8. 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 9

9. 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

10. 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

11. Do you have a bicycle?
   Tick one box
   Yes
   No
   Go to question 12

12. 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
   I never ride a bike
   Go to question 13

13. What do you think about bicycle helmets?  
   Please tick all the boxes that you agree with
   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
   Helmets look good
   It is difficult to get helmets to fit
   Helmets can protect you if you have an accident
   Wearing a helmet makes me feel like a proper cyclist
   57.2%  

Thank you for answering these questions.

Please give the booklet back to the interviewer.
Health Survey for England 2005
Booklet for 13-15 year olds
In Confidence

- Here are some questions for you to answer on your own.
- We are interested in your honest answers.
- We will not tell anyone what your answers are.
- 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 [10] 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 [ ] Go to question 4
- Yes [ ]

- I was [10] years old
Cigarette Smoking

1. Have you ever tried smoking a cigarette, even if it was only a puff or two?

Tick one box

- Yes
- No

Go to next question

2. Now read all the following sentences very carefully and tick the box next to the one which best describes you.

- 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

Tick one box

Go to question 6

Go to question 3

3. How old were you when you tried smoking a cigarette, even if it was only a puff or two?

I was years old

Write in

Go to next question

4. Did you smoke any cigarettes last week?

Tick one box

- Yes
- No

Go to next question

Go to question 6

5. How many cigarettes did you smoke last week?

I smoked cigarettes

Write in

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 labelled low alcohol.

Tick one box

- Yes
- No

Go to question 8

Go to next question

7. Have you ever drunk alcopops (such as Bacardi Breezer, Metz, Hooch, Two Dogs, etc.?)

Tick one box

- Yes
- No

Go to next question

Go to question 17

8. How old were you the first time you had a proper alcoholic drink or an alcopop?

I was years old

Write in

Go to next question

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

Go to next question
10. When did you last have an alcoholic drink or alcopop?

Tick one box

<table>
<thead>
<tr>
<th>No</th>
<th>Go to question 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Go to question 17 on page 7</td>
</tr>
</tbody>
</table>

11. 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

<table>
<thead>
<tr>
<th>No</th>
<th>Go to question 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Go to question 13</td>
</tr>
</tbody>
</table>

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

12. Spirits or liqueurs, such as gin, vodka, whisky, rum, brandy or cocktails

Have you drunk this in the last 7 days?

Tick one box

<table>
<thead>
<tr>
<th>No</th>
<th>Go to question 13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Go to question 14</td>
</tr>
</tbody>
</table>

How much did you drink in the last 7 days?
Write in:

| Glasses (count doubles as two glasses) |

13. Sherry or martini (including port, vermouth, cinzano, dubonnet)

Have you drunk this in the last 7 days?

Tick one box

<table>
<thead>
<tr>
<th>No</th>
<th>Go to question 14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Go to question 15</td>
</tr>
</tbody>
</table>

How much did you drink in the last 7 days?
Write in:

| Glasses (count doubles as two glasses) |

14. Wine (including babycham and champagne)

Have you drunk this in the last 7 days?

Tick one box

<table>
<thead>
<tr>
<th>No</th>
<th>Go to question 15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Go to question 16</td>
</tr>
</tbody>
</table>

How much did you drink in the last 7 days?
Write in:

| Glasses |

5
15. **Alcopop** (such as Bacardi Breezer, Smirnoff Ice, WKD, Hooch, etc.)
   Have you drunk this in the last 7 days?

   ![Diagram with options: No, Yes, Go to question 16, Large cans or bottles, Small cans or bottles]

16. **Other kinds of alcoholic drink?**
   Have you drunk this in the last 7 days?

   ![Diagram with options: No, Yes, Go to question 17, Complete details below]

17. Given your age and height, would you say that you are...

   ![Options: About the right weight, too heavy, too light, not sure]

18. At the present time are you trying to lose weight, trying to gain weight, or are you not trying to change your weight?

   ![Options: Trying to lose weight, trying to gain weight, not trying to change weight]
General health over the last few weeks

Please read this carefully:
We should like to know how your health has been in general over the past few weeks. Please answer ALL the questions by ticking the box below the answer which you think most applies to you.

HAVE YOU RECENTLY:

19. been able to concentrate on whatever you're doing?

20. lost much sleep over worry?

21. felt you were playing a useful part in things?

22. felt capable of making decisions about things?

23. felt constantly under strain?

24. felt you couldn't overcome your difficulties?

25. been able to enjoy your normal day-to-day activities?

26. been able to face up to your problems?

27. been feeling unhappy and depressed?

28. been losing confidence in yourself?

29. been thinking of yourself as a worthless person?

30. been feeling reasonably happy, all things considered?

Thank you for answering these questions.
Please give the booklet back to the interviewer.
Health Survey for England 2005
Booklet for Young Adults

In Confidence

How to fill in this questionnaire

A. Most of the questions on the following pages can be answered by simply ticking the box below or alongside the answer that applies to you.

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></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you feel that you lead a ...</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. Sometimes you are asked to write in a number or the answer in your own words. Please enter numbers as figures rather than words.

Example:

Write in no. 6

C. On most pages you should answer ALL the questions but sometimes you will find an instruction next to the box you have ticked telling you to go to another question.

By following the instructions carefully you will miss out questions which do not apply to you.

Example:

Tick one box

Yes ✔ — Go to Q4

No — Go to Q5

SMOKING

Q1 Have you ever smoked a cigarette, a cigar or a pipe?

Tick one box

Yes — Go to Q2

No — Go to Q9 on page 2

Q2 Have you ever smoked a cigarette?

Tick one box

Yes — Go to Q3

No — Go to Q9 on page 2

Q3 How old were you when you first tried smoking a cigarette, even if it was only a puff or two?

Write in how old you were then

Go to Q4

Q4 Do you smoke cigarettes at all nowadays?

Tick one box

Yes — Go to Q6

No — Go to Q5

Q5 Did you smoke cigarettes regularly or occasionally?

Regularly, that is at least one cigarette a day

Occasionally

Go to Q9 on page 2

CURRENT SMOKERS

Q6 About how many cigarettes a day do you usually smoke on weekdays?

Write in number smoked a day

Go to Q7

Q7 And about how many cigarettes a day do you usually smoke at weekends?

Write in number smoked a day

Go to Q8 on page 2
Q8 Do you mainly smoke...

- filter-tipped cigarettes, [ ] Go to Q9
- plain or untipped cigarettes, [ ]
- or hand-rolled cigarettes? [ ]

**EVERYONE PLEASE ANSWER**

Q9 Did your father ever smoke regularly when you were a child?

- Yes [ ] Go to Q10
- No [ ]
- Don't know [ ]

Q10 Did your mother ever smoke regularly when you were a child?

- Yes [ ]
- No [ ] Go to Q11
- Don't know [ ]

Q11 Do you ever drink alcohol nowadays, including drinks you brew or make at home?

- Tick one box

  - Yes [ ] Go to Q14
  - No [ ] Go to Q12

Q12 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 [ ] Go to Q14
  - Never [ ] Go to Q13

Q13 Have you always been a non-drinker or did you stop drinking for some reason?

- Tick one box

  - Always a non-drinker [ ] Go to Q19 on page 6
  - Used to drink but stopped [ ]

Q14 How old were you the first time you ever had a proper alcoholic drink?

- Write in how old you were then [ ]

Go to Q15 on page 4
Q15 Thinking now about all kinds of drinks, how often have you had an alcoholic drink of any kind during the last 12 months?

- 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

Go to Q16

Q16 Did you have an alcoholic drink in the seven days ending yesterday?

- Yes
- No

Go to Q17

Q17 On how many days out of the last seven did you have an alcoholic drink?

- One
- Two
- Three
- Four
- Five
- Six
- Seven

Go to Q18

Q18 Please think about the day in the last week on which you drank the most. (If you drank the same amount on more than one day, please answer about the most recent of those days.)

From this list, please tick all the types of alcoholic drink which you drank on that day. For the ones you drank, write in how much you drank on that day. EXCLUDE NON-ALCOHOLIC OR LOW-ALCOHOL DRINKS, EXCEPT SHANDY.

WRITE IN HOW MUCH DRUNK ON THAT DAY

TICK ALL DRINKS DRUNK ON THAT DAY

<table>
<thead>
<tr>
<th>Glasses</th>
<th>Pints</th>
<th>Large cans or bottles</th>
<th>Small cans or bottles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strong beer, lager, stout or cider (6% alcohol or more, such as Tennants Super, Special Brew, Diamond White)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sherry or martini (including port, vermouth, cointreau, dubonnet)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wine (including babycham and champagne)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcoholic soft drink (also known as Hooch, or a pre-mixed alcoholic drink such as Bacardi Breezer, WKD or Smirnoff Ice)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other kinds of alcoholic drink</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

WRITE IN NAME OF DRINK

1. 
2. 

(continued on page 6)
GENERAL HEALTH TODAY

Now we would like to know how your health is today.
Please answer ALL the questions. By ticking one box for each question below, please indicate which statements best describe your own health state today.

Q19 Mobility

Tick one box

- I have no problems in walking about
- I have some problems in walking about
- I am confined to bed

Q20 Self-Care

Tick one box

- I have no problems with self-care
- I have some problems washing or dressing myself
- I am unable to wash or dress myself

Q21 Usual activities

Tick one box

- I have no problems with performing my usual activities (eg. work, study, housework, family or leisure activities)
- I have some problems with performing my usual activities
- I am unable to perform my usual activities

Q22 Pain/Discomfort

Tick one box

- I have no pain or discomfort
- I have moderate pain or discomfort
- I have extreme pain or discomfort

Q23 Anxiety/Depression

Tick one box

- I am not anxious or depressed
- I am moderately anxious or depressed
- I am extremely anxious or depressed

GENERAL HEALTH OVER THE LAST FEW WEEKS

Please read this carefully:
We would like to know how your health has been in general over the past few weeks. Please answer ALL the questions by ticking the box below the answer which you think most applies to you.

HAVE YOU RECENTLY:

Q24 been able to concentrate on whatever you're doing?

Tick one box

- Better than usual
- Same as usual
- Less than usual
- Much less than usual

Q25 lost much sleep over worry?

Tick one box

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

Q26 felt you were playing a useful part in things?

Tick one box

- More so than usual
- Same as usual
- Less useful than usual
- Much less useful

Q27 felt capable of making decisions about things?

Tick one box

- More so than usual
- Same as usual
- Less so than usual
- Much less capable

Q28 felt constantly under strain?

Tick one box

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

Q29 felt you couldn't overcome your difficulties?

Tick one box

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual
FAMILY AND FRIENDS

We would now like you to think about your family and friends. By family we mean those who live with you as well as those elsewhere.

Here are some comments people have made about their family and friends. We would like you to say how far each statement is true for you.

Please answer ALL the questions, ticking the box which you think most applies to you.

Q36 There are people I know – amongst my family or friends – who do things to make me happy.

Q37 There are people I know – amongst my family or friends – who make me feel loved.

Q38 There are people I know - amongst my family or friends - who can be relied on no matter what happens.

Q39 There are people I know – amongst my family or friends – who would see that I am taken care of if I needed to be.

Q40 There are people I know - amongst my family or friends - who accept me just as I am.

Q41 There are people I know – amongst my family or friends – who make me feel an important part of their lives.

Q42 There are people I know - amongst my family or friends - who give me support and encouragement.
YOUR LOCAL AREA

The following questions are about the local area in which you live. We are interested to find out about how life in your local area is related to health.

Q43 How long have you lived in this local area?

Write in

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
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<td></td>
</tr>
</tbody>
</table>

Q44 Please say whether you agree or disagree with the following statements:

a This area is a place I enjoy living in.

 Tick one box

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b This area is a place where neighbours look after each other.

 Tick one box

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

c This area has good local transport.

 Tick one box

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

d This area has good leisure things for people like myself, leisure centres or community centres, for example.

 Tick one box

<table>
<thead>
<tr>
<th>Very easy</th>
<th>Fairly easy</th>
<th>Fairly difficult</th>
<th>Very difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q45 From here, how easy is it for you to get to a medium to large supermarket using your usual type of transport?

 Tick one box

<table>
<thead>
<tr>
<th>Very big problem</th>
<th>Fairly big problem</th>
<th>Not a very big problem</th>
<th>Not a problem at all</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q46 From here, how easy is it for you to get to a post office using your usual type of transport?

 Tick one box

<table>
<thead>
<tr>
<th>Very big problem</th>
<th>Fairly big problem</th>
<th>Not a very big problem</th>
<th>Not a problem at all</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q47 In your local area how much of a problem are teenagers hanging around on the streets?

 Tick one box

<table>
<thead>
<tr>
<th>Very big problem</th>
<th>Fairly big problem</th>
<th>Not a very big problem</th>
<th>Not a problem at all</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q48 In your local area how much of a problem is vandalism, graffiti or deliberate damage to property?

 Tick one box

<table>
<thead>
<tr>
<th>Very big problem</th>
<th>Fairly big problem</th>
<th>Not a very big problem</th>
<th>Not a problem at all</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q49 Do you regularly join in the activities of any of these organisations?

Tick all that apply

- Political parties
- Trade unions (including student unions)
- Environmental groups
- Parent-teacher association or school association
- Tenants’ or residents’ group or neighbourhood watch
- Education, arts, music or singing group (including evening classes)
- Religious group or church organisation
- Charity, voluntary or community group
- Group for elderly or older people (eg lunch club)
- Youth group (eg scouts, guides, youth club)
- Women’s institute or Townwomen’s Guild or Women’s group
- Social club (including working men’s club, Rotary club)
- Sports club, gym, exercise or dance group
- Other group or organisation
- OR No I don’t regularly join in any of the activities of these organisations

Q50 Generally speaking, would you say that most people can be trusted or you can’t be too careful in dealing with people?

 Tick one box

<table>
<thead>
<tr>
<th>Can be trusted</th>
<th>Can’t be too careful</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q51 Would you say that most of the time people try to be helpful or just look out for themselves?

 Tick one box

<table>
<thead>
<tr>
<th>Try to be helpful</th>
<th>Look out for themselves</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q52 Do you think most people would take advantage of you if they got the chance or would they try to be fair?

 Tick one box

<table>
<thead>
<tr>
<th>Take advantage</th>
<th>Try to be fair</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Q53 If you are a woman, please go to Q54
If you are a man, thank you for answering these questions.
Please give the booklet back to the interviewer.

WOMEN ONLY PLEASE ANSWER

Q54 Are you currently taking the contraceptive pill or having a contraceptive injection or implant?

Tick one box

Yes  [ ]  Go to Q55
No  [ ]  Go to Q57

Q55 What is the brand name of your contraceptive?
Please write in the name below.

Q56 What kind of contraceptive is this?

Tick one box

Injection  [ ]
Mini pill (progestogen only)  [ ]
Combined pill  [ ]
Implant (Norplant)  [ ]
Not sure  [ ]

Q57 Thank you for answering these questions.
Please give the booklet back to the interviewer.
Health Survey for England: 2005 Study
Booklet for Adults (aged 18-64)
In Confidence

How to fill in this questionnaire

A. Most of the questions on the following pages can be answered by simply ticking the box below or alongside the answer that applies to you.

Example:

Tick one box

<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></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you feel that you lead a ...

Tick one box

Yes [ ] No [ ]

Go to Q4

Go to Q5

B. On most pages you should answer ALL the questions but sometimes you will find an instruction next to the box you have ticked telling you to go to another question.

By following the instructions carefully you will miss out questions which do not apply to you.

Example:

Tick one box

Yes [ ]

Go to Q4

Q1 Mobility

Tick one box

I have no problems in walking about [ ]

I have some problems in walking about [ ]

I am confined to bed [ ]

Q2 Self-Care

Tick one box

I have no problems with self-care [ ]

I have some problems with dressing myself [ ]

I am unable to wash or dress myself [ ]

Q3 Usual activities

Tick one box

I have no problems with performing my usual activities (eg. work, study, housework, family or leisure activities) [ ]

I have some problems with performing my usual activities [ ]

I am unable to perform my usual activities [ ]

Q4 Pain/Discomfort

Tick one box

I have no pain or discomfort [ ]

I have moderate pain or discomfort [ ]

I have extreme pain or discomfort [ ]

Q5 Anxiety/Depression

Tick one box

I am not anxious or depressed [ ]

I am moderately anxious or depressed [ ]

I am extremely anxious or depressed [ ]
GENERAL HEALTH OVER THE LAST FEW WEEKS

Please read this carefully:
We should like to know how your health has been in general over the past few weeks. Please answer ALL the questions by ticking the box below the answer which you think most applies to you.

**HAVE YOU RECENTLY:**

**Q6** been able to concentrate on whatever you're doing?

**Q7** lost much sleep over worry?

**Q8** felt you were playing a useful part in things?

**Q9** felt capable of making decisions about things?

**Q10** felt constantly under strain?

**Q11** felt you couldn't overcome your difficulties?

**HAVE YOU RECENTLY:**

**Q12** been able to enjoy your normal day-to-day activities?

**Q13** been able to face up to your problems?

**Q14** been feeling unhappy and depressed?

**Q15** been losing confidence in yourself?

**Q16** been thinking of yourself as a worthless person?

**Q17** been feeling reasonably happy, all things considered?

General Health Questionnaire (GHQ-12)
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FAMILY AND FRIENDS

We would now like you to think about your family and friends.

By family we mean those who live with you as well as those elsewhere.

Here are some comments people have made about their family and friends. We would like you to say how far each statement is true for you.

Please answer ALL the questions, ticking the box which you think most applies to you.

Q18 There are people I know amongst my family or friends who do things to make me happy.

Tick one box

Not true 3
Partly true 2
Certainly true 1

Q19 There are people I know amongst my family or friends who make me feel loved.

Tick one box

Not true 3
Partly true 2
Certainly true 1

Q20 There are people I know amongst my family or friends who can be relied on no matter what happens.

Tick one box

Not true 3
Partly true 2
Certainly true 1

Q21 There are people I know amongst my family or friends who would see that I am taken care of if I needed to be.

Tick one box

Not true 3
Partly true 2
Certainly true 1

Q22 There are people I know amongst my family or friends who accept me just as I am.

Tick one box

Not true 3
Partly true 2
Certainly true 1

Q23 There are people I know amongst my family or friends who make me feel an important part of their lives.

Tick one box

Not true 3
Partly true 2
Certainly true 1

Q24 There are people I know amongst my family or friends who give me support and encouragement.

Tick one box

Not true 3
Partly true 2
Certainly true 1

YOUR LOCAL AREA

The following questions are about the local area in which you live. We are interested to find out about how life in your local area is related to health.

Q25 How long have you lived in this local area?

Tick one box

Write in

0-2 years
2-5 years
5-10 years
More than 10 years

Q26 Please say whether you agree or disagree with the following statements:

Tick one box

Strongly agree 4
Agree 3
Disagree 2
Strongly disagree 1

a This area is a place I enjoy living in.

Tick one box

Strongly agree 4
Agree 3
Disagree 2
Strongly disagree 1

b This area is a place where neighbours look after each other.

Tick one box

Strongly agree 4
Agree 3
Disagree 2
Strongly disagree 1

c This area has good local transport.

Tick one box

Strongly agree 4
Agree 3
Disagree 2
Strongly disagree 1

d This area has good leisure facilities for people like myself, leisure centres or community centres, for example.

Tick one box

Strongly agree 4
Agree 3
Disagree 2
Strongly disagree 1

Q27 From here, how easy is it for you to get to a medium to large supermarket using your usual type of transport?

Tick one box

Very easy 4
Fairly easy 3
Fairly difficult 2
Very difficult 1

Q28 From here, how easy is it for you to get to a post office using your usual type of transport?

Tick one box

Very easy 4
Fairly easy 3
Fairly difficult 2
Very difficult 1

Q29 In your local area, how much of a problem are teenagers hanging around on the streets?

Tick one box

Very big problem 4
Fairly big problem 3
Not a very big problem 2
Not a problem at all 1
Q30 In your local area how much of a problem is vandalism, graffiti or deliberate

Q31 Do you regularly join in the activities of any of these organisations?

Tick all that apply

- Political parties
- Trade unions (including student unions)
- Environmental groups
- Parent-teacher association or school association
- Tenants' or residents' group or neighbourhood watch
- Education, arts, music or singing group (including evening classes)
- Religious group or church organisation
- Charity, voluntary or community group
- Group for elderly or older people (e.g. lunch club)
- Youth group (e.g. scouts, guides, youth club)
- Women's institute or Townwomen's Guild or Women's group
- Social club (including working men's club, Rotary club)
- Sports club, gym, exercise or dance group
- Other group or organisation

OR No I don't regularly join in any of the activities of these organisations

Q32 Generally speaking, would you say that most people can be trusted or you can't be too careful in dealing with people?

Can be trusted

Can't be too careful

Don't know

Q33 Would you say that most of the time people try to be helpful or just look out for themselves?

Try to be helpful

Look out for themselves

Don't know

Q34 Do you think most people would take advantage of you if they got the chance or would they try to be fair?

Take advantage

Try to be fair

Don't know

Q35 If you are a woman, please go to Q36 below.

If you are a man, thank you for answering these questions. Please give the booklet back to the interviewer.

WOMEN ONLY PLEASE ANSWER

Q36 Have you ever taken the contraceptive pill or had a contraceptive injection or implant?

Tick one box

Yes

Go to Q37

No

Go to Q40

Q37 Are you currently taking the contraceptive pill or having a contraceptive injection or implant?

Tick one box

Yes

Go to Q38

No

Go to Q40

Q38 What is the brand name of your contraceptive?

Please write in the name below.


Q39 What kind of contraceptive is this?

Tick one box

Injection

Mini pill (progestogen only)

Combined pill

Implant (Norplant)

Not sure

Q40 Are you still having periods (menstruating)?

Tick one box

Yes

Go to Q43

No

Go to Q41
Q41  Did your periods stop as a result of an operation?

Tick one box

Yes  Go to Q42
No  Go to Q43

Q42  Have you had any ovaries removed?

Tick one box

Yes  Go to Q43
No

Q43  Have you ever been on Hormone Replacement Therapy (HRT)?

Tick one box

Yes  Go to Q44
No  END

Q44  At what age did you start Hormone Replacement Therapy?
Write in age

years old  Go to Q45

Q45  Are you still on Hormone Replacement Therapy?

Tick one box

Yes  END
No  Go to Q46

Q46  At what age did you stop Hormone Replacement Therapy?
Write in age

years old

Thank you for answering these questions.
Please give the booklet back to the interviewer.
Health Survey for England 2005
Booklet for Adults 65+
In Confidence

How to fill in this questionnaire
A. Most of the questions on the following pages can be answered by simply ticking the box below or alongside the answer that applies to you.

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></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you feel that you lead a ...

Tick one box

B. On most pages you should answer ALL the questions but sometimes you will find an instruction next to the box you have ticked telling you to go to another question.

By following the instructions carefully you will miss out questions which do not apply to you.

Example:

Tick one box

Yes  [ ] Go to Q4
No   [ ] Go to Q5

---

GENERAL HEALTH TODAY

Now we would like to know how your health is today.

Please answer ALL the questions. By ticking one box for each question below, please indicate which statements best describe your own health state today.

Q1 Mobility

Tick one box

I have no problems in walking about [ ]
I have some problems in walking about [ ]
I am confined to bed [ ]

Q2 Self-Care

Tick one box

I have no problems with self-care [ ]
I have some problems washing or dressing myself [ ]
I am unable to wash or dress myself [ ]

Q3 Usual activities

Tick one box

I have no problems with performing my usual activities (eg. work, study, housework, family or leisure activities) [ ]
I have some problems with performing my usual activities [ ]
I am unable to perform my usual activities [ ]

Q4 Pain/Discomfort

Tick one box

I have no pain or discomfort [ ]
I have moderate pain or discomfort [ ]
I have extreme pain or discomfort [ ]

Q5 Anxiety/Depression

Tick one box

I am not anxious or depressed [ ]
I am moderately anxious or depressed [ ]
I am extremely anxious or depressed [ ]

See 286-289
GENERAL HEALTH OVER THE LAST FEW WEEKS

Please read this carefully:
We should like to know how your health has been in general over the past few weeks. Please answer ALL the questions by ticking the box below the answer which you think most applies to you.

HAVE YOU RECENTLY:

**Q6** been able to concentrate on whatever you’re doing?

- Better than usual
- Same as usual
- Less than usual
- Much less than usual

**Q7** lost much sleep over worry?

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

**Q8** felt you were playing a useful part in things?

- More so than usual
- Same as usual
- Less useful than usual
- Much less useful

**Q9** felt capable of making decisions about things?

- More so than usual
- Same as usual
- Less so than usual
- Much less capable

**Q10** felt constantly under strain?

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

**Q11** felt you couldn’t overcome your difficulties?

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

HAVE YOU RECENTLY:

**Q12** been able to enjoy your normal day-to-day activities?

- More so than usual
- Same as usual
- Less so than usual
- Much less than usual

**Q13** been able to face up to your problems?

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

**Q14** been feeling unhappy and depressed?

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

**Q15** been losing confidence in yourself?

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

**Q16** been thinking of yourself as a worthless person?

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

**Q17** been feeling reasonably happy, all things considered?

- More so than usual
- About same as usual
- Less so than usual
- Much less than usual

---

General Health Questionnaire (GHQ-12)

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FAMILY AND FRIENDS

We would now like you to think about your family and friends. By family we mean those who live with you as well as those elsewhere.

Here are some comments people have made about their family and friends. We would like you to say how far each statement is true for you.

Please answer ALL the questions, ticking the box which you think most applies to you.

Q18 There are people I know - amongst my family or friends - who do things to make me happy.

Q19 There are people I know - amongst my family or friends - who make me feel loved.

Q20 There are people I know - amongst my family or friends - who can be relied on no matter what happens.

Q21 There are people I know - amongst my family or friends - who would see that I am taken care of if I needed to be.

Q22 There are people I know - amongst my family or friends - who accept me just as I am.

Q23 There are people I know - amongst my family or friends - who make me feel an important part of their lives.

Q24 There are people I know - amongst my family or friends - who give me support and encouragement.

HOW YOU FEEL

Now we would like to ask you how you feel. Please answer every question by ticking the box which applies to you. Remember that there are no right or wrong answers.

Q25 Are you basically satisfied with your life?  
Tick one box
Not true
Partly true
Certainly true

Q26 Have you dropped many of your activities and interests?

Q27 Do you feel that your life is empty?

Q28 Are you afraid that something bad is going to happen to you?

Q29 Do you feel happy most of the time?

Q30 Do you often feel helpless?

Q31 Do you feel you have more problems with memory than most?

Q32 Do you feel full of energy?

Q33 Do you feel that your situation is hopeless?

Q34 Do you think that most people are better off than you are?
INCONTINENCE

The following questions are about problems with the bladder.

By bladder problems we mean accidentally having wet pants, leaking urine, needing to go to the toilet frequently or urgently, sometimes not making it to the toilet in time, or using aids and appliances to manage incontinence or bladder problems.

Q35 Do you suffer from problems with your bladder?

Tick one box

Yes

Go to Q36

No

Go to Q39

Q36 How often do you have problems with your bladder?

Tick one box

At least once a week

Go to Q37

Less than once a week

Less than once a month

Q37 Which of the following do you use to help with your problem?

Please tick all the boxes that apply to you:

I do not use anything

Go to Q38

Incontinence pads

Protective bed pads

Sanitary towels/pantry liners

Penile sheaths

Intermittent catheters

Indwelling urethral catheters

Suprapubic catheters

Something else (please write in)

Q38 Have you ever talked to or contacted any of the following about your bladder problem?

Please tick yes or no for each box.

Tick one box

Yes

No

Continence adviser

Health visitor

District nurse

Other nurse

GP (family doctor)

Hospital doctor or specialist

Physiotherapist

Local chemist / pharmacist

Other health professional

Q39 Thank you for answering these questions.

Please give the booklet back to the interviewer.
Health Survey for England: 2005

Booklet for parents of 4-15 year olds

In Confidence

How to fill in this questionnaire

The questions in this booklet can be answered by simply circling the number below the answer that applies.

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>Do you feel that you lead a ...</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Strengths and Difficulties Questionnaire

We'd like you to tell us something about your child's behaviour over the last 6 months.

For each item, please circle the number for Not true, Somewhat true, or Certainly true to show how true the item is of your child.

(CIRCLE ONE NUMBER ON EACH LINE)

1. Considerate of other people's feelings
   Not true 1 Somewhat true 2 Certainly true 3

2. Restless, overactive, cannot stay still for long
   Not true 1 Somewhat true 2 Certainly true 3

3. Often complains of headaches, stomach-aches or sickness
   Not true 1 Somewhat true 2 Certainly true 3

4. Shares readily with other children (treats, toys, pencils etc.)
   Not true 1 Somewhat true 2 Certainly true 3

5. Often has temper tantrums or hot tempers
   Not true 1 Somewhat true 2 Certainly true 3

6. Rather solitary, tends to play alone
   Not true 1 Somewhat true 2 Certainly true 3

7. Generally obedient, usually does what adults request
   Not true 1 Somewhat true 2 Certainly true 3

8. Many worries, often seems worried
   Not true 1 Somewhat true 2 Certainly true 3

9. Helpful if someone is hurt, upset or feeling ill
   Not true 1 Somewhat true 2 Certainly true 3

10. Constantly fidgeting or squirming
    Not true 1 Somewhat true 2 Certainly true 3

11. Has at least one good friend
    Not true 1 Somewhat true 2 Certainly true 3

12. Often fights with other children or bullies them
    Not true 1 Somewhat true 2 Certainly true 3

13. Often unhappy, down-hearted or tearful
    Not true 1 Somewhat true 2 Certainly true 3

14. Generally liked by other children
    Not true 1 Somewhat true 2 Certainly true 3

15. Easily distracted, concentration wanders
    Not true 1 Somewhat true 2 Certainly true 3

16. Nervous or clingy in new situations, easily loses confidence
    Not true 1 Somewhat true 2 Certainly true 3

17. Kind to younger children
    Not true 1 Somewhat true 2 Certainly true 3

18. Often lies or cheats
    Not true 1 Somewhat true 2 Certainly true 3

19. Picked on or bullied by other children
    Not true 1 Somewhat true 2 Certainly true 3
20. Often volunteers to help others (parents, teachers, other children)  
   | Not true | Somewhat 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?

   | 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.
The Health Survey for England 2005

Program Documentation

Nurse Schedule

Household grid

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 AGI <= 15 THEN
P1
Person number of child's Parent 1.
Range: 1..12

IF P2 IN [1..12] THEN
NatP2
Parent type of Parent 2.
1 Parent
2 Legal parental responsibility
ENDIF

HHDDate
NURSE: ENTER THE DATE OF THE ORIGINAL HOUSEHOLD INTERVIEW FROM Q2 ON THE NRF (OR INTERIM APPOINTMENT RECORD). 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 Nurse Par1 NatP1 Par2 NatP2
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.
The Health Survey for England 2004: Nurse Schedule

Introduction

IF OC = 1 THEN

Info
You are in the Nurse Schedule for:
   Person Number: 
   Name: 
   Age: 
   Sex: 
Can you interview this person? TO LEAVE THIS SCHEDULE FOR NOW, PRESS <Ctrl Enter>
   1 Yes, I will do the interview now
   2 No, I will not be able to do this interview
ELSEIF OC=2 OR 3 THEN

RefInfo
NURSE: (Name of respondent) IS RECORDED AS HAVING REFUSED A NURSE VISIT. HAS (he/she) CHANGED (his/her) MIND?
NURSE: THERE IS NO INFORMATION YET FROM THE INTERVIEWER WHETHER (Name of respondent) HAS AGREED TO A NURSE VISIT. IF YOU ARE SURE THAT (he/she) HAS COMPLETED AN INTERVIEW AND HAS AGREED TO SEE YOU, CODE 1 FOR "Yes" HERE. ELSE CODE 2 FOR "No"
   1 Yes, (now/this person) agrees nurse visit
   2 No, (still refuses/this person will not have a) nurse visit
ENDIF

ALL WITH A NURSE VISIT (Info = Yes OR RefInfo = Yes, agrees nurse visit)

NurDate
NURSE: ENTER THE DATE OF THIS INTERVIEW.

NDoB
Can I just check your date of birth?
ENTER RESPONDENT'S DATE OF BIRTH, ENTER DAY OF MONTH IN NUMBERS, NAME OF MONTH IN WORDS (FIRST THREE LETTERS), YEAR IN NUMBERS, EG 2Jan72

ConfAge
Derived: Age of respondent based on Nurse entered date of birth and date at time of household interview.
Range: 0.120

DispAge
CHECK WITH RESPONDENT: So your age is (computed age)?
   1 Yes
   2 No

IF Age of Respondent is 0 to 15 years THEN

CParInt
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 'I' TO CONTINUE

CParNo
NURSE CHECK: WHICH PARENT (OR "PARENT") IS GIVING PERMISSION FOR
Prescribed medicines and drug coding

ALL WITH A NURSE VISIT

MedCNJD
Are you taking or using any medicines, pills, syrups, ointments, puffers or injections prescribed for you by a doctor? 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?

1 Continue

Collect details of up to 22 prescribed medicines

FOR i=1 TO 22 DO
IF (/ = 1) OR (MedBiC[i-1] = Yes) THEN

MedBi[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

IF age>16 AND MedCNJD = No OR MedBici = 2 THEN

Statins
Are you taking statins (drugs to lower cholesterol) bought over the counter from a pharmacist, without the prescription of a doctor?

1 Yes
2 No

IF Statins = Yes THEN

StatinA
Have you taken/used any statins in the last 7 days?

1 Yes
5
**Immunisations and Infant Length**

**ASK ALL UNDER 2 YEARS OLD**

**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**

**ImWtHic**

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. (Measles as a separate immunisation)
8. (Mumps as a separate immunisation)
9. (Rubella as a separate immunisation)

**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).

---

**The Health Survey for England 2005 - Nurse Schedule**

**Immunisations & Infant length**

INCLUDE IMMUNISATIONS RECEIVED ABROAD, BUT EXCLUDE IMMUNISATIONS JUST FOR TRAVEL OR HOLIDAYS.

1. Yes
2. No

**IF ImOth = Yes THEN**

**ImOthWh**

Which ones?

**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

**IF CHILD AGED UNDER 2 YEARS BUT OVER 6 WEEKS:**

**LghThMod**

NURSE: NOW FOLLOWS THE INFANT LENGTH MODULE.

PLEASE PRESS <1> AND <Enter> TO CONTINUE.

1. Continue

**LghTh**

(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 LghThNot=Agree THEN**

**Length**

NURSE: MEASURE INFANT’S LENGTH AND RECORD IN CENTIMETRES.

IF MEASUREMENT NOT OBTAINED, ENTER 999.9.

Range: 40.0-999.9

**IF Length <= 999.9 THEN**

**LghThRel**

NURSE: Is this measurement reliable?

1. Yes
2. No

---
ELSE (IF Length = 999.9)
  Y/Nolgh
  NURSE: GIVE REASON FOR NOT OBTAINING A LENGTH MEASUREMENT.
  1 Measurement refused
  2 Attempted, not obtained
  3 Measurement not attempted
ENDIF
ENDIF

IF (Y/Nolgh IN [Refuse..NoTry]) OR (LghtoLht IN [Refuse,Unable]) THEN
  NoAtll
  NURSE: GIVE REASON FOR refusal/not obtaining the measurement/not attempting the
  measurement
  1 Child asleep
  2 Child too frightened or upset
  3 Child too shy
  4 Child would not lie still
  95 Other reason(s)
ENDIF
ENDIF

IF NoAtll=OtherTHEN
  OthNLht
  NURSE: ENTER DETAILS OF OTHER REASON(S) FOR NOT
  OBTAINING/ATTEMPTING THE LENGTH MEASUREMENT.
  Text: maximum 100 characters
ENDIF
ENDIF
ENDIF

IF Length <= 999.9 THEN
  MbkLgh
  NURSE: WRITE THE RESULTS OF THE LENGTH MEASUREMENT ON RESPONDENT’S
  MEASUREMENT RECORD CARD.
  1 Continue
ENDIF

The Health Survey for England 2004 - Nurse Schedule

Vitamin supplements/Nicotine replacements

ALL WITH A NURSE VISIT

Vitamin
At present, are you taking any vitamin or mineral supplements or anything else to supplement
your diet or improve your health, other than those prescribed by your doctor?
  1 Yes
  2 No

Smoke
Can I ask, do you smoke cigarettes, cigars or a pipe at all these days?
CODE ALL THAT APPLY.
IF RESPONDENT USED TO SMOKE BUT DOES NOT ANY MORE, CODE ‘NO’.
  1 Yes, cigarettes
  2 Yes, cigars
  3 Yes, pipe
  4 No

IF (Smoke = Yes, cigarettes) OR (Smoke = Yes, cigar) OR (Smoke = Yes, pipe) THEN
  LastSmok
  How long is it since you last smoked a (cigarette, (and/or) a) cigar, (and/or a) pipe?
  1 Within the last 30 minutes
  2 Within the last 31-60 minutes
  3 Over an hour ago, but within the last 2 hours
  4 Over two hours ago, but within the last 24 hours
  5 More than 24 hours ago
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 CESSION.
  1 Yes
  2 No

IF UseNic=YesTHEN
  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
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Vitamins/Nicotine replacements

3  Can’t say (and no packet available)
ENDEF

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:
IF MORE THAN ONE TYPE - WHICH MOST RECENTLY? IF NOT SURE - ASK TO SEE PACKET
1  Nicorette: 11mg
2  Nicorette: 22mg
3  Nicorette: 5mg
4  Nicorette: 10mg
5  Nicorette: 15mg
6  Nicorette TTS: 10(7mg)
7  Nicorette TTS: 20(14mg)
8  Nicorette TTS: 30(21mg)
9  Other (SPECIFY AT NEXT QUESTION)
10  Can’t say (and no packet available)
ENDEF

IF NicPats=Other THEN
OthNic
STATE NAME AND STRENGTH OF NICOTINE PATCHES
Text: Maximum 140 characters
ENDEF
ENDEF

UseNas
In the last seven days, have you used nicotine nasal spray or a nicotine inhaler?
1  Yes
2  No
ENDEF

Blood pressure

IF Age of Respondent 0 to 4 years THEN
NoBP
NO BLOOD PRESSURE READING TO BE DONE. ENTER ’1’ TO CONTINUE.
1  Continue
ENDEF

IF (PregNTJ = Yes) OR (U/Preg = Pregnant) THEN
PregMes
RESPONDENT IS PREGNANT. NO MEASUREMENTS TO BE DONE. ENTER ’1’ TO CONTINUE.
1  Continue
ENDEF

ALL AGED 5+ (EXCEPT PREGNANT WOMEN)
BPMod
NURSE: NOW FOLLOWS THE BLOOD PRESSURE MODULE. ENTER ’1’ TO CONTINUE:
1  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.
ENTER ’1’ TO CONTINUE.
1  Continue

ELSE (Respondent aged 5-15)
BPBlurb
READ OUT TO PARENT/PARENTS: (As I mentioned earlier) we would like to measure (name of child’s) blood pressure. If you wish, I will write the results on (b/their) Measurement Record Card. I will not, however, be able to tell you what the results mean. This has to be calculated using (b/their) age, sex and height. Also blood pressure can vary from day to day and throughout the day, so one high reading would not necessarily mean that your child has a 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 (b/their) age and height, we shall advise (b/their) GP (with your permission) that (name of child’s) blood pressure should be measured again.
ENTER ’1’ TO CONTINUE.
1  Continue

BPConst
NURSE: Does respondent agree to blood pressure measurement?
1  Yes, agrees
2  No, refuses
3  Unable to measure BP for reason other than refusal
IF BPConst = Yes, agrees THEN
IF Age of Respondent is 13 years or over THEN
ConSubX
May I just check, have you eaten, smoked, drunk alcohol or done any vigorous
exercise in the past 30 minutes?
  CODE ALL THAT APPLY.
  1 Eaten
  2 Smoked
  3 Drunk alcohol
  4 Done vigorous exercise
  5 (None of these)
ELSEIF (Age of Respondent is 5 to 12 years AND BPConst = Yes, agrees) THEN
  ConSubX2
  May I just check, has (name of child) eaten, or done any vigorous exercise, in the past 30
  minutes?
  CODE ALL THAT APPLY.
  1 Eaten
  2 Done vigorous exercise
  3 Neither
ENDIF
OMRONNo
RECORD BLOOD PRESSURE EQUIPMENT SERIAL NUMBER:
  Range: 001.999
CutSize
SELECT CUFF AND ATTACH TO THE RESPONDENT’S RIGHT ARM.
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: 0.0.40.0

Map to Dias repeated for up to 3 blood pressure measurements.

BFReady
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 THE START MEASUREMENTS.
  1 Continue

FOR 1=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:
  NAiBP
  RECORD WHY (ONLY TWO READINGS OBTAINED/ONLY ONE READING
  OBTAINED/READING NOT OBTAINED/READING NOT ATTEMPTED/READING
  REFUSED/UNABLE TO TAKE READING). CODE ALL THAT APPLY.
  0 Problems with PC
  1 Respondent upset/anxious/nervous
  2 Error reading
  3 (IF AGED UNDER 16: Too shy)
  4 (IF AGED UNDER 16: Child would not sit still long enough)
  5 Problems with cuff fitting/painful
  6 Problems with equipment (not error reading)
  95 Other reason(s) (SPECIFY AT NEXT QUESTION)
ENDIF
IF NatiBP = Other THEN
  OthiBP
  ENTER FULL DETAILS OF OTHER REASON(S) FOR NOT OBTAINING/ATTEMPTING
  THREE BP READINGS:
  Text: Maximum 140 characters
ENDIF
IF ONE, TWO OR THREE FULL BLOOD PRESSURE READINGS OBTAINED THEN
  DiBPC
  14
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)

ENDIF

IF DiBDC Other THEN
OthDiBP
NURSE: RECORD FULL DETAILS OF OTHER PROBLEM(S) TAKING READINGS.
Text: Maximum 140 characters
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.
Text: Maximum 140 characters
ENDIF
ENDIF

IF GPRegB <> Yes OR (GPSend = No) THEN
Code02
CIRCLE CONSENT CODE 02 ON FRONT OF CONSENT BOOKLET.
ENTER '1' TO CONTINUE
1 Continue
15

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Blood pressure

ELSEIF GPSend = Yes THEN
Consfrm1
a) COMPLETE BLOOD PRESSURE TO GP IN BOTH THE CONSENT BOOKLET
AND RESPONDENT COPY.
b) ASK RESPONDENT TO READ, SIGN AND DATE IT.
c) CHECK GP NAME, ADDRESS AND PHONE NO. ARE RECORDED ON
CONSENT FORM.
d) CHECK NAME BY WHICH GP KNOWS RESPONDENT.
e) CIRCLE CONSENT CODE 01 ON FRONT OF CONSENT BOOKLET.
1 Continue

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 7-10
DAYS.

IF 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 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 3-5 weeks to have a further blood pressure reading to see whether this is a one-off finding or not.

IF Systolic reading 140-159 OR Diastolic reading 85-99 (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.

IF 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.
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Grip Strength (Adults aged 65+ only)

IF Age of Respondent is >=65 THEN
MMGSWII

Now I would like to assess the strength of your hand in a gripping action. I will count up to three and then ask you to squeeze this handle as hard as you can, just for two or three seconds and then let go. I will take alternately three measurements from your right and your left hand.

Would you be willing to have your handgrip measured?
1 Yes
2 No
3 Unable to take measurement

IF MMGSWII = No OR unable
MMGSWN

NURSE: GIVE DETAILS WHY GRIP STRENGTH TEST NOT ATTEMPTED.
Max 60 characters

ELSE

MMGDom

Which is your dominant hand?
1 Right hand,
2 Left hand

MMGSsta

Can I just check, have you had a recent hand injury or surgery to either hand within the last six months? NURSE: If yes, do not attempt grip strength measure with affected hand(s). If respondent cannot use hand(s) for this or any other reason, code below.
1 Respondent has the use of both hands,
2 Respondent is unable to use Dominant hand,
3 Respondent is unable to use Non Dominant hand,
4 Respondent is unable to use either hand

IF MMGSWII = No, Unable OR MMGSsta = Neither THEN
MMGSSIp

NURSE: STOP TEST, NO HANDGRIPT MEASUREMENT TO BE TAKEN. END OF TEST BECAUSE RESPONDENT IS UNABLE OR NOT WILLING TO DO TEST.

ELSE

MMGSInt

NURSE: Position the respondent correctly. Adjust gripmeter to hand size by turning the lever and reset arrow at zero. Show the respondent how to do the test and let him/her have a practice with one hand.

IF MMGSsta= Dominant OR Both hands
MMGSD1

First measurement dominant hand. NURSE: Enter the result to the nearest whole value.
Range : 0.100

ENDIF

17

IF MMGSsta= Non Dominant OR Both hands
MMGSN1

First measurement non dominant hand. NURSE: Enter the result to the nearest whole value.
Range : 0.100

ENDIF

IF MMGSsta= Dominant OR Both hands
MMGSD2

Second measurement dominant hand. NURSE: Enter the result to the nearest whole value.
Range : 0.100

ENDIF

IF MMGSsta= Non Dominant OR Both hands
MMGSD3

Third measurement non dominant hand. NURSE: Enter the result to the nearest whole value.
Range : 0.100

ENDIF

IF MMGSsta= Non Dominant OR Both hands
MMGSN3

Third measurement non dominant hand. NURSE: Enter the result to the nearest whole value.
Range : 0.100

ENDIF

MMGSTP

NURSE: Record respondent’s position."
1 Standing without arm support,
2 Sitting without arm support,
3 Standing with arm support,
4 Sitting with arm support.

MMGSRes

NURSE CHECK: Code one only.
1 All measures obtained.
2 Some measures obtained.
3 No measures obtained.
### Grip strength

<table>
<thead>
<tr>
<th>If MMGSR=none or none</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMGSPB</td>
</tr>
<tr>
<td>Reasons why no or only some measures were obtained. CODE ALL THAT APPLY.</td>
</tr>
<tr>
<td>1 Respondent refusal,</td>
</tr>
<tr>
<td>2 Respondent in pain in hand/joints/muscles,</td>
</tr>
<tr>
<td>3 Equipment failure,</td>
</tr>
<tr>
<td>4 Other (specify at next question)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If MMGSPB=other</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMGSPRO</td>
</tr>
<tr>
<td>NURSE: Give details of why no or only some measures obtained.</td>
</tr>
<tr>
<td>Max 40 characters</td>
</tr>
</tbody>
</table>

### Balance

<table>
<thead>
<tr>
<th>The Health Survey for England 2005 - Nurse Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walking Speed (Adults aged 65+ only)</td>
</tr>
<tr>
<td>IF Age of Respondent is &gt;=65 THEN</td>
</tr>
<tr>
<td>MmSCHS</td>
</tr>
<tr>
<td>NURSE: Record respondent status.</td>
</tr>
<tr>
<td>1 Observed walking without help of another person or using support,</td>
</tr>
<tr>
<td>2 Observed walking with help of another person or using support,</td>
</tr>
<tr>
<td>3 Not observed - in wheelchair,</td>
</tr>
<tr>
<td>4 Not observed - bed bound,</td>
</tr>
<tr>
<td>5 Not observed - uncertain if respondent has impairment</td>
</tr>
</tbody>
</table>

| IF MmSCHS=Walking with help, in wheelchair, bed bound, uncertain THEN |
| MmALONE |
| I would like to test whether you can walk a very short distance comfortably. Can I just check, are you able to walk alone without holding on to another person (using a walking stick or other aid if necessary)? |
| 1 Yes, |
| 2 Yes but aid unavailable, |
| 3 No |

### MmHSS

| If MmSCHS=Walking unaided OR (MmALONE=Yes) THEN |
| MmHSS |
| I would now like to test whether you can walk a very short distance comfortably (using a walking stick or other aid if necessary). First, I would like to ask a few questions to check it is safe to carry out the test. Do you have any problems from recent surgery, injury, or other health conditions that might prevent you from walking? |
| 1 No apparent restriction, |
| 2 Yes, recent surgery, |
| 3 Yes, injury, |
| 4 Yes, other health condition. |

| If MmHSS=No restriction THEN |
| MmWILL |
| Are you willing to do the walking test? |
| 1 Yes, |
| 2 No |

| If MmWILL=Yes THEN |
| MmSaf |
| NURSE: Do you feel that it is safe to continue with the walking test? |
| 1 Yes, |
| 2 No |

| If (MmHSS= Recent surgery, Injury, Other health condition) OR (MmALONE=No, Aid |
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unavailable) OR (MmSafe=No) THEN
MmStop
  NURSE: STOP TEST.
ENDIF

IF (MmWill= Yes) THEN
  MmAvsp
  NURSE: Check availability of suitable space.
  1  Suitable space available,
  2  No suitable space.

IF (MmAvsp= Suitable space available) THEN
  MmWala
  This is our walking course. I want you to walk to the other end of the course at your usual walking pace, just as if you were walking down the street to go to the shops. Walk all the way past the other end of the tape before you stop.
  NURSE: DEMONSTRATE THE WALK FOR THE RESPONDENT.
  Do you feel this would be safe?
  1  Yes
  2  No

IF (MmWala= Yes) THEN
  MmStrt
  NURSE: ASK THE RESPONDENT TO STAND WITH BOTH FEET TOGETHER AT THE START OF THE WALKING COURSE.
  When the respondent is properly positioned at the start of the walking course, say: 'Ready, begin.' Press the start/stop button to start the stopwatch as the respondent's foot hits the floor across the starting line. Stop timing when the respondent's foot hits the floor after the end of the walking course.
  ENTER 1 TO CONTINUE.

  MmTrya
  NURSE: RECORD RESULTS OF FIRST TRIAL.
  Enter time at next question.

  MmWikA
  NURSE: RECORD TIME IN SECONDS TO TWO DECIMAL PLACES.
  Range 0.00..997.00

  MmWalb
  Now I want you to repeat the walk. Remember to walk at your usual pace, and go all the way past the other end of the course.
  Continue

  MmTryb
  NURSE: RECORD RESULT OF SECOND TRIAL.
  Enter time at next question.

  MMWikB

Balance

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NURSE: RECORD TIME IN SECONDS TO TWO DECIMAL PLACES.
Range 0.00..997.00
ENDIF
ENDIF

IF (MmYryA= Success) OR (MmYryB= Success) THEN
  MmPain
  Did you have pain while you were performing the walking test?
  1  Yes
  2  No

  MmRecR
  NURSE: Record type of floor surface.
  1  Linoleum/tile/ wood,
  2  Low-pile carpet,
  3  Thick-pile carpet,
  4  Concrete,
  5  Other.

IF (MmRecR= Other) THEN
  MmRecRO
  NURSE: Enter other type of floor surface.
  Max 20 characters
ENDIF

  MmAid
  NURSE: Record type of aid used.
  1  None,
  2  Walking stick or cane,
  3  Elbow crutches,
  4  Walking frame,
  5  Other.

IF (MmAid= Other) THEN
  MmAidO
  NURSE: Enter other type of aid used.
  Max 20 characters
ENDIF
ENDIF

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Balance module (Adults aged 65+ only)

IF Age of Respondent is >=65 THEN

MmBCInt
I would now like to carry on with some more physical performance measurements, this will involve asking you to move your body in different ways. I will first describe and show each movement to you, then I'd like you to try to do it. If you cannot do a particular movement, or if you feel it would be unsafe to try to do it, please tell me and we'll move on to the next one. Let me emphasize that I do not want you to try to do any exercise that you feel might be unsafe.

ENTER 1 TO CONTINUE.

MmBCSc
Do you have any problems from recent surgery, injury or other health conditions that might prevent you from standing up from a chair or balancing?
1 Yes
2 No

IF MmBCSc=Yes THEN

MmBCCCh
After you describe each test, discuss with respondent whether (his/her) should attempt the test given (his/her) physical problems. Do not assume a respondent is too physically limited to attempt a test without discussing it with (him/her).

ENTER 1 TO CONTINUE.

ENDIF

MmSSInt
NURSE: First explain and then demonstrate the side-by-side stand to the respondent.
I want you to try to stand with your feet together, side-by-side, for about 10 seconds. You may use your arms, bend your knees, or move your body to maintain your balance, but try not to move your feet. Try to hold this position until I tell you to stop. You may support yourself on a chair, table or wall while getting into position.

ENTER 1 TO CONTINUE.

MmSSSc
Do you feel that would be safe?
1 Yes
2 No

IF MmSSSc=Yes THEN

MmSSSSt
NURSE: Ask the respondent to stand up. Stand to the side of the respondent. Press the start button to start the stopwatch as soon as the respondent gets into the position and removes their hand from the support. Stop the stopwatch and say 'Stop' after 10 seconds or when the participant steps out of position or grabs your arm.

ENTER 1 TO CONTINUE.

MmSSSRe
NURSE: Record the outcome of the side-by-side stand.
1 Held for 10 seconds,
2 Held for less than 10 seconds,
3 Not attempted.

IF MmSSSRe=Less than 10 seconds THEN

MmSSSTi
NURSE: Record the time in seconds to two decimal places.
Range 0.00-9.99

ENDIF

ENDIF

IF MmSSSc=No OR MmSSSRe=Not attempted THEN

MmSSNa
NURSE: Record reason side-by-side stand was not attempted.
1 Tried but unable,
2 Participant could not hold position unassisted,
3 Not attempted, you felt unsafe,
4 Not attempted, participant felt unsafe,
5 Participant unable to understand instructions,
6 Other reason,
7 Participant refused.

ENDIF

IF MmSSSRe=Held for 10 seconds THEN

MmSTInt
NURSE: First explain and then demonstrate the semi-tandem stand to the respondent:
'Now I will show you the next movement. I want you to try to stand with the side of the heel of one foot touching the big toe of the other foot for about 10 seconds. You may put either foot in front, whichever is more comfortable for you. You may use your arms, bend your knees, or move your body to maintain your balance, but try not to move your feet. Try to hold this position until I tell you to stop. You may support yourself on a chair, table or wall while getting into position.'

ENTER 1 TO CONTINUE.

MmSTSc
Do you feel that would be safe?
1 Yes
2 No

IF MmSTSc=Yes THEN

MmSTSSt
NURSE: Ask the respondent to stand up. Stand to the side of the respondent. Press the start button to start the stopwatch as soon as the respondent gets into the position and removes their hand from the support. If necessary, provide gentle support to the respondent's arm to help (him/her) into the semi-tandem position. Stop the stopwatch and say 'Stop' after 10 seconds or when the participant steps out of position or grabs your arm.

ENTER 1 TO CONTINUE.

MmSTSr
Record the outcome of the semi-tandem stand.
1 Held for 10 seconds,
2 Held for less than 10 seconds,
3 Not attempted.
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Balance

IF MmSrRe=Held for less than 10 seconds THEN
MmSTT1
NURSE: Record the time in seconds to two decimal places.
Range 0.00-9.99
ENDIF
ENDIF

IF MmSTSc=No OR MmSrRe=Not attempted THEN
MmSTNa
NURSE: Code the reason why semi-tandem stand was not attempted.
1  Tried but unable,
2  Participant could not hold position unassisted,
3  Not attempted, you felt unsafe,
4  Not attempted, participant felt unsafe,
5  Participant unable to understand instructions,
6  Other reason,
7  Participant refused.
ENDIF
ENDIF

IF MmSrRe=Held for 10 seconds THEN
MmFTT1
NURSE: First explain and then demonstrate the full tandem stand to the respondent: ‘Now I will show you the next movement. I want you to try to stand with the heel of one foot in front of and touching the toes of the other foot for about 10 seconds. You may put either foot in front, whichever is more comfortable for you. You may use your arms, bend your knees, or move your body to maintain your balance, but try not to move your feet. Try to hold this position until I tell you to stop. You may support yourself on a chair, table or wall while getting into position.’
ENTER 1 TO CONTINUE.

MmFTSc
Do you feel that would be safe?
1  Yes
2  No

IF MmFTSc=Yes THEN
MmFTSH
NURSE: Ask the respondent to stand up. Stand to the side of the respondent. Press the start button to start the stopwatch as soon as the respondent gets into the position and removes their hand from the support. If necessary, provide gentle support to the respondent’s arm to help (tandem) into the full tandem position. Stop the stopwatch and say ‘Stop’ after 10 seconds or when the participant steps out of position or grabs your arm.
ENTER 1 TO CONTINUE.

MmFTRe
NURSE: Record the outcome of the full tandem stand.
1  Held for 10 seconds,
2  Held for less than 10 seconds,
3  Not attempted.

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Balance

IF MmFrRe=Held for less than 10 seconds THEN
MmFTT1
NURSE: Record the time in seconds to two decimal places.
Range 0.00-9.99
ENDIF
ENDIF

IF MmFTSc=No OR MmFrRe=Not attempted THEN
MmFTNa
NURSE: Record reason full tandem stand was not attempted.
1  Tried but unable,
2  Participant could not hold position unassisted,
3  Not attempted, you felt unsafe,
4  Not attempted, participant felt unsafe,
5  Participant unable to understand instructions,
6  Other reason,
7  Participant refused.
ENDIF
ENDIF
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**Leg Raise (Adults aged 65+ only)**

**IF Age of Respondent is ≥65 OR < 60 AND MmSSRE = More than 10 seconds THEN**

**LegInt**
Now follows the Leg Raise module.
ENTER 1 TO CONTINUE.

**MmLOInt**
NURSE: First explain and then demonstrate the leg raise to the respondent: I want you to try to stand on one leg, whichever one you want, and raise the other leg off the ground a few inches. Stand for as long as you can - I will stop you at 30 seconds. You may use your arms, bend your knees, or move your body to maintain your balance, but try not to move your feet. Try to hold this position until I tell you to stop. You may support yourself on a chair, table or wall while getting into position.
ENTER 1 TO CONTINUE.

**MmLOSc**
Do you feel that would be safe?
1 Yes
2 No

**IF MmLOSc=Yes THEN**

**MmLOSt**
NURSE: Ask the respondent to stand up near to a firm support, eg wall or chair. Press the start button to start the stopwatch as soon as the respondent raises one foot off the ground and removes their hand from the support. Stop the stopwatch and say 'Stop!' when the raised leg touches the floor as the respondent loses (hiser) balance or B) after 30 seconds, whichever happens first.
ENTER 1 TO CONTINUE.

**MmLORe**
NURSE: Record the outcome of the leg raise.
1 Held for 30 seconds,
2 Held for less than 30 seconds,
3 Not attempted.

**IF MmLORe=Held for less than 30 seconds THEN**

**MmLOTI**
NURSE: Record the time in seconds to two decimal places.
Range: 0.00..29.99
ENDIF
ENDIF

**IF MmLOSc = No OR MmLORe = Not attempted THEN**

**MmLONa**
NURSE: Record reason leg raise was not attempted.
1 Tried but unable,
2 Participant could not hold position unassisted,
3 Not attempted, you felt unsafe,

---

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4 Not attempted, participant felt unsafe,
5 Participant unable to understand instructions,
6 Other reason,
7 Participant refused.
ENDIF

**IF MmLORe=Held for 30 seconds THEN**

**MmLSInt**
NURSE: First explain and then demonstrate the leg raise with eyes closed to the respondent:
Now I would like you to repeat the procedure one more time, this time with your eyes closed. I want you to close your eyes and try to stand on one leg, whichever one you want, and raise the other leg off the ground a few inches. Stand for as long as you can - I will stop you at 30 seconds. You may use your arms, bend your knees, or move your body to maintain your balance, but try not to move your feet. Try to hold this position until I tell you to stop. You may support yourself on a chair, table or wall while getting into position.
ENTER 1 TO CONTINUE.

**MmLSSc**
Do you feel that would be safe?
1 Yes
2 No

**IF MmLSSc=Yes THEN**

**MmLSSt**
NURSE: Ask the respondent to stand up near to a firm support, eg wall or chair. Press the start button to start the stopwatch as soon as the respondent raises one foot off the ground and removes their hand from the support. Stop the stopwatch and say 'Stop!' when the raised leg touches the floor as the respondent loses (hiser) balance or B) after 30 seconds, whichever happens first.
ENTER 1 TO CONTINUE.

**MmLSRe**
NURSE: Record the outcome of the leg raise with eyes shut.
1 Held for 30 seconds,
2 Held for less than 30 seconds,
3 Not attempted.

**IF MmLSRe=Held for less than 30 seconds THEN**

**MmLSTI**
NURSE: Record the time in seconds to two decimal places.
Range: 0.00..29.99
ENDIF
ENDIF

**IF MmLSSc = No OR MmLSRe = Not attempted THEN**

**MmLSNa**
NURSE: Record reason leg raise with eyes shut was not attempted.
1 Tried but unable,
2 Participant could not hold position unassisted,
3 Not attempted, you felt unsafe,
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Leg Raise

4 Not attempted, participant felt unsafe,
5 Participant unable to understand instructions,
6 Other reason,
7 Participant refused.

ENDIF

ENDIF

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Blood sample

Chair Raise (Adults aged 65+ only)

IF Age of Respondent is >=60 THEN

MmCRAv
NURSE: Check the availability of a suitable chair.
1 Suitable chair available,
2 No suitable chair available.

IF MmCRAv = Suitable chair available THEN

MmCRInt
The next test measures the strength in your legs. NURSE: First explain and then demonstrate the procedure. I want you to try to stand up from a firm straight-backed chair, like a dining chair. First, fold your arms across your chest and sit so that your feet are on the floor; then stand up keeping your arms folded across your chest.
ENTER 1 TO CONTINUE.

MmCRSc
Do you feel it would be safe to do this?
NURSE: If the participant cannot rise without using arms, SAY: ‘Okay, try to stand up using your arms.’
1 Yes
2 No

IF MmCRSc = Yes THEN

MmCRRRe
NURSE: Record the outcome of single chair rise measure.
1 Participant stood without using arms,
2 Participant used arms to stand,
3 Test not completed.

IF MmCRRRe = Not completed THEN

MmCRNa
NURSE: Record the reason why the test was not completed.
1 Tried but unable,
2 Participant could not hold position unassisted,
3 Not attempted, you felt unsafe,
4 Not attempted, participant felt unsafe,
5 Participant unable to understand instructions,
6 Other reason,
7 Participant refused.

ENDIF

ENDIF

IF MmCRRRe=Stood without using arms THEN

MmRRInt
NURSE: Use the same chair and the same place as in the single chair rise. Now I would like you to repeat the procedure but this time I want you to stand up straight as quickly as you can (ten/try) times without stopping in between and without using your arms to push off. After standing up each time, sit down and then stand up again. Keep your arms folded

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across your chest. I'll be timing you with a stopwatch.
ENTER 1 TO CONTINUE.

MmRRSc
Do you feel it would be safe to do that?
1 Yes
2 No

IF MmRRSc = Yes THEN

MmRRStt
NURSE: Ask the respondent to resume the sitting position (feet/shoes) was in just before standing up, with feet resting on the floor and arms folded across the chest. When the participant is properly start the stopwatch as soon as you say 'Ready?' Begin. Count out loud as (feet/shoes) rises each time, up to (ten/five) times. A rise is complete when the respondent is fully standing with their back straight. When the respondent has straightened up completely for the (tenfif/ten) time, stop the stopwatch.
ENTER 1 TO CONTINUE.

MMRRRRe
NURSE: Record the total number of rises completed.
Range: 0.10
ENDIF

IF MMRRRRe = 5 – 10 THEN

MMRRTFI
NURSE: Record the time in seconds to two decimal places to complete five chair rises.
Range: 0.00.65.00
ENDIF

IF Age>60 AND MMRRRRe=10 THEN

MMRRRTTI
NURSE: Record the time in seconds to two decimal places to complete ten chair rises.
Range: 0.00.65.00
ENDIF

ENDIF

IF (MmRRSc=No) OR (MMRRRRe=5) OR (Age>69 AND MMRRRRe=10) THEN

MMRBRna
NURSE: Record reason why participant did not attempt or failed to complete all chair rises.
1 Tried but unable,
2 Participant could not hold position unassisted,
3 Not attempted, you felt unsafe,
4 Not attempted, participant felt unsafe,
5 Participant unable to understand instructions,
6 Other reason,
7 Participant refused.
ENDIF

ENDIF
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Blood sample

IF Allergy[1] = Yes THEN
  NoAme[1]
  AMETOP GEL CANNOT BE USED. IS RESPONDENT WILLING TO GIVE BLOOD SAMPLE WITHOUT AMETOP GEL?
  Code 1 if yes, willing to give blood sample without AMETOP gel.
  Code 2 if no, not willing to give blood sample without AMETOP gel.
  1 Yes, willing
  2 No, no blood sample
ELSEIF Allergy[1] = No THEN
  AmeNow
  NURSE CODE: ARE YOU GOING TO APPLY AMETOP DURING THE FIRST VISIT, OR RETURN FOR A SECOND VISIT?
  1 During the first visit
  2 Return for a second visit.
ELSEIF BSWill = No THEN
  RefBSC
  RECORD WHY BLOOD SAMPLE REFUSED. CODE ALL THAT APPLY.
  1 Previous difficulties with venepuncture
  2 Dislike/fear of needles
  3 Respondent recently had blood test/health check
  4 Refused because of current illness
  5 Worried about HIV or AIDS
  95 Other

IF RefBS = Other THEN
  OthRefBS
  GIVE FULL DETAILS OF OTHER REASON(S) FOR REFUSING BLOOD SAMPLE.
  Text: Maximum 135 characters
ENDIF
ELSEIF BSWill = Yes THEN
  IF (AmeUse[1] = No OR AmeNow = No OR Later = Return OR NoAme[1] = Yes) THEN
    BSConsC
    EXPLAIN NEED FOR WRITTEN CONSENT: Before I can take any blood, I have to obtain written consent from you.
    ENTER ‘1’ TO CONTINUE.
    1 Continue
ENDIF
ENDIF

IF (NoAme[1] <> No) AND (Later <> Now) THEN
  IF BSWill = Yes THEN
    IF (RespBPS = Tried..Refused) THEN
      GPSam
      NURSE CHECK:
      1 Respondent registered with GP
      2 Respondent not registered with GP
      ENDIF
    ELSEIF SendSam = Yes OR GPSam = GP THEN
      SendSam
      May we send the results of your blood sample analysis to your GP?
      1 Yes
      2 No
    ELSEIF BSSign = Yes THEN
      BSSign
      OBTAIN (SIGNATURES OF RESPONDENT) IN BOTH CONSENT BOOKLET AND RESPONDENTS COPY OF BLOOD SAMPLE CONSENT FORM.
      CHECK NAME BY WHICH GP KNOWS RESPONDENT.
      CHECK GP NAME, ADDRESS AND PHONE NO. ARE RECORDED ON FRONT OF CONSENT BOOKLET.
      CIRCLE CONSENT CODE 83 AND CODE 85 ON FRONT OF CONSENT BOOKLET.
      ENTER ‘1’ TO CONTINUE.
      1 Continue
    ELSEIF SendSam = No THEN
      SenSaC
      Why do you not want your blood sample results sent to your GP?
      1 Hardly/never sees GP
      2 GP recently took blood sample
      3 Does not want to bother GP
      4 Other
    ELSEIF OthSam = Other THEN
      OthSam
      GIVE FULL DETAILS OF REASON(S) FOR NOT WANTING RESULTS SENT TO GP.
      Text: Maximum 140 characters
    ENDIF
  ENDIF
ENDIF

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Blood sample

IF (GPSam = NoGP OR SendSam = No) THEN
Code08
CIRCLE CONSENT CODE 06 ON FRONT OF CONSENT BOOKLET.
ENTER ‘1’ TO CONTINUE
1 Continue
ENDIF

ConStorB
ASK RESPONDENT: May we have your consent to store any remaining blood for future analysis?
1 Yes, Storage consent given
2 No, Consent refused
IF ConStorB = Yes THEN
Code09
OBTAIN (SIGNATURES OF RESPONDENT) IN BOTH THE CONSENT BOOKLET AND
THE RESPONDENT COPY OF THE BLOOD SAMPLE CONSENT FORM.
CIRCLE CONSENT CODE 09 ON FRONT OF CONSENT BOOKLET.
1 Continue
ELSEIF ConStorB = No THEN
Code10
CIRCLE CONSENT CODE 10 ON FRONT OF CONSENT BOOKLET.
ENTER ‘1’ TO CONTINUE.
1 Continue
ENDIF

IF (AmeUse[1] = Yes AND NoAme[1] = Yes) THEN
DoAME
BLOOD SAMPLE WITH Ametop gel.
CHECK YOU HAVE ALL APPLICABLE SIGNATURES.
APPLY AMETOP GEL FOLLOWING INSTRUCTIONS.
WAIT AT LEAST 30 MINUTES BEFORE ATTEMPTING BLOOD SAMPLE.
ENTER ‘1’ TO COMPLETE REST OF SCHEDULE OR OTHER SCHEDULES WHILE
WAITING.
ENTER ‘2’ WHEN THE HOUR HAS PASSED TO TAKE BLOOD SAMPLE.
1 Complete rest of schedule
2 30 minutes have passed, ready to take blood sample
ENDIF

IF (DoAME = Rest) THEN
TakeSam
CHECK YOU HAVE ALL APPLICABLE SIGNATURES. TAKE BLOOD SAMPLES:
FILL (1 Plain (red) tube / 1 Plain (red) tube, 1 EDTA (purple) tube and 1 citrate tube in this order).
WRITE THE SERIAL NUMBER AND DATE OF BIRTH ONTO THE RED LABEL USING A
BLUE BIRO. DO ONE LABEL PER TUBE.
Serial number: (displays serial number)
Date of birth: (displays date of birth)
CHECK THE DATE OF BIRTH AGAIN WITH THE RESPONDENT. STICK THE GREEN
LABEL OVER THE LABEL WHICH IS ALREADY ON THE TUBE.
ENTER ‘1’ TO CONTINUE.
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Blood sample

SampF3
CODE IF CITRATE (BLUE) TUBE FILLED (INCLUDE PARTIALLY FILLED TUBE):
  1 Yes
  2 No
ENDIF

IF SampF1 = Yes OR SampF2 = Yes OR SampF3 = Yes THEN
  SampTak= Yes
ELSE
  SampTak= No
ENDIF

SampTak
Computed: Blood sample outcome.
  1 Blood sample obtained
  2 No blood sample obtained

IF SampTak = Yes THEN
  SampArm
  RECORD WHICH ARM BLOOD TAKEN FROM.
  1 Right
  2 Left
  3 Both

SamDiff
  RECORD ANY PROBLEMS IN TAKING BLOOD SAMPLE. CODE ALL THAT APPLY.
  1 No problem
  2 Incomplete sample
  3 Collapsing/poor veins
  4 Second attempt necessary
  5 Some blood obtained, but respondent felt faint/fainted
  6 Unable to use tourniquet
  7 Other (SPECIFY AT NEXT QUESTION)

IF SamDiff = Other THEN
  OthBDif
  GIVE FULL DETAILS OF OTHER PROBLEM(S) IN TAKING BLOOD SAMPLE.
  Text: Maximum 140 characters
ENDIF

SnDrSam
Would you like to be sent the results of your blood sample analysis?
  1 Yes
  2 No

IF SnDrSam = Yes THEN
  Code1
  CIRCLE CONSENT CODE 09 ON FRONT OF CONSENT BOOKLET.
  ENTER ‘1’ TO CONTINUE.
  1 Continue
ENDIF

ELSEIF SnDrSam = No THEN
  Code122
  CIRCLE CONSENT CODE 10 ON FRONT OF CONSENT BOOKLET.
  ENTER ‘1’ TO CONTINUE.
  1 Continue
ENDIF

ELSEIF SampTak = No THEN
  NoBSC
  CODE REASON(5) NO BLOOD OBTAINED. CODE ALL THAT APPLY.
  1 No suitable or no palpable vein/collapsed veins
  2 Respondent was too anxious/nervous
  3 Respondent felt faint/fainted
  4 Other

IF NoBSc = Other THEN
  OthNoBSC
  GIVE FULL DETAILS OF REASON(5) NO BLOOD OBTAINED.
  Text: Maximum 140 characters
ENDIF

Code12
CROSS OUT CONSENT CODES 05, 07, AND 09 IF ALREADY CIRCLED ON FRONT
OF CONSENT BOOKLET, REPLACE WITH CONSENT CODES 06, 08, AND 10 ON
FRONT OF CONSENT BOOKLET. ENTER ‘1’ TO CONTINUE.
  1 Continue
ENDIF
ENDIF
ENDIF
ENDIF
Urine Sample

IF Respondent aged 65+ AND Samptype=Core THEN

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

UriSamp
NURSE: ASK RESPONDENT TO TAKE CONTAINER AND PROVIDE A URINE SAMPLE. WRITE THE SERIAL NUMBER AND DATE OF BIRTH ON A BLOOD LABEL AND ATTACH TO URINE SAMPLE TUBE OVER THE GREEN LABEL.
1 Continue

UriObt1
NURSE CHECK:
1 Urine sample obtained
2 Urine sample refused
3 Urine sample not attempted
4 Attempted not obtained

ENDIF

IF (UriObt1 = Refused, Not Attempted, Attempted not Obtained) OR (UriIntro=Unable) THEN

UriNoObt
NURSE: RECORD WHY URINE SAMPLE NOT OBTAINED CODE ALL THAT APPLY.
3 Respondent not able to produce any urine
4 Other (specify at next question)

IF (UriNoObt = Other) THEN

OthNoObt
NURSE: GIVE FULL DETAILS OF REASON(S) WHY URINE SAMPLE NOT OBTAINED. Text: Maximum of 140 characters.

ENDIF

ENDIF

Demi-span

IF Respondent aged 65+ THEN

SpanIntro
NURSE: NOW FOLLOWS THE MEASUREMENT OF DEMI-SPAN. ENTER '1' TO CONTINUE.
1 Continue

SpanInt
I would now like to measure the length of your arm. Like height, it is an indicator of size.
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 SpanInt=Agreed 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 <> 999.9 THEN
SpanRel[i]
Is the (First/Second/Third) measurement reliable?
1 Yes
2 No

ENDIF

ENDIF
ENDDO

IF (Span1 = 999.9) AND (Span2 = 999.9) THEN

YNoSpan
NURSE: GIVE REASON FOR NOT OBTAINING AT LEAST ONE DEMI-SPAN MEASUREMENT.
1 Both measurements refused
2 Attempted but not obtained
3 Measurement not attempted

ENDIF

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

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2 Respondent confined to bed
3 Respondent too stooped
4 Respondent did not understand the procedure
5 Other

IF NotAtHM = Other THEN
  OthAtHM
  NURSE: GIVE FULL DETAILS OF OTHER REASON FOR (REFUSAL/NOT OBTAINING MEASUREMENT/MEASUREMENT NOT BEING ATTEMPTED)
  Text: Maximum 140 characters
ENDIF

ELSE (If at least one measurement obtained)
  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
ENDIF

DSCard
WRITE RESULTS OF DEMI-SPAN MEASUREMENT ON RESPONDENTS MEASUREMENT RECORD CARD. Demi-span: (Measurement 1 and 2 displayed)
ENTER ‘1’ TO CONTINUE.
  1 Continue

ENDIF
ENDDO

Waist and Hip circumference

IF Respondent aged 11+ THEN
  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
ENDIF

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
  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
IF NO OR ONE MEASUREMENT OBTAINED ((WHINintroRefuse OR Unable) OR only one waist/hip measurement obtained) THEN

WHINABM
GIVE REASON(S) FOR REFUSAL/WHY UNABLE/FOR NOT OBTAINING MEASUREMENT/FOR NOT ATTEMPTING/WHY ONLY ONE MEASUREMENT OBTAINED.CODING ALL THAT APPLY.
1. Respondent is chairbound
2. Respondent is confined to bed
3. Respondent is too stooped
4. Respondent did not understand the procedure
5. Respondent is embarrassed / sensitive about their size
6. No time/ busy/ already spent enough time on this survey
7. Other (SPECIFY AT NEXT QUESTION)

IF WHINABM = Other THEN

OthWH
GIVE FULL DETAILS OF 'OTHER' REASON(S) FOR NOT GETTING FULL WAIST/HIP MEASUREMENT:
Text: Maximum 140 characters

ENDIF

IF AT LEAST ONE WAIST MEASUREMENT OBTAINED (IF (Waist1 <> 999.9 AND Waist1 <> EMPTY) OR (Waist2 <> 999.9 AND Waist2 <> EMPTY)) THEN

WJRrel
RECORD ANY PROBLEMS WITH WAIST MEASUREMENT:
1. No problems experienced, RELIABLE waist measurement
2. Problems experienced - waist measurement likely to be RELIABLE
3. Problems experienced - waist measurement likely to be SLIGHTLY UNRELIABLE
4. Problems experienced - waist measurement likely to be UNRELIABLE

IF WJRrel = Problems experienced THEN

ProbWJR
RECORD WHETHER PROBLEMS EXPERIENCED ARE LIKELY TO INCREASE OR DECREASE THE WAIST MEASUREMENT:
1. Increases measurement
2. Decreases measurement

ENDIF

IF AT LEAST ONE HIP MEASUREMENT OBTAINED (IF (Hip1 <> 999.9 AND Hip1 <> EMPTY) OR (Hip2 <> 999.9 AND Hip2 <> EMPTY)) THEN

HJRrel
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
Saliva sample

IF Respondent aged 4 - 15 THEN

SalIntr1
NURSE: NOW FOLLOWS THE SALIVA SAMPLE.
  1 Continue

SalIntr1
NURSE: IF YOU HAVE NOT ALREADY DONE SO, ASK RESPONDENT FOR A SALIVA SAMPLE.
READ OUT: I would like to take a sample of saliva (spit). This simply involves dribbling saliva down a straw into a tube. The sample will be analysed for cotinine, which is related to the intake of tobacco smoke and is of particular interest to see if non-smokers may have raised levels as a result of ‘passive’ smoking
  1 Respondent agrees to give saliva sample
  2 Respondent refuses to give saliva sample
  3 Unable to obtain saliva sample for reason other than refusal

IF SalIntr1=Agree THEN

SalInst
ASK RESPONDENT TO DRIBBLE THOUGH STRAW INTO TUBE / INSERT DENTAL ROLL IN MOUTH AND PROVIDE SALIVA SAMPLE.
  1 Continue

SalObt1
NURSE CHECK
  1 Saliva sample obtained
  2 Saliva sample refused
  3 Saliva sample not attempted
  4 Attempted but not obtained

ENDIF

ENDIF

IF (SalObt1=Not attempted or Attempted, not obtained) OR (SalIntr1=Unable) THEN

SalNObt
RECORD WHY SALIVA SAMPLE NOT OBTAINED.
CODE ALL THAT APPLY.
  3 Respondent not able to produce any saliva
  4 Other (SPECIFY AT NEXT QUESTION)

IF SalNObt = Other THEN

OthNObt
GIVE FULL DETAILS OF REASON(S) WHY SALIVA SAMPLE NOT OBTAINED.
Text: Maximum 140 characters

ENDIF

ENDIF

Thank
NURSE: END OF QUESTIONNAIRE REACHED. THANK RESPONDENTS FOR THEIR CO-OPERATION.
THEN ENTER ‘1’ TO FINISH.