Appendix A

Fieldwork documents

Stage 1 leaflet: Interviewer
Stage 2 leaflet: Nurse
Household questionnaire
Individual questionnaire
Selected show cards (excluding those where answer categories are given in the questionnaire documentation)
Fresh fruit size coding list
Self completion booklets
8-12 year olds
13-15 year olds
Young adults
Adults
Parents of 4-15 year olds
Adults: Eating habits
Nurse questionnaire
Consent sheets
The Health Survey for England: 2005

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

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

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

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

The 2005 survey has questions about your general health, and about behaviour that can affect your health such as eating habits, physical activity, smoking and drinking. The survey also collects, if you agree, some physical measurements such as height, weight, blood pressure, a saliva sample and a urine sample. Some personal details such as age, sex and employment are needed to interpret this information.

Why have we come to your household?
To visit every household in England would take too long and cost too much money. Instead we select a sample of addresses and ask the people at that address to take part in the 2005 Health Survey.

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

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

Is the survey compulsory?
No. In all our surveys we rely on voluntary co-operation. The success of the survey depends on the goodwill and co-operation of those asked to take part. The more people who do take part, the more useful the results will be. You are free to withdraw from the survey at any time. However, we will not be able to remove individual information after the survey results have been published.

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

The nurse will carry out a length measurement for infants under 2 years. The nurse will measure blood pressure (for children aged 5 and over) and waist and hip circumferences (for those aged 11 and over). For children aged 4 to 15, the nurse will ask consent to collect a sample of saliva (spit).

For adults (aged 16 and over) the nurse will measure blood pressure and waist and hip circumferences. The nurse will also ask your consent to collect a sample of urine.

Thank you for your co-operation

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Tel: 020 7549 7048

Department of Epidemiology and Public Health
Royal Free and University College London
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Tel: 020 7679 5646

The nurse will have to get your written permission before saliva, blood or urine samples can be taken. You are of course free to choose not to give a sample, even if you are willing to help the nurse with everything else.

The analysis of all the measurements and samples will tell us a lot about the health of the population. During the visit, the nurse will be able to explain the importance of these measurements and answer any questions.

Do I get anything from the survey?
If you wish, you may have a record of your measurements. Also, if you wish, your measurements and blood pressure results can be sent to your GP who will be able to interpret them for you and give you advice if necessary. Your GP may also want to include the results in any future report about you.

Other benefits from the survey will be indirect and in due course will come from any improvements in health and in health services which result from the survey.

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

Your co-operation is very much appreciated.
Thank you very much for your help with this survey.
The Health Survey for England: 2006

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

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

The Second Stage

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

- Blood pressure (Age 5 years and over)

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

- Waist-to-height ratio (Age 11 years and over)

Laterly there has been much discussion about the relationship between weight and health. We have already recorded your weight and height but another factor is the distribution of weight over the body. The ratio of your waist to hip measurements is most useful for assessing this.

- Urine sample (Age 16 years and over)

Some adults aged 16 and over will be asked to provide a sample of their urine. Analysis of urine samples will tell us how much sodium (salt) there is in people’s diets. This is useful information for assessing the health of the population, as high salt levels are related to health-related conditions such as high blood pressure. This sample will only measure salt levels and will not be tested for substance abuse.

- Saliva sample (Aged 4 years to 15 years)

We would like to take a sample of saliva (spit). This simply involves dribbling saliva down a straw into a tube, or sucking on a piece of cotton wool. The sample will be analysed for cotinine. Cotinine is related to the intake of cigarette smoke and is of particular interest to see whether non-smokers may have raised levels as a result of ‘passive’ smoking. The saliva will only be tested for cotinine and will not be tested for substance abuse.

- Blood sample (Age 16 years and over)

We would be very grateful if you would agree to provide us with a sample of blood. The analysis of the blood samples will tell us a lot about the health of the population. You are, of course, free to choose not to give a blood sample and the nurse will ask for your written permission before a blood sample is taken.

This part of the survey involves a small amount of blood (no more than 10ml or three teaspoons) being taken from your arm by a qualified nurse. The blood sample will be sent to a medical laboratory for testing haemoglobin, ferritin, total cholesterol, HDL cholesterol, glycated haemoglobin, fibrinogen, and C-reactive protein. Some tests are only carried out for certain age groups.

Haemoglobin is the red pigment in the blood, which carries oxygen. A low level of haemoglobin is called anaemia. One reason for a low level of haemoglobin may be a shortage of iron. Ferritin is a measure of the body’s iron stores. Both haemoglobin and ferritin are measures of nutritional status.

Cholesterol is a type of fat present in the blood, related to diet. Too much cholesterol in the blood increases the risk of heart disease. Glycated haemoglobin is an indicator of diabetes risk. Fibrinogen is a protein necessary for blood clotting. The level of C-reactive protein in the blood gives information on inflammatory activity in the body, and it is also associated with risk of heart disease.

We would like to store a small amount of blood. Medical tests of blood samples are becoming more advanced and specialised. This means that we may be able to learn more about the health of the population by re-testing blood in the future. We will ask separately for permission to store blood.

The blood samples will not be tested for the HIV (AIDS) virus.

Letting your GP know the results

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

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

Might there be implications for insurance cover?

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

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

If I have any other questions?

We hope this leaflet answers the questions you have, and that it shows the importance of the survey. If you have any other questions about the nurse measurements, results or samples please do not hesitate to ring one of the contacts listed below. Your co-operation is very much appreciated.

National Centre for Social Research
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The Health Survey for England 2006 - Household Questionnaire

P2627

The Health Survey for England 2006

Program Documentation

Household Questionnaire

Point
SAMPLE POINT NUMBER.
Range: 1–997

Address
ADDRESS NUMBER.
Range: 1–97

Hhold
HOUSEHOLD NUMBER.
Range: 1–9

AadrField
PLEASE ENTER THE FIRST TEN CHARACTERS OF THE FIRST LINE OF THE ADDRESS TAKEN FROM A.R.F. ADDRESS LABEL. MAKE SURE TO TYPE IT EXACTLY AS IT IS PRINTED.
Text: Maximum 10 characters

First
INTERVIEWER FOR INFORMATION... You are in the Questionnaire for
Point no: (Point number)
Address no: (Address number)
Household no: (Household number)

IntDate
PLEASE ENTER THE DATE OF THIS INTERVIEW. ENTER DAY OF MONTH IN NUMBERS, NAME OF MONTH IN WORDS (FIRST THREE LETTERS), YEAR IN NUMBERS, eg. 2 Jan 98.

WhoHere
INTERVIEWER: COLLECT THE NAMES OF THE PEOPLE IN THIS HOUSEHOLD.
1. Continue
IF First person in household OR More=Yes THEN
Name
What is the name of person number (1-12)?
ENTER PERSON’S FORENAME
More
Is there anyone else in this household?
1. Yes
2. No
ENDIF

The Health Survey for England 2006 - Household Questionnaire

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

HHISize
Derived household size.
Range: 1–12

SizeConf
So, can I check, altogether there are (x) number from HHISize) people in your household?
1. Yes
2. No, more than (x)
3. No, less than (x)

HOUSEHOLD COMPOSITION GRID FOR ALL HOUSEHOLD MEMBERS (MAXIMUM 12)

Person
Person number in Household Grid
Range: 1–12

Name
First name from WhoHere

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

DoB
What is (name of respondent’s) date of birth?

Enter Day of month in numbers, Name of month in words (first three letters), Year in numbers, eg. 2 Jan 1972.

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

IF AgeOf = NONRESPONSE THEN
AgeEst
INTERVIEWER CODE: ASK IF NECESSARY (are you / is he/she) AGED UNDER 2 YEARS, AT LEAST 2 UP TO 15 YEARS, OR 16 YEARS OR OLDER?
IF NOT KNOWN, TRY TO GET BEST ESTIMATE.
1. Under 2 years
2. 2 to 15 years
3. 16 to 64 years
4. 65 and over

ENDIF
The Health Survey for England 2006 - Household Questionnaire

IF (AgeOf >=16) OR (AgeEst = 16 years or older) THEN
Marital
Are you (is he/she) living with (husband/wife),
married and separated from (husband/wife),
civil partner in a legally recognised Civil Partnership
8 formerly in a legally recognised civil partnership and civil partnership is now legally dissolved
9 a surviving civil partner (his/her partner has since died)

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

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

ASK OR RECORD
1 Yes
2 No
3 SPONTANEOUS ONLY - same sex couple

ENDIF

IF AgeOf = 16 - 17 THEN
LegPar
Can I check, do either of (name of respondent's) parents, or someone who has legal parental
responsibility for him/her, live in this household?
1 Yes
2 No

ENDIF

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

Par1
Which of the people in this household are (name of respondent's) parents or have legal
parental responsibility for him/her on a permanent basis?
CODE FIRST PERSON AT THIS QUESTION. IF Not a household member/dead, CODE

97 Range: 1...97

IF Par1 = 1.12 THEN

Par2
Which other person in this household is (name of respondent's) parent or have legal
parental responsibility for him/her on a permanent basis?
CODE SECOND PERSON AT THIS QUESTION. IF no-one else in the household, CODE

97 Range: 1...97
The Health Survey for England 2006 - Household Questionnaire

ASK ALL

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

CODE ALL THAT APPLY.
(Codeframe of all household members)
1-12 Person numbers of household members
97 Not a household member

IF HHldr <> empty THEN
IF HHSize > 1 THEN
HoHNum
INTERVIEWER: CODE PERSON NUMBER OF HEAD OF HOUSEHOLD, USING
STANDARD RULES.
(SEE INSTRUCTIONS OR HELP <F9> THEN PRESS <Esc>.)
(List of household members displayed)
ENDIF
ENDIF

HHResp
INTERVIEWER CODE: WHO WAS THE PERSON RESPONSIBLE FOR ANSWERING
THE GRIDS IN THIS QUESTIONNAIRE?
(Codeframe of adult household members)
1-12 Person numbers of household members

IF More than one person coded at HHldr THEN
HHNum
You have told me that (name) and (name) jointly own or rent the accommodation. Which of
you/who has the highest income (from earnings, benefits, pensions and any other sources)?
ENTER PERSON'S NUMBER - IF TWO PEOPLE HAVE THE SAME INCOME, ENTER 13
(Codeframe of joint householders)
1-12 Person numbers of household members
13 Two people have the same income
97 Don't know

IF HHNum=13 THEN
JntElEd
ENTER PERSON NUMBER OF THE ELDEST JOINT HOUSEHOLDER FROM THOSE
WITH THE HIGHEST INCOME.
ASK OR RECORD.
(Codeframe of joint householders)
1-12 Person numbers of household members
ENDIF
ELSEIF HHNum=Don't know or Refused
JntElEd
ENTER PERSON NUMBER OF THE ELDEST JOINT HOUSEHOLDER.
ASK OR RECORD.
(Codeframe of joint householders)
1-12 Person numbers of household members
ENDIF

HRP
INTERVIEWER: THE HOUSEHOLD
(Displays name of Household Reference
Person)

The Health Survey for England 2006 - Household Questionnaire

PRESS <I> AND <Enter> TO CONTINUE.

HQResp
Status of person answering grids.
1 HoH
2 Spouse/partner of HoH
3 Other adult

DVHRPNum
Person number of Household Reference Person

Eligible
INTERVIEWER: FOR YOUR INFORMATION THE PERSONS IN THIS HOUSEHOLD
ELIGIBLE FOR INDIVIDUAL INTERVIEW ARE:
(List of eligible respondents)

ASK ALL
Tenure1
SHOW CARD C
Now, I'd like to get some general information about your household. In which of these ways
does your household occupy this accommodation? Please give an answer from this card.
1 Own it outright
2 Buying it with the help of a mortgage or loan
3 Pay part rent and part mortgage (shared ownership)
4 Rent it
5 Live here rent free (including rent free in relative's/friend's property; excluding squatting)
6 Squatting

IF Tenure1=Pay part rent/part mortgage OR Rent it OR Live here rent free THEN
JobAccom
Does the accommodation go with the job of anyone in the household?
1 Yes
2 No

LandLORD
Who is your landlord?
READ OUT AND CODE FIRST THAT APPLIES,
1 ...the local authority/council/ New Town Development,
2 a housing association or co-operative or charitable trust,
3 employer (organisation) of a household member,
4 another organisation,
5 relative/friend (before you lived here) of a household member,
6 employer (individual) of a household member,
7 another individual private landlord?

Furn1
Is the accommodation provided...READ OUT...
1 ...furnished,
2 partly furnished (e.g. curtains and carpets only),
3 or, unfurnished?
ENDIF
The Health Survey for England 2006 - Household Questionnaire

ASK ALL
Bedrooms
How many bedrooms does your household have, including bed sitting rooms and spare bedrooms?
EXCLUDE BEDROOMS CONVERTED TO OTHER USES (e.g. bathroom). INCLUDE BEDROOMS TEMPORARILY USED FOR OTHER THINGS (e.g. study, playroom).
Range: 0..20
ENDIF

ASK ALL
PasSm
Does anyone smoke inside this (house/flat) on most days?
INTERVIEWER: INCLUDE NON-HOUSEHOLD MEMBERS WHO SMOKE IN THE HOUSE OR FLAT. EXCLUDE HOUSEHOLD MEMBERS WHO ONLY SMOKE OUTSIDE THE HOUSE OR FLAT.
1 Yes
2 No

IF PasSm = Yes THEN
NumSm
How many people smoke inside this (house/flat) on most days?
Range: 1..20
ENDIF

ASK ALL
Car
Is there a car or van normally available for use by you or any members of your household?
INCLUDE ANY PROVIDED BY EMPLOYERS IF NORMALLY AVAILABLE FOR PRIVATE USE BY RESPONDENT OR MEMBERS OF HOUSEHOLD.
1 Yes
2 No

IF Car = Yes THEN
NumCars
How many are available?
1 One
2 Two
3 Three or more

ENDIF

The Health Survey for England 2006 - Household Questionnaire

IF HQResp = Head of Household OR Spouse/partner of Head of household
Srlnc
Please look at SHOW CARD D. There has been a lot of talk about health and income. I would like to get some idea of your household's income. This card shows various possible sources of income. Can you please tell me which kinds of income you (and your husband/wife/partner) receive?
PROBE: FOR ALL SOURCES. CODE ALL THAT APPLY
1 Earnings from employment or self-employment
2 State retirement pension
3 Pension from former employer
4 Personal Pensions
5 Child Benefit
6 Job-Seekers Allowance
7 Pension Credit
8 Income Support
9 Working Tax Credit
10 Child Tax Credit
11 Housing Benefit
12 Other state benefits
13 Interest from savings and investments (e.g. stocks & shares)
14 Other kinds of regular allowance from outside your household (e.g. maintenance, student's grants, rent)
15 No source of income

Jnlnc
SHOW CARD E
This card shows income in weekly, monthly and annual amounts. Which of the groups on this card represents (you/you and your husband/wife/partner's combined) income from all these sources, before any deductions for income tax, National Insurance, etc? Just tell me the number beside the row that applies to (you/your joint incomes).
ENTER BAND NUMBER. DON'T KNOW = 96, REFUSED = 97.
Range: 1.31, 96, 97

IF 2 Adults in household who are not spouse/partner, or 3 or more adults in household THEN
Ohlnc
Can I check, does anyone else in the household have an income from any source?
1 Yes
2 No

IF Ohlnc = Yes THEN
HHlnc
SHOW CARD E
Thinking of the income of your household as a whole, which of the groups on this card represents the total income of the whole household before deductions for income tax, National Insurance, etc.
ENTER BAND NUMBER. DON'T KNOW = 96, REFUSED = 97.
Range: 1.31, 96, 97
ENDIF

ENDIF

ENDIF

EMPLOYMENT DETAILS OF HOUSEHOLD REFERENCE PERSON COLLECTED
The Health Survey for England 2006 - Household Questionnaire

NHAActiv
SHOW CARD F
Which of these descriptions applies to what you / name (Household Reference Person) were doing last week, that is in the seven days ending \textit{date last Sunday}?

\textbf{CODE FIRST TO APPLY}.

1 Going to school or college full-time (including on vacation)
2 In paid employment or self-employed (or temporarily away)
3 On a Government scheme for employment training
4 Doing unpaid work for a business that you own, or that a relative owns
5 Waiting to take up paid work already obtained
6 Looking for paid work or a Government training scheme
7 Intending to look for work but prevented by temporary sickness or injury (CHECK MAX 28 DAYS)
8 Permanently unable to work because of long-term sickness or disability (USE ONLY FOR MEN AGED 16-64 OR WOMEN AGED 16-59)
9 Retired from paid work
10 Looking after home or family
11 Doing something else (SPECIFY)

IF NHAActiv = Doing something else THEN
NHAActivO
OTHER: PLEASE SPECIFY.
Text: Maximum 60 characters
ENDIF

IF NHAActiv = Going to school or college full-time THEN
HStWork
Did you / name (Household Reference Person) do any paid work in the seven days ending \textit{date last Sunday}, either as an employee or self-employed?

1 Yes
2 No
ENDIF

IF (NHAActiv = Intending to look for work but prevented by temporary sickness or injury, Retired from paid work, Looking after the home or family or Doing something else) OR (HStWork=No) AND (Household Reference Person aged under 65 (men)/60 (women)) THEN
H4WkLook
Thinking now of the 4 weeks ending \textit{date last Sunday}, were you / name (Household Reference Person) looking for any paid work or Government training scheme at any time in those four weeks?

1 Yes
2 No
ENDIF

IF NHAActiv = (Looking for paid work or a government training scheme) OR H4WkLook = Yes THEN
H2WkStrt
If a job or a place on a Government training scheme had been available in the 2 weeks \textit{after} \textit{date last Sunday}, would you / name (Household Reference Person) have been able to start within two weeks?

1 Yes
2 No
ENDIF

IF NHAActiv = (Looking for work or a government training scheme) THEN
9

\textbf{END IF}
The Health Survey for England 2006 - Household Questionnaire

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

Text: Maximum 60 characters

HFMTime
Wemp/Arp/Will you/name (Household Reference Person) be working full-time or part-time?
(FULL-TIME = MORE THAN 30 HOURS, PART-TIME = 30 HOURS OR LESS)
1 Full-time
2 Part-time

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

Text: Maximum 50 characters

HMatUsed
IF RELEVANT: What materials or machinery do/did/will you/name (Household Reference Person) use? IF NONE USED, WRITE IN ‘NONE’.

Text: Maximum 50 characters

HSklNee
What skills or qualifications are/were needed for the job?

Text: Maximum 120 characters

HEmploye
Wemp/Arp/Will you/name (Household Reference Person) be...READ OUT...
1 an employee
2 or, self-employed?
IF IN DOUBT, CHECK HOW THIS EMPLOYMENT IS TREATED FOR TAX & NI PURPOSES.

IF HEmploye = self employed THEN
HDircr
Can I just check, in this job are/were/will you/name (Household Reference Person) be a Director of a limited company?
1 Yes
2 No
ENDIF

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

HEmpEns
Including yourself/name (Household Reference Person), about how many people are/were/will be employed at the place where you/name usually work(s)/usually worked/will work?
1 1 or 2
2 3-24
3 25-499
4 500+

ENDIF
The Health Survey for England 2006 - Individual Questionnaire

Program Documentation

Individual Questionnaire

Introduction

ALL

IntDate
PLEASE ENTER THE DATE OF THIS INTERVIEWER, ENTER DAY OF MONTH IN NUMBERS, NAME OF MONTH IN WORDS (FIRST THREE LETTERS), YEAR IN NUMBERS E, EG. 2 Jan 1998.

PersDisp
INTERVIEWER FOR YOUR INFORMATION...the person(s) allocated to this session are:
(list all allocated respondents)

IF AgeE>0-12 THEN
    AdResp
    WHO IS ANSWERING ON BEHALF OF (name of selected child <13)?
ENDIF

The Health Survey for England 2006 - Individual Questionnaire

General Health

ASK ALL
OwnDoB
What is your date of birth?
ENTER DAY OF MONTH IN NUMBERS, NAME OF MONTH IN WORDS (FIRST THREE LETTERS), YEAR IN NUMBERS, E.g. 2 Jan 1972.
IF (Name) DOES NOT KNOW HIS/HER DATE OF BIRTH, PLEASE GET AN ESTIMATE.

IF OwnDoB = Response THEN
    OwnAge
    Can I just check, your age is (computed age)?
       1 Yes
       2 No
ENDIF
IF OwnDoB = Not known/Refused THEN
    OwnAgeE
    Can you tell me your age last birthday? IF NECESSARY: What do you estimate your age to be?
    Range: 1-120
    IF (OwnAgeE = Not known/Refused) AND (Estimated age from household grid >=16) THEN
    AgeEst
    INTERVIEWER: ESTIMATE NEAREST AGE
    18 (ie between 16-19)
    25 (ie between 20-29)
    35 (ie between 30-39)
    45 (ie between 40-49)
    55 (ie between 50-59)
    65 (ie between 60-69)
    75 (ie between 70-79)
    85 (ie 80+)
    ELSE IF (OwnAgeE = Not known/Refused) AND (Estimated age from household grid < 16) THEN
    AgeEst
    INTERVIEWER: ESTIMATE NEAREST AGE
    1 1 year
    3 3 years
    5 5 years
    7 7 years
    9 9 years
    11 11 years
    13 13 years
    15 15 years
ENDIF
ENDIF
ASK ALL
GenHelf
How is your health in general? Would you say it was ...READ OUT...
       1 very good
       2 good
       3 fair
       4 bad
       5 very bad?
The Health Survey for England 2006 - Individual Questionnaire

General Health

LongIll
Do you have any long-standing illness, disability or infirmity? By long-standing I mean anything that has troubled you over a period of time, or that is likely to affect you over a period of time?
1  Yes
2  No

IF LongIll = Yes THEN
FOR (i = 1 TO 6 DO
IF (i = 1) OR (More[i] = Yes) THEN
Records up to six long-standing illnesses
IllsTxt[i]
What else is the matter with you?
INTERVIEWER: RECORD FULLY. PROBE FOR DETAIL.
IF MORE THAN ONE MENTIONED, ENTER ONE HERE ONLY.
Open Answer: up to 60 characters
Variable names for text are IllsTxt1-IllsTxt6

IF (i < 6) THEN
More[i]
(Can I check) do you have any other long-standing illness, disability or infirmity?
1  Yes
2  No
ENDIF
ENDIF
ENDDO

IF LongIll = Yes THEN
LimitAct
Does this illness or disability/do any of these illnesses or disabilities limit your activities in any way?
1  Yes
2  No
ENDIF

ASK ALL
LastFort
Now I'd like you to think about the two weeks ending yesterday. During those two weeks did you have to cut down on any of the things you usually do about the house or at school/work/or in your free time because of a condition you have just told me about or some other illness or injury?
1  Yes
2  No

IF LastFort = Yes THEN
DaysCut
How many days was this in all during these 2 weeks, including Saturdays and Sundays?
Range: 1..14
ENDIF

Diabetes

ASK ALL AGED 0-15 YEARS
IntCDia
You have told me about (name of child) general health. I would now like to go and talk about (his/her) health in more detail.
INTERVIEWER: IF YOU HAVE ALREADY TOLD THAT (NAME OF CHILD) HAS DIABETES, CODE 1 TO CONTINUE, OTHERWISE CODE 2.
1  Already been told that respondent has diabetes.
2  Have not been told that respondent has diabetes.

IF IntCDia = Already been told that respondent has diabetes THEN
DiabLong
You told me earlier that (name of child) has diabetes. Did a doctor tell you that (he/she) has diabetes?
1  Yes
2  No
ENDIF
ENDIF
ELSEIF
CDiab
Does (name of child) now have, or has (he/she) ever had diabetes?
1  Yes
2  No
ENDIF
ENDIF

IF CDiab = Yes THEN
Diabetes
Were you told by a doctor that (name of child) had diabetes?
1  Yes
2  No
ENDIF

IF DiabLong = Yes OR Diabetes = Yes THEN
DiAge
Approximately how old was (your child) when you were first told by a doctor that they had diabetes?
ENTER AGE IN YEARS.
ENDIF

Insulin
Does (name of child) currently inject insulin for diabetes?
1  Yes
2  No

Dimed
Is (name of child) currently taking any medicines, tablets or pills (other than insulin injections) for diabetes?
1  Yes
2  No
The Health Survey for England 2006 - Individual Questionnaire

Fractures

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

1  Yes
2  No

IF FracYr = Yes THEN
FyrNo
How many times in the last 12 months have you fractured or broken a bone - if you fractured more than one bone in the same incident, please count this as one time?*

Range: 1.50

FOR ldx = 1 TO 10 DO
IF [ldx] = 0* THEN should we translate this to say if fyryo=1 to 10 do FyrWh
SHOW CARD G
Thinking about the most recent time you fractured or broke a bone/now thinking about the time before that - which bone or bones did you fracture or break on that occasion? Please call out the names from this card.

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

IF FyrWh = Other
FyrWhO
What was the name of the other bone that you fractured/broke?
Text: Maximum 50 characters

ENDIF
The Health Survey for England 2006 - Individual Questionnaire

Fractures

IF FYrWh = Shoulder OR Upper arm OR Lower arm OR Wrist OR Hand THEN
  FArm
  You said that you broke a bone or bones in your shoulder, arm, wrist or hand.
  SHOW CARD H
  Looking at this card can you tell me which part of the bone or the name of the bone you fractured/broke?
  CODE ALL THAT APPLY.
  1. Shoulder (Scapula)
  2. Upper arm - upper end/neck
  3. Upper arm - middle/shaft
  4. Upper arm - lower end/above elbow
  5. Elbow
  6. Lower arm - upper end/below elbow
  7. Lower arm - middle/shaft
  8. Lower arm - at the wrist (Coles fracture)
  9. Hand - at the wrist (carpals)
  10. Hand (metacarpals)
  11. Finger(s)/thumb (phalanges)
ENDIF

IF FYrWh = Knee OR Ankle OR Lower leg OR Upper leg OR Hip joint THEN
  FLeg
  You said that you broke a bone or bones in your hip, leg, knee or foot.
  SHOW CARD I
  Looking at this card, can you tell me which part of the bone or the name of the bone you fractured/broke?
  CODE ALL THAT APPLY.
  1. Hip joint - neck of femur
  2. Upper leg - middle/shaft
  3. Upper leg - lower end/above knee
  4. Knee (patella)
  5. Lower leg - upper end/below knee
  6. Lower leg - middle/shaft
  7. Lower leg - lower end/at the ankle
  8. Foot - at the ankle (tarsals)
  9. Foot (metatarsals)
  10. Toes (phalanges)
ENDIF

FYrHs
And on that occasion, were you...

INTERVIEWER: READ OUT EACH IN TURN AND CODE ALL THAT APPLY.
  1. ...admitted to hospital for one night or more because of the break or fracture?
  2. ...seen in an A & E department or hospital outpatient department?
  3. ...or given treatment elsewhere for the break or fracture?
  4. (None of these)
ENDIF

ENDDO
ENDIF

ASK ALL

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The Health Survey for England 2006 - Individual Questionnaire

Fractures

FEvr
Still thinking about fractures and broken bones, apart from the ones you have already told us about have you ever broken or fractured (a bone/any other bones)?
INTERVIEWER: INCLUDE BONES THAT WERE CHIPPED
  1. Yes
  2. No

IF FEvr=Yes THEN
  FEvWh
  SHOW CARD G. Which bone or bones have you ever fractured or broken? Please call out the names from this card.
  PROBE: What others? CODE ALL THAT APPLY.
  1. Shoulder (Scapula)
  2. Upper arm (Humerus)
  3. Elbow
  4. Lower arm (Radius/Ulna)
  5. Wrist
  6. Hand, fingers or thumb
  7. Knee
  8. Ankle, foot and toes
  9. Lower leg (Tibia/Fibula)
  10. Upper leg (Femur)
  11. Hip joint (Neck of femur)
  12. Pelvis
  13. Spine
  14. Ribs
  15. Collar (Clavicle)
  16. Jaw
  17. Nose
  18. Face
  19. Skull
  20. Neck,
  21. Other bone
ENDIF

IF FEvr= Other
  FEoWh
  What was the name of the other bone that you fractured/broke?
  Text: Maximum 50 characters
ENDIF

ENDDO

ENDIF

IF FEvWh = Shoulder OR Upper arm OR Lower arm OR Wrist OR Hand THEN
  FEArm
  8
The Health Survey for England 2006 - Individual Questionnaire

Fractures

You said that you broke a bone or bones in your shoulder, arm, wrist or hand.
SHOW CARD H
Looking at this card can you tell me which part of the bone or the name of the bone you fractured/broke?

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

ENDIF

IF FEvWh = Knee OR Ankle OR Lower leg OR Upper leg OR Hip joint THEN
FELeg
You said that you broke a bone or bones in your hip, leg, knee or foot.
SHOW CARD I
Looking at this card, can you tell me which part of the bone or the name of the bone you fractured/broke?

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

ENDIF

IF FEvWh = Pelvis, Spine, Ribs, Collar (Clavicle), Jaw, Nose, a bone in your face, Skull, Neck, (other bone)
FEGenNo
How many times have you fractured/broken your (Pelvis, Spine, Ribs, Collar (Clavicle), Jaw, Nose, a bone in your face, Skull, Neck, (other bone))?

ARRAY [1...21]
Range: 1..20

ENDIF

IF FEArm = Response
FEArmNo
The Health Survey for England 2006- Individual Questionnaire

Use of Services

ASK ALL AGED 65+

UOSSh
Can I check, have you used a Local Authority home help or home care worker in the last month?
1 Used last month
2 Not used last month

IF UOSSh = Used THEN
HHTimes
SHOW CARD J
About how often did you have your Local Authority home help last month?
1 Everyday or nearly
2 Two or three times a week
3 Once a week
4 Less often

HELP T
About how many hours each week do you have the home help for?
Range: 1.97

END IF

UOSph
Have you used private domestic help in the last month, that is, privately purchased help for personal care and other tasks that you couldn't perform on your own because of illness or disability?
1 Used last month
2 Not used last month

IF UOSph = Used last month THEN
PHTimes
SHOW CARD J
About how often did you have your private or domestic help last month?
1 Everyday or nearly
2 Two or three times a week
3 Once a week
4 Less often

HELP T
About how many hours each week do you have private domestic help for?
Range: 1.97

END IF

DNurse
Have you had a District nurse, health visitor, or other kind of nurse visiting you at home in the last month?
1 Used last month
2 Not used last month

IF DNurse = Used THEN
DNTimes
SHOW CARD J
About how often did you have visits from a nurse last month?
1 Everyday or nearly
2 Two or three times a week
3 Once a week
4 Less often

END IF

MWths
Have you had Meals on Wheels in the last month?
1 Used last month
2 Not used last month

IF MWths = Used THEN
MWTimes
SHOW CARD J
About how often did you have Meals on Wheels last month?
1 Everyday or nearly
2 Two or three times a week
3 Once a week
4 Less often

END IF

LCub
Have you been to a Lunch club run by the council or a voluntary body in the last month?
1 Used last month
2 Not used last month

IF LCub = Used THEN
LCTimes
About how often did you have lunch at a lunch club last month?
1 Everyday or nearly
2 Two or three times a week
3 Once a week
4 Less often

END IF

DayCen
Have you been to a Day Centre for the elderly in the last month?
1 Used last month
2 Not used last month

IF DayCen = Used THEN
DCTimes
About how often did you go to the Day Centre last month?
1 Everyday or nearly
2 Two or three times a week
3 Once a week
4 Less often
The Health Survey for England 2006 - Individual Questionnaire

Use of Services

END IF

VHelp
Have you made use of a helper from a voluntary organisation in the last month?
1 Used last month
2 Not used last month

IF VHelp = Used THEN
VHTimes
SHOW CARD 1
About how often were you visited by a voluntary worker last month?
1 Everyday or nearly
2 Two or three times a week
3 Once a week
4 Less often

END IF

END IF

SwCM
Have you made use of a social worker or care manager in the last month?
1 Used last month
2 Not used last month

IF SwCM = Used THEN
SWTTimes
SHOW CARD 1
About how often did you make use of a social worker or care manager last month?
1 Everyday or nearly
2 Two or three times a week
3 Once a week
4 Less often

END IF

END IF

IF Age >= 16
GvCar
Do you look after, or give special help to, anyone who is sick, disabled or elderly, other than in a professional capacity?
1 Yes
2 No

IF GvCar = Yes THEN
Gv2Car
Do you give help to someone in this household or in another household or both?
1 Only a person in this household
2 Only a person in another household
3 Both

END IF

RcICar
And does anyone look after, or give special help to you because of sickness, disability or old age, other than in a professional capacity?
1 Yes
2 No
The Health Survey for England 2006 - Individual Questionnaire

Cardiovascular Disease

Ask (all aged 16 to 64, or age of respondent is 65+ and samtype=CORE1)

ChesPain
I am now going to ask you some questions mainly about symptoms of the chest. Have you ever had any pain or discomfort in your chest?
1 Yes
2 No

IF ChesPain = Yes THEN

UphillW
Do you get it when you walk uphill or hurry?
1 Yes
2 No
3 Sometimes/Occasionally
4 Never walks uphill or hurried
5 (Cannot walk)

IF UphillW = Sometimes/Occasionally THEN

Occas1
Does this happen on most occasions?
1 Yes
2 No

ENDIF

IF UphillW = Yes or Sometimes/Occasionally or Never walks uphill or hurried THEN

LevelW
Do you get it when you walk at an ordinary pace on the level?
1 Yes
2 No
3 Sometimes/Occasionally
4 Never walks at an ordinary pace on the level

IF LevelW = Sometimes/Occasionally THEN

Occas2
Does this happen on most occasions?
1 Yes
2 No

ENDIF

ENDIF

IF (UphillW=Yes) OR (LevelW=Yes) OR (Occas1=Yes) OR (Occas2=Yes) THEN

Walking
What do you do if you get it while you are walking? Do you stop, slow down or carry on?
IF RESPONDENT UNSURE, PROBE: What do you do on most occasions?
1 Stop
2 Slow down
3 Carry on

IF Walking = Stop or Slow down THEN

StopWalk
If you stand still does the pain go away or not?
IF RESPONDENT UNSURE, PROBE: What happens to the pain on most occasions?
1 Pain goes away
2 Pain doesn’t go away

IF StopWalk = Pain goes away THEN

HowSoon
How soon does the pain go away? Does it go in ...READ OUT...
1 10 minutes or less,
2 or more than 10 minutes?

IF HowSoon = 10 minutes or less THEN

PanSitC
Will you show me where you get this pain or discomfort?
INTERVIEWER: USE CARD K TO HELP CODE POSITION OF PAIN OR DISCOMFORT, CODE ALL THAT APPLY, PROBE: Where else?
1 Sternum (upper or middle)
2 Sternum lower
3 Left anterior chest
4 Left arm
5 Right anterior chest
6 Right arm
7 (Somewhere else)

ENDIF

ENDIF

ENDIF

ENDIF

EvePain
Have you ever had a severe pain across the front of your chest lasting for half an hour or more?
1 Yes
2 No

IF EvePain=Yes THEN

DocPain
Did you see a doctor because of this pain?
1 Yes
2 No

IF DocPain = Yes THEN

DocSayC
What did the doctor say it was?
CODE ALL THAT APPLY
1 Angina
2 Heart attack
3 Did not say
4 Other

ENDIF

ENDIF
The Health Survey for England 2006 - Individual Questionnaire
Cardiovascular Disease

ECGB
Have you ever had an electrical recording of your heart (ECG) performed?
1 Yes
2 No

IF ECGB=Yes THEN
ECGC
Where did you have it?
CODE ALL THAT APPLY, PROBE: Where else?
1 Hospital (inpatient)
2 Hospital (outpatient)
3 GP Surgery
4 Other

WhenECG
How long ago was this?
INTERVIEWER: TYPE IN NUMBER OF YEARS. IF MORE THAN ONE OCCASION, TAKE THE LAST ONE. IF LESS THAN ONE YEAR = 0
Range: 0.110
ENDIF

WeakNum
In the last twelve months, have you had a sudden attack of weakness or numbness on one side of the body?
1 Yes
2 No

SlurSp
Have you had a sudden attack of slurred speech or difficulty in finding words in the last twelve months?
1 Yes
2 No

VisLos
Have you had a sudden attack of vision loss or blurred vision in one or both eyes in the last twelve months?
1 Yes
2 No

IF (WeakNum=Yes) OR (SlurSp=Yes) OR (VisLos = Yes)
DocSee2
Have you seen a doctor about these attacks in the last twelve months?
1 Yes
2 No

IF DocSee2 = Yes
DocWhat2
What did the doctor say they were?

BPMean
May I just check, have you ever had your blood pressure measured by a doctor or nurse?
1 Yes
2 No

IF BPMean = Yes THEN
MeasLast
When was the last time your blood pressure was measured by a doctor or nurse? Was it ...
READ OUT ...
1 ...during the last 12 months,
2 at least a year but less than 3 years ago,
3 at least 5 years but less than 5 years ago,
4 or 5 years ago or more?

LevelBP
Thinking about the last time your blood pressure was measured, were you told it was ...
READ OUT ...
1 normal (alright/ fine),
2 higher than normal,
3 lower than normal,
4 or were you not told anything?

IF (LevelBP = High) AND (EverBP <> Yes) THEN
OnlyBP
Is this the only time your blood pressure has been higher than normal or has it been higher than normal a number of times?
1 Only time
2 A number of times
ENDIF
ENDIF

Chlestr
Have you ever had your blood cholesterol level measured by a doctor or nurse?
1 Yes
2 No

IF Chlestr = Yes THEN
LastChol
When was the last time your blood cholesterol level was measured by a doctor or nurse? Was it ...
READ OUT ...
1 ...during the last 12 months,
2 at least a year but less than 3 years ago,
3 at least 3 years but less than 5 years ago,
4 or 5 years ago or more?

Cholevel
Thinking about the last time your blood cholesterol level was measured, were you told it was ...
READ OUT ...
1 normal (alright/fine),
2 higher than normal,
3 lower than normal,
4 or were you not told anything?

EverBP
End
The Health Survey for England 2006 - Individual Questionnaire

Cardiovascular Disease

Do you now have, or have you ever had...READ OUT...high blood pressure (sometimes called hypertension)?
1 Yes
2 No

EverAngi
Have you ever had angina?
1 Yes
2 No

EverHart
Have you ever had a heart attack (including myocardial infarction or coronary thrombosis)?
1 Yes
2 No

EverMur
And do you now have, or have you ever had...READ OUT...a heart murmur?
1 Yes
2 No

EverIreg
...abnormal heart rhythm?
1 Yes
2 No

EverOHT
...any other heart trouble?
1 Yes
2 No

EverStro
Have you ever had a stroke?
1 Yes
2 No

EverDi
Do you now have, or have you ever had diabetes?
1 Yes
2 No

IF EverOHT = Yes THEN
CVD0th
What is that condition? RECORD FULLY. PROBE FOR DETAIL.
INTERVIEWER: IS THIS CONDITION LISTED UNDER Heart murmur OR Abnormal heart rhythm?
IF YES, CHANGE CODE AT EverMur OR EverIreg.
ENDIF

IF EverAngi = Yes THEN
DocAngi
You said that you had Angina. Were you told by a doctor that you had Angina?
1 Yes
2 No

IF DocAngi=YES THEN
AgeAngi
Approximately how old were you when you were first told by a doctor that you had angina?

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Cardiovascular Disease

Interviewer: Type in age in years.

RecAngi
Have you had angina during the past 12 months?
1 Yes
2 No
ENDIF

IF EverHart = Yes THEN
DocHeart
Were you told by a doctor that you had a Heart Attack (including myocardial infarction or coronary thrombosis)?
1 Yes
2 No
ENDIF

IF DocHeart = Yes THEN
AgeHeart
Approximately how old were you when you were first told by a doctor that you had a heart attack (including myocardial infarction and coronary thrombosis)? Interviewer: Type in age in years.

RecHeart
Have you had a heart attack (including myocardial infarction and coronary thrombosis) during the past 12 months?
1 Yes
2 No
ENDIF

IF EverIreg = Yes THEN
DocIreg
Were you told by a doctor that you had an abnormal heart rhythm?
1 Yes
2 No
ENDIF

IF DocIreg = Yes THEN
AgeIreg
Approximately how old were you when you were first told by a doctor that you had an abnormal heart rhythm? Interviewer: Type in age in years.

RecIreg
Have you had abnormal heart rhythm during the past 12 months?
1 Yes
2 No
ENDIF

IF EverOHT = Yes THEN
DocOHT
Were you told by a doctor that you had (name of 'other heart condition')?
IF DocOHT = Yes THEN
  AgeOHT
  Approximately how old were you when you were first told by a doctor that you had (name of 'other heart condition')? Interviewer: Type in age in years.

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

  1 Yes
  2 No
ENDIF

IF EverStro = Yes THEN
  DocStro
  Were you told by a doctor that you had a stroke?

  1 Yes
  2 No
ENDIF

IF DocStro = Yes THEN
  AgeStro
  Approximately how old were you when you were first told by a doctor that you had a stroke? Interviewer: Type in age in years.

  RecStro
  Have you had a stroke during the past 12 months?

  1 Yes
  2 No
ENDIF

IF (EverAngi = Yes) OR (EverHart = Yes) OR (EverIreg = Yes) OR (EverOHT = Yes) OR (EverStro = Yes) THEN
  MedHeart
  Are you currently taking any medicines, tablets or pills because of your (heart condition or stroke)?

  1 Yes
  2 No
ENDIF

IF (EverAngi = Yes) OR (EverHart = Yes) OR (EverIreg = YES) OR (EverOHT = Yes) OR (EverStro = Yes) THEN
  Surgery
  Have you ever undergone any surgery or operation because of your heart condition?

  1 Yes
  2 No
ENDIF

IF Surgery = Yes THEN
  WhenSurg
  How long ago was this?
  TYPE IN NUMBER OF YEARS AGO. IF MORE THAN ONE OPERATION, TAKE LAST OCCASION.

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The Health Survey for England 2006 - Individual Questionnaire  
Cardiovascular Disease

3 Practice Nurse
4 Doctor/Nurse in hospital outpatient
5 Doctor/Nurse in hospital clinic (e.g. smoking clinic)
6 Other

ENDIF

IF OthTrr = Check-up THEN
  WhenTrr
  How often do these check-ups take place?
  1 More than once a week
  2 Weekly
  3 Fortnightly
  4 Monthly
  5 Every 2-3 months
  6 Every 6 months
  7 Every year
  8 Less than once a year

ENDIF

ENDIF

IF EverBP = Yes THEN
  DocNurBP
  You mentioned that you have had high blood pressure. Were you told by a doctor or nurse that you had high blood pressure?
  1 Yes
  2 No

IF (DocNurBP = Yes) AND (Sex = Female) THEN
  PregBP
  Can I just check, were you pregnant when you were told that you had high blood pressure?
  1 Yes
  2 No

ENDIF

ENDIF

IF PregBP = Yes THEN
  NoPregBP
  Have you ever had high blood pressure apart from when you were pregnant?
  1 Yes
  2 No

ENDIF

ENDIF

ENDIF

IF DocNurBP = Yes and NoPregBP <> No THEN
  AgainBP
  How old were you when you were first told by a doctor that you had high blood pressure?
  Interviewer: Type in age in years.

MedcinBP

The Health Survey for England 2006 - Individual Questionnaire  
Cardiovascular Disease

Are you currently taking any medicines, tablets or pills for high blood pressure?
  1 Yes
  2 No

IF MedcinBP = No, Don’t know or refused THEN
  StillBP
  ASK OR RECORD: Do you still have high blood pressure?
  1 Yes
  2 No

PastAbBP
  Have you ever taken medicines, tablets, or pills for high blood pressure in the past?
  1 Yes
  2 No

IF PastAbBP = Yes THEN
  FinTaBC
  Why did you stop taking (medicines/tablets/pills) for high blood pressure? PROBE: What other reason? TAKE LAST OCCASION, CODE ALL THAT APPLY
  1 Doctor advised me to stop due to: ...improvement
  2 ...lack of improvement
  3 ...other problem
  4 Respondent decided to stop: ... because felt better
  5 ... for other reason
  6 Other reason

ENDIF

ENDIF

AdviceBP
  Are you receiving any (other) treatment or advice because of your high blood pressure? INCLUDE REGULAR CHECK-UPS
  1 Yes
  2 No

IF AdviceBP = Yes THEN
  AdBPc
  What other treatment or advice are you currently receiving because of your high blood pressure? PROBE: What else? CODE ALL THAT APPLY
  1 Blood pressure monitored by GP/other doctor/nurse
  2 Advice or treatment to lose weight
  3 Blood tests
  4 Change diet
  5 Stop smoking
  6 Reduce stress
  7 Other (RECORD AT NEXT QUESTION)

ENDIF

IF AdBPc = Other THEN
  WhatTsP
  PLEASE SPECIFY...
  Text: Maximum 50 characters

ENDIF

ENDIF

ENDIF
The Health Survey for England 2006 - Individual Questionnaire

Cardiovascular Disease

IF EverDi = Yes THEN
DocInfo1
Were you told by a doctor that you had diabetes?
1 Yes
2 No

IF (DocInfo1 = Yes) AND (Sex = Female) THEN
PregDi
Can I just check, were you pregnant when you were told that you had diabetes?
1 Yes
2 No

IF PregDi = Yes THEN
NoPregDi
Have you ever had diabetes apart from when you were pregnant?
1 Yes
2 No
ENDIF
ENDIF

IF (DocInfo1 = Yes) AND (NoPregDi <> No) THEN
AgeInfo1
(Apart from when you were pregnant, approximately) how old were you when you were first told by a doctor that you had diabetes? ENTER AGE IN YEARS
Range: 0.110

Insulin
Do you currently inject insulin for diabetes?
1 Yes
2 No

MedcinDi
Are you currently taking any medicines, tablets or pills (other than insulin injections) for diabetes?
1 Yes
2 No

AdviceDi
Are you currently receiving any (other) treatment or advice for diabetes? INCLUDE REGULAR CHECK-UPS.
1 Yes
2 No

IF AdviceDi = Yes THEN
AdDiC
What (other) treatment or advice are you currently receiving for diabetes?
PROBE What else? CODE ALL THAT APPLY
1 Special diet
2 Regular check-up with GP/hospital/clinic
3 Other (RECORD AT NEXT QUESTION)

ENDIF

IF Addic = Other THEN
WhatDiSp
PLEASE SPECIFY...
Text: Maximum 50 characters
ENDIF
ENDIF

ENDIF

IF EverMur = Yes THEN
MurDoc
You mentioned that you have had a heart murmur. Were you told by a doctor that you had a heart murmur?
1 Yes
2 No

IF (MurDoc = Yes) AND (Sex = Female) THEN
PregMur
Can I just check, were you pregnant when you were told that you had a heart murmur?
1 Yes
2 No

IF PregMur = Yes THEN
PregMur1
Have you ever had a heart murmur apart from when you were pregnant?
1 Yes
2 No
ENDIF
ENDIF

ENDIF

IF (MurDoc = Yes) AND (PregMur1 <> No) THEN
AgeInMur
(Apart from when you were pregnant, approximately) how old were you when you were first told by a doctor that you had a heart murmur? ENTER AGE IN YEARS. IF BORN WITH IT ENTER 0
Range: 0.110

MurRec
Have you had a heart murmur during the past twelve months?
1 Yes
2 No

MurPill
Are you currently taking any medicines, tablets or pills because of your heart murmur?
1 Yes
2 No

Mursurg
Have you ever undergone any surgery or operation because of your heart murmur?
1 Yes
2 No
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Cardiovascular Disease

IF Mursurg=yes then
Mursurg
How long ago was this? Interviewer enter number of years ago. If more than one operation, take last occasion. Less than one year ago = 0.
:YAge
Endif

IF (MedMuz = Yes) OR (Mursurg = Yes) THEN
Surgmuz
Can I just check, are you currently on a waiting list for any such surgery or operation
1 Yes
2 No
ELSE

AdMuz
Are you currently receiving any other treatment or advice because of your heart murmur?
INTERVIEWER: Include regular check-ups."
1 Yes
2 No

IF AdMuz=yes then
Muzoth
What other treatment or advice are you currently receiving because of your heart murmur?

ENDIF
ENDIF

IF (EverBP=Yes) OR (EverAngi=Yes) OR (EverHart=Yes) OR (EverMuz=Yes) OR (Everreg=Yes)
OR (EverOht=Yes) OR (EverStre=Yes) or (everDi=Yes) THEN
DocTlk
During the two weeks ending yesterday, apart from any visit to a hospital, have you talked to a doctor on your own behalf, either in person or by telephone? INTERVIEWER: Exclude consultations made on behalf of others.
1 Yes
2 No

IF DocTlk = Yes THEN
DocOcs
How many times have you talked to a doctor in these two weeks?
RANGE:  1...24

IF DocOcs = 1
ConM
Was this consultation(s) about your (condition)?
1 Yes
2 No

IF ConM=Yes THEN
ConDM
Which condition was the consultation about? CODE ALL THAT APPLY
1 high blood pressure

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Cardiovascular Disease

2 angina
3 heart attack
4 heart murmur
5 abnormal heart rhythm
6 other heart trouble
7 stroke
8 diabetes

ENDIF

ENDIF

IF ConM<>Yes
LastDoc
Apart from any visit to a hospital, when was the last time you talked to a doctor on your own behalf about your (condition)? PROMPT IF NECESSARY
1 Less than 2 weeks ago
2 2 weeks ago but less than 1 month ago
3 1 month ago but less than 3 months ago
4 3 months ago but less than 6 months ago
5 6 months ago but less than 1 year ago
6 1 year or more ago
7 Never consulted a doctor

IF (LastDoc <> Never consulted a doctor) AND (More than one coded Yes at EverBP - EverDi) THEN
ConsC
Which condition was the consultation about? CODE ALL THAT APPLY
1 high blood pressure
2 angina
3 heart attack
4 heart murmur
5 abnormal heart rhythm
6 other heart trouble
7 stroke
8 diabetes

ENDIF

ENDIF

PnurCVD
During the last 2 weeks ending yesterday, did you see a practice nurse at the GP surgery on your own behalf?
1 Yes
2 No

IF PnurCVD=Yes THEN
NPnurCVD
How many times did you see a practice nurse at the GP surgery in these two weeks?
RANGE:  1...9

PnurConM
Was this consultation about your (name of condition)
1 Yes
2 No
The Health Survey for England 2006 - Individual Questionnaire  
Cardiovascular Disease

IF PNurConM = Yes THEN
PNurCons
Which condition was the consultation about? CODE ALL THAT APPLY
1 high blood pressure
2 angina
3 heart attack
4 heart murmur
5 abnormal heart rhythm
6 other heart trouble
7 stroke
8 diabetes
ENDIF
ENDIF

OutPatB
During the last 12 months, did you attend hospital as an out patient, day patient or casualty?
1 Yes
2 No
IF (OutPatB = Yes) THEN
WhyOpatB
(Was this visit/were any of these visits) because of your (condition(s))?
1 Yes
2 No
ENDIF

IF WhyOpatB = Yes THEN
OptCns
Which conditions did you visit the hospital for? CODE ALL THAT APPLY
1 high blood pressure
2 angina
3 heart attack
4 heart murmur
5 abnormal heart rhythm
6 other heart trouble
7 stroke
8 diabetes
ENDIF
ENDIF

InPatB
And during the last year, have you been in hospital as an inpatient, overnight or longer?
1 Yes
2 No
IF (InPatB = Yes) THEN
YInpatB
(Was this stay/Were any of these stays) because of your (name of heart condition)?
1 Yes
2 No
IF YInpatB = Yes THEN
IptCns
Which conditions did you visit the hospital for? CODE ALL THAT APPLY
1 high blood pressure
2
The Health Survey for England 2006 - Individual Questionnaire  
Fruit and vegetable consumption

Fruit and vegetable consumption

IF Age of respondent >= 5 THEN

VFInt

I'd like to ask you a few questions about some of the things you ate and drank yesterday. By yesterday I mean 24 hours from midnight to midnight. First I'd like to ask you some questions about the amount of fruit and vegetables you have eaten.

1 Continue

VegSal

Did you eat any salad yesterday? Don't count potato, pasta or rice salad or salad in a sandwich.

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

1 Yes
2 No

IF VegSal = Yes THEN

VegSalQ

How many cereal bowlfuls of salad did you eat yesterday?

IF ASKED: 'Think about an average-sized cereal bowl'.

Range: 0.5 - 50.0

ENDIF

VegPul

Did you eat any pulses yesterday? By pulses I mean lentils and all kinds of peas and beans, including chickpeas and baked beans. Don't count pulses in foods like Chilli con carne.

1 Yes
2 No

IF VegPul = Yes THEN

VegPulQ

How many tablespoons of pulses did you eat yesterday?

IF ASKED: 'Think about a heaped or full tablespoon'.

Range: 0.5 - 50.0

ENDIF

VegVeg

Not counting potatoes, did you eat any vegetables yesterday? Include fresh, raw, tinned and frozen vegetables.

1 Yes
2 No

IF VegVeg = Yes THEN

VegVegQ

How many tablespoons of vegetables did you eat yesterday?

IF ASKED: 'Think about a heaped or full tablespoon'.

Range: 0.5 - 50.0

ENDIF

VegDish

Apart from anything you have already told me about, did/did you eat any other dishes made mainly from vegetables or pulses yesterday, such as vegetable lasagne or vegetable curry?

Don't count vegetable soups or dishes made mainly from potatoes.

1 Yes
2 No

IF VegDish = Yes THEN

VegDishQ

How many tablespoons of vegetables or pulses did you eat in these kinds of dishes yesterday?

IF ASKED: 'Think about a heaped or full tablespoon'.

Range: 0.5 - 50.0

ENDIF

VegUsual

Compared with the amount of vegetables, salads and pulses you usually eat, would you say that yesterday you ate...

...READ OUT...

1 less than usual,
2 more than usual,
3 or about the same as usual?

FrtDrnk

Not counting cordials, fruit-drinks and squashes, did you drink any fruit juice yesterday?

1 Yes
2 No

IF FrtDrnk = Yes THEN

FrtDrnkQ

How many small glasses of fruit juice did you drink yesterday?

IF ASKED: 'A small glass is about a quarter of a pint'.

Range: 0.5 - 50.0

ENDIF

Frt

Did you eat any fresh fruit yesterday? Don't count fruit salads, fruit pies, etc.

1 Yes
2 No
The Health Survey for England 2006 - Individual Questionnaire  

Fruit and vegetable consumption

IF Frt = Yes THEN
  FOR idx=1 TO 15 DO
  IF [idx = 1] OR (FrtMor[idx-1] = Yes) THEN
    FrtC[idx]
    What kind of fresh fruit did you eat yesterday?
    INTERVIEWER: USE THE FRESH FRUIT SIZE LIST IN THE CODING BOOKLET
    TO CODE THE SIZE OF THIS FRUIT. IF MORE THAN ONE KIND OF FRUIT
    MENTIONED, CODE ONE HERE ONLY
    1 Very large fruit
    2 Large fruit
    3 Medium-sized fruit
    4 Small fruit
    5 Very small fruit
    6 Not on coding list
  IF FrtC[idx] IN [Vlge., VSmI] THEN
    IF FrtC[idx] = Vlge THEN
      much := 'many average slices'
    ELSEIF FrtC[idx] IN [Lge...Sml] THEN
      much := 'much'
    ELSEIF FrtC[idx] = VSmI THEN
      much := 'many average handfuls'
  ENDIF
  FrtQ[idx]
  How much of this fruit did you eat yesterday?
  Range: 0.5-50.0
  ELSEIF FrtC[idx] = NotList THEN
    FrtOth[idx]
    What was the name of this fruit?
    Text: Maximum 50 characters
    FrtNotQ[idx]
    How much of this fruit did you eat?
    Text: Maximum 50 characters
  ENDIF
IF idx < 15 THEN
  FrtMor[idx]
  Did you eat any other fresh fruit yesterday?
  1 Yes
  2 No
ENDIF
ENDIF
ENDDO
ENDIF

FrtC to FrtMor repeated for up to 15 different types of fruit

FrtDry
Did you eat any dried fruit yesterday? Don’t count dried fruit in cereal, cakes, etc.
  1 Yes
  2 No
IF FrtDry = Yes THEN

The Health Survey for England 2006 - Individual Questionnaire

Eating Habits

ASK ALL AGED 2-15

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

BreadA
What kind of bread do you usually eat? Is it...READ OUT...CODE ONE ONLY
1 White (incl chollah)
2 Brown - granary, wheatmeal, (incl wheatgerm, softgrain, rye, german)
3 Whole (incl highbran)
4 Other
5 Does not have a usual type
6 Does not eat any type of bread

BreadQua
How many rolls or pieces of bread do you eat each day, on average? Is it... READ OUT...
1 less than 1 a day
2 1 or 2 a day
3 or 4 a day
4 or 5 or more a day?

Nspread
What type of margarine, butter or other spread do you usually use, for example on bread, sandwiches, toast, potatoes or vegetables? CODE ONE ONLY. REFER TO CODING LIST FOR BUTTER/MARGARINE IN YOUR CODING BOOKLET.
1 Butter or margarine
2 Low fat spread or reduced fat spread, or half-fat butter
3 Spread not on coding list
SPONTANEOUS:
4 Does not have usual type
5 Does not use fat spread

IF NSpread = Other THEN
ObSpnd
INTERVIEWER- SPECIFY NAME OF SPREAD. Text: Maximum 40 characters
ENDIF

IF NSpread = Butter, low fat, not on list, no type THEN
SprdQua
How many pats or rounded teaspoons of margarine, butter or other spread do you use each day on average, for example on bread, sandwiches, toast, potatoes or vegetables?
Range: 0...99
ENDIF

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

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

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

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

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

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

StarchB
<table>
<thead>
<tr>
<th>SHOW CARD N</th>
<th>Eating Habits</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often, on average, do you eat a serving of pasta, including macaroni cheese, or rice?</td>
<td></td>
</tr>
<tr>
<td>1. 6 or more times a week</td>
<td></td>
</tr>
<tr>
<td>2. 3-5 times a week</td>
<td></td>
</tr>
<tr>
<td>3. 1-2 times a week</td>
<td></td>
</tr>
<tr>
<td>4. less than once a week</td>
<td></td>
</tr>
<tr>
<td>5. rarely or never</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NPotatB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excluding chips how often, on average, do you eat a serving of potatoes?</td>
</tr>
<tr>
<td>1. 6 or more times a week</td>
</tr>
<tr>
<td>2. 3-5 times a week</td>
</tr>
<tr>
<td>3. 1-2 times a week</td>
</tr>
<tr>
<td>4. less than once a week</td>
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<tr>
<td>5. rarely or never</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>CheeseC</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often on average do you eat a serving of any type of cheese, except cottage cheese?</td>
</tr>
<tr>
<td>1. 6 or more times a week</td>
</tr>
<tr>
<td>2. 3-5 times a week</td>
</tr>
<tr>
<td>3. 1-2 times a week</td>
</tr>
<tr>
<td>4. less than once a week</td>
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<tr>
<td>5. rarely or never</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>CRedMeat</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often on average do you eat a serving of beef, pork or lamb, including beefburgers, sausages, bacon, meat pies, and processed meat?</td>
</tr>
<tr>
<td>1. 6 or more times a week</td>
</tr>
<tr>
<td>2. 3-5 times a week</td>
</tr>
<tr>
<td>3. 1-2 times a week</td>
</tr>
<tr>
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</table>

<table>
<thead>
<tr>
<th>CWhitMat</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often on average do you eat a serving of chicken or turkey, including processed chicken or turkey?</td>
</tr>
<tr>
<td>1. 6 or more times a week</td>
</tr>
<tr>
<td>2. 3-5 times a week</td>
</tr>
<tr>
<td>3. 1-2 times a week</td>
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</table>

<table>
<thead>
<tr>
<th>CfriedFd</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often on average do you eat a serving of any fried food, including fried fish, chips, cooked breakfast, samosas?</td>
</tr>
<tr>
<td>1. 6 or more times a week</td>
</tr>
<tr>
<td>2. 3-5 times a week</td>
</tr>
<tr>
<td>3. 1-2 times a week</td>
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<tr>
<td>4. less than once a week</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>CFish</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apart from fried fish, how often on average do you eat a serving of fish?</td>
</tr>
<tr>
<td>1. 6 or more times a week</td>
</tr>
<tr>
<td>2. 3-5 times a week</td>
</tr>
<tr>
<td>3. 1-2 times a week</td>
</tr>
<tr>
<td>4. less than once a week</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>CNsnacks</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often on average do you eat snacks such as crisps, nuts or biscuits, including savoury biscuits such as cream crackers?</td>
</tr>
<tr>
<td>1. 6 or more times a week</td>
</tr>
<tr>
<td>2. 3-5 times a week</td>
</tr>
<tr>
<td>3. 1-2 times a week</td>
</tr>
<tr>
<td>4. less than once a week</td>
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<td>5. rarely or never</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NCakes</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often on average do you eat a serving of cakes, pies, puddings, including rice pudding or semolina, or pastries?</td>
</tr>
<tr>
<td>1. 6 or more times a week</td>
</tr>
<tr>
<td>2. 3-5 times a week</td>
</tr>
<tr>
<td>3. 1-2 times a week</td>
</tr>
<tr>
<td>4. less than once a week</td>
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<td>5. rarely or never</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sweeets</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often on average do you eat sweets or chocolate?</td>
</tr>
<tr>
<td>1. 6 or more times a week</td>
</tr>
<tr>
<td>2. 3-5 times a week</td>
</tr>
<tr>
<td>3. 1-2 times a week</td>
</tr>
<tr>
<td>4. less than once a week</td>
</tr>
<tr>
<td>5. rarely or never</td>
</tr>
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</table>
**The Health Survey for England 2006 - Individual Questionnaire**

**Eating Habits**

**SoDrnk**

SHOW CARD N.

How often on average do you have fizzy drinks, or soft drinks like squash, excluding diet or sugar-free drinks?

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

ENDIF

**ASK ALL AGED 5+**

Salt

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

**CkSalt**

Has salt generally been added to your food during cooking?

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

**CTabSalt**

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

CODE ONE ONLY. TREAT LoSALT AS SALT.

1. generally add salt to your food without tasting it first,
2. taste the food, but then generally add salt,
3. taste the food, but only occasionally add salt,
4. rarely, or never, add salt at the table?

---

**Children’s Physical Activity (Aged 2-15)**

**IF Age of respondent = 4 THEN**

ChildCh

Can I just check, is (name of child) at school in reception class yet?

1. Yes
2. No

ENDIF

Wk5Ch

Now I’d like to ask you about some of the things you have/(name of child) has done in the last week. By last week I mean last (day one week ago) up to yesterday. In the last week, have you/his/her done a continuous walk that lasted at least 5 minutes not counting things done as part of school lessons?

1. Yes
2. No

IF Wk5Ch = Yes

**DaysWk**

On how many days in the last week did you/(name of child) do a continuous walk that lasted at least 5 minutes not counting things done as part of school lessons?

1. One day
2. Two days
3. Three days
4. Four days
5. Five days
6. Six days
7. Every day

**DayWkT**

SHOW CARD T

On each day that you/(name of child) did a walk like this for at least 5 minutes, how long did you/she spend walking altogether?

Please give an answer from this card

**INTERVIEWER NOTE:** What we want recorded is the average time spent walking per weekday. If the respondent walked for over 5 minutes on more than one day in the last week, take an average of the time spent per day

2. 5 minutes, less than 15 minutes
3. 15 minutes, less than 30 minutes
4. 30 minutes, less than 1 hour
5. 1 hour, less than 1 1/2 hours
6. 1 1/2 hours, less than 2 hours
7. 2 hours, less than 2 1/2 hours
8. 2 1/2 hours, less than 3 hours
9. 3 hours, less than 3 1/2 hours
10. 3 1/2 hours, less than 4 hours
11. 4 hours or more (please specify how long)

IF DayWkT = 4 hours or more THEN

WkHrs

How long did you/(name of child) spend walking on each day?

RECORD HOURS SPENT BELOW.RECORD MINUTES AT NEXT QUESTION

Range: 4.12
The Health Survey for England 2006 - Individual Questionnaire

Children's Physical Activity

WkMin
RECORD HERE MINUTES SPENT WALKING.
Range: 0.39

WkTot
Computed total time from WkHrs and WkMin: 0.9997
ENDIF

IF Age of respondent = 13 to 15 THEN
ChPace
Which of the following describes your usual walking pace
... READ OUT ...
1. a slow pace,
2. a steady average pace,
3. a fairly brisk pace,
4. or, a fast pace - at least 4 mph?
5. (None of these)
ENDIF
ENDIF

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

IF HWkCh = Yes THEN
DHWkCh
On how many days in the last week have you/has (name of child) done any housework or gardening of this type for at least 15 minutes a time?
1. One day
2. Two days
3. Three days
4. Four days
5. Five days
6. Six days
7. Every day

THWk
SHOW CARD T
On each day that you/(name of child) did any housework or gardening of this type for at least 15 minutes a time, how long did you/she spend?
Please give an answer from this card.

3. 15 minutes, less than 30 minutes
4. 30 minutes, less than 1 hour
5. 1 hour, less than 1 1/2 hours
6. 1 1/2 hours, less than 2 hours
7. 2 hours, less than 2 1/2 hours
8. 2 1/2 hours, less than 3 hours
9. 3 hours, less than 3 1/2 hours
10. 3 1/2 hours, less than 4 hours
11. 4 hours or more (please specify how long)

IF THWk = 4 hours or more THEN
HWkHrs
How long did you/(name of child) spend doing housework or gardening on each day?
INTERVIEWER: RECORD HOURS SPENT BELOW. RECORD MINUTES AT NEXT QUESTION
Range: 4.12

HWkMin
INTERVIEWER: RECORD HERE MINUTES SPENT DOING HOUSEWORK/GARDENING.
Range: 0.39

HWkTot
Computed total time from HWkHrs and HWkMin: 0.9997
ENDIF
ENDIF
ENDIF

THWk
SHOW CARD U
In the last week, that is last (date last week) up to yesterday, have you/(name of child) done any sports or exercise activities, not counting things done as part of school lessons?/
This card shows some of the things you/she might have done; please also include any other sports or exercise activities like these.
INTERVIEWER: DO NOT COUNT ANYTHING DONE TODAY

Sport
1. Yes
2. No

IF Sport = Yes THEN
WEStDo

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The Health Survey for England 2006 - Individual Questionnaire
Children's Physical Activity

Did you (name of person) do any of these sports or exercise activities at the weekend, that is last Saturday and Sunday/that is yesterday and last Sunday?

1 Yes
2 No

IF WESpDo = Yes THEN
DWEsp

Was that on Saturday or Sunday or on both days?

1 Saturday only
2 Sunday only
3 Both Saturday and Sunday

WESpOr
SHOW CARD T

On Saturday/Sunday/Saturday and Sunday when you (name of child) did these sports or exercise activities, how long did you/she spend on each day?

Please give an answer from this card.

INTERVIEWER: IF IT VARIED, TAKE AVERAGE

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

IF WESpOr = 4 hours or more THEN
WESpH

How long did you (name of child) spend doing these sports or exercise activities?

INTERVIEWER: RECORD HOURS SPENT BELOW. RECORD MINUTES AT NEXT QUESTION

Range: 4.12

WESpM

INTERVIEWER: RECORD HERE MINUTES SPENT DOING SPORTS OR EXERCISE ACTIVITIES.

Range: 0.59

WESpT

Computed total time from WESpH and WESpM: 0.9997

ENDIF

ENDIF

DaySp

39

The Health Survey for England 2006 - Individual Questionnaire
Children's Physical Activity

Still thinking about last week. On how many of the weekdays did you (name of child) do any of these sports or exercise activities? Please remember not to count things done as part of school lessons.

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

IF DaySp = 1 day..5 days THEN
WkSpOr
SHOW CARD T

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

Please give an answer from this card.

INTERVIEWER: IF IT VARIED, TAKE AVERAGE

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

IF WkSpOr = 4 hours or more THEN
WkSpH

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

INTERVIEWER: RECORD HOURS SPENT BELOW. RECORD MINUTES AT NEXT QUESTION

Range: 4.12

WkSpM

INTERVIEWER: RECORD HERE MINUTES SPENT DOING SPORTS OR EXERCISE ACTIVITIES.

Range: 0.59

WkSpT

Computed total time from WkSpH and WkSpM: 0.9997

ENDIF

ENDIF

WkActDo
SHOW CARD V

40