The Health Survey for England 2006 - Individual Questionnaire

Children's Physical Activity

Now I would like to know about when you do (name of child) do active things, like the things on this card or other activities like these. Did you/he do any active things like these at the weekend, that is last Saturday and Sunday? That is yesterday and last Sunday?

INTERVIEWER NOTE: Do not include any activities already covered under sports and exercise activities.
1  Yes
2  No

IF WeActDo = Yes THEN

DWEAct

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

WeAct

SHOW CARD T

On Saturday/Sunday/Saturday and Sunday when you (name of child) did active things like these, how long did you/he 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 WeAct = 4 hours or more THEN

WeActH

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

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

Range: 4.12

WeActM

INTERVIEWER: RECORD HERE MINUTES SPENT DOING ACTIVE THINGS LIKE THESE.

Range: 0.59

WeActT

Computed total time from WeActH and WeActM: .9997

ENDIF

ENDIF

WeActDo

SHOW CARD V

Still thinking about last week. On how many of the weekdays did you (name of child) do active things on this card or other activities like these not counting things done as part of school lessons? (Note: Do not include any activities already covered under sports and exercise activities."

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

IF WeActDo in 1 day..5 days THEN

WkAct

SHOW CARD T

On each weekday that you (name of child) did active things like these, how long did you/he 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 WkAct = 4 hours or more THEN

WkActH

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

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

Range: 4.12

WkActM

INTERVIEWER: RECORD HERE MINUTES SPENT DOING ACTIVE THINGS LIKE THESE.

Range: 0.59

WkActT

Computed total time form WkActH and WkActM: .9997

ENDIF

ENDIF

DaysTot

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

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The Health Survey for England 2006 - Individual Questionnaire

Children's Physical Activity

WkSitDo
SHOW CARD W
Now I'd like to know about when you(name of child) spend time sitting down doing things like the ones on this card. Did you/she spend time sitting down doing anything like these for at least 5 minutes a time at the weekend
1 Yes
2 No
IF (WESitDo = Yes) THEN
DSitWE
Was that on Saturday or Sunday or on both days?
1 Saturday only
2 Sunday only
3 Both Saturday and Sunday
ENDIF

SitWE
SHOW CARD T
When you(name of child) spent time sitting down doing things like these, 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 (SitWE = More4) THEN
WkSitH
How long did you(name of child) spend sitting down doing things like these? RECORD HOURS SPENT BELOW.RECORD MINUTES AT NEXT QUESTION.
Range: 0...12

WkSitM
RECORD HERE MINUTES SPENT SITTING DOWN DOING THINGS LIKE THESE
Range: 0..9997
WkSit
Computed total time from WkSitH and WkSitM: 0.9997
ENDIF

ENDIF

The Health Survey for England 2006 - Individual Questionnaire

Children's Physical Activity

WkSitDo
SHOW CARD T
On how many weekdays last week did you(name of child) spend time sitting down doing things like the ones on this card for at least 5 minutes a time?
0 None in last week,
1 1 day,
2 2 days,
3 3 days,
4 4 days,
5 5 days.
IF (WkSitDo IN [One..Five]) THEN
WkSitHrs
SHOW CARD T
On each weekday that you(name of child) spent time sitting down doing things like these, how long did you/she spend? Please give an answer from this card:
1 Less than 5 minutes
2 5 minutes, less than 15 minutes
3 15 minutes, less than 30 minutes
4 30 minutes, less than 1 hour
5 1 hour, less than 1 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 (WkSitHrs=More4) THEN
WkSitH
"How long did you(name of child) spend sitting down doing things like these? RECORD HOURS SPENT BELOW.RECORD MINUTES AT NEXT QUESTION.
Range: 4..12

WkSitM
RECORD HERE MINUTES SPENT SITTING DOWN DOING THINGS LIKE THESE
Range: 0..9997
WkSit
Computed total time from WkSitH and WkSitM: 0.9997
ENDIF

ENDIF

Usual
Were the activities you(name of child) did last week different from what you/she would usually do for any reason?
IF YES PROBE: Would you/she usually do more physical activity or less?
1 No - same as usual
2 Yes different - usually do more
3 Yes different - usually do less
Adult Physical Activity (Aged 16+)

IF respondent aged 16+ THEN

Work
I'd like to ask you about some of the things you have done in the past four weeks that involve physical activity, this could be at work/college or in your free time. (Can I just check) were you in paid employment or self-employed in the past four weeks?
INTERVIEWER: IF TEMPORARILY AWAY FROM WORK IN THE LAST FOUR WEEKS,
EG MATERNITY LEAVE, CODE AS No
1 Yes
2 No

IF Work = Yes THEN
Active
Thinking about your job in general would you say that you are
...READ OUT...
1 ...very physically active,
2 ...fairly physically active,
3 ...not very physically active,
4 ...or, not at all physically active in your job?
ENDIF

Housework
Have you done any housework when you were not doing your paid job/in the past four weeks, that is from (date four weeks ago) up to yesterday?
1 Yes
2 No

IF Housework = Yes THEN
HWkList
SHOW CARD O
Have you done any housework listed on this card?
1 Yes
2 No

HeavyHWk
SHOW CARD P
Some kinds of housework are heavier than others. This card gives some examples of heavy housework. It does not include everything, these are just examples. Was any of the housework you did in the last four weeks this kind of heavy housework?
1 Yes
2 No

IF (HeavyHWk = Yes and (samptype=CORE1 and Age of respondent>=65)) THEN
HyHWk
During the past four weeks on how many days have you done this kind of heavy housework for at least 30 minutes a time?
INTERVIEWER: IF ONLY DONE FOR LESS THAN 30 MINUTES ENTER 0
Range: 0.28
ENDIF

ENDIF

ENDIF

ENDIF

Garden
Have you done any gardening, DIY or building work in the past four weeks, that is since (date four weeks ago)?
1 Yes
2 No

IF Garden = Yes THEN
GardLst
SHOW CARD Q
Have you done any gardening, DIY or building work listed on this card?
1 Yes
2 No

ManualWork
SHOW CARD R
Have you done any gardening, DIY or building work from this other card, or any similar heavy manual work?
1 Yes
2 No

IF (ManualWork = Yes and (samptype=CORE1 and Age of respondent>=65)) THEN
DIY30
During the past four weeks on how many days have you done this kind of heavy manual gardening or DIY, for at least 30 minutes a time?
INTERVIEWER: IF ONLY DONE FOR LESS THAN 30 MINUTES ENTER 0
Range: 0.28
ENDIF

ENDIF
The Health Survey for England 2006 - Individual Questionnaire

**Adult Physical Activity**

**If** ((ManWork = Yes) and (Age of respondent is 16 to 64) OR (age of respondent is 65 + and samptype=CORE2)) **Then**

- **ManDays**
  During the past four weeks on how many days have you done this kind of heavy manual gardening or DIY?
  Range: 1.28

- **HrsDIY**
  On the days you did heavy manual gardening or DIY, how long did you usually spend?
  Interviewer: Record hours spent below. Enter 0 if less than 1 hour. Record minutes at next question.
  Range: 0.12

- **MinDIY**
  Interviewer: Record minutes spent on gardening or DIY
  Range: 0.59

  **If** HrsDIY = response or MinDIY = response **Then**

  **DIYTim**

  Computed total time from HrsDIY and MinDIY: 0.779

**ENDIF**

**ENDIF**

**Wiki5Int**

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

1. Yes,
2. No,
3. Can't walk at all

**If** (Wiki5Int = Yes and (samptype=CORE1 and Age of respondent>65)) **Then**

**Wiki30M**

In the past four weeks, have you done a continuous walk that lasted at least 30 minutes?
(That is since (date four weeks ago))

1. Yes
2. No

**If** Wiki30M = Yes **Then**

**DWik30**

During the past four weeks, on how many days did you do a walk of at least 30 minutes? (That is since (date four weeks ago))
Range: 0.28

**ENDIF**

The Health Survey for England 2006 - Individual Questionnaire

**Adult Physical Activity**

**If** ((Wiki5Int = Yes) and (Age of respondent is 16 to 64) OR (age of respondent is 65 + and samptype=CORE2)) **Then**

**Wiki15M**

In the past four weeks, have you done a continuous walk that lasted at least 15 minutes?
(That is since (date four weeks ago))

1. Yes
2. No

**If** Wiki15M = Yes **Then**

**DayWiki**

During the past four weeks, on how many days did you do a walk of at least 15 minutes? (That is since (date four weeks ago))
Range: 1.28

**DayWiki**

On that day, did you do more than one walk lasting at least 15 minutes?

1. Yes, more than one walk of 15 + mins (on at least one day)
2. No, only one walk of 15 + mins a day

**If** DayWiki = 2.28 and DayWiki = Yes **Then**

**DayWiki**

On how many days in the last four weeks did you do more than one walk that lasted at least 15 minutes?
Range: 1.28

**ENDIF**

**Wiki昕**

How long did you usually spend walking each time you did a walk for 15 minutes or more? INTERVIEWER: If very different lengths, probe for most regular. Record hours spent below. Enter 0 if less than 1 hour. Record minutes at the next question.
Range: 0.12

**Wiki昕**

INTERVIEWER: Record here minutes spent walking.
Range: 0.59

**If** HrsWiki = response or MinWiki = response **Then**

**TotTim**

Computed total time from HrsWiki and MinWiki: 0.779

**ENDIF**

**ENDIF**

**Walk Pace**

Which of the following best describes your usual walking pace

---READ OUT---

1. A slow pace,
2. An average pace,
3. A fairly brisk pace,
4. Or, a fast pace - at least 4 mph?
5. (None of these)

**ActPhy**

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

1 Yes
2 No

IF ActPhy = Yes THEN
WhtAct
Which have you done in the last four weeks? PROBE 'Any others?'
CODE ALL THAT APPLY.
1 Swimming
2 Cycling
3 Workout at a gym/Exercise bike/Weight training
4 Aerobics/Keep fit/Gymnastics/Dance for fitness
5 Any other type of dancing
6 Running/jogging
7 Football/rugby
8 Badminton/tennis
9 Squash
10 Exercises (e.g. press-ups, sit ups)
ENDIF

FOR ActVar = 11 TO 16 DO
IF (ActVar = 13) OR (OactQ [ActVar-1] = Yes) THEN
OActQ
Have you done any other sport or exercise not listed on the card?
ARRAY[11-16]
1 Yes
2 No

IF OActQ = Yes THEN
COthAct
INTERVIEWER: Probe for name of sport or exercise. Write in.
ARRAY[11-16]
Text: Maximum 20 characters
ENDIF
ENDIF
ENDDO

FOR ActVar = 1 TO 16 DO
IF ((ActVar in [1-10]) AND (ActVar IN WhtAct)) OR ((ActVar in [11-16]) AND (OactQ [ActVar] = Yes)) THEN
DayExc
Can you tell me on how many separate days did you do (activity) for at least 15 minutes a time during the past four weeks, that is since (date four weeks ago)?
INTERVIEWER: IF ONLY DONE FOR LESS THAN 15 MINUTES ENTER 0
ARRAY[1-16]
Text: Maximum 28 characters

IF (DayExc [ActVar] in [1-56]) THEN
ExcHrs

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The Health Survey for England 2006 - Individual Questionnaire

Smoking

Smoking (Aged 18+)

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

IF (Age of Respondent is 25 years or over) OR (BookChk = Asked) THEN
SmokEver
May I just check, have you ever smoked a cigarette, a cigar or a pipe?
1 Yes
2 No

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

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

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

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

ELSEIF Estim = ounces THEN
Ounces
PLEASE RECORD ESTIMATED (DAILY) CONSUMPTION OF TOBACCO (AT WEEKENDS) IN OUNCES.FOR FRACTIONS OF OUNCE RECORD:
1/4 (a quarter) oz as .25
1/3 (a third) oz as .33
1/2 (half) oz as .5
2/3 (two thirds) oz as .66
3/4 (three quarters) oz as .75

ENDIF

ENDIF

ENDIF

ENDIF

ENDIF

ENDIF

ENDIF
The Health Survey for England 2006 - Individual Questionnaire

Smoking

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

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

FirstCig
How soon after waking do you usually smoke your first cigarette of the day? PROMPT AS NECESSARY.
1 Less than 5 minutes
2 5-14 minutes
3 15-29 minutes
4 30 minutes but less than 1 hour
5 1 hour but less than 2 hours
6 2 hours or more

ELSE IF SmokeNow<>Yes (Smoked but doesn’t smoke cigarettes nowadays)

SmokeCig
Have you ever smoked cigarettes?
1 Yes
2 No

ELSE IF SmokeCig = Yes THEN

SmokeReg
Did you smoke cigarettes regularly, that is at least one cigarette a day, or did you smoke them only occasionally?
1 Smoked cigarettes regularly, at least 1 per day
2 Smoked them only occasionally
3 SPONTANEOUS: Never really smoked cigarettes, just tried them once or twice

IF SmokeReg = Smoked cigarettes regularly THEN

NumSmok:
About how many cigarettes did you smoke in a day?
INTERVIEWER: IF RANGE GIVEN AND CANT ESTIMATE, ENTER MID POINT. IF RESPONDENT SMOKES ROLL UPS AND CANNOT GIVE NUMBER OF CIGARETTES, CODE 97.

ENDIF

IF NumSmok = 97 THEN

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

ELSEIF Estim = grams THEN

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

ELSEIF Estim = ounces THEN

Ounces
PLEASE RECORD ESTIMATED (DAILY) CONSUMPTION OF TOBACCO (ON WEEKDAYS/AT WEEKENDS) IN OUNCES. FOR FRACTIONS OF OUNCES RECORD:
1/4 (a quarter) oz as .25
1/3 (a third) oz as .33
1/2 (half) oz as .5
2/3 (two thirds) oz as .66
3/4 (three quarters) oz as .75-.01..240

ELSEIF Estim = Response THEN

EndSmoke
How long ago did you stop smoking cigarettes?
INTERVIEWER: ENTER NUMBER OF YEARS. IF LESS THAN ONE YEAR AGO, CODE 0.

ENDIF

ENDIF

ENDIF

ENDIF

ENDIF
The Health Survey for England 2006 - Individual Questionnaire

Smoking

LongEnd

How many months ago was that?
1. Less than 6 months ago
2. Six months, but less than one year

ENDIF

IF EndSmoke = 2 THEN
Nice
Did you use any nicotine products, such as nicotine patches, chewing gum, lozenges or other similar products at all to help you give up?
INTERVIEWER: IF RESPONDENT HAS GIVEN UP MORE THAN ONCE, ASK ABOUT MOST RECENT OCCasion.
1. Yes
2. No

ENDIF

SmokYrs
And for approximately how many years did you smoke cigarettes regularly?
INTERVIEWER: ENTER NUMBER OF YEARS. IF LESS THAN ONE YEAR, CODE 0. Range: 0.97

ENDIF

IF (Sex = Female) AND (Age of Respondent is 18 to 49 years) THEN
IF (EndSmoke = REQUIRED) AND (EndSmoke < 2) THEN
IsPreg
Can I check, are you pregnant now?
1. Yes
2. No

IF IsPreg = Yes THEN
SmokePreg
Have you smoked at all since you've known you've been pregnant?
IF YES, PROBE: All the time or just some of the time?
1. Yes, all the time
2. Yes, some of the time
3. No, not at all

IF SmokePreg = [Yes, some of the time OR No, not at all] THEN
StopPreg
Did you stop smoking specifically because of your pregnancy, or for some other reason?
1. Because of pregnancy
2. For some other reason

ENDIF
ENDIF

ELSEIF (IsPreg = No) OR (IsPreg = NONRESPONSE) OR (SmokeNow = Yes) THEN
PregRec

ENDIF

The Health Survey for England 2006 - Individual Questionnaire

Smoking

Can I check, have you been pregnant in the last twelve months?
1. Currently pregnant
2. Was pregnant in last twelve months but not now
3. Not pregnant in last twelve months

IF PregRec = Was pregnant in last twelve months but not now THEN
PregSmok
Did you smoke at all during pregnancy? (i.e. DURING TIME WHEN KNEW SHE WAS PREGNANT) IF YES, PROBE: All the time or just some of the time?
1. Yes, all the time
2. Yes, some of the time
3. No, not at all

ENDIF
ENDIF

IF (PregSmok = Yes, some of the time OR No, not at all) THEN
PregStop
Did you stop smoking specifically because of your pregnancy, or for some other reason?
1. Because of pregnancy
2. For some other reason

ENDIF

IF (SmokeNow = Yes) OR (SmokeReg = smoked occasionally/regularly) THEN
SmokeTry
Have you ever tried to give up smoking because of a particular health condition you have had at the time?
1. Yes
2. No

ENDIF

DrSmoke
Did/Has a medical person, for example a doctor or nurse ever advised you to stop smoking altogether because of your health?
1. Yes
2. No

IF DrSmoke = Yes THEN
DrSmoke1
How long ago was that?
INTERVIEWER: PROMPT AS NECESSARY.
1. Within the last twelve months
2. Over twelve months ago

ENDIF
ENDIF

CigarNow
Do you smoke cigars at all nowadays?
1. Yes
2. No

IF CigarNow = Yes THEN
CigarReg

ENDIF

ENDIF
The Health Survey for England 2006 - Individual Questionnaire

**Smoking**

Do you smoke cigars regularly, that is at least one cigar a month, or do you smoke them only occasionally?
1. Smoke at least one cigar a month
2. Smoke them only occasionally

ENDIF

IF Sex = Male THEN

PipeNow
Do you smoke a pipe at all nowadays?
1. Yes
2. No

ENDIF

ENDIF

FatherSm
Did your father ever smoke regularly when you were a child?
1. Yes
2. No

MotherSm
Did your mother ever smoke regularly when you were a child?
1. Yes
2. No

ENDIF

IF (Sample=Core1 OR Core2 AND Respondent is 13 years or over)

ExpSm
Now, in most weeks, how many hours a week are you exposed to other people's tobacco smoke?
Range: 0.97

ELSEIF Sample=Core1 OR Core2 AND Age of Respondent is 0 to 12 years THEN

ChildExpSm
Now, in most weeks, how many hours a week is (Name of child) exposed to other people's tobacco smoke?
Range: 0.97

ENDIF

ENDIF

**Drinking (Aged 18+)**

IF (Age of Respondent is 25 years or over) OR (BookChk = Asked)

Drink
I am now going to ask you a few questions about what you drink - that is if you drink. Do you ever drink alcohol nowadays including drinks you brew or make at home?
1. Yes
2. No

ENDIF

IF Drink = No THEN

DrinkAny
Could I just check, does that mean you never have an alcoholic drink nowadays, or do you have an alcoholic drink very occasionally, perhaps for medicinal purposes or on special occasions like Christmas and New Year?
1. Very occasionally
2. Never

ENDIF

IF DrinkAny = Never THEN

AlwaysTT
Have you always been a non-drinker or did you stop drinking for some reason?
1. Always a non-drinker
2. Used to drink but stopped

ENDIF

IF AlwaysTT = Used to drink but stopped THEN

WhyTT
Did you stop drinking because of a particular health condition that you had at the time?
INTERVIEWER: IF RESPONDENT SAYS PREGNANCY, CODE YES
1. Yes
2. No

ENDIF

ENDIF

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

DrinkOfT
SHOW CARD Y
Thinking now about all kinds of drinks, how often have you had an alcoholic drink of any kind during the last 12 months?
1. Almost every day
2. Five or six days a week
3. Three or four days a week
4. Once or twice a week
5. Once or twice a month
6. Once every couple of months
7. Once or twice a year
8. Not at all in the last 12 months

ENDIF

IF DrinkOfT <= Not at all in the last 12 months THEN

DrinkL7
You have told me what you have drunk over the last 12 months, but we know that what people drink can vary a lot from week to week, so I'd like to ask you a few questions about last week. Did you have an alcoholic drink in the seven days ending yesterday?
1. Yes
2. No

ENDIF

ENDIF

END
The Health Survey for England 2006 - Individual Questionnaire

Drinking

DrnkDay
On how many days out of the last seven did you have an alcoholic drink?
Range: 1.7
IF DrnkDay = 2 to 7 days THEN
DrnkSme
Did you drink more on one of the days/some days than others, or did you drink
about the same on both/each of those days?
  1 Drank more on one/some day(s) than other(s)
  2 Same each day
ENDIF
WhichDay
Which day last week did you last have an alcoholic drink/have the most to drink?
  1 Sunday
  2 Monday
  3 Tuesday
  4 Wednesday
  5 Thursday
  6 Friday
  7 Saturday

DrnkTypE
SHOW CARD Z
Thinking about last (answer to WhichDay), what types of drink did you have that
day?
CODE ALL THAT APPLY
  1 Normal strength beer/lager/cider/shandy
  2 Strong beer/lager/cider
  3 Spirits or liqueurs
  4 Sherry or martini
  5 Wine
  6 Alocopps/pre-mixed alcoholic drinks
  7 Other alcoholic drinks
  8 Low alcohol drinks only
IF DrnkTypE = Normal strength beer/lager/cider/shandy THEN
NBrL7
Still thinking about last (answer to WhichDay), how much normal strength beer,
lager, stout, cider or shandy (excluding cans and bottles of shandy) did you drink
that day? INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.
  1 Half pints
  2 Small cans
  3 Large cans
  4 Bottles
ENDIF
IF NBrL7=Half pints THEN
SBrl7
Still thinking about last (answer to WhichDay), how much strong beer, lager,
stout or cider did you drink that day? INTERVIEWER: CODE MEASURES THATEX YOU ARE GOING TO USE.
  1 Half pints
  2 Small cans
  3 Large cans
  4 Bottles
ENDIF
IF NBrL7=Small cans THEN
SBrl7(2)
ASK OR CODE: How many small cans of normal strength beer, lager, cider or
shandy did you drink that day?
Range: 1.97
ENDIF
IF NBrL7=Large cans THEN
NBrL7Q(3)
ASK OR CODE: How many large cans of normal strength beer, lager, cider or
shandy did you drink that day?
Range: 1.97
ENDIF
IF NBrL7=Bottles THEN
NBrL7Q(4)
ASK OR CODE: How many bottles of normal strength beer, lager, cider or
shandy did you drink that day?
Range: 1.97
NBotL7
ASK OR CODE: What make of normal strength beer, lager, stout, cider or
shandy did you drink from bottles on that day? INTERVIEWER: IF
RESPONDENT DRANK DIFFERENT MAKES CODE WHICH THEY DRANK
MOST.
Text: Maximum 21 characters
ENDIF
ENDIF
IF DrnkTypE = Strong beer/lager/cider THEN
SBrl7
Still thinking about last (answer to WhichDay), how much strong beer, lager,
stout or cider did you drink that day? INTERVIEWER: CODE MEASURES
THAT YOU ARE GOING TO USE.
  1 Half pints
  2 Small cans
  3 Large cans
  4 Bottles
ENDIF
IF SBrl7=Half pints THEN
SBrl7Q(1)
ASK OR CODE: How many half pints of strong beer, lager, stout or cider
(excluding cans and bottles of shandy) did you drink on that day?
Range: 1.97
ENDIF
IF SBrl7=Small cans THEN
SBrl7Q(2)
ASK OR CODE: How many small cans of strong beer, lager, stout or cider did
you drink on that day?
Range: 1.97
ENDIF
IF SBrl7=Large cans THEN
**Drinking**

**SBrL7Q(3)**
ASK OR CODE: How many large cans of strong beer, lager, stout or cider did you drink on that day?
Range: 1.97

**ENDIF**

IF SBrL7=Bottles THEN
SBrL7Q(4)
ASK OR CODE: How many bottles of strong beer, lager, stout or cider did you drink on that day?
Range: 1.97

**SBotL7**
ASK OR CODE: What make of strong beer, lager, stout or cider did you drink from bottles on that day? INTERVIEWER: IF RESPONDENT DRANK DIFFERENT MAKES CODE WHICH THEY DRANK MOST
Text: Maximum 21 characters

**ENDIF**

IF DrnkType=Spirits THEN
Spirl7
Still thinking about last (answer to WhichDay), how much spirits or liqueurs (such as gin, whisky, brandy, rum, vodka, advocaat or cocktails) did you drink on that day?
CODE THE NUMBER OF SINGLES - COUNT DOUBLES AS TWO SINGLES.
Range: 1.97

**ENDIF**

IF DrnkType=Sherry THEN
SherrL7
Still thinking about last (answer to WhichDay), how much sherry or martini, including port, vermouth, Cinzano and Dubonnet did you drink on that day?
CODE THE NUMBER OF GLASSES.
Range: 1.97

**ENDIF**

IF DrnkType=Wine THEN
WineL7
Still thinking about last (answer to WhichDay), how much wine, including Babycham and champagne, did you drink on that day? CODE THE NUMBER OF GLASSES 1 BOTTLE = 6 GLASSES 1 LITRE = 8 GLASSES.
Range: 1.97

**ENDIF**

IF DrnkType=Alcoholic lemonades/colas THEN
PopsL7
Still thinking about last (answer to WhichDay), how much alcoholic soft drink (‘alcopop’) did you drink on that day? INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE
1 Small cans
2 Bottles

IF PopsL7=Small cans THEN
PopsL7Q(1)

---

The Health Survey for England 2006 - Individual Questionnaire

**Drinking**

ASK OR CODE: How many small cans of alcoholic soft drink (‘alcopop’) did you drink on that day?
Range: 1.97

**ENDIF**

IF PopsL7=Bottles THEN
PopsL7Q(2)
ASK OR CODE: How many bottles of alcoholic soft drink (‘alcopop’) did you drink on that day?;
Range: 1.97

**ENDIF**

IF DrnkType=Other THEN
OthL7TA
Still thinking about last (answer to WhichDay), what other type of alcoholic drink did you drink on that day? CODE FIRST MENTIONED ONLY;
Text: Maximum 30 characters

OthL7QA
How much (name of ‘other’ alcoholic drinks) did you drink on that day? WRITE IN HOW MUCH. REMEMBER TO SPECIFY HALF PINTS/SINGLES/GLASSES/BOTTLES.
Text: Maximum 30 characters

OthL7B
Did you drink any other type of alcoholic drink on that day?
1 Yes
2 No

IF OthL7B=Yes THEN
OthL7TB
Still thinking about last (answer to WhichDay), what other type of alcoholic drink did you drink on that day? CODE FIRST MENTIONED ONLY.
Text: Maximum 30 characters

OthL7QB
How much (name of ‘other’ alcoholic drink) did you drink on that day?
WRITE IN HOW MUCH. REMEMBER TO SPECIFY HALF PINTS/SINGLES/GLASSES/BOTTLES.
Text: Maximum 30 characters

OthL7C
Did you drink any other type of alcoholic drink on that day?
1 Yes
2 No

IF OthL7C=Yes THEN
OthL7TCC
Still thinking about last (answer to WhichDay), what other type of alcoholic drink did you drink on that day?
CODE FIRST MENTIONED ONLY

OthL7QC
How much (name of ‘other’ alcoholic drink) did you drink on that day?
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**Drinking**

WRITE IN HOW MUCH REMEMBER TO SPECIFY HALF PINTS/
SINGLES/GLASSES/BOTTLES.

Text: Maximum 30 characters

ENDIF

ENDIF

ENDIF

ENDIF

ENDIF

DrAmount

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

1 More nowadays

2 About the same

3 Less nowadays

ENDIF

ENDIF

---

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**Classification**

**Classification**

IF RESPONDENT AGED 16+ AND NOT HOUSEHOLD REFERENCE PERSON or IF RESPONDENT IS HOUSEHOLD REFERENCE PERSON BUT DID NOT ANSWER OCCUPATION QUESTIONS IN HOUSEHOLD QUESTIONNAIRE

(If [Age of Respondent is =>16] AND NOT (PvNum=PFRFNo AND PFRPOc=Yes))

NActiv

SHOW CARD AA

Which of these descriptions applies to what you were doing last week, that is in the seven days ending (date last Sunday)?

CODE FIRST TO APPLY

1 Going to school or college full-time (including on vacation)

2 In paid employment or self-employment (or away temporarily)

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 28 DAYS OR LESS)

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 the home or family

11 Doing something else (SPECIFY)

IF NActiv=Doing something else THEN

NActivO

OTHER: PLEASE SPECIFY

Text: Maximum 60 characters

ENDIF

IF [NActiv=School] THEN

StWork

Did you do any paid work in the seven days ending (date last Sunday), either as an employee or self-employed?

1 Yes

2 No

ENDIF

IF [(NActiv=Intending to look for work, Retired from paid work, Looking after the home or family or Doing something else OR StWork=No) AND ((Age = 16 to 64 years AND Sex=Male) OR (Age = 16 to 59 years AND Sex=Female))] THEN

H4WkLook

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

1 Yes

2 No

ENDIF

IF NActiv=Looking for paid work/training scheme OR H4WkLook=Yes THEN

2WkStn

If a job or a place on a Government training scheme had been available in the (7 days/four weeks) ending (date last Sunday), would you have been able to start within two weeks?

1 Yes

2 No

ENDIF
The Health Survey for England 2006 - Individual Questionnaire

Classification

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

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

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

IF (EverJob = [Yes]) THEN
  PayLast
  Which year did you leave your last paid job?
  WRITE IN.
  Range: 1920-2001

  IF Last paid job less than or equal to 8 years ago (from PayLast) THEN
    PayMon
    Which month in that year did you leave?
    1 January
    2 February
    3 March
    4 April
    5 May
    6 June
    7 July
    8 August
    9 September
    10 October
    11 November
    12 December
    98 Can't remember
  ENDIF

  PayAge1
  Computed: Age when last had a paid job.
ENDIF

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Classification

IF (EverJob = [Yes]) OR (NActiv = [In paid employment or self-employment...Waiting to take up paid work already obtained]) OR (SitWork = [Yes]) OR (Respondent is Male and EverJob = [Yes]) OR (Respondent is Female and PayAge1 >= 50) THEN
  JobTitle
  I'd like to ask you some details about your most recent job/the main job you had/the job you are waiting to take up. What is (was/will be) the name or title of the job?
  Text: Maximum 60 characters

  RPTime
  Are you (were you/will you be) working full-time or part-time?
  (FULL-TIME = MORE THAN 30 HOURS/MOINTIME = 30 HOURS OR LESS)
  1 Full-time
  2 Part-time

  WtWork
  What kind of work do (did/will you) you do most of the time?
  Text: Maximum 50 characters

  MatUsed
  IF RELEVANT: What materials or machinery do (did/will you) use?
  IF NONE USED, WRITE IN 'NONE'.
  Text: Maximum 50 characters

  SkillNee
  What skills or qualifications are (were) needed for the job?
  Text: Maximum 120 characters

  Employe
  Are you (were you/will you be) ...READ OUT...
  1 an employee,
  2 or, self-employed
  IF IN DOUBT, CHECK HOW THIS EMPLOYMENT IS TREATED FOR TAX & NI PURPOSES.

  IF Employe = Self-employed THEN
  Direc
  Can I just check, in this job are you (were you/will you be) a Director of a limited company?
  1 Yes
  2 No
ENDIF

IF Employe=an employee OR Direc=Yes THEN
  EmpStat
  Are you (were you/will you be) a ...READ OUT...
  1 manager,
  2 foreman or supervisor,
  3 or other employee?

  NEmplee
  Including yourself, about how many people are (were) employed at the place where you usually work (usually worked/will work)?
  1 1 or 2
Do you have any of the qualifications listed on this card? Please look down the whole list before telling me.

1. Yes
2. No

If Qual = Yes THEN

QualA

Which of the qualifications on this card do you have? Just tell me the number written beside each one. RECORD ALL THAT APPLY. PROBE: Any others?

1. Degree/degree level qualification (including higher degree)
2. Teaching qualification
3. Nursing qualifications SRN, SCM, SON, RGN, RM, RHV, Midwife
4. HNC/HND, BEC/TEC Higher, BTEC Higher/SCOTECH Higher
5. ONC/OND/BECS/TEC/BTEC not higher
6. City and Guilds Full Technological Certificate
7. City and Guilds Advanced/Final Level
8. City and Guilds Craft/Ordinary Level
9. A-levels/Higher School Certificate
10. AS level
11. SLC/SCE/SUPE at Higher Grade or Certificate of Sixth Year Studies
12. O-level passes taken in 1975 or earlier
13. O-level passes taken after 1975 GRADES A-C
15. GCSE GRADES A-C
16. GCSE GRADES D-G
17. CSE GRADE 1/SCE BANDS A-C/Standard Grade LEVEL 1-3
18. CSE GRADES 2-5/SCE Ordinary BANDS D-E
19. CSE Ungraded
20. SLC Lower
21. SUPE Lower or Ordinary
22. School Certificate or Matric
23. NVQ Level 5
24. NVQ Level 4
25. NVQ Level 3/Advanced level GNVQ
26. NVQ Level 2/Intermediate level GNVQ
27. NVQ Level 1/Foundation level GNVQ
28. Recognised Trade Apprenticeship completed
29. Clerical or Commercial Qualification (e.g. typing/book-keeping/commerce)

ENDIF

IF NOT (Degree IN QualA) THEN

OthQual

Do you have any qualifications not listed on this card?

1. Yes
2. No

IF OthQual = Yes THEN

QualB

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

ELSEIF EthindA = Other THEN

OthCult
What is your cultural background? Is it Chinese, Japanese, Philippino, Vietnamese, or any other cultural background? CODE ALL THAT APPLY.
1 Chinese
2 Japanese
3 Philippino
4 Vietnamese
95 Any other cultural background (specify)
ENDIF

ENDIF

Ask ((all aged 16 to 64) OR (age of respondent is 65 + and samptype=CORE2))

MainHH
I would like to ask you some questions about your parents in order to compare health across generations of families.
INTERVIEWER CODE
1 Mother is in household
2 Mother NOT in household

ELSEIF MainHH = Mother is in household THEN

NatMaB
May I just check, is she your natural mother?
1 Yes
2 No

ENDIF

ELSEIF MainHH <> Mother is in household OR NatMaB = No THEN

LiveMaB
Is your natural mother still alive?
1 Yes
2 No

ELSEIF LiveMaB = Yes THEN

AgeMa
How old is your natural mother?
Range: 10..120

ENDIF

ELSEIF LiveMaB = No THEN

ConsMaB
SHOW CARD DD
Did your mother die from any of the conditions on the card?
CODE ONE ONLY.
1 High blood pressure (sometimes called hypertension)
2 Angina
3 Heart attack (including myocardial infarction and coronary thrombosis)
4 Stroke
5 Other heart trouble (incl. heart murmur, damaged heart valves, trachycardia or rapid heart).

ENDIF
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6 Diabetes
7 None of the above conditions

AgeMoB
How old was your mother when she died?
Range: 10.120
ENDIF
ENDIF

PAIHHD
INTERVIEWER CODE:
1 Father is in household
2 Father not in household

IF PAIHHD = Father is in household THEN
NatPaB
May I just check, is he your natural father?
1 Yes
2 No
ENDIF

IF PAIHHD <> Father is in household OR NatPaB = No THEN
LivePaB
Is your natural father still alive?
1 Yes
2 No

IF LivePaB = Yes THEN
AgePa
How old is your natural father?
Range: 10.120
ENDIF

ELSEIF LivePaB = No THEN
ConsPaB
SHOW CARD DD
Did your father die from any of the conditions on the card?
CODE ONE ONLY.
1 High blood pressure (sometimes called hypertension)
2 Angina
3 Heart attack (including myocardial infarction and coronary thrombosis)
4 Stroke
5 Other heart trouble (incl. heart murmur, damaged heart valves, tachycardia or rapid heart)
6 Diabetes

7 None of the above conditions
AgeFaB
How old was your father when he died?
Range: 10.120
ENDIF
ENDIF
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Self-completion placement (Aged 8+)

IF Age of Respondent is 13 years or over THEN
   SClntro
   PREPARE (LILAC/YELLOW/WHITE/BLUE/PINK) SELF-COMPLETION BOOKLET (FOR ADULTS 16+ / FOR YOUNG ADULTS / FOR CHILDREN AGED 6-15 / FOR CHILDREN AGED 13-15 / FOR CHILDREN AGED 8-12) BY ENTERING SERIAL NUMBERS. CHECK YOU HAVE CORRECT PERSON NUMBER.

ELSEIF Age of respondent is 8 to 12 years THEN
   SClntCh
   Here is a little booklet which I would like to ask (name of child) to complete for (him/her). It asks children if they have ever tried cigarettes or alcohol, and about cycling. May I explain it to him/her?
   IF ASKED, SHOW PINK BOOKLET TO PARENT(S), IF AGREES, PREPARE PINK BOOKLET. SEE CHILD. EXPLAIN HOW TO COMPLETE. REMEMBER TO USE A BLACK PEN.
   ENDF

IF Age of Respondent is 13 years or over THEN
   SClmp2
   I would now like you to answer some questions by completing this booklet on your own.
   The questions cover general health. EXPLAIN HOW TO COMPLETE BOOKLET.
   REMEMBER TO USE A BLACK PEN. IF ASKED SHOW BOOKLET TO PARENT(S).
   ENDF

IF Age of respondent is 8 years or over THEN
   SClmp3
   INTERVIEWER CHECK: WAS THE (LILAC/YELLOW/BLUE/PINK) BOOKLET (FOR ADULTS 16+ / FOR YOUNG ADULTS / FOR CHILDREN AGED 6-15 / FOR CHILDREN AGED 8-12) COMPLETED?
   1 Fully completed
   2 Partially completed
   3 Not completed

IF SClmp3 = Fully completed OR Partially completed THEN
   SC3Acc
   Was it completed without assistance?
   1 Completed independently
   2 (Assistance from other children)
   3 Assistance from other household member (Assistance from adult(s) (not interviewer)
   4 Assistance from interviewer
   5 Interviewer administered
   ENDF

IF SClmp3 = Partially completed OR Not completed THEN
   SClmp6
   INTERVIEWER: RECORD WHY BOOKLET NOT COMPLETED / PARTIALLY COMPLETED. CODE ALL THAT APPLY:
   1 Child away from home during fieldwork period
   2 Eyesight problems
   3 Language problems
   4 Reading/writing/comprehension problems
   5 Respondent bored/fed up/tired
   6 Questions too sensitive/invasion of privacy
   7 Too long/too busy/taken long enough already
   8 Refused to complete booklet (no other reason given)
   9 Other (SPECIFY)

IF SClmp6=Other THEN
   SClmp6O
   PLEASE SPECIFY OTHER REASON.
   Text: Maximum 60 characters
   ENDF

IF SClmp3 = Fully completed OR Partially completed THEN
   SClmp5A
   INTERVIEWER: CODE WHO WAS PRESENT IN ROOM WHILE (name of respondent) COMPLETED SELF-COMPLETION. INCLUDE YOURSELF, ANYONE INTERVIEWED AT THE SAME TIME AS RESPONDENT, PARENT ANSWERING ON BEHALF OF 8-12 YEAR OLDS OR OTHERS IN THE ROOM.
   CODE ALL THAT APPLY.
   1 Spouse / partner
   2 Parent(s) (incl step/fosterER)
   3 Brother(s)/Sister(s)
   4 Own/Related child(ren) (incl step/ foster/ partner’s)
   5 Other relative(s)
   6 Unrelated adult(s)
   7 Unrelated child(ren)
   8 Interviewer
   9 Completed alone in room

ENDF

ENDF

IF Age of respondent is 4 TO 15 years THEN
   SDQChk
   INTERVIEWER PLEASE CHECK: Was the WHITE booklet for parents completed?
   1 Fully completed
   2 Partially completed
   3 Not completed
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Self-completion

IF SDQCChk= Partially completed OR Not completed THEN
SDQCComp
INTERVIEWER: Record why booklet not completed/partially completed. CODE ALL THAT APPLY.

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

IF SDQCComp =Other THEN
SDQCComp0
PLEASE SPECIFY OTHER REASON.
Text: Maximum 60 characters
ENDIF
ENDIF
ENDIF

Measurements

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Measurements

Measurements

ASK ALL

Intro

PREAMBLE: I would now like to measure height and weight. There is interest in how people’s weight, given their height, is associated with their health. MAKE OUT MRC FOR EACH PERSON.

IF Age >=2 THEN
RespHts
MEASURE HEIGHT AND CODE. INCLUDE ‘DISGUISED’ REFUSALS SUCH AS ‘IT WILL TAKE TOO LONG’, ‘I HAVE TO GO OUT’ ETC. AT CODE 2: Height refused.
1 Height measured
2 Height refused
3 Height attempted, not obtained
4 Height not attempted

IF RespHts = Height measured THEN
Height
ENTER HEIGHT.
Range: 60.0-244.0
ENDIF

RelHte
INTERVIEWER CODE ONE ONLY
1 No problems experienced reliable height measurement obtained
2 Problems experienced - measurement likely to be:
3 Reliable
4 Unreliable

IF RelHte = Unreliable THEN
HNRel
WHAT CAUSED THE HEIGHT MEASUREMENT TO BE UNRELIABLE?
1 Hairstyle or wig
2 Turban or other religious headgear
3 Respondent stooped
4 Child respondent refused stretching
5 Respondent would not stand still
6 Respondent wore shoes
7 Other, please specify

IF HNRel = Other THEN
OHNRel
PLEASE SPECIFY WHAT CAUSED UNRELIABLE HEIGHT MEASUREMENT.
Text: Maximum 60 characters
ENDIF
ENDIF
ENDIF

MBBookHt
INTERVIEWER: CHECK HEIGHT RECORDED ON MEASUREMENT RECORD CARD.
HEIGHT: (f) cm OR (f) feet (f) inches.
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Measurements

ELSEIF RespHt = Height refused THEN
  ResNHt

GIVE REASONS FOR REFUSAL.
  1 Cannot see point/Height already known/Doctor has measurement
  2 Too busy/Taken too long already/ No time
  3 Respondent too ill/sick/tired
  4 Considered intrusive information
  5 Respondent too anxious/nervous/shy/embarrassed
  6 Refused (no other reason given)
  7 Other
ELSEIF RespHt = Height attempted, not obtained OR Height not attempted THEN
  NoHtBc

CODE REASON FOR NOT OBTAINING HEIGHT. CODE ALL THAT APPLY.
  1 Child: away from home during fieldwork period (specific in a Note)
  2 Respondent is unsteady on feet
  3 Respondent cannot stand upright/too stooped
  4 Respondent is chairbound
  5 Confined to bed
  6 Respondent unable to move shoes
  7 Child: subject would not stand still
  8 Ill or in pain
  9 Stadiometer faulty or not available
  10 Child asleep
  11 Other - specify

IF OTHER IN NoHtBc THEN
  NoHtBc

PLEASE SPECIFY OTHER REASON
Text: Maximum 60 characters
ENDIF
ENDIF

If RespHt = Height refused, Height attempted, not obtained OR Height not attempted THEN

EHCh

INTERVIEWER: ASK (respondent) FOR AN ESTIMATED HEIGHT. WILL IT BE GIVEN IN METRES OR IN FEET AND INCHES?
  IF RESPONDENT DOESN'T KNOW HEIGHT USE <CTRL+K>, IF RESPONDENT ISN'T WILLING TO GIVE HEIGHT USE <CTRL+R>.
  1 Metres
  2 Feet and inches

IF EHCh = Metres
  EHIM

PLEASE RECORD ESTIMATED HEIGHT IN METRES.
  Range: 0.01-2.44
ELSEIF EHCh = Feet and inches
  EHIf

PLEASE RECORD ESTIMATED HEIGHT. ENTER FEET.
  Range: 0..7

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

ENTER WEIGHT OF ADULT HOLDING CHILD.
  Range: 15.0-130.0
ENDIF

ENDIF

The Health Survey for England 2006 - Individual Questionnaire

Measurements

EHIn

PLEASE RECORD ESTIMATED HEIGHT. ENTER INCHES.
  Range: 0.11
ENDIF

EstHt

Computed: Final measured or estimated height (cm).
  Range: 0.0-....999.9

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

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

IF PregNowB IS YES THEN
  RespWts

MEASURE WEIGHT AND CODE. (INTERVIEWER: IF RESPONDENT WEIGHS MORE THAN 130KG (29 1/2 STONES) DO NOT WEIGH CODE AS 'WEIGHT NOT ATTEMPTED')
INCLUDE 'DISGUISED' REFUSALS SUCH AS 'IT WILL TAKE TOO LONG', 'I HAVE TO GO OUT' ETC. AT CODE 2: Weight refused.
  0 If Age 2-5 years: Weight obtained (child held by adult)/ If Age over 5 years: DO NOT USE THIS CODE
  1 Weight obtained (subject on own)
  2 Weight refused
  3 Weight attempted, not obtained
  4 Weight not attempted
ENDIF

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

RECORD WEIGHT.
  Range: 10.0-130.0
ELSEIF RespWts = Weight obtained (child held by adult) THEN
  WChAd

ENTER WEIGHT OF ADULT ON HIS/HER OWN.
  Range: 15.0-130.0

ENDIF

Weight

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

FloorC

78

79
The Health Survey for England 2006 - Individual Questionnaire

**SCALES PLACED ON?**

1. Uneven floor
2. Carpet
3. None of these

**RelWaitB**

**INTERVIEWER CODE ONE ONLY.**

1. No problems experienced, reliable weight measurement obtained
2. Reliable
3. Unreliable

**MBookWt**

**INTERVIEWER: CHECK WEIGHT RECORDED ON MEASUREMENT RECORD CARD.**

**WEIGHT:** (kg) OR (s) stones (s) pounds. **IF WEIGHT LOOKS WRONG, GO BACK TO XWEIGHT AND REWEIGH.**

**ENDIF**

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

**IF RespWts = Weight refused THEN**

**ResNWt**

**GIVE REASONS FOR REFUSAL.**

1. Cannot see point/Weight already known/Doctor has measurement
2. Too busy/Taken long enough already/No time
3. Respondent too ill/fair/tired
4. Considered intrusive information
5. Respondent too anxious/nervous/shy/embarrassed
6. Child refused to be held by parent
7. Parent refused to hold child
8. Refused (no other reason given)
9. Other

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

**NoWtBc**

**CODE REASON FOR NOT OBTAINING WEIGHT. CODE ALL THAT APPLY.**

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

**IF NoWtBc = Other THEN**

**NoWatCo**

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The Health Survey for England 2006 - Individual Questionnaire

**Measurements**

**PLEASE SPECIFY OTHER REASON.**

Text: Maximum 60 characters

**ENDIF**

**ENDIF**

**EWhCh**

**INTERVIEWER: ASK (respondent) FOR AN ESTIMATED WEIGHT. WILL IT BE GIVEN IN KILOGRAMS OR IN STONES AND POUNDS**

1. Kilograms
2. Stones and pounds

**ENDIF**

**ENDIF**

**IF EWhCh = kg**

**EWhkg**

**PLEASE RECORD ESTIMATED WEIGHT IN KILOGRAMS.**

Range: 0.0-.210.0

**ELSEIF EWhCh = StnPnd**

**EWhSt**

**PLEASE RECORD ESTIMATED WEIGHT. ENTER STONES.**

Range: 0.0-32.0

**EWhL**

**PLEASE RECORD ESTIMATED WEIGHT. ENTER POUNDS.**

Range: 0.0-13.0

**ENDIF**

**EstWt**

**Computed: Final measured or estimated weight (kg).**

Range: 0.0-999.9

**ENDIF**

**IF (RespHts = Yes) OR (RespWts = Yes) THEN**

**StadNo**

**INTERVIEWER: PLEASE RECORD SERIAL NUMBER OF STADIOMETER USED FOR THIS INTERVIEW**

Range: 0-997

**ScdNo**

**INTERVIEWER: PLEASE RECORD SERIAL NUMBER OF SCALES USED FOR THIS INTERVIEW.**

Range: 0-997

**ENDIF**
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Consents

IF Age of respondent < 16 AND No legal parent in household THEN
NurseA
In order for the nurse to take any of your measurements we have to have the permission of your parents or the person who has legal parental responsibility. As there is no-one in your household who I can ask, I won't be making an appointment for you.
1 Continue
ELSE (All other respondents)
Nurse
There are two parts to this survey. You have just helped us with the first part. We hope you will also help us with the second part, which is a visit by a qualified nurse to collect more medical information and carry out some measurements. I would like to make an appointment for the nurse to come round and explain some more about what is required. May I suggest some dates and times and see when you are free? IF ASKED FOR DETAILS: for example, to take a length measurement/to check if baby is taking any medications and take a saliva sample/to take his/her blood pressure and measure his/her lung capacity/to make some general measurements, take your blood pressure, measure your lung capacity and take a small blood sample.
1 Agreed nurse could contact
2 Refused nurse contact
IF Nurse = Refused nurse contact THEN
NurseRef
RECORD REASON WHY RESPONDENT REFUSED NURSE CONTACT. CODE BELOW AND RECORD AT Q 15 ON A.R.F
1 Own doctor already has information
2 Given enough time already to this survey/expecting too much
3 Too busy, cannot spare the time (if Code 1 does not apply)
4 Had enough of medical tests/medical profession at present time
5 Worried about what nurse may find out/might tempt fate
6 Scared/medical profession/ particularly medical procedures (e.g. blood sample)
7 Not interested/Can't be bothered/No particular reason
95 Other reason (specify)
IF NurseRef=Other reason THEN
NurseRefO
PLEASE SPECIFY OTHER REASON FOR REFUSAL. CODE BELOW AND RECORD AT Q 15 ON A.R.F.
Text: Maximum 60 characters
ENDIF
ELSEIF Nurse=Agrreed nurse contact THEN
ApptRec
INTERVIEWER: RECORD DETAILS OF THE NURSE APPOINTMENT ON THE BACK OF THE MEASUREMENT RECORD CARD L
ENTER THE NURSE'S NAME, APPOINTMENT DATE AND TIME.
1 Continue
ENDIF
ENDIF
The Health Survey for England 2006 – Individual Questionnaire

Area observations

COMPLETED BY INTERVIEWER OBSERVATION:

Area Type
TYPE OF AREA:
1 Inner city
2 Other dense urban/urban centred
3 Suburban residential (city/large town outskirts)
4 Rural residential/village centre
5 Rural agricultural with isolated dwellings or small hamlets

Bid Type
PREDOMINANT RESIDENTIAL BUILDING TYPE:
1 Terraced houses
2 Semi-detached houses
3 Detached houses
4 Mixed houses
5 Low rise flats (5 storey blocks or less)
6 High rise flats (blocks over 5 storeys)
7 Flats with commercial premises (flats/maisonettes over parades of shops)
8 Flats mixed (high and low rise)
9 Mixed houses and flats

Typ Dwelling
HOUSEHOLD DWELLING TYPE:
1 Detached whole house or bungalow
2 Semi-detached whole house or bungalow
3 Terraced/ end of terrace whole house or bungalow
4 Flat or maisonette in a purpose built block: basement to 3rd floor
5 Flat or maisonette in a purpose built block: 4th floor or higher
6 Flat or maisonette in a converted house or some other kind of building
7 Caravan, mobile home or houseboat
8 Room or rooms
9 Some other kind of accommodation

IF Typ Dwelling = Other THEN
Typ Dw Oth
PLEASE SPECIFY OTHER DWELLING TYPE.
STRING = 40 characters

End if

Ethnic Mix of Area
ETHNIC MIX OF AREA:
1 Predominantly white
2 Predominantly black/minority ethnic
3 Mixed ethnicity
4 Don’t know

The Health Survey for England 2006 – Individual Questionnaire

Consents

ASK ALL
NHSCan
We would like your consent for us to send your name, address and date of birth to three
National Health Service registers. These are the NHS Central Register, the NHS Cancer Registry
and the Hospital Episodes Statistics Register. Please read these forms, it explains more about
what is involved.
INTERVIEWER: GIVE THE RESPONDENT THE COLOUR (GREEN/YELLOW) CONSENT
FORM (NHS AND CANCER REGISTRY) AND ALLOW THEM TIME TO READ THE
INFORMATION.
1 Consent given
2 Consent not given

IF NHSCan = Consent given THEN
Nhessig
EXPLAIN THE NEED FOR WRITTEN CONSENT: Before I can pass your details on, I have
to obtain written consent from you.
ENTER THE RESPONDENT’S SERIAL NUMBER ON THE TOP OF THE CONSENT
FORMS.
ASK RESPONDENT TO SIGN AND DATE BOTH FORMS.
GIVE THE SECOND COPY OF THE FORM TO THE RESPONDENT.
CODE WHETHER SIGNED CONSENTS OBTAINED.
CODE ALL THAT APPLY.
1 Hospital Episodes Statistics Register consent obtained
2 NHS Central Register and Cancer Registry consent obtained
3 All consents signed
4 No signed consents

End if

Thank
That is the end of the interview. Thank you for your help. I do however need to collect a little
more information for our records.
1 Continue

Phone
Some interviews in a survey are checked to make sure that people like yourself are satisfied
with the way the interview was carried out. Just in case yours is one of the interviews that is
checked, it would be helpful if we could have your telephone number.
INTERVIEWER: IF GIVEN, ENTER TELEPHONE NUMBER ON FRONT OF ARF.
1 Number given
2 Number refused
3 No telephone
4 Number unknown

Rel Inter
If at some future date we wanted to talk to you further about your health, may we contact
you to see if you are willing to help us again?
1 Yes
2 No
CARD A

RELATIONSHIP

1  Husband / Wife
2  Partner / Cohabitee
3  Natural son / daughter
4  Adopted son / daughter
5  Foster son / daughter
6  Stepson / Stepdaughter / Child of partner
7  Son-in-law / Daughter-in-law
8  Natural parent
9  Adoptive parent
10 Foster parent
11 Step-parent
12 Parent-in-law
13 Natural brother / Natural sister (ie. both natural parents the same)
14 Half-brother / Half-sister (ie. one natural parent the same)
15 Step-brother / Step-sister (ie. no natural parents the same)
16 Adopted brother / Adopted sister
17 Foster brother / Foster sister
18 Brother-in-law / Sister-in-law
19 Grandchild
20 Grandparent
21 Other relative
22 Other non-relative

CARD B

1  Own natural child
2  Other (e.g. adopted, foster, child of partner, etc)
## CARD E

**GROSS INCOME FROM ALL SOURCES**

(before any deductions for tax, national insurance, etc.)

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CARD H

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
10. Hand - (Metacarpals)
11. Fingers/thumb (Phalanges)

ARM FRACTURES

CARD I

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)

LEG FRACTURES
CARD K

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
95. Other
CARD O

HOUSEWORK

- Hoovering
- Dusting
- Ironing
- General tidying
- Washing floors and paint work

CARD P

HEAVY HOUSEWORK

- Moving heavy furniture
- Spring cleaning
- Walking with heavy shopping (for more than 5 minutes)
- Cleaning windows
- Scrubbing floors with a scrubbing brush
CARD Q

GARDENING, DIY AND BUILDING WORK

Hoeing, weeding, pruning
Mowing with a power mower
Planting flowers/seeds
Decorating
Minor household repairs
Car washing and polishing
Car repairs and maintenance

CARD R

HEAVY MANUAL WORK

Digging, clearing rough ground
Building in stone/bricklaying
Mowing large areas with a hand mower
Felling trees, chopping wood
Mixing/laying concrete
Moving heavy loads
Refitting a kitchen or bathroom
CARD U

SPORTS AND EXERCISE ACTIVITIES

**INCLUDE** any sports and exercise activities like:

- Playing football, rugby or netball in a team,
- or any other organised team games
- Playing tennis, squash or badminton

*include playing in:*
- a practice session
- a match
- a club
- out-of-school lesson

- Going swimming or swimming lessons
- Gymnastics (include Toddler Gym, Tumble Tots etc)
- Dance lessons, ballet lessons, ice skating
- Horse riding
- Disco dancing

- Any other organised sports, team sports or exercise activities

CARD V

Other active things like:

- Ride a bike
- Kick a ball around
- Run about (outdoors or indoors)
- Play active games
- Jump around

Any other things like these
**CARD W**

Sitting down doing things like:

- Watching television
- Reading (or being read to)
- Doing homework
- Listening to music
- Talking to friends
- Playing computer games
- Playing boardgames
- Drawing
- Playing quietly
- Sitting in a car
- Sitting in a pushchair

Any other things like these

---

**CARD Z**

1. Normal strength (less than 6% alcohol) beer, lager, stout, cider, or shandy (excluding cans or bottles of shandy)

2. Strong beer, lager, stout or cider (6% alcohol or more) (e.g. Tennants Super, Special Brew, Diamond White)

3. Spirits or Liqueurs (e.g. Gin, Whiskey, Brandy, Rum, Vodka, Advocaat, Cocktails)

4. Sherry or Martini (including Port, Vermouth, Cinzano and Dubonnet)

5. Wine (including Babycham and Champagne)

6. Alcoholic soft drinks or 'alcopops' such as Hooch or Two Dogs, or a pre-mixed alcoholic drink such as Bacardi Breezer, Metz or Smirnoff Ice

7. Other alcoholic drinks

8. Low alcohol drinks only
CARD AA

1. Going to school or college full-time (including on vacation)
2. In paid employment or self-employment (or away temporarily)
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
8. Permanently unable to work because of long-term sickness or disability
9. Retired from paid work
10. Looking after the home or family
11. Doing something else (PLEASE SAY WHAT)

CARD BB

1. Degree or degree level qualification (including higher degree)
2. Teaching qualification
3. Nursing qualifications SRN, SCM, SEN, RGN, RM, RHV, Midwife
4. HNC/HND, BEC/TEC Higher, BTEC Higher/SCOTECH Higher
5. ONC/OND, BEC/TEC/BTEC not higher
6. City and Guilds Full Technological Certificate
7. City and Guilds Advanced/Final Level
8. City and Guilds Craft/Ordinary Level
9. A-levels/Higher School Certificate
10. AS level
11. SLC/SCE/SUPE at Higher Grade or Certificate of Sixth Year Studies
12. O-level passes taken in 1975 or earlier
13. O-level passes taken after 1975 GRADES A-C
15. GCSE GRADES A-C
16. GCSE GRADES D-G
17. CSE GRADE 1/SCE BANDS A-C/Standard Grade LEVEL 1-3
18. CSE GRADES 2-5/SCE Ordinary BANDS D-E
19. CSE Ungraded
20. SLC Lower
21. SUPE Lower or Ordinary
22. School Certificate or Matric
23. NVQ Level 5
24. NVQ Level 4
25. NVQ Level 3/Advanced level GNVQ
26. NVQ Level 2/Intermediate level GNVQ
27. NVQ Level 1/Foundation level GNVQ
28. Recognised Trade Apprenticeship completed
29. Clerical or Commercial Qualification (eg typing/ bookkeeping/commerce)