strongly you agree or disagree with the statements.

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Can't choose</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) You can get enough physical activity in your daily life without doing sport or exercise such as jogging or going to the gym</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Physical activity is good for your health even if it is only for 10 minutes at a time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Physical activity is good for your health even if it is moderate, such as walking briskly, gardening (for example digging) and housework (for example vacuuming)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Physical activity is better for your health if you keep it up for at least 30 minutes at a time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Physical activity is better for your health if it gets you out of breath</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Q44: There are many reasons for taking part in physical activity, exercise or sport. Which, if any, on the following list apply to you?

Tick ALL that apply to you:

- I don't participate in any physical activity
- To release tension or relax
- To be out of doors
- To maintain good health
- To socialise with other people
- To lose or control weight
- I have a physically demanding job
- To have fun or adventure or excitement
- To get or feel fit
- To gain a sense of achievement
- To enjoy the competition
- To work harder or concentrate better
- I have to walk or cycle to get around
- Something else

Go to Q45

Q45: Compared to other people of your own age would you describe yourself as...

Tick ONE box

- Very physically active
- Fairly physically active
- Not very physically active
- Not at all physically active

Go to Q48

Q46: Which of the following activities do you think contribute most to keeping you fit?

Tick ALL that apply:

- Walking or cycling to get around
- Climbing stairs instead of taking a lift or escalator
- Keeping active at home with housework, gardening or childcare
- Having a physically active job
- Going for walks or going hiking
- Going out for cycle rides or going mountain biking
- Going jogging, running or swimming
- Going to the gym
- Playing golf
- Taking part in sport
- Doing keep fit, exercise or dance
- Something else

Q47: Do you think you do enough physical activity, exercise, or sport to keep you as fit as you would like?

Yes
No
Q48 Would you like to do more exercise or physical activity than you do at the moment?

Yes ☐ No ☐

At the moment I am unable to ☐

Go to Q51

Q49 Which of the following statements best describes you?

Tick ONE box

I'm unlikely ever to do more physical activity, exercise or sport ☐

I expect to do more physical activity, exercise or sport in the next year ☐

I expect to do more physical activity, exercise or sport but not in the next year ☐

I don't know ☐

Go to Q51

Q50 Which types of physical activity, exercise or sport do you expect to take more of in the future?

Tick ALL that apply

Walking or cycling to get around ☐

Climbing stairs instead of taking a lift or escalator ☐

Keeping active at home with housework, gardening or childcare ☐

Having a physically active job ☐

Going for walks or going hiking ☐

Going out for cycle rides or going mountain biking ☐

Going to the gym ☐

Going jogging, running or swimming ☐

Playing golf ☐

Taking part in sport ☐

Doing keep fit, exercise or dance ☐

Something else ☐

Q51 What stops you from doing more physical activity, exercise or sport than you do now?

Tick ALL that apply

I don't need to do more ☐

My work commitments ☐

I don't have enough leisure time ☐

Caring for children or older people ☐

I have no one to exercise with ☐

I don't have enough money ☐

There are no suitable places to do it in my area ☐

I haven't got the right clothes or equipment ☐

Poor health or physical limitations ☐

I have injuries which prevent me ☐

None of these ☐

Go to the end
Q52 Many other factors can prevent people from doing more physical activity, exercise or sport. From the following list which, if any, apply to you?

- I don't need to do more
- Advice from a doctor or a nurse
- Advice from a family member
- My own ill health
- Family member’s ill health
- Increased income
- More leisure time
- Self-motivation
- Having someone to do it with
- Having a physical activity I am capable of
- Cleaner advice from the government
- Something else
- None of these

Q53 What would encourage you to do more physical activity, exercise or sport?

- I don't need to do more
- Advice from a doctor or a nurse
- Advice from a family member
- My own ill health
- Family member’s ill health
- Increased income
- More leisure time
- Self-motivation
- Having someone to do it with
- Having a physical activity I am capable of
- Cleaner advice from the government
- Something else
- None of these

Thank you for answering these questions.
Please give the booklet back to the interviewer.
Health Survey for England 2007

Booklet for Adults – Post 1st July 2007
Changes to ‘Attitudes towards Smoking’ Questions

Q12  Now that pubs and restaurants are smoke free, would you visit them...

...more often than you used to
...less often than you used to
...or about the same as you used to
I don’t go to pubs or restaurants

IF YOU ARE A CURRENT CIGARETTE SMOKER ANSWER QUESTIONS Q13 TO Q16 BELOW, OTHERWISE PLEASE CLOSE THE BOOKLET & THE INTERVIEWER WILL ASK YOU SOME MORE QUESTIONS:

Q13  Has the smoking ban in pubs made you cut down on the number of cigarettes you smoke?

Yes  
No

Q14  Has the smoking ban in pubs made you more likely to stay at home where you can smoke?

Yes  
No

Q15  Has the smoking ban in restaurants made you cut down on the number of cigarettes you smoke?

Yes  
No

Q16  Has the smoking ban in restaurants made you more likely to stay at home where you can smoke?

Yes  
No
Health Survey for England 2007
Booklet for Adults 65+

The Booklets for Adults 65+, (pre and post 1st July 2007) were the same as the Booklets for Adults, except the physical activity questions were omitted.
## Strengths and Difficulties Questionnaire

We’d like you to tell us something about your child’s behaviour over the last 6 months. For each item, please circle the number for Not true, Somewhat true, or Certainly true to show how true the item is of your child.

<table>
<thead>
<tr>
<th>Item</th>
<th>Not true</th>
<th>Somewhat true</th>
<th>Certainly true</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Considerate of other people’s feelings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Restless, overactive, cannot stay still for long</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Often complains of headaches, stomach-aches or sickness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Shares readily with other children (treats, toys, pencils etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Often has temper tantrums or hot tempers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Rather solitary, tends to play alone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Generally obedient, usually does what adults request</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Many worries, often seems worried</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Helpful if someone is hurt, upset or feeling ill</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Constantly fidgeting or squirming</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Has at least one good friend</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Often fights with other children or bullies them</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Often unhappy, down-hearted or tearful</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Generally liked by other children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Easily distracted, concentration wanders</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Nervous or clingy in new situations, easily loses confidence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Kind to younger children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Often lies or cheats</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Picked on or bullied by other children</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How to fill in this questionnaire

The questions in this booklet can be answered by simply circling the number below the answer that applies.

Example:

<table>
<thead>
<tr>
<th>Very healthy life</th>
<th>Fairly healthy life</th>
<th>Not very healthy life</th>
<th>An unhealthy life</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
20. Often volunteers to help others (parents, teachers, other children)
   (CIRCLE ONE NUMBER ON EACH LINE)
   Not true   Sometimes true   Certainly true
   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

26. Have you ever consulted any of the following people or organisations about any behavioural or developmental problem your child may have had?
   CIRCLE ALL THAT APPLY

   General Practitioner (GP) 01
   Health Visitor 02
   Nurse at GP surgery or health centre 03
   Community, School or District nurse 04
   Consultant/Specialist or other doctor at hospital outpatients 05
   Social Worker 06
   Psychologist 07
   Teacher 08
   Other person or organisation (please write in who) 09
   None of these 10

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

Please read this carefully
We would now like to ask you about some foods which you may eat.
Please answer ALL the questions by ticking the box which you think most applies to you.

1. What kind of milk do you **usually** use for drinks, in tea or coffee and on cereals? Is it ...
   - Whole milk
   - Semi-skimmed milk, including dried semi-skimmed
   - Skimmed milk, including dried skimmed
   - Do not have a usual type
   - Do not drink milk
   Details of non-dairy milk substitutes:

2. About how much milk do you yourself use each day, on average (for drinks, in tea and coffee, on cereals etc.). Is it ...
   - Less than a quarter of a pint
   - About a quarter of a pint
   - About half a pint
   - One pint or more

3. How often, on average, do you eat a serving of any type of cheese, except cottage cheese?
   - 6 or more times a week
   - 3 to 5 times a week
   - 1 to 2 times a week
   - Less than once a week
   - Rarely or never

4. How often, on average, do you eat a serving of chicken or turkey?
   - 6 or more times a week
   - 3 to 5 times a week
   - 1 to 2 times a week
   - Less than once a week
   - Rarely or never

INCLUDE: processed chicken or turkey, chicken rdi, chicken nuggets, turkey burgers
10. About how many rounded teaspoons of butter, margarine or other spread do you usually use in a day, for example on bread, sandwiches, toast, potatoes or vegetables?

WRITE IN

No. of teaspoons per day

a. Butter or margarine (eg. Anchor, Lurpak, Stork, I can’t believe it’s not butter, Clover) 

b. Low fat or reduced spreads, half fat butter (eg. Flora, Gold, Bertolli, Pure dairy free spread with Soya, Sunflower spreads, etc.)

c. If you do not use any of these on a normal day, please tick (✓) here

11. What sort of fat or oil do you usually use for cooking or frying food?

Tick ONE box

Butter, ghee, lard, suet, solid cooking fat

Hard or soft margarine, half fat butter

Vegetable oil, e.g. Sunflower, olive, rape seed, mustard, peanut, corn

Do not use oil or fat in cooking

Thank you for answering these questions.

Please give the booklet back to the nurse.
Thank you for the information that you have provided about your health.

With your permission, we would like to find out more about your health and treatment from NHS records.

The Hospital Episode Statistics register collects information on in-patient care delivered by NHS hospitals in England since 1989, such as the length of stay, reason for visit, nature of illness, type of operation, maternity care and waiting time.

We would like to ask for your consent for us to link information about your health and treatment from this database.

This information will be confidential and used for research purposes only.

Names and addresses will never be included in these results and no individual can be identified from the research.

You can cancel this permission at any time in the future by writing to us at the following address:

- National Centre for Social Research, 35 Northampton Square, London EC1V 0AX,
- Dr. Jenny Mindell, Department of Epidemiology and Public Health, Royal Free and University College Medical School, 1-19 Torrington Place, London WC1E 6BT.

Your consents

I, (name) _____________________________
authorise the Department of Health to disclose to the National Centre for Social Research a link to information about my health and treatment held on the Hospital Episode Statistics database.

I understand that the information obtained will be limited to the purposes of this study and will cover dates of admission to and discharge from hospital, diagnoses received and treatments given.

The link to this information can only be used by researchers who have gained ethical approval for analysing this database.

This consent will remain valid until revoked by me in writing.

Signed _____________________________ Date ___________________
HEALTH SURVEY FOR ENGLAND 2007
NHS Central Register and Cancer Register
(Adults 16+)

• The NHS Central Register lists all the people in the country and their National Health Service (NHS) number.
• We would like to ask for your consent for us to send your name, address and date of birth to the National Health Service Central Register. A marker will be put against your name to show that you took part in the Health Survey.
• If a person who took part in the Health Survey gets cancer, or dies, the type of cancer or cause of death will be linked with their answers to the survey. By linking this information the research is more useful as we can look at how people’s lifestyle can have an impact on their future health.
• This information will be confidential and used for research purposes only.
• By signing this form you are only giving permission for the linking of this information to routine administrative data and nothing else. We will not be able to obtain any other details from your medical records.
• You can cancel this permission at any time in the future by writing to us at the following address:
  • National Centre for Social Research, 35 Northampton Square, London EC1V 0AX, or
  • Dr. Jenny Mindell, Department of Epidemiology and Public Health, Royal Free and University College Medical School, 1-19 Torrington Place, London WC1E 6BT.

Your consent

I, (name) _____________________________ consent to the National Centre for Social Research /UCL Joint Health Surveys Unit passing my name, address and date of birth to the National Health Service Central Register.

I understand that information held by the NHS Central Register may be used to keep in touch with me and follow up my health status.

Signed _____________________________ Date _____________________________

I understand that these details will be used for research purposes only.
PERSON to OC are usually transmitted directly from the interview data to the nurse CAPI program. There is also a facility for nurses to key this information directly from the Nurse Record Form, for example if the nurse visit follows too quickly from the interview to allow the automatic transmission to take place.

**Person**  
Person number of person who was interviewed  
Range 01..12

**Name**  
Name of person who was interviewed

**Sex**  
Sex of person who was interviewed  
1 Male  
2 Female

**Age**  
Age of person who was interviewed  
Range 0..120

**OC**  
Interview outcome of person who was interviewed  
1 Agreed Nurse Visit  
2 Refused Nurse Visit  
3 No outcome yet

**IF AGE <= 15 THEN**  
P1  
Person number of child’s Parent 1.  
Range 1..12

NatPs1  
Parent type of Parent 1.  
1 Parent  
2 Legal parental responsibility

**P2**  
Person number of child’s Parent 2  
(code 97=no Parent 2 in household)  
Range 01..97

**IF P2 IN [1..12] THEN**  
NatPs2  
Parent type of Parent 2.  
1 Parent  
2 Legal parental responsibility

ENDIF
ENDIF

AdrField
PLEASE ENTER THE FIRST TEN CHARACTERS OF THE FIRST LINE OF THE ADDRESS TAKEN FROM N.R.F. ADDRESS LABEL.
MAKE SURE TO TYPE IT EXACTLY AS IT IS PRINTED:
Text: Maximum 10 characters

HHDate
ENTER DAY OF MONTH IN NUMBER, NAME OF MONTH IN WORDS (FIRST THREE LETTERS) AND YEAR IN NUMBERS, EG 2 JAN 97.

OpenDisp
HERE ARE THE PEOPLE AT THIS HOUSEHOLD WHO HAVE BEEN SEEN BY THE INTERVIEWER (NB. N/Y UNDER Nurse MEANS 'Not yet' or 'Not ever'.)
No Name/Sex Age Par1 NatPs1 Par2 NatPs2
PRESS 1 AND <Enter> TO SEE WHICH NURSE SCHEDULE TO SELECT FOR EACH PERSON.

SchDisp
TO INTERVIEW EACH PERSON, PRESS <Ctrl+Enter> AND SELECT THE CORRESPONDING NURSE SCHEDULE AS LISTED BELOW.
No Name/Sex Age Nurse Schedule
PRESS <Ctrl+Enter> TO SELECT A NURSE SCHEDULE FOR THE PERSON YOU WANT TO INTERVIEW, OR TO EXIT.
NURSE: A child can be interviewed only with the permission of, and in the presence of, their parent or person who has (permanent) legal parental responsibility, ('parent'). No measurements should be carried out without the agreement of both parent and the child.

ENTER ’1’ TO CONTINUE

CParNo
NURSE CHECK WHICH PARENT (OR ‘PARENT’) IS GIVING PERMISSION FOR MEASUREMENTS TO BE TAKEN AND ANSWERING QUESTIONS FOR THIS CHILD?
A  (Name of Parent 1)
B  (Name of Parent 2)
ENDIF

IF (Age of respondent is 16 to 49 years) AND (Sex = Female) THEN
PregNTJ
Can I check, are you pregnant at the moment?
1  Yes
2  No
ENDIF

ImAny
There is interest in what immunisations children are getting. Has (child’s name) had any immunisations yet?
NURSE EXCLUDE ANY JUST FOR TRAVEL OR HOLIDAYS.
1  Yes
2  No

IF ImAny = Yes THEN
ImIntro
SHOW EXAMPLE RED BOOK.
When children are given immunisations, these are usually marked in a red Child Health Record Book (or Red Book) which is kept by the parent or guardian at home. Do you have (child’s name)’s red book to hand?
NURSE: IF YES, ASK PARENT TO GET BOOKLET AND ENCOURAGE THEM TO CONSULT IT TO FIND OR CHECK RESPONSES.
1  Yes
2  No

ImBook
SHOW CARD A
Has (child’s name) had any of the immunisations on this card?
(If you need to, please refer to the red (Child Health Record) book to check.)
1  Yes
2  No

IF ImBook = Yes THEN
ImWhic
SHOW CARD A, AGAIN.
Which ones has (child’s name) had?
NURSE IF HAD SEPARATE JABS FOR MEASLES, MUMPS AND/OR RUBELLA (INSTEAD OF ALL THREE COMBINED (MMR) DO NOT USE CODE 4, BUT CODE THESE AS SEPARATE.
1  Diphtheria/ Tetanus/ Whooping Cough
2  Polio
3  Hib (Haemophilus Influenzae type b)
4  Diphtheria/ Tetanus/ Whooping Cough/ Polio/ Hib (Haemophilus Influenzae type b) as a 5-in-1 injection
5  Measles, Mumps, Rubella (MMR)
6  Meningococcal C
7  Pneumococcal infection (Pneumococcal conjugate vaccine, PCV)
8  (Measles as a separate immunisation)
9  (Mumps as a separate immunisation)
10 (Rubella as a separate immunisation)
The Health Survey for England 2007 - Nurse Schedule  
ImOth
SHOW CARD A, AGAIN.
Has (child’s name) had any immunisations not listed on this card? (These may also be written in the Red Book).
INCLUDE IMMUNISATIONS RECEIVED A BROAD, BUT EXCLUDE IMMUNISATIONS JUST FOR TRAVEL OR HOLIDAYS.
1 Yes
2 No
IF ImOth = Yes THEN
ImOthWh
NURSE: TYPE IN NAME OF ANY OTHER IMMUNISATIONS. WHERE POSSIBLE COPY DIRECTLY FROM RED BOOK.
Text (maximum 100 characters)
ENDIF
IF (ImAny = Yes) OR (ImOth = Yes) THEN
ImRedB
NURSE CODE: Did parent consult health record (red book) for information or immunisations? IF YES: Was the information in the health record?
1 Consulted and information available
2 Consulted but information not available
3 Did not consult health record
ENDIF
ENDIF
IF CHILD AGED UNDER 2 YEARS BUT OVER 6 WEEKS:
LgthMod
NURSE NOW FOLLOWS THE INFANT LENGTH MODULE.
PLEASE PRESS <1> AND <Enter> TO CONTINUE.
1 Continue
LgthInt
(As I mentioned earlier,) I would like to measure (child’s name)’s length.
IF ASKED: This gives us information about your child’s growth.
1 Length measurement agreed
2 Length measurement refused
3 Unable to measure length for other reason
IF LgthInt=Agree THEN
Length
NURSE: MEASURE INFANTS LENGTH AND RECORD IN CENTIMETRES.
IF MEASUREMENT NOT OBTAINED, ENTER ‘999.9’.
Range: 40.0..999.9
**Prescribed medicines, drug coding and vitamin supplements**

**ALL WITH A NURSE VISIT**

**MedCNJD**

Are you taking or using any medicines, pills, syrups, ointments, puffers or injections prescribed by you for a doctor? **NURSE:** If statins have been prescribed by a doctor, please code them here. If they are bought without a prescription, code at the statins question.

1. Yes
2. No

**IF MedCNJD = Yes THEN**

**MedIntro**

Could I take down the names of the medicines, including pills, syrups, ointments, puffers or injections, prescribed for you by a doctor?

**NURSE:** Including the contraceptive pill.

1. Continue

**Collect details of up to 22 prescribed medicines**

FOR i = 1 TO 22 DO

**IF (i = 1) OR (MedBIC[i-1] = Yes) THEN**

**MedBIA[i]**

**NURSE:** ENTER NAME OF DRUG NO. (1,2,3, etc.). ASK IF YOU CAN SEE THE CONTAINERS FOR ALL PRESCRIBED MEDICINES CURRENTLY BEING TAKEN. IF ASPIRIN, RECORD DOSAGE AS WELL AS NAME.

Text: Maximum 30 characters

MedBIA[i] Have you taken/used (name of medicine) in the last 7 days?

1. Yes
2. No

**MedBIC[i]**

**NURSE CHECK:** Any more drugs to enter?

1. Yes
2. No

ENDIF

ENDDO

ENDIF
Nicotine replacements and current cigarette brand

ASk IF RESPONDENT AGED 16 AND OVER

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

Code all that apply.

IF (Smoke = Yes, cigarettes (include filter tipped, plain or untipped cigarettes)) THEN

Which brand of cigarette do you usually smoke?

Assign 4-digit code from cigarette brands coding list.

Range: 1000..9997

BrandTxt

INTERVIEWER: Please ask to see packet and write in full details of brand of cigarette respondent smokes; include brand name and type.

If no packet available, ask respondent to recall.

Text: maximum 100 characters

Nicotine

NURSE: Code nicotine level in mg of usual brand of cigarettes.

This is usually printed on the side of the packet.

Enter value with up to three decimals.

Range: 0.000..1.100

NicEst

NURSE CODE:

1 Nicotine level obtained by looking at packet

2 Estimate “Respondent estimated nicotine level”
The Health Survey for England 2007 - Nurse Schedule

Nurse Schedule

Nicotine replacements

**Tar**

INTERVIEWER: CODE TAR LEVEL (not nicotine content) OF USUAL BRAND OF CIGARETTES, IN MG.

THIS IS USUALLY PRINTED ON THE SIDE OF THE PACKET.

IF NO PACKET AVAILABLE, ASK RESPONDENT TO ESTIMATE.

RANGE 0..25

**TarEst**

NURSE CODE:

1. Packet (Tar level obtained by looking at packet)
2. Estimate (Respondent estimated tar level)

ENDIF

UseNic

We are also interested in whether people use any of the nicotine replacement products that are now available, such as nicotine chewing gum, patches or inhalers. Have you used any of these types of products in the last seven days?

NURSE: PLEASE NOTE THIS DOES NOT INCLUDE THE NEW MEDICATION PRESCRIBED TO AID SMOKING CESSATION.

1. Yes
2. No

IF UseNic=Yes THEN

UseGum

First, in the last seven days have you used any nicotine chewing gum?

1. Yes
2. No

IF UseGum=Yes THEN

GumMG

What strength is the nicotine chewing gum you are using - is it 2mg or 4mg?

CODE ONE ONLY. IF BOTH - WHICH MOST RECENTLY? IF CAN'T SAY - ASK TO SEE PACKET

1. 2mg
2. 4mg
3. Can't say (and no packet available)

ENDIF

UsePat

In the last seven days have you used nicotine patches that you stick on your skin?

1. Yes
2. No

IF UsePat=Yes THEN

NicPats

Can you tell me which brand and strength of nicotine patches you use?

CODE ONE ONLY. DO NOT PROMPT.

13

The Health Survey for England 2007 - Nurse Schedule

Nurse Schedule

Nicotine replacements

IF MORE THAN ONE TYPE - WHICH MOST RECENTLY? IF NOT SURE - ASK TO SEE PACKET

1. Nicorette: 5mg
2. Nicorette: 10mg
3. Nicorette: 15mg
4. Nicotinell TTS: 10 (7mg)
5. Nicotinell TTS: 20 (14mg)
6. Nicotinell TTS: 30 (21mg)
7. Niquitin: 7mg
8. Niquitin: 14mg
9. Niquitin: 21mg
10. Other (SPECIFY AT NEXT QUESTION)
11. Can't say (and no packet available)

IF NicPats=Other THEN

OtherNic

STATE NAME AND STRENGTH OF NICOTINE PATCHES

Text: Maximum 140 characters

ENDIF

ENDIF

UseNic

We are also interested in whether people use any of the nicotine replacement products that are now available, such as nicotine chewing gum, patches or inhalers. Have you used any of these types of products in the last seven days?

NURSE: PLEASE NOTE THIS DOES NOT INCLUDE THE NEW MEDICATION PRESCRIBED TO AID SMOKING CESSATION.

1. Yes
2. No

IF UseNic=Yes THEN

UseGum

First, in the last seven days have you used any nicotine chewing gum?

1. Yes
2. No

IF UseGum=Yes THEN

GumMG

What strength is the nicotine chewing gum you are using - is it 2mg or 4mg?

CODE ONE ONLY. IF BOTH - WHICH MOST RECENTLY? IF CAN'T SAY - ASK TO SEE PACKET

1. 2mg
2. 4mg
3. Can't say (and no packet available)

ENDIF

UsePat

In the last seven days have you used nicotine patches that you stick on your skin?

1. Yes
2. No

IF UsePat=Yes THEN

NicPats

Can you tell me which brand and strength of nicotine patches you use?

CODE ONE ONLY. DO NOT PROMPT.

14
The Health Survey for England 2007 - Nurse Schedule

Blood Pressure

IF Age of Respondent 0 to 4 years THEN
NO BP

IF Age of Respondent is over 4 years THEN
ENDIF

IF Age of Respondent is 5 to 12 years AND BRCumst = Yes, agrees THEN
ENDIF

ALL AGED 5+ (EXCEPT PREGNANT WOMEN)

BPMod
NURSE: NOW FOLLOWS THE BLOOD PRESSURE MODULE TO ENTER TO CONTINUE.

IF Age of Respondent is over 15 years THEN
BPIntro
(As I mentioned earlier) We would like to measure your blood pressure. The analysis of blood pressure readings will tell us a lot about the health of the population.

ENDIF

ELSE (Respondent aged 5 - 15)
BPBlurb
READ OUT TO PARENT/PARENTS: (As I mentioned earlier) we would like to measure (name of child) blood pressure. If you wish, I will write the results on (his/her) Measurement Record Card. I will not, however, be able to tell you what the results mean. This has to be calculated using (his/her) age, sex and height. Also blood pressure can vary from one day to the next, so one high reading would not necessarily mean that your child has high blood pressure. However if you would like us to, we will send your results to your GP who is better placed to interpret them. In the unlikely event that your child should be found to have a high blood pressure for (his/her) age and height, we shall advise (his/her) GP (with your permission) that (name of child) blood pressure should be measured again.

ENDIF

BPConst
NURSE: Does respondent agree to blood pressure measurement?

1 Yes
2 No
3 Unable to measure Bp for reason other than refusal

OMRON
RECORD BLOOD PRESSURE EQUIPMENT SERIAL NUMBER:
Range: 001.00001.999

CufSize
SELECT CUFF AND ATTACH TO THE RESPONDENT'S RIGHT ARM.
ENDIF

ASK RESPONDENT TO SIT STILL FOR FIVE MINUTES.
RECORD CUFF SIZE CHOSEN.

1 Child (15 - 22 cm)
2 Adult (22 - 32 cm)
3 Large adult (32 - 42 cm)

AirTemp
RECORD THE AMBIENT AIR TEMPERATURE IN CENTIGRADES TO ONE DECIMAL PLACE.
Range: 00.0..40.0

BPReady
NURSE: ONCE RESPONDENT HAS SAT STILL FOR 5 MINUTES YOU ARE READY TO TAKE THE MEASUREMENTS.
ENSURE THE READY TO MEASURE SYMBOL IS LIT BEFORE PRESSING THE START BUTTON TO BEGIN MEASUREMENT.

ENDIF

Map to Dias repeated for up to 3 blood pressure measurements.
FOR I=1 TO 3 DO
Map[i] TAKE THREE MEASUREMENTS FROM RIGHT ARM. ENTER (FIRST/SECOND/THIRD) MAP 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
Pulse[i] ENTER (FIRST/SECOND/THIRD) PULSE READING (bpm).
IF READING NOT OBTAINED, ENTER 999.
Range: 001..999
Sys[i] ENTER (FIRST/SECOND/THIRD) SYSTOLIC READING (mmHg).
IF READING NOT OBTAINED, ENTER 999.
Range: 001..999
Dias[i] ENTER (FIRST/SECOND/THIRD) DIASTOLIC READING (mmHg).
IF READING NOT OBTAINED, ENTER 999.
Range: 001..999
ENDDO
IF NO FULL MEASUREMENT OBTAINED 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
ENDIF
IF BLOOD PRESSURE MEASUREMENT REFUSED OR NOT ATTEMPTED, OR FEWER THAN THREE FULL READINGS OBTAINED THEN:
NAttBP RECORD WHY (ONLY TWO READINGS OBTAINED/ONLY ONE READING OBTAINED/READING NOT OBTAINED/READING NOT ATTEMPTED/READING REFUSED/UNABLE TO TAKE READING), CODE ALL THAT APPLY.
1 Problems with PC
2 Respondent upset/anxious/nervous
3 Error reading
4 (IF AGED UNDER 16: Too shy)
5 (IF AGED UNDER 16: Child would not sit still long enough)
6 Problems with cuff fitting/painful
7 Problems with equipment (not error reading)
95 Other reason(s) (SPECIFY AT NEXT QUESTION)
IF NattBP = Other THEN
OthNBP

ENDIF

IF ONE, TWO OR THREE FULL BLOOD PRESSURE READINGS OBTAINED THEN
DifBPC RECORD ANY PROBLEMS TAKING READINGS. CODE ALL THAT APPLY.
1 No problems taking blood pressure
2 Reading taken on left arm because right arm not suitable
3 Respondent was upset/anxious/nervous
4 Problems with cuff fitting/painful
5 Problems with equipment (not error reading)
6 Error reading
95 Other problems (SPECIFY AT NEXT QUESTION)
IF DifBPC=Other THEN
OthDifBP
NURSE RECORD FULL DETAILS OF OTHER PROBLEM(S) TAKING READINGS.
Text: Maximum 140 characters
ENDIF
ENDIF

IF ONE, TWO OR THREE FULL BLOOD PRESSURE READINGS OBTAINED THEN
GPRegB ARE YOU REGISTERED WITH A GP?
1 Yes
2 No
IF GPRegB = Yes THEN
GPSend MAY WE SEND YOUR BLOOD PRESSURE READINGS TO YOUR GP?
1 Yes
2 No
IF GPSend = No THEN
GPRefC SPECIFY REASON(S) FOR REFUSAL TO ALLOW BP READINGS TO BE SENT TO GP. CODE ALL THAT APPLY.
1 Hardly/Never sees GP
2 GP knows respondent's BP level
3 Does not want to bother GP
95 Other (SPECIFY AT NEXT QUESTION)
IF GPRefM = Other THEN
OthRefC
NURSE GIVE FULL DETAILS OF REASON(S) FOR REFUSAL

The Health Survey for England 2007 - Nurse Schedule
Blood pressure

ENDIF

ENDIF

ENDIF

ENDIF
The Health Survey for England 2007 - Nurse Schedule

Blood pressure are advised to visit your GP within 2-3 weeks to have a further blood pressure reading to see whether this is a one-off finding or not.

ELSEIF Systolic reading 140-159 OR Diastolic reading 85-99 (Men aged 16-49 OR Women aged 16+) OR IF Systolic reading 160-169 OR Diastolic reading 96-104 (Men aged 50+)

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 one-off finding or not.

ELSEIF Systolic reading <140 AND Diastolic reading <85 (Men aged 16-49 OR Women aged 16+) OR IF Systolic reading <160 AND Diastolic reading <95 (Men aged 50+)

THEN

TICK THE NORMAL BOX AND READ OUT TO RESPONDENT: Your blood pressure is normal.

ENDIF

BPOffer

OFFER BLOOD PRESSURE RESULTS TO RESPONDENT.

Pulse Systolic Diastolic

i) (First Pulse reading) (First Systolic reading) (First Diastolic reading)

ii) (Second Pulse reading) (Second Systolic reading) (Second Diastolic reading)

iii) (Third Pulse reading) (Third Systolic reading) (Third Diastolic reading)

ENTER ON THEIR MEASUREMENT RECORD CARD (COMPLETE NEW RECORD CARD IF REQUIRED).

ADVICE TO RESPONDENTS ON BLOOD PRESSURE READING

IF Systolic reading >179 OR Diastolic reading >114 THEN

TICK THE CONSIDERABLY RAISED BOX AND READ OUT TO RESPONDENT: Your blood pressure is high today. Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure. You are strongly advised to visit your GP within 5 days to have a further blood pressure reading to see whether this is a one-off finding or not.

NURSE: IF RESPONDENT IS ELDERLY, ADVISE HIM/HER TO CONTACT GP WITHIN NEXT 7-10 DAYS.

ELSEIF Systolic reading 160-179 OR Diastolic reading 100-114 (Men aged 16-49 OR Women aged 16+) OR IF Systolic reading 170-179 OR Diastolic reading 105-114 (Men aged 50+)

THEN

TICK THE MODERATELY 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...
Demi-span

IF Respondent aged (25-44 with a valid height measurement from interviewer CAPI) THEN

DHeight
NURSE: (Respondent name) height at interview recorded as (height in cm) or (height in inches).
1 Continue
ENDIF

IF DHeight = Response OR respondent aged 65+ THEN

SpanIntro
NURSE: NOW FOLLOWS THE MEASUREMENT OF DEMI-SPAN. ENTER '1' TO CONTINUE.

SpanInt
I would now like to measure the length of your arm. Like height, it is an indicator of size.
1 Respondent agrees to have demi-span measured
2 Respondent refuses to have demi-span measured
3 Unable to measure demi-span for reason other than refusal

Repeat for up to three demi-span measurements. Third measurement taken only if first two differ by more than 3cm.

IF SpanIntAgrees THEN

FOR Loop:= 1 TO 3 DO
IF (Loop IN [1..2]) OR ((Loop = 3) AND (Span1 <> 999.9) AND (Span2 <> 999.9) AND (ABS(Span1 - Span2) > 3)) THEN

Span[i]
ENTER (FIRST/SECOND/THIRD) MEASUREMENT IN CENTIMETRES.

IF Measurement NOT OBTAINED, ENTER 999.9.
Range: 45.0..1000.0

IF Span[i] <> 999.9 THEN

SpanRel[i]
Is the (First/Second/Third) measurement reliable?
1 Yes
2 No
ENDIF
ENDIF
ENDDO

ENDIF

IF NO MEASUREMENT OBTAINED (SpanInt=Refuse OR SpanInt=Unable OR (Span1=999.9 AND Span2=999.9) THEN

NotAttM
NURSE GIVE REASON FOR (REFUSAL/NOT OBTAINING MEASUREMENT/MEASUREMENT NOT BEING ATTEMPTED).
1 Cannot straighten arms
2 Respondent confined to bed
3 Respondent too stooped
4 Respondent did not understand the procedure
5 Other

IF NotAttM = Other THEN

OthAttM
NURSE: GIVE FULL DETAILS OF OTHER REASON FOR (REFUSAL/NOT OBTAINING MEASUREMENT/MEASUREMENT NOT BEING ATTEMPTED).
Text: Maximum 140 characters
ENDIF

ELSEIF (at least one measurement obtained) THEN

SpnM
NURSE CHECK Demi-span was measured with the respondent
CODE ALL THAT APPLY.
1 Standing against the wall
2 Standing not against the wall
3 Sitting
4 Demi-span measured on left arm due to unsuitable right arm

DSCard
WRITE RESULTS OF DEMI-SPAN MEASUREMENT ON RESPONDENT'S MEASUREMENT RECORD CARD. Demi-span: (Measurement 1 and 2 displayed)
ENTER '1' TO CONTINUE.
1 Continue

ENDIF
ENDDO
The Health Survey for England 2007 - Nurse Schedule

Saliva sample

Date of birth:
Press <1> and <Enter> to continue.

NURSE CHECK:

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

IF SalObt1=obtained

SalHow
NURSE: Code the method used to obtain the saliva sample.

1. Dribbled into tube
2. Dental roll

ENDIF

IF (SalObt1= Not attempted or Attempted, not obtained) OR (SalIntr1=Unable)

SalNObt
NURSE: Record why saliva sample not obtained.

CODE ALL THAT APPLY.

1. Respondent not able to produce any saliva
2. Other (specify at next question)

IF SalNObt = Other THEN

OthNObt
NURSE: Give full details of reason(s) why saliva sample not obtained.

Text: Maximum 140 characters

ENDIF

ENDIF

ENDIF

IF Respondent aged 4 and over THEN

SalInt1
NURSE: NOW FOLLOWS THE SALIVA SAMPLE.

1. Continue

SalInt1
NURSE: Ask respondent for a saliva sample.

READ OUT: I would like to take a sample of saliva (spit). This simply involves keeping a dental roll in your mouth for a few minutes (aged 16+) / using a straw to dribble saliva into a tube (aged 4-15).

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 SalInt1=Agree AND Age=16+ THEN

SalWrit
NURSE: Ask the respondent to read and complete the 'Saliva sample' section of the consent booklet.
Circle code 03 on front of the Consent Booklet.
Press <1> and <Enter> to continue

ENDIF

IF SalInt1=Agree AND Age=4-15 THEN

SalWritC
NURSE: Ask the parent to read and complete the Saliva sample section of the consent booklet.
Show respondent the saliva sample information on the child information and consent sheet.
Circle code 03 on front of the Consent Booklet.
Press <1> and <Enter> to continue.

ENDIF

IF SalInt1=Refuse

SalCode
NURSE: Circle code 04 on front of the Consent Booklet
Press <1> and <Enter> to continue.

ENDIF

IF SalInt1=Agree

SalInst
NURSE: Ask respondent to keep the dental roll in the mouth for a few minutes / dribble through straw into the tube.
Write the serial number and date of birth on the red label using a blue biro.

Serial number:

The Health Survey for England 2007 - Nurse Schedule

Date of birth:
Press <1> and <Enter> to continue.

SalObt1
NURSE CHECK:

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

IF SalObt1=obtained

SalHow
NURSE: Code the method used to obtain the saliva sample.

1. Dribbled into tube
2. Dental roll

ENDIF

IF (SalObt1= Not attempted or Attempted, not obtained) OR (SalIntr1=Unable)

SalNObt
NURSE: Record why saliva sample not obtained.

CODE ALL THAT APPLY.

1. Respondent not able to produce any saliva
2. Other (specify at next question)

IF SalNObt = Other THEN

OthNObt
NURSE: Give full details of reason(s) why saliva sample not obtained.

Text: Maximum 140 characters

ENDIF

ENDIF

ENDIF

ENDIF

Date of birth:
Press <1> and <Enter> to continue.

SalObt1
NURSE CHECK:

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

IF SalObt1=obtained

SalHow
NURSE: Code the method used to obtain the saliva sample.

1. Dribbled into tube
2. Dental roll

ENDIF

IF (SalObt1= Not attempted or Attempted, not obtained) OR (SalIntr1=Unable)

SalNObt
NURSE: Record why saliva sample not obtained.

CODE ALL THAT APPLY.

1. Respondent not able to produce any saliva
2. Other (specify at next question)

IF SalNObt = Other THEN

OthNObt
NURSE: Give full details of reason(s) why saliva sample not obtained.

Text: Maximum 140 characters

ENDIF

ENDIF

ENDIF
Urine Sample

ASK IF Age of Respondent 16+

UriDisp
NURSE: Now follows the Urine Sample.
1 Continue

UriIntro
NURSE READ OUT I would like to take a sample of your urine. This simply involves you collecting a small amount of urine (mid-flow) in this container. The sample will be analysed for sodium (salt), so we can measure the amount of salt in people’s diets. High dietary salt levels are related to high blood pressure, so this is important information for assessing the health of the population. 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 UriIntro = Agree THEN
UriIntro
NURSE: Obtain signature in both the consent booklet and the respondent copy.
Circle code 13 on front of the consent booklet.
Press <1> and <Enter> to continue.
ELSEIF UriIntro = Refuse THEN
UriIntro
NURSE: Circle code 14 on front of the consent booklet.
Press <1> and <Enter> to continue.
ENDIF

IF UriIntro = Agree THEN
UriIntro
NURSE: ASK RESPONDENT TO TAKE CONTAINER AND PROVIDE A URINE SAMPLE WRITE THE SERIAL NUMBER AND DATE OF BIRTH ON A RED LABEL AND ATTACH TO URINE SAMPLE TUBE OVER THE GREEN LABEL.
1 Continue

UriObt
NURSE CHECK:
1 Urine sample obtained
2 Urine sample refused
3 Urine sample not attempted
4 Attempted not obtained
ENDIF

IF (UriObt = Refused, Not Attempted, Attempted not Obtained) OR (UriIntro=Unable) THEN

End of documentation
The Health Survey for England 2007 - Nurse Schedule

Waist and hip circumference
ASK ALL Respondents aged 11+ AND PregNTJ=No THEN

WHMod
NURSE: NOW FOLLOWS THE WAIST AND HIP CIRCUMFERENCE MEASUREMENT.
1 Continue

WHIntro
I would now like to measure your waist and hips. The waist relative to hip measurement is very useful for assessing the distribution of weight over the body.
1 Respondent agrees to have waist/hip ratio measured
2 Respondent refuses to have waist/hip ratio measured
3 Unable to measure waist/hip ratio for reason other than refusal

IF WHIntro=Agree THEN
Repeat for up to three waist-hip measurements. Third measurement taken only if difference between first two measurements is greater than 3cm.
FOR Loop:= 1 TO 3 DO
IF (Loop IN [1..2]) OR ((Loop = 3) AND (Measure[1].Waist <> 999.9) AND (Measure[2].Waist <> 999.9) AND (ABS(Measure[1].Waist - Measure[2].Waist) > 3)) THEN
Waist
NURSE: MEASURE THE WAIST AND HIP CIRCUMFERENCES TO THE NEAREST MM.
ENTER (FIRST/SECOND/THIRD) WAIST MEASUREMENT IN CENTIMETRES (Remember to include the decimal point).
IF MEASUREMENT NOT OBTAINED, ENTER ‘999.9’. Range: 45.0..1000.0
ENDIF

IF (Loop IN [1..2]) OR ((Loop = 3) AND (Measure[1].Hip <> 999.9) AND (Measure[2].Hip <> 999.9) AND (ABS(Measure[1].Hip - Measure[2].Hip) > 3)) THEN
Hip
NURSE: MEASURE THE WAIST AND HIP CIRCUMFERENCES TO THE NEAREST MM.
ENTER (FIRST/SECOND/THIRD) MEASUREMENT OF HIP CIRCUMFERENCE IN CENTIMETRES (Remember to include the decimal point).
IF MEASUREMENT NOT OBTAINED, ENTER ‘999.9’. Range: 75.0..1000.0
ENDIF
ENDDO
IF (Waist1 = 999.9) OR (Waist2 = 999.9) OR (Hip1 = 999.9) OR (Hip2 = 999.9) THEN
YNoWH
ENTER REASON FOR NOT GETTING BOTH MEASUREMENTS
1 Both measurements refused
2 Attempted but not obtained
3 Measurement not attempted
ENDIF
The Health Survey for England 2007 - Nurse Schedule

Self-completion

IF Age of Respondent is 16+ Years THEN
NSCIntro
PREPARE LILAC SELF-COMPLETION BOOKLET BY ENTERING SERIAL NUMBERS.
CHECK YOU HAVE CORRECT PERSON NUMBER.

NSComp2
I would now like you to answer some questions by completing this booklet on your own. The questions cover eating habits.
EXPLAIN HOW TO COMPLETE BOOKLET. REMEMBER TO USE A BLACK PEN.

NSComp3
NURSE CHECK: WAS THE LILAC BOOKLET COMPLETED?
1 Fully completed
2 Partially completed
3 Not completed

IF NSComp3 = Fully completed OR Partially completed THEN
NSC3Acc
Was it completed without assistance?
1 Completed independently
2 Assistance from other household member
3 Assistance from nurse
4 Nurse administered

ENDIF

IF NSComp3 = Partially completed OR Not completed THEN
NSComp6
NURSE: RECORD WHY BOOKLET NOT COMPLETED/PARTIALLY COMPLETED.
CODE ALL THAT APPLY:
1 Eyesight problems
2 Language problems
3 Reading/writing/comprehension problems
4 Respondent bored/fed up/tired
5 Questions too sensitive/invasion of privacy
6 Too long/too busy/taken long enough already
7 Refused to complete booklet (no other reason given)
8 Other (SPECIFY)

IF (NSComp6 = OTHER) THEN
NSComp6O
PLEASE SPECIFY OTHER REASON
Text: Maximum 60 characters

ENDIF

IF AT LEAST ONE HIP MEASUREMENT OBTAINED (IF (Hip1 <> 999.9 AND Hip1 <> EMPTY) OR (Hip2 <> 999.9 AND Hip2 <> EMPTY)) THEN
HJRel
RECORD ANY PROBLEMS WITH HIP MEASUREMENT:
1 No problems experienced, RELIABLE hip measurement
2 Problems experienced - hip measurement likely to be RELIABLE
3 Problems experienced - hip measurement likely to be SLIGHTLY UNRELIABLE
4 Problems experienced - hip measurement likely to be UNRELIABLE

IF HJRel = Problems experienced THEN
ProbHJ
RECORD WHETHER PROBLEMS EXPERIENCED ARE LIKELY TO INCREASE OR DECREASE THE HIP MEASUREMENT.
1 Increases measurement
2 Decreases measurement

ENDIF

IF ONE OR TWO WAIST/HIP MEASUREMENTS OBTAINED THEN
WHRes
OFFER TO WRITE RESULTS OF WAIST AND HIP MEASUREMENTS, WHERE APPLICABLE, ONTO RESPONDENT'S MEASUREMENT RECORD CARD.

Press <1> and <Enter> to continue.

ENDIF

The Health Survey for England 2007 - Nurse Schedule Waist and Hip

Copyright © 2008, The Health and Social Care Information Centre. All rights reserved
IF NSComp3 = Fully completed OR Partially completed THEN
  NSComp5A
  NURSE: CODE WHO WAS PRESENT IN ROOM WHILE SELF-COMPLETION WAS
  COMPLETED. INCLUDE YOURSELF AND OTHERS IN THE ROOM.
  CODE ALL THAT APPLY.
  1  Spouse / partner
  2  Parent(s) (incl step-/ foster-)
  3  Brother(s)/Sister(s)
  4  Own/Related child(ren) (incl step-/ foster/ partner's)
  5  Other relative(s)
  6  Unrelated adult(s)
  7  Unrelated child(ren)
  8  Nurse
  9  No-one else present
ENDIF
ENDIF

AllCheck
CHECK BEFORE LEAVING RESPONDENT:
• THAT ALL (CHILDREN AGED 2-15/RESPONDENTS) HAVE A CONSENT BOOKLET.
• THAT FULL GP DETAILS ARE ENTERED ON FRONT OF CONSENT BOOKLET.
• THE NAME BY WHICH GP KNOWS RESPONDENT.
• THAT ALL DETAILS ARE COMPLETED ON FRONT OF CONSENT BOOKLET.
• THAT ALL NECESSARY SIGNATURES HAVE BEEN COLLECTED.
• THAT THERE ARE THREE APPROPRIATE CONSENT CODES RINGED ON FRONT
  OF CONSENT BOOKLET.
1  Continue

Thank
NURSE: END OF QUESTIONNAIRE REACHED. THANK RESPONDENTS FOR THEIR CO-
OPERATION.
THEN ENTER '1' TO FINISH.
BLOOD PRESSURE TO GP CONSENT FORM  BP (C)

(CHILD AGED 5 years - 15 years)

I, __________________________ am the parent/guardian of
(child's name) __________________________

and I consent to the National Centre for Social Research/UCL Joint Health Surveys Unit informing my child's General Practitioner (GP) of his/her blood pressure results. I am aware that the results of his/her blood pressure measurement may be used by his/her GP to help monitor his/her health and that his/her GP may wish to include the results in any future report about him/her.

Signed __________________________
Date __________________________

SALIVA SAMPLE CONSENT FORM  S(c)

(CHILD AGED 4 years – 15 years)

I, __________________________ am the parent/guardian of
(child's name) __________________________

and I consent to __________________________ (qualified nurse) collecting a sample of my saliva on behalf of the National Centre for Social Research/UCL Joint Health Surveys Unit.

This saliva sample will only be tested for cotinine, a derivative of nicotine. It will not be tested for substance abuse.

The purpose and procedure have been explained to me by the nurse and I have had an opportunity to discuss this with him/her.

Signed __________________________
Date __________________________
BLOOD PRESSURE TO GP CONSENT FORM  
(ADULT 16 years and over)  
I, (name) _________________________________  
consent to the National Centre for Social Research/UCL Joint Health Surveys Unit informing my General Practitioner (GP) of my blood pressure results. I am aware that the results of my blood pressure measurement may be used by my GP to help monitor my health and that my GP may wish to include the results in any future report about me.

Signed _________________________________  
Date _________________________________

URINE SAMPLE CONSENT FORM  
(ADULT AGED 16 years and over)  
I, (name) _________________________________  
consent to __________________________ (qualified nurse) agree to the collecting a sample of my urine on behalf of the National Centre for Social Research/UCL Joint Health Surveys Unit. This urine sample will be tested to assess salt levels.

This urine sample will only be tested for sodium, potassium and creatinine. It will not be tested for substance abuse.

The purpose and procedure have been explained to me by the nurse and I have had an opportunity to discuss this with him/her.

Signed _________________________________  
Date _________________________________

SALIVA SAMPLE CONSENT FORM  
(ADULT AGED 16 years and over)  
I, (name) _________________________________

consent to _______________________________ (qualified nurse) collecting a sample of my saliva on behalf of the National Centre for Social Research/UCL Joint Health Surveys Unit.

This saliva sample will only be tested for cotinine, a derivative of nicotine. It will not be tested for substance abuse.

The purpose and procedure have been explained to me by the nurse and I have had an opportunity to discuss this with him/her.

Signed _________________________________  
Date _________________________________
DISPATCH NOTE FOR URINE and SALIVA SAMPLES
(Office Copy)

1. AGE GROUP:
   TICK SAMPLE TUBES OBTAINED:
   16+ 1
   4+ 2
   Urine
   Saliva

2. SALIVA/URINE TAKEN:
   Day
   Month
   Year

3. SALIVA/URINE DESPATCH:
   Day
   Month
   Year

Complete all sections CLEARLY and LEGIBLY and enclose with samples to lab.

DISPATCH NOTE FOR SALIVA and URINE SAMPLES
(Laboratory Copy)

1. SERIAL NUMBER:
2. SEX:
   Male 1
   Female 2
3. DATE OF BIRTH:
   Day
   Month
   Year

4. AGE GROUP:
   TICK SAMPLE TUBES OBTAINED:
   16+ 1
   4+ 2
   Urine
   Saliva

5. SALIVA/URINE TAKEN:
   Day
   Month
   Year

6. NURSE NUMBER:

LABELLING ON SAMPLE TUBES AND THIS FORM MUST CORRESPOND
CHECK ALL DETAILS ABOVE ARE CORRECT BEFORE POSTING
Appendix B

**Measurement protocols**

- Height, weight and infant length measurement
- Recording ambient air temperature
- Blood pressure measurement
- Measurement of demispan
- Measurement of waist and hip circumferences
- Saliva sample collection
- Urine sample collection
Portable stadiometer - a collapsible device with a sliding head plate, a base plate and three connecting rods marked with a measuring scale.

Frankfort plane card.

**The protocol – adults (aged 16 and over)**

1. Ask the respondent to remove their shoes in order to obtain a measurement that is as accurate as possible.

2. Assemble the stadiometer 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. The respondent should stand with their feet flat on the centre of the base plate, feet together and heels against the rod. 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 diagram). This position is important if an accurate reading is to be obtained. An additional check is to ensure that the measuring arm rests on the crown of the head, i.e. the top back half. To make sure that the Frankfort Plane is horizontal, you can use the Frankfort Plane Card to line up the bottom of the eye socket with the flap of skin on the ear. The Frankfort Plane is horizontal when the card is parallel to the stadiometer arm.

5. Instruct the respondent to keep their eyes focused on a point straight ahead, to breath in deeply and to stretch to their fullest height. If after stretching up the respondent's head is no longer horizontal, repeat the procedure. It can be difficult to determine whether the stadiometer headplate is resting on the respondent's head. If so, ask the respondent to tell you when s/he feels it touching their head.

6. Ask the respondent to step forwards. If the measurement has been done correctly the respondent will be able to step off the stadiometer without ducking their head. Make sure that the head plate does not move when the respondent does this.

7. Look at the bottom edge of the head plate cuff. There is a green arrowhead pointing to the measuring scale. Take the reading from this point and record the respondent's height in centimetres and millimetres, that is in the form 123.4, at the question Height. You may at this time record the respondent's height onto their Measurement Record Card and at the question MbookHt you will be asked...
to check that you have done so. At that point the computer will display the recorded height in both centimetres and in feet and inches. At ReHiteB you will be asked to code whether the measurement you obtained was reliable or unreliable.

8. Height must be recorded in centimetres and millimetres, e.g. 176.5 cms. If a measurement falls between two millimetres, it should be recorded to the nearest even millimetre. E.g., if respondent's height is between 176.4 and 176.5 cms, you should round it down to 176.4. Likewise, if a respondent's height is between 176.5 and 176.6 cms, you should round it up to 176.6 cms.

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.
The protocol – children (aged 2-15)

The protocol for measuring children differs slightly to that for adults. You must get the cooperation 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 cooperative themselves if another household member is involved in the measurement. It is possible to measure children last so that they can see what is going on before they themselves are measured.

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 lift 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 head plate 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 Measurement Record Card. 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.

Additional points – all respondents

1. If the respondent cannot stand upright with their back against the stadiometer and have their heels against the rod (e.g. those with protruding bottoms) then give priority to standing upright.

2. If the respondent has a hair style which stands well above the top of their head, or is wearing a turban, bring the head plate down until it touches the hair/turban. 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).

3. 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.

4.1 Weight measurements

The equipment

Soehnle, Seca or Tanita electronic bathroom scales, calibrated for the Health Survey.
The reading is only in metric units, but as for height, the computer provides a conversion. If the respondent would like to know their weight in stones and pounds you will be able to tell them when the computer has done the calculation. You also have a conversion chart on the back of the coding booklet.

The scales have an inbuilt memory which stores the weight for 10 minutes. If during this time you weigh another object that differs in weight by less than 500 grams (about 1lb), the stored weight will be displayed and not the weight that is being measured. This means that if you weigh someone else during this time, you could be given the wrong reading for the second person.

So if you get an identical reading for a second person, make sure that the memory has been cleared. Clear the memory from the last reading by weighing an object that is more than 500 grams lighter (i.e. a pile of books, your briefcase or even the stadiometer). You will then get the correct weight when you weigh the second respondent.

You will only need to clear the memory in this way if:

a) You have to have a second or subsequent attempt at measuring the same person.

b) Two respondents appear to be of a very similar weight.

c) Your reading for a respondent in a household is identical to the reading for another respondent in the household whom you have just weighed.

The protocol

1. Turn the display on by using the appropriate method for the scales. The readout should display 888.8 (1888 for the Seca 870) momentarily. If this is not displayed check the batteries, if this is not the cause you will need to report the problem to the National Centre at Brentwood. While the scales read 888.8 do not attempt to weigh anyone.

2. Ask the respondent to remove shoes, heavy outer garments such as jackets and cardigans, heavy jewellery, loose change and keys.

3. If necessary, turn the scales on again. Wait for a display of 0.0 before the respondent stands on the scales.

4. Ask the respondent to stand with their feet together in the centre and their heels against the back edge of the scales. Arms should be hanging loosely at their sides and head facing forward. 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.

The posture of the respondent is important. If they stand to one side, look down, or do not otherwise have their weight evenly spread, it can affect the reading.

5. The scales will take a short while to stabilise and will read 'C' until they have done so. (The Seca 870 displays alternate flashing lines in the display window.

With the Tanita scales the weight will flash on and off when 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, but first ensure that you have erased the memory.

6. The scales have been calibrated in kilograms and 100 gram units (0.1 kg). Record the reading into the computer at the question "Be a statue." For very young children who are unable to stand unaided or small children who find this difficult you will need to alter the protocol and first weigh an adult then weigh that adult holding the child as follows:

   a) You will be asked to check that you have measured. This means that if you overweight someone else during this time, you could be given the wrong reading for the second person.

   b) Your reading for a second person, make sure that the memory has been cleared. Clear the memory from the last reading by weighing an object that is more than 500 grams lighter (i.e. a pile of books, your briefcase or even the stadiometer). You will then get the correct weight when you weigh the second respondent.

   c) Two respondents appear to be of a very similar weight.

   d) Your reading for a respondent in a household is identical to the reading for another respondent in the household whom you have just weighed.

The protocol

1. Turn the display on by using the appropriate method for the scales. The readout should display 888.8 (1888 for the Seca 870) momentarily. If this is not displayed check the batteries, if this is not the cause you will need to report the problem to the National Centre at Brentwood. While the scales read 888.8 do not attempt to weigh anyone.

2. Ask the respondent to remove shoes, heavy outer garments such as jackets and cardigans, heavy jewellery, loose change and keys.

3. If necessary, turn the scales on again. Wait for a display of 0.0 before the respondent stands on the scales.

4. Ask the respondent to stand with their feet together in the centre and their heels against the back edge of the scales. Arms should be hanging loosely at their sides and head facing forward. 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.

The posture of the respondent is important. If they stand to one side, look down, or do not otherwise have their weight evenly spread, it can affect the reading.

5. The scales will take a short while to stabilise and will read 'C' until they have done so. (The Seca 870 displays alternate flashing lines in the display window.

With the Tanita scales the weight will flash on and off when 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, but first ensure that you have erased the memory.

6. The scales have been calibrated in kilograms and 100 gram units (0.1 kg). Record the reading into the computer at the question "Be a statue." For very young children who are unable to stand unaided or small children who find this difficult you will need to alter the protocol and first weigh an adult then weigh that adult holding the child as follows:

   a) You will be asked to check that you have measured. This means that if you overweight someone else during this time, you could be given the wrong reading for the second person.

   b) Your reading for a second person, make sure that the memory has been cleared. Clear the memory from the last reading by weighing an object that is more than 500 grams lighter (i.e. a pile of books, your briefcase or even the stadiometer). You will then get the correct weight when you weigh the second respondent.

   c) Two respondents appear to be of a very similar weight.

   d) Your reading for a respondent in a household is identical to the reading for another respondent in the household whom you have just weighed.

Additional Points

Pregnant women do not have their weight measured. For women respondents aged 16-49, the computer displays a question asking them whether they are pregnant and if the respondent exceeds this limit code them as "Weight not attempted" at RespWts. The computer will display a question asking them for an estimate. Do not attempt to weigh them.

WARNING

The maximum weight registering accurately on the scales is 130kg (20% stone). (The Seca 870 can weigh up to a maximum of 150kg or 23 ½ stone). If you think the respondent exceeds this limit code them as "Weight not attempted" at RespWts and "Other - specify" at NoWaitM.

Weighing Children

You must get the cooperation of an adult household member. This will help the child to relax and children, especially small children are much more likely to be cooperative themselves if an adult known to them is involved in the procedure.

Children wearing nappies should be wearing a dry disposable. 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.

In most cases it will be possible to measure children's weight following the protocol set out for adults. However, if accurate readings are to be obtained, it is very important that respondents stand still. Ask the child to stand perfectly still - "Be a statue." For very young children who are unable to stand unaided or small children who find this difficult you will need to alter the protocol and first weigh an adult then weigh that adult holding the child as follows:

7

8
4. Move the child's head so that Frankfort Plane is in a position at right angles to the floor/table (see diagram). Ask the parent to hold the child in this position and make sure their head is in contact with the headpiece.

5. Straighten the child's legs by holding the legs by the ankles with one hand and applying a gentle downward pressure.

6. With your free hand, move the footrest on which the measuring tape is mounted to touch the child's heels by depressing the red button on the tape measure.

7. The measurement is read from the red cursor in the tape window. The measurement is recorded in centimetres and millimetres to the nearest millimetre. If the measurement lies between two millimetres then you should round to the nearest even millimetre. For example, if the measurement is halfway between 68.3 and 68.4, then round up to 68.4. If the measurement is halfway between 68.8 and 68.9 then round down to 68.8.

1.5 Infant length measurement
1.5.1 Eligibility
This measurement is for infants aged under 2 years but at least 6 weeks old. This is based on age at the original interview.

1.5.2 Equipment
Rollameter Baby Measure Mat
Frankfort Plane Card
Kitchen roll

1.5.3 Procedure
Infants (children under the age of 2) should be measured lying down (supinely). Two people are required for the task, yourself and the child's parent.

1. Ask the parent to remove any bulky clothing or shoes that the infant is wearing. It is not necessary for them to remove the infant's nappy.

2. Unroll the Rollameter and lay it flat on any suitable flat, firm surface (e.g. table, floor). It is essential that the Rollameter is fully unrolled and as flat as possible, therefore doing the measurement on a deep pile carpet or rug would not be appropriate. Lay one layer of kitchen roll on the mat (just in case there are any accidents!!)

If taking the measurement on a table, take extra care and ensure that somebody is with the infant at all times to prevent them rolling/falling off the table.

3. Place the child on the foam bed with his/her head touching the headpiece on which the name Rollameter is printed.

2 RECORDING AMBIENT ROOM TEMPERATURE
2.1 The thermometer
You have been provided with a digital thermometer and probe. This instrument is very sensitive to minor changes in temperature. It is therefore important that you record temperature at the appropriate time in your routine. It can also take a few minutes to settle down to a final reading if it is experiencing a large change in temperature (e.g. coming into a warm house from a cold outside).

Immediately after you have settled the respondent down to rest for five minutes prior to taking their blood pressure, set up the thermometer to take a reading. Just prior to recording the blood pressure note the temperature and record it when the computer prompts you to do so. Always switch it off after taking a reading, to avoid battery
The only people not eligible for blood pressure measurement are those who are pregnant or aged less than 5 years old. However, if a pregnant woman wishes to have her blood pressure measured, you may do so, but do not record the readings on the computer.

Timing: Blood pressure can be higher than normal immediately after eating, smoking, drinking alcohol or taking vigorous exercise. This is why respondents are asked to avoid doing these for 30 minutes before you arrive. As already suggested, if you can juggle respondents within a household around to avoid having to break this "half-hour" rule, do so. But sometimes this will not be possible and you will have to take their blood pressure within this time period. In which case enter all the codes that apply at ConSubX.

3.2 Protocol for blood pressure recording: Omron HEM-907

This section describes the protocol for measuring blood pressure using the Omron HEM 907. More detailed information may be obtained from the instructions booklet inside the box. If you have any further questions or problems then please contact Dr Jenny Min dell on 020 7679 1269.

Equipment
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)
AC adapter

The Omron HEM-907 blood pressure monitor is an automated machine. It is designed to measure systolic blood pressure, diastolic blood pressure and pulse rate automatically at pre-selected time intervals. On this study three readings are collected at one-minute intervals.

The Omron 907 is equipped with a rechargeable battery, which is usable for approximately 300 measurements when fully charged. To recharge the battery, connect the monitor to the mains. A battery symbol will appear in the CHARGING display when the battery is charging. When ready to use the symbol will disappear. A dark battery symbol in the BATTERY display indicates that the battery is charged and the machine is usable. The battery can be charged in approx. 12 hours. 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. 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.

Please remember to charge the battery!!

2.2 Instructions for using the thermometer
1. The probe plug fits into the socket at the top of the instrument.
2. Press the completely white circle to turn the instrument on. To turn off, press the white ring.
3. Before taking a reading off the display, ensure that the reading has stabilised.
4. Be careful of the probe - it is quite fragile.
5. When “LO BAT” is shown on the display the battery needs replacing, take no further readings.
6. The battery in your 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.
7. To remove old battery and insert a new one, unscrew the screw on the back of the thermometer.

3 BLOOD PRESSURE MEASUREMENT (Aged 5+)

3.1 Eligibility
High blood pressure is an important risk factor for cardiovascular disease. It is important that we look at the blood pressure of everyone in the survey using a standard method so we can see the distribution of blood pressure across the population. This is vital for monitoring change over time, and monitoring progress towards lower blood pressure targets set in the Health of the Nation.
14

is within the range marked on the inside of the cuff. You will be provided with a child's
cuff as well as the other adult cuffs. Many children will not need the children's cuff
and instead will require an adult cuff. You should choose the cuff that is appropriate
to the circumference of the arm.

Adults and Children: The appropriate cuff should be connected via the grey air tube
to right end side of the monitor.

3.5 Procedure

Wrap the correct sized cuff round the upper right arm and check that the index line
falls within the range lines. Use the left arm only if it is impossible to use the right. If
the left arm is used, record this on the schedule. Locate the brachial pulse just
medial to the biceps tendon and position the arrow on the cuff over the brachial
artery. The lower edge should be about 1-2 cm above the cubital fossa (elbow
crease).

Do not put the cuff on too tightly as bruising may occur on inflation. Ideally, it should
be possible to insert two fingers between cuff and arm. However, the cuff should not
be applied too loosely, as this will result in an inaccurate measurement.

The respondent should be sitting in a comfortable chair with a suitable support so
that the right arm will be resting at a level to bring the antecubital fossa (elbow) to
approximately heart level. They should be seated in a comfortable position with cuff
applicied, legs uncrossed and feet flat on the floor.

Explain that before the blood pressure measurement we need them to sit quietly for
five minutes to rest. They should not smoke, eat or drink during this time. Explain
that during the measurement the cuff
will inflate three times and they will feel some
pressure on their arm during the procedure.

It is important that children as well as adults rest for five minutes before the
measurement is taken. However, making children sit still for five minutes can be
unrealistic. They may move around a little, but they should not be running or taking
vigorous exercise. As with adults, they should not eat or drink during this time.

After five minutes explain you are starting the measurement. Ask the respondent to
relax and not to speak until the measurement is completed as this may affect their
reading.

3.6 How to operate the monitor

See Picture of Omron HEM-907 monitor above.

1. Switch the monitor on by pushing the ON/OFF button. Wait for the READY TO
MEASURE symbol to light, indicating the machine is ready to start the
measurement (approx 2 sec).
2. Check that the MODE Selector is set to AVG and the P-SET (pressure setting) Volume is set to AUTO.

3. Press the START button to start the measurement. The cuff will now start to inflate and take the first measurement. When the first measurement is complete the LCD displays show systolic pressure, diastolic pressure, and pulse rate. Record the readings on the interview schedule.

4. Blood pressure will then be recorded at one-minute intervals thereafter. After each interval record the reading from the LCD displays on the interview schedule.

5. After the three measurements are complete press the ON/OFF button to turn off the power and remove the cuff.

If there are any problems during the blood pressure measurements or the measurement is disturbed for any reason, press the STOP button and start the procedure again. If the respondent has to get up to do something, then ask them to sit and rest for five minutes again.

3.7 Error readings
They appear on the LCD display:
Er1, Er2. Check that the tube connecting the cuff to the monitor is properly inserted and it is not bent. Check that the cuff is properly wrapped around the arm. Repeat the measurement.
Er3. Check that the tube connecting the cuff to the monitor is not bent. Repeat the measurement.
Er4. This could be because of a motion artefact. Ask the respondent to sit as still as possible and take the measurement again. If you still get another Er4 error reading, it could be because the respondent has a very high blood pressure. Set the P-SET Volume to 260 and repeat the measurement.
Er5, Er6. Check that the cuff is properly wrapped around the arm. Repeat the measurement.

If any of these errors readings persist, record that it wasn't possible to get a reading and explain to the respondent that this sometimes happens. Then contact Brentwood and inform them that there is a problem with the monitor.
Er7, Er8. Check that the respondent does not move, ask the respondent to sit as still as possible and take the measurement again. If you still get an error reading the pulse may be irregular. Do NOT palpate the pulse. Record that it wasn't possible to get a reading and explain to the respondent that this sometimes happens.
Er9. Technical fault. Contact Brentwood immediately and inform them that there is a problem with the monitor.

3.8 Feedback to respondents
Offer the respondent his/her blood pressure readings. If (s)he would like them, enter them on the Measurement Record Card (MRC). If an adult respondent has a raised blood pressure you must give her/him advice based on the result. This will be calculated by the computer and will appear on the screen for you to read out exactly as written. Write any advice given onto the MRC. The interviewer should have given them a MRC with the height and weight recorded on it. If the respondent has lost it, make out a new one, ensuring the name is on the front of the card.

It is not the purpose of this survey to provide respondents with medical advice. Nevertheless, many respondents will ask you what their blood pressure readings mean. Make sure you are very familiar with the guidance below. We wish it to 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 GPs if blood pressure is raised.

a) Child respondents (age 5 to 16)
We do not wish you to comment on the child's blood pressure readings to the parents. If they seek comment, reiterate what you have already said about not being able to interpret a single blood pressure measurement without checking to see whether it is normal for the child's age and height. Reassure them that if it is found to be abnormal, the Survey Doctor will get in touch and advice them as to what steps they should take. This rule applies for all readings you obtain.

b) Adult respondents (aged 16+)
In answering queries about an adult's blood pressure it is very important to remember that it is not the purpose of the survey to provide respondents with medical advice, nor are you in a position to do so as you do not have the respondent's full medical history. But you will need to say something. What you say in each situation has been agreed with the Department of Health, and you have been given a sheet with these comments to read out. It is very important that you make all the points relevant to the particular situation and that you do not provide a more detailed interpretation as this could be misleading. Read the instructions below very carefully and make sure you always follow these guidelines.

Your comments should be based on the last two of the first three readings you take from the Omron HEM-907. Base your advice on the higher of the last two readings. If the first reading is higher than the other two, explain that the first reading can be high because people are nervous of having their pressure taken. The computer will guide you as to which readings you should base your advice on. This will be based on the highest systolic and highest diastolic reading from the last two readings. This will usually, but not always, be from the same reading. For example, occasionally it may be the systolic from the second reading and the diastolic from the third reading.

Definitions of raised blood pressure differ slightly. The Department of Health has decided to adopt the ones given below for this survey. It is important that you adhere
Considerably raised:
"Your blood pressure is high today."

"Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure."

"You are strongly advised to visit your GP within 5 days to have a further blood pressure reading to see whether this is a once-off finding or not."

Note: If the respondent is elderly and has considerably raised blood pressure, amend your advice so that they are advised to contact their GP within the next week or so about this reading. This is because in many cases the GP will be well aware of their high blood pressure and we do not want to worry the respondent unduly. It is however important that they do contact their GP about the reading within 7 to 10 days. In the meantime, we will have informed the GP of their result (providing the respondent has given their permission).

3.9 Action to be taken by the nurse after the visit
If you need to contact the Survey Doctor, do not do this from the respondent’s home - you will cause unnecessary distress.

a) Children
No further action is required after taking blood pressure readings on children. All high readings are viewed routinely by the Survey Doctor. However, in the rare event that you encounter a child with a very high blood pressure, i.e. systolic 160 or above or diastolic 100 or above please call the Survey Doctor.

b) Adults
The chart on the next page summarises what action you should take as a result of the knowledge you have gained from taking an adult’s blood pressure readings. For this purpose you should only take into account the last two of the three readings you take. We do not want you to use the first reading as it is prone to error for the reason stated above.

<table>
<thead>
<tr>
<th>BLOOD PRESSURE</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal/mildly raised/raised BP</td>
<td>No further action necessary</td>
</tr>
<tr>
<td>Systolic less than 180 mmHg and</td>
<td>If you feel that the circumstances demand further action, inform the Survey Doctor who will then inform the respondent’s GP immediately if she deems it necessary.**</td>
</tr>
<tr>
<td>Diastolic less than 115 mmHg</td>
<td></td>
</tr>
<tr>
<td>Considerably raised BP</td>
<td>Contact the Survey Doctor at the earliest</td>
</tr>
</tbody>
</table>

ADULTS ONLY
SURVEY DEFINITION OF BLOOD PRESSURE RATINGS

For men and women aged 16+

<table>
<thead>
<tr>
<th>Rating</th>
<th>Systolic</th>
<th>Diastolic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>&lt;140</td>
<td>&lt;85</td>
</tr>
<tr>
<td>Mildly raised</td>
<td>140-159</td>
<td>85-99</td>
</tr>
<tr>
<td>Raised</td>
<td>160-179</td>
<td>100-114</td>
</tr>
<tr>
<td>Considerably raised</td>
<td>180 or more</td>
<td>115 or more</td>
</tr>
</tbody>
</table>

Points to make to a respondent about their blood pressure (given on screen):

**Normal:**
"Your blood pressure is normal"

**Mildly raised:**
"Your blood pressure is a bit high today."

"Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure."

"You are advised to visit your GP within 2 months to have a further blood pressure reading to see whether this is a once-off finding or not."

**Raised:**
"Your blood pressure is a bit high today."

"Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure."

"You are advised to visit your GP within 2 weeks to have a further blood pressure reading to see whether this is a once-off finding or not."
Systolic at or greater than 180 mmHg or Diastolic at or greater than 115 mmHg

If the respondent has any symptoms of a hypertensive crisis contact the survey doctor immediately or call an ambulance. The Survey Doctor must be informed as soon as possible.*

4.3 Equipment:
A thin retractable demi-span tape calibrated in cm and mm and a skin marker pencil.

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. Note that the tape is easily damaged if it is bent.

4.4 Preparing the respondent:
The measurement is made on the right arm unless this arm cannot be fully stretched in which case the left arm may be used.

Record which arm was used and whether the respondent was standing, or sitting.

Although the measurement requires minimal undressing, certain items that might distort the measurement will need to be removed. These 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, you should record that the measurement was not reliable (code 2) when prompted by the computer.

4.5 Procedure
1. Locate a wall where there is room for the respondent to stretch his/her arm.
   They should stand with their back to the wall but not support themselves on it.
   Ask the respondent to stand about 3 inches (7cm) away from it.
2. Ask the respondent to stand with weight evenly distributed on both feet, head facing forward.

3. Ask the respondent to raise their right arm until it is horizontal. 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. (Explain to the respondent that this mark will wash off afterwards—the alcohol gel spray can be used). It is important to mark the sternal notch while the respondent is standing in the correct position.

If the sternal notch is obscured by clothing or jewellery, use a piece of micropore tape on the clothing or jewellery. If the respondent will not allow use of either the marker pen or the tape, proceed with the measurement but record the measurement as unreliable and explain why in a notepad.

5. Ask the respondent to relax while you get the demi-span tape.

6. Place the hook between the middle and ring fingers so that the tape runs smoothly along the arm.

7. Ask the respondent to raise their arm. Check they are in the correct position, the arm horizontal, The wrist in neutral flexion and rotation.

8. Extend the tape to the sternal notch. If no mark was made, feel the correct position and extend the tape to this position.

9. When ready to record the measurement ask the respondent to stretch his/her arm. Check that: - the respondent is in the right position; - there is no extension or flexion at the wrist or at the shoulders; - the hook has not slipped forward and the zero remains anchored at the finger roots; - the respondent is not leaning against the wall or bending at the waist.

10. Record the measurement in cms and to the nearest mm when prompted by the computer. If the length lies half-way between two millimetres, round to the nearest even millimetre. For example, if the measurement is halfway between 68.3 and 68.4, round up to 68.4. And if the measurement is halfway between 68.8 and 68.9, round down to 68.8. Always record the response to one decimal point (e.g. 55.4). The computer will not allow you to enter a response without a decimal point, so even if the measurement comes to exactly 56cm, you must enter 56.0. If you do enter a measurement ending in 0, the computer will ask you to confirm this.

11. Ask the respondent to relax and loosen up the right arm by shaking it.

12. Repeat the measurement from steps 4-11. Explain to the respondent that this is to improve accuracy. You must go back to step 4 and relocate and mark the sternal notch before you take your second reading. If your second measurement differs from the first by 3cm or more, the computer will give you an error message, and instruct you to either amend one of your previous responses, or to take a third measurement. Amend a previous response if you have made a mistake when entering the measurement, e.g. entered 65.2 instead of 75.2. Take a third measurement if there is another reason for the measurements being different. If in doubt, take a third measurement rather than over-writing one of the previous two. The computer will automatically work out which two to use.

13. Offer to write the measurements onto the respondent’s Measurement Record Card. If the respondent would like the measurement in inches, there is a conversion chart on the back of your drug coding booklet.

4.6 Using the tape

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 hooking the tape to the sternal notch, do not press into the sternal notch so much that the tape kinks.

4.7 Seated measurements

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. Still try to support the arm if possible. You may need to sit or kneel to take the reading.

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, 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.
If the respondent is wearing a belt, ask them if it would be possible to remove it or
loosen it for the measurement.

Pockets should be emptied.

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 things.

If the respondent is not willing to remove bulky outer garments or tight garments and
you are of the opinion that this will significantly affect the measurement, record this
on the Schedule at questions WJRel and/or HJRel. Some respondents may be
wearing articles of clothing which cannot be removed and will affect the
measurement (e.g.: saris) – this should also be recorded.

If possible, ask the respondent to empty their bladder before taking the
measurement. If the person is over 16 they will be eligible to provide a urine sample
– this may be collected earlier in the interview if the person needs to empty their
bladder.

5.5 Using the insertion tape

All measurements should be taken to the nearest millimetre. If the length lies half-
way between two millimetres, then round to the nearest even millimetre. For
example, if the measurement is halfway between 68.3 and 68.4, round up to 68.4.
And if the measurement is halfway between 68.8 and 68.9, round down to 68.8.

Please note that you must enter the measurement to one decimal place
– do not
round it to the nearest centimetre. For example, enter ‘78.2’, not just ‘78’. If you do
not enter a decimal point, the computer will give you a warning. If the measurement
is exactly, say, 78cm, then all you need to do is suppress the warning and it will
automatically fill in the ‘.0’ for you. Otherwise, you must go back and amend your
answer. As a further check, the computer will also ask you
to confirm that a
measurement ending in ‘.0’ is correct.

Ensure 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.

If possible, kneel or sit on a chair to the side of the respondent.

Pass the tape around the body of the respondent and insert the plain end of the tape
through the metal ring at the other end of the tape.

To check the tape is horizontal you have to position the tape on the right flank and
peer round the participant’s back from his/her left flank to check that it is level. This
will be easier if you are kneeling or sitting on a chair to the side of the respondent.
Hold the buckle flat against the body and flatten the end of the tape to read the measurement from the outer edge of the buckle. Do not pull the tape towards you, as this will lift away from the respondent's body, affecting the measurement.

5.6 Measuring waist circumference
1. The waist is defined as the point midway between the iliac crest and the costal margin (lower rib). To locate the levels of the costal margin and the iliac crest use the fingers of the right hand held straight and pointing in front of the participant to slide upward over the iliac crest. Men's waists tend to be above the top of their trousers whereas women's waists are often under the waistband of their trousers or skirts.

2. Do not try to avoid the effects of waistbands by measuring the circumference at a different position or by lifting or lowering clothing items. For example, if the respondent has a waistband at the correct level of the waist (midway between the lower rib margin and the iliac crest) measure the waist circumference over the waistband.

3. Ensure the tape is horizontal. Ask the participant to breathe out gently and to look straight ahead (to prevent the respondent from contracting their muscles or holding their breath). Take the measurement at the end of a normal expiration. Measure to the nearest millimetre and record this on the schedule.

4. Repeat this measurement again.

5. If you are of the opinion that clothing, posture or any other factor is significantly affecting the waist measurement, record this on the schedule.

5.7 Measuring hip circumference
1. The hip circumference is defined as being the widest circumference over the buttocks and below the iliac crest. To obtain an accurate measurement you should measure the circumference at several positions and record the widest circumference.

2. Check the tape is horizontal and the respondent is not contracting the gluteal muscles. Pull the tape, allowing it to maintain its position but not to cause indentation. Record the measurement on the schedule to the nearest millimetre, e.g. 95.3. If the length lies half-way between two millimetres, then round to the nearest even millimetre.

3. If clothing is significantly affecting the measurement, record this on the schedule.

4. Repeat this measurement again.

5.8 General points
The tape should be tight enough so that it doesn't slip but not tight enough to indent clothing. If clothing is baggy, it should be tidied before the measure is taken.

If the respondent is large, ask him/her to pass the tape around rather than having to "hug" them. Remember though to check that the tape is correctly placed for the measurement being taken and that the tape is horizontal all the way around.

If your second waist or hip measurement differs by 3cm or more from the first, the computer will give you a warning. If you have made a mistake when entering the figures (e.g. typed 78.2 instead of 68.2), you should type over the mistake. If it was not a mistake, you should suppress the warning and take a third measurement.

If you have problems palpating the rib, ask the respondent to breathe in very deeply. Locate the rib and as the respondent breathes out, follow the rib as it moves downwards and up over the iliac crest. Men's waists tend to be above the top of their trousers whereas women's waists are often under the waistband of their trousers or skirts.

If you are of the opinion that clothing, posture or any other factor is significantly affecting the waist measurement, record this on the schedule.

Female respondents wearing jeans may present a problem if the waistband of the jeans is on the waist at the back but dips down at the front. It is essential that the waist measurement is taken midway between the iliac crest and the lower rib and that the tape is horizontal. Therefore in this circumstance the waist measurement would be taken on the waist band at the back and off the waist band at the front. Only if the waistband is over the waist all the way around can the measurement be taken on the waistband. If there are belt loops, the tape should be threaded through these so they don't add to the measurement.

5.9 Recording problems
We only want to record problems that will affect the measurement by more than 0.5cm. We want to know if waist and hip are affected differently.

6 SALIVA SAMPLE COLLECTION (AGE 4+)
We wish to obtain a measure of exposure to passive smoking. This can be detected by measuring the level of cotinine in saliva. Cotinine is a derivative of nicotine and shows recent exposure to tobacco smoke, either because the individual is a smoker or because they have been exposed to other people's tobacco smoke. Note that respondents' cotinine analysis results will not be sent to them or their GP. This means that respondents will only be offered a GP letter if they have had their blood pressure measured.

6.1 Eligibility
A saliva sample should be obtained from all core sample respondents aged 4 years and over. A sample will not be requested from pregnant girls as mentioned earlier, you should not ask for this information if it has not been volunteered. Respondents who are HIV positive or have Hep B or Hep C should not give a saliva sample. You...
should not ask this information but if the respondent volunteers the information code as unable to give a sample and write a note.

6.2 Equipment
For all respondents:
Plain 5 ml tube
Short wide bore straw.
Kitchen paper

Alternative equipment for adults:
Plain 5 ml tube
Dental roll
Kitchen paper

The straw makes it easier for people to direct their saliva sample into the tube. Its use will also minimise the amount of other items that are included in saliva, such as crumbs, which might enter the tube.

If adult or child respondents prefer to dribble directly into the tube, then this method should be used. The dental roll is available for adults, should they prefer this.

Obtaining consents
There is a separate consent form for the saliva sample Saliva Sample Consent Form – S. This is to obtain consent to take the sample and should be signed by the respondent or the parent or person with legal parental responsibility in the case of children.

Before taking the sample, check that you have the written consent and that you have circled the correct code on the front of the booklet (office copy). If the respondent agrees to the saliva sample, you should circle code 11 on the front of the consent booklet. If the respondent refused the saliva sample or you were unable to obtain the sample you would code 12.

Once you have obtained the sample, write the respondent’s date of birth and serial number on a urine/saliva tube label in blue biro and attach it to the saliva tube.

6.3 Procedure
The aim is to get as much saliva as possible into the tube.

The protocol:
1. Remove the cap from the plain tube.
2. Give the straw to the respondent. Explain that you want him/her to gather up their saliva (spit) 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 just intended to direct the saliva into the tube. Make sure that you are not getting sputum i.e. that the respondent is not clearing their chest for the spit.
3. Allow the respondent about three minutes to do this. Collect as much as you can in this time. The saliva will be frothy, so it is easy to think you have collected more than you actually have, so do not give up too soon. You should have at least 0.5 cm depth in the tube (not including froth).
4. 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.
5. If the respondent’s mouth is excessively dry and they can not produce saliva allow them to have a drink of plain water. Wait for a few minutes to ensure that no water is retained when they provide the saliva sample.
6. Record on the computer that you have taken the sample along with any problems you may have encountered.

NB. If an adult respondent has a problem with dribbling into the tube then you can follow the protocol for using the dental roll (see below).

Using the dental roll:
The procedure is very simple, but it is crucial to make sure that an adequate amount of saliva is collected.

1. Instruct the respondent to take the dental roll from the tube, insert it in his/her mouth and leave it there until soaked. The aim is to get the dental roll saturated with saliva.
2. Moving the dental roll about the mouth, without chewing, helps to ensure thorough wetting. For most people, 3 minutes will be ample to ensure thorough wetting.
3. If the respondent complains of a dry mouth, and you think you will have difficulties in filling the roll, you can ask them to drink some water before starting the procedure. Wait for a few minutes to ensure that no water is retained when they provide the saliva sample.
4. When the respondent has finished, ask her/him to remove the dental roll from her/his mouth and place it in the plain tube.
5. Check that the roll is well soaked. The tube should feel noticeably heavier than
an unused one. If the dental roll rattles around in the tube like a pea, it is not
sufficiently wet, and you should ask the respondent to put it back in her/his
mouth for a further period.

6. Record on the computer that you have taken the sample, and mention any
problems you might have encountered.

6.4 Packaging the saliva sample
1. Make sure that the lid of the salivary tube is secure.

2. Label the tube (using the RED labels provided for samples). Enter the
respondent’s serial number and date of birth on the label.

3. Insert the tube in the packaging. The choice of the appropriate size of packaging
will depend on the total number of samples obtained by each respondent as
explained in Section 23.2.

Continue to pack as instructed in Section 23.2 ‘Packaging the saliva and urine
samples’.

7 URINE SAMPLE COLLECTION (AGE 16+)

7.1 Introduction
Dietary sodium (salt) consumption has been shown to relate to high blood pressure
and cardiovascular disease. Sodium consumption can be assessed by measuring its
levels in urine.

7.2 Eligibility
All informants aged 16 years and over will be eligible. Women who have their
periods are still eligible to give a urine sample. Respondents with a catheter are
eligible. If the sample is taken from the catheter bag this should be recorded in the
questionnaire. It does not matter if the urine has been in the bag for some time.
Women who are pregnant will not be asked to give a urine sample. Respondents
who are HIV positive or have Hep B or Hep C should not give a urine sample. You
should not ask this information but if the respondent volunteers the information code
as unable to give a sample and write a note.

7.3 Feedback to respondents
We will not be sending the results of individual urine tests to respondents or their
GPs. If asked, use the information below to explain to respondents why this is the
case.

The level of salt in an individual’s urine is heavily influenced by their dietary salt
intake during that day. If we were able to measure an individual’s salt levels over a
three or four day period and take an average from all the measurements, we would
obtain an accurate estimate of their salt levels. However, if for example an individual
has had a Chinese take away on the day we take our sample, his/her levels will be
higher than normal on that occasion and the individual measurement (spot sample)
will not be an accurate reflection of the individual’s salt levels.

The spot sample is therefore an inadequate indicator of dietary sodium on an
individual basis, and individual results will not be useful or meaningful to individuals
or their GPs. However, at a population level the peaks and troughs will even out,
providing us with useful information for analysis.

7.4 Equipment
• A 100ml Polypropylene disposable beaker for urine collection
• A 10ml Sarstedt urine collection syringe containing a small amount of a
preservative
• An instructions leaflet on how to use and fill the Sarstedt syringe
• Red labels

Obtaining consents
There is a separate consent form for the urine sample the Urine Sample Consent
Form – UF(1). Before taking the sample, check that you have the written consent
and that you have circled the correct code on the front of the booklet. If the respondent
agrees to the urine sample, you should circle code 13 on the front of the consent
booklet. If the respondent refused the urine sample or you were unable to obtain the
sample you would code 14.

7.5 Procedure
Nurses will explain the procedure to respondents and show them how to fill the
Sarstedt syringe from the urine collection beaker. A demonstration consisting of a
syringe and a beaker which can be filled with water can be used for this purpose.
The instruction leaflet (see next page) can be left with the re
spondent for easy
reference while performing the urine collection in private, if required.

Respondents will be asked to wash their hands with soap and water prior to voiding.
The syringe should be filled immediately following voiding. The idea is to minimise
specimen exposure to air. It is important that the inside of the urine collection
container is not touched or allowed to come into contact with any part of the
informant’s body or clothing or any external surfaces.

Please ask respondents to collect a mid-flow sample of their urine. The urine will be
passed in the disposable collection beaker. The syringe has a removable extension
tube for withdrawing the urine from the beaker. After the syringe has been filled, the
extension tube is removed, the end of syringe sealed with a plastic cap, and the
syringe plunger stalk snapped. The instruction card shows the steps for the urine
sample collection. Ask the informant to wash the outside of the filled and sealed
syringe and dry it using toilet roll when the sample collection is complete.
If the respondent is unable to fill the syringe themselves, or would rather not do so, you can offer to do this for them. Ask the respondent to give you the urine collection container immediately after voiding, and fill the syringe yourself.

7.6 Packaging, labelling and dispatching the urine sample

1. Make sure that the plastic cap is securely sealed, and the syringe plunger stalk snapped.

2. Label the urine sample tube (using the RED labels provided for samples). Enter the respondent’s serial number and date of birth on the label using a blue biro.

3. Insert the tube in the dispatch container (see Section 23.2).

Continue to pack as instructed in Section 23.2 ‘Packaging the saliva and urine samples’.
Blank page
Appendix C

Glossary

This glossary explains terms used in the report, other than those fully described in particular chapters.

**Acute sickness**
An illness or injury which caused the participant to cut down on any of the things he or she usually does about the house, at work or school or in his or her free time (in the two weeks prior to the interview).

**Age standardisation**
Age standardisation has been used in order to enable different 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 for adults aged 16 and over, using the direct standardisation method. The standard population to which the age distribution of sub groups was adjusted was the mid-year 2006 population estimates for England. All age standardisation has been undertaken separately within each sex.

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.

**Anthropometric measurements**
See **Body mass index (BMI)** and **Waist circumference**

**Arithmetic mean**
See **Mean**

**Blood pressure**
Systolic (SBP) and diastolic (DBP) blood pressure were measured in participants aged 5 and over using a standard method (see Appendix B for measurement protocol). In adults, high blood pressure or hypertension is defined as SBP ≥140mmHg or DBP ≥90mmHg or on drugs prescribed to control hypertension. See also **Diastolic blood pressure**, **Systolic blood pressure**

**Body mass index**
Weight in kg divided by the square of height in metres. Adults (aged 16 and over) can be classified into the following BMI groups:

<table>
<thead>
<tr>
<th>BMI (kg/m²)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 18.5</td>
<td>Underweight</td>
</tr>
<tr>
<td>18.5 to less than 25</td>
<td>Normal</td>
</tr>
<tr>
<td>25 to less than 30</td>
<td>Overweight</td>
</tr>
<tr>
<td>30 or more</td>
<td>Obese</td>
</tr>
</tbody>
</table>

In those with a BMI of 40 or more, the condition is defined as “morbid obesity”. 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. In this report,
overweight and obesity prevalence for children have been estimated using the 85th and 95th BMI percentiles of the 1990 UK reference curves as cut-offs respectively for overweight and obesity.

**Cotinine**

Cotinine is a metabolite of nicotine. It is one of several biological markers that are indicators of smoking. In this survey, it was measured in saliva. It has a half-life in the body of between 16 and 20 hours, which means that it will detect regular smoking (or other tobacco use such as chewing) but may not detect occasional use if the last occasion was several days ago. Anyone with a salivary cotinine level of 15 nanograms per millilitre or more is highly likely to be a tobacco user.

**Creatinine**

This is excreted in urine. Unlike sodium and potassium, the quantity of creatinine excreted 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.

**Diastolic blood pressure**

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**

Income was not included in the Health Survey series until 1997. 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 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 McClemens scoring system, described below.

1. A score was allocated to each household member, and these were added together to produce an overall household McClemens 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 McClemens score.
3. The equivalised income was derived as the annual household income divided by the McClements score.

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 quintiles, 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.


**Government Office Region**

Government Office Region (GOR) is the key classification system used for regional statistics. There are nine Government Office Regions in England: North East, North West, Yorkshire and the Humber, East Midlands, West Midlands, East of England, London, South East and South West. The nine category system has been used since 1998; however, GOR boundaries may change from year to year as they reflect administrative boundaries.

**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). If there is more than one householder, the HRP is the one with the highest income; if they have equal income, then the household reference person is the oldest.

**Hypertension**

See Blood pressure.

**Income**

See Equivalised household income

**Logistic regression**

Logistic regression was used to investigate the effect of two or more independent or predictor variables on a two-category (binary) outcome variable. The independent variables can be continuous or categorical (grouped) variables. The parameter estimates from a logistic regression model for each independent variable give an estimate of the effect of that variable on the outcome variable, adjusted for all other independent variables in the model.

Logistic regression models the log ‘odds’ of a binary outcome variable. The ‘odds’ of an outcome is the ratio of the probability of its occurring to the probability of its not occurring. The parameter estimates obtained from a logistic regression model have been presented as odds ratios for ease of interpretation.

For continuous independent variables, the odds ratio gives the change in the odds of the outcome occurring for a one unit change in the value of the predictor variable.
Parameter estimates for categorical independent variables have been presented in two ways. In some cases, one category of the categorical variable has been selected as a baseline or reference category, with all other categories compared to it. Therefore there is no parameter estimate for the reference category and odds ratios for all other categories are the ratio of the odds of the outcome occurring between each category and the reference category, adjusted for all other variables in the model. In other cases, where there is no obvious reference category, the odds ratios for a given category of a categorical independent variable gives the change in the odds of the outcome occurring compared to the overall odds ("to average").

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.

Longstanding illness and limiting longstanding illness

Longstanding illness was defined as an illness, disability or infirmity that had troubled the participant over a period of time or was likely to affect them over a period of time. Longstanding illnesses 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 HSE classifies according to the reported symptoms. A longstanding illness was defined as limiting if the participant 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.

NS-SEC

The National Statistics Socio-economic Classification (NS-SEC) was introduced from April 2001, and replaced Social Class based on occupation and Socio-economic Groups (SEG). 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. Full details can be found in 'The National Statistics Socio-economic Classification User Manual 2002', ONS 2002.

There are fourteen operational categories representing different groups of occupations (see below) and a further three ‘residual’ categories.

Descriptive definition NS-SEC categories

Large employers and higher managerial occupations L1, L2
Higher professional occupations \( L3 \)
Lower managerial and professional occupations \( L4, L5, L6 \)
Intermediate occupations \( L7 \)
Small employers and own account workers \( L8, L9 \)
Lower supervisory and technical occupations \( L10, L11 \)
Semi-routine occupations \( L12 \)
Routine occupations \( L13 \)
Never worked and long-term unemployed \( L14 \)

The three residual categories: L15 (full time students); L16 (occupation not stated or inadequately described) and L17 (not classifiable for other reasons) are excluded when the classification is collapsed into its analytical classes.

The categories can be further grouped into:
Managerial and professional occupations \( \text{L1-L6} \)
Intermediate occupations \( \text{L7-L9} \)
Routine + manual occupations \( \text{L10-L13} \)

This results in the exclusion of those who have never worked and the long term unemployed, in addition to the groups mentioned above.

The main differences between NS-SEC and SEG that users need to be aware of are:
- the introduction of SOC2000 which includes various new technology occupations not previously defined in SOC90,
- definitional variations in employment status in particular with reference to the term ‘supervisor’,
- the inclusion of armed forces personnel in the appropriate occupation group,
- the separate classification of full-time students, whether or not they have been or are presently in paid employment, and
- the separate classification of long term unemployed who previously were classified by their most recent occupation.

This change has resulted in a discontinuity in time series data. The operational categories of NS-SEC can be aggregated to produce an approximated version of the previous Socio-economic Group. These approximations have been shown to achieve an overall continuity level of 87%.

The Health Survey for England generally uses the five category system of NS-SEC in which respondents are classified as managerial and professional, intermediate, small employers and own account workers, lower supervisory and technical, and semi-routine and routine occupations. In analyses presented in this report it is the NS-SEC of the household reference person which is used.

**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.

Potassium

The intake of potassium (K) can be estimated by measuring urinary excretion. This was analysed in HSE 2007 using a spot urine sample. There is an inverse association between potassium intake and blood pressure. See also Urine, Sodium, Creatinine.

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 for their importance on the magnitude of the differences or associations as well as on the p value itself.

Quintile

Quintiles are percentiles which divide a distribution into fifths, i.e., the 20th, 40th, 60th and 80th percentiles.

Region

See Government Office Region.

SDQ

Strength and Difficulties Questionnaire is filled out by parents of children aged 4-15 years and measures their behaviour over the last 6 months.

Social class of household reference person

A social class was assigned on the basis of the occupation of the household reference person using the Registrar General's Standard Occupational Classification. Occupations are assigned to six social class categories:

- **Social Class**
  - I Professional occupations
  - II Managerial and technical occupations
  - III Skilled occupations
  - (IIINM) (non-manual)
  - (IIIM) (manual)
  - IV Partly skilled occupations
  - V Unskilled occupations

In this report, these six social classes have been combined into two: non-manual (I, II, IIINM) and manual (IIIM, IV, V).

Sodium

The intake of sodium (Na) can be estimated by measuring urinary excretion. This was analysed in HSE 2007 using a spot urine sample. There is an association between sodium intake and blood pressure. See also Urine, Potassium, Creatinine.

Standardisation

In this report, standardisation refers to standardisation (or ‘adjustment’) by age (see Age standardisation).

Strategic Health Authority (SHA)

From July 2006 a new configuration of Strategic Health Authorities (SHAs) was introduced in England, reducing the number from 28 to 10 SHAs. The boundaries are the same as those of the Government Office Regions with the exception of the South East that has been divided into South East Coast SHA and South Central SHA.

Systolic blood pressure

When measuring blood pressure, the systolic arterial pressure is defined as the peak pressure in the arteries, which occurs near the beginning of the cardiac cycle. See also Blood pressure, Diastolic blood pressure.
**Unit of alcohol**

Alcohol consumption is reported in terms of units of alcohol; one unit of alcohol is 10ml by volume of pure alcohol. See Volume 1, Chapter 7 for revised conversion of drinks to units for 2007.

**Urine analysis**

A spot urine sample was collected from adults (16 and over) in the core sample. This was used for the analysis of dietary Sodium, Potassium and Creatinine. Epidemiological, clinical and animal-experimental evidence shows a direct relationship between dietary electrolyte consumption and blood pressure (BP).

**Waist circumference**

Waist circumference is a measure of deposition of abdominal fat i.e. central obesity. A raised waist circumference has been taken to be greater than 102cm in men and greater than 88cm in women. According to NICE guidelines, for men, waist circumference of less than 94cm is defined as ‘low’ waist measurement, between 94cm and 102cm is ‘high’ and more than 102cm is ‘very high’. For women, waist circumference of less than 80cm is defined as ‘low’ waist measurement, between 80cm and 88cm is ‘high’ and more than 88 cm is ‘very high’. These waist circumference categories, in combination with BMI, have been used to identify categories of health risk.


National Centre for Social Research
www.natcen.ac.uk
The National Centre for Social Research is the largest independent social research institute in Britain, specialising in social survey and qualitative research for the development and evaluation of policy. NatCen specialises in research in public policy fields such as health, housing, employment, crime, education and political and social attitudes. Projects include ad hoc and continuous surveys, using face-to-face, telephone and postal methods; many use advanced applications of computer assisted interviewing. NatCen has approximately 300 staff, a national panel of over 1,000 interviewers and 200 nurses who work on health-related surveys.

Department of Epidemiology and Public Health, UCL Medical School
www.ucl.ac.uk/epidemiology
The Department of Epidemiology and Public Health, chaired by Professor Sir Michael Marmot, is a leading centre for research into the social determinants of health. The department has a strong interdisciplinary structure. The Department houses over 170 staff, in 11 main research groups, namely the Joint Health Surveys Unit, part of the Health and Social Surveys Research Group; Cancer Research UK-funded Health Behaviour Research Centre; Central and Eastern Europe Research Group; Dental Public Health; Health Care Evaluation Group; International Centre for Life Course Studies; MRC Unit for Lifelong Health and Ageing (including the National Survey of Health and Development); Psychobiology Group; Clinical Epidemiology Group; Genetic Epidemiology Group; and the Whitehall II Study. Collaborative research is conducted through the International Institute for Society and Health and across the Division.

The Department’s research programme is concerned particularly with social factors in health and illness and inequalities in these, including national cross-sectional surveys of health and behaviour (such as diet), longitudinal studies of cardiovascular disease (Whitehall studies) and the English Longitudinal Study of Ageing (ELSA); international studies of cardiovascular disease and diabetes; sociodental indicators of need; and the socio-economic and policy implications of an ageing population.