<table>
<thead>
<tr>
<th>Name of Fruit</th>
<th>Size of Fruit</th>
<th>Name of Fruit</th>
<th>Size of Fruit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apple (all types)</td>
<td>Medium</td>
<td>Melon (all types)</td>
<td>Very large</td>
</tr>
<tr>
<td>Apricot</td>
<td>Small</td>
<td>Mineola</td>
<td>Large</td>
</tr>
<tr>
<td>Avocado</td>
<td>Large</td>
<td>Nectarine</td>
<td>Medium</td>
</tr>
<tr>
<td>Banana</td>
<td>Medium</td>
<td>Olive</td>
<td>Very small</td>
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<tr>
<td>Banana, apple</td>
<td>Small</td>
<td>Orange</td>
<td>Medium</td>
</tr>
<tr>
<td>Banana, nino</td>
<td>Small</td>
<td>Passion fruit</td>
<td>Small</td>
</tr>
<tr>
<td>Berry (other)</td>
<td>Very small</td>
<td>Papaya</td>
<td>Large</td>
</tr>
<tr>
<td>Bilberry</td>
<td>Very small</td>
<td>Paw Paw</td>
<td>Large</td>
</tr>
<tr>
<td>Blackcurrant</td>
<td>Very small</td>
<td>Peach</td>
<td>Medium</td>
</tr>
<tr>
<td>Blackberry</td>
<td>Very small</td>
<td>Pear</td>
<td>Medium</td>
</tr>
<tr>
<td>Blueberry</td>
<td>Very small</td>
<td>Persimmon</td>
<td>Medium</td>
</tr>
<tr>
<td>Cactus pear</td>
<td>Medium</td>
<td>Pitaya</td>
<td>Medium</td>
</tr>
<tr>
<td>Cape gooseberry</td>
<td>Very small</td>
<td>Pineapple</td>
<td>Very large</td>
</tr>
<tr>
<td>Carambola / Star fruit</td>
<td>Medium</td>
<td>Physalis</td>
<td>Very small</td>
</tr>
<tr>
<td>Cherry</td>
<td>Very small</td>
<td>Plantain</td>
<td>Medium</td>
</tr>
<tr>
<td>Cherry tomatoes</td>
<td>Very small</td>
<td>Plum</td>
<td>Small</td>
</tr>
<tr>
<td>Chinese gooseberry</td>
<td>Small</td>
<td>Pomegranate</td>
<td>Medium</td>
</tr>
<tr>
<td>Chinese lantern</td>
<td>Very small</td>
<td>Pomelo/Pummelo</td>
<td>Large</td>
</tr>
<tr>
<td>Chirimoya / Cherimoya</td>
<td>Medium</td>
<td>Prickly pear</td>
<td>Medium</td>
</tr>
<tr>
<td>Clementine</td>
<td>Medium</td>
<td>Rambutans</td>
<td>Very small</td>
</tr>
<tr>
<td>Custard Apple</td>
<td>Medium</td>
<td>Raspberry</td>
<td>Very small</td>
</tr>
<tr>
<td>Damson</td>
<td>Very small</td>
<td>Redcurrants</td>
<td>Very small</td>
</tr>
<tr>
<td>Date (fresh)</td>
<td>Small</td>
<td>Satsuma</td>
<td>Medium</td>
</tr>
<tr>
<td>Dragon fruit</td>
<td>Large</td>
<td>Shaddock</td>
<td>Large</td>
</tr>
<tr>
<td>Elderberry</td>
<td>Very small</td>
<td>Sharon fruit</td>
<td>Medium</td>
</tr>
<tr>
<td>Figs (fresh)</td>
<td>Small</td>
<td>Starfruit</td>
<td>Medium</td>
</tr>
<tr>
<td>Gooseberry</td>
<td>Very small</td>
<td>Strawberry</td>
<td>Very small</td>
</tr>
<tr>
<td>Granadilla / Passion</td>
<td>Small</td>
<td>Stonefruit</td>
<td>Very small</td>
</tr>
<tr>
<td>Grapes (all types)</td>
<td>Very small</td>
<td>Tamarillo / Tree</td>
<td>Small</td>
</tr>
<tr>
<td>Grapefruit</td>
<td>Large</td>
<td>Tangerine</td>
<td>Medium</td>
</tr>
<tr>
<td>Greengage</td>
<td>Small</td>
<td>Tomato</td>
<td>Small</td>
</tr>
<tr>
<td>Grenadillo</td>
<td>Very small</td>
<td>Tomato, cherry</td>
<td>Medium</td>
</tr>
<tr>
<td>Guava</td>
<td>Medium</td>
<td>Tomato, beef</td>
<td>Large</td>
</tr>
<tr>
<td>Horned melon /</td>
<td>Large</td>
<td>Tree tomato</td>
<td>Small</td>
</tr>
<tr>
<td>Kiwano</td>
<td>Small</td>
<td>Tamarillo</td>
<td>Small</td>
</tr>
<tr>
<td>Kiwi</td>
<td>Small</td>
<td>Ugli fruit / Unique</td>
<td>Large</td>
</tr>
<tr>
<td>Kubo</td>
<td>Very small</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kumquat</td>
<td>Very small</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lemon</td>
<td>Medium</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lime</td>
<td>Medium</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loquat</td>
<td>Very small</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lychee</td>
<td>Very small</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mandarin orange</td>
<td>Medium</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mango</td>
<td>Large</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medlar</td>
<td>Medium</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
How to answer these questions

- Please read each question carefully

- Most of the questions can be answered by putting a tick in the box next to the answer that applies to you like this
  - Yes
  - No

- Sometimes you have to write a number in the box, for example
  - I was write in

- Next to some of the boxes are arrows and instructions. They show or tell you which question to answer next. If there are no special instructions, just answer the next question.
  - No
  - Yes

Thank you for taking part in this survey
Cigarette Smoking

1. Have you ever tried smoking a cigarette, even if it was only a puff or two?
   - No
   - Yes
   How old were you when you tried smoking a cigarette, even if it was only a puff or two?
   - 7-13
   - 14-24
   - Write in years old

2. Now read all the following sentences very carefully and tick the box next to the one which best describes you.
   - I have never smoked
   - I have only smoked once or twice
   - I used to smoke sometimes, but I never smoke a cigarette now
   - I sometimes smoke, but I don’t smoke every week
   - I smoke between one and six cigarettes a week
   - I smoke more than six cigarettes a week

3. Did you smoke any cigarettes last week?
   - No
   - Yes
   How many cigarettes did you smoke last week?
   - Write in

4. Do you find that you are often near people who are smoking in any of these places?
   - Tick all boxes which apply
   - At home
   - On buses or trains
   - In other people’s homes
   - In other places
   - No, none of these
   - Go to question 5
   - Go to question 6 on page 4

5. Does this bother you?
   - Yes
   - No
   - Go to next question

3
Drinking

6. Have you ever had a proper alcoholic drink – a whole drink, not just a sip? Please don't count drinks labelled low alcohol.

Tick one box

<table>
<thead>
<tr>
<th>Yes</th>
<th>Go to question 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Go to question 7</td>
</tr>
</tbody>
</table>

7. Have you ever drunk alcopops (such as Bacardi Breezer, Smirnoff Ice, WKD, Hooch etc.)?

Tick one box

<table>
<thead>
<tr>
<th>Yes</th>
<th>Go to question 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Go to question 11 on page 6</td>
</tr>
</tbody>
</table>

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

I was __________ years old

Write in

9. How often do you usually have an alcoholic drink or alcopop?

Tick one box

<table>
<thead>
<tr>
<th>Almost every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>About twice a week</td>
</tr>
<tr>
<td>About once a week</td>
</tr>
<tr>
<td>About once a fortnight</td>
</tr>
<tr>
<td>About once a month</td>
</tr>
<tr>
<td>Only a few times a year</td>
</tr>
<tr>
<td>I never drink alcohol now</td>
</tr>
</tbody>
</table>

Go to question 10

10. When did you last have an alcoholic drink or alcoholic soft drink?

Tick one box

<table>
<thead>
<tr>
<th>Today</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yesterday</td>
</tr>
<tr>
<td>Some other time during the last week</td>
</tr>
<tr>
<td>1 week, but less than 2 weeks ago</td>
</tr>
<tr>
<td>2 weeks, but less than 4 weeks ago</td>
</tr>
<tr>
<td>1 month, but less than 6 months ago</td>
</tr>
<tr>
<td>6 months ago or more</td>
</tr>
</tbody>
</table>

Go to question 11
Your weight

Everyone please answer

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

   Tick one box
   
   About the right weight
   too heavy
   or too light?
   Not sure

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

   Tick one box
   
   Trying to lose weight
   Trying to gain weight
   Not trying to change weight

Cycling

Everyone please answer

13. Do you have a bicycle?

   Tick one box
   
   Yes
   No

Go to question 14

14. Do you wear a bicycle helmet when you ride a bike?

   Tick one box
   
   I always wear a helmet when I ride a bike
   I sometimes wear a helmet when I ride a bike
   I never wear a helmet when I ride a bike

Go to question 15

15. What do you think about bicycle helmets?

   Please tick all the boxes that you agree with

   Wearing a helmet makes me feel safer when I ride a bike
   I sometimes forget to put my helmet on
   Bicycle helmets cost too much money
   Helmets look good
   It is difficult to get helmets to fit
   Helmets can protect you if you have an accident
   Wearing a helmet makes me feel like a proper cyclist

Thank you for answering these questions.

Please give the booklet back to the interviewer.
How to answer these questions

- Please read each question carefully

- Most of the questions can be answered by putting a tick in the box next to the answer that applies to you like this

  Yes  ☑

  No  

- Sometimes you have to write a number in the box, for example

  I was 10 years old write in

- Next to some of the boxes are arrows and instructions
  They show or tell you which question to answer next.
  If there are no special instructions, just answer the next question.

- Go to question 4

  No  

  Yes  ☑

  I was 10 years old write in

Health Survey for England: 2006

Booklet for 13-15 year olds

In Confidence

- Here are some questions for you to answer on your own.
- We are interested in your honest answers.
- We will not tell anyone what your answers are.
- Look at the instructions on the next page and read what to do.
- Ask the interviewer for help if you do not understand a question or are not sure what to do.

Thank you for taking part in this survey
Cigarette Smoking

Q1 Have you ever tried smoking a cigarette, even if it was only a puff or two?

Tick one box

- Yes
- No

Go to next question

Q2 Now read all the following sentences very carefully and tick the box next to the one which best describes you.

- I have never smoked
- I have only smoked once or twice
- I used to smoke sometimes, but I never smoke a cigarette now
- I sometimes smoke, but I don’t smoke every week
- I smoke between one and six cigarettes a week
- I smoke more than six cigarettes a week

Go to question 6

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

I was __________ years old

write in

Go to next question

Q4 Did you smoke any cigarettes last week?

Tick one box

- Yes
- No

Go to question 6

Q5 How many cigarettes did you smoke last week?

I smoked __________ cigarettes

write in

Go to next question

EVERYONE PLEASE ANSWER

Q6 Do you find that you are often near people who are smoking in any of these places?

Please tick all the places where you are often near people who are smoking

- At home
- On buses or trains
- In other people’s homes
- In other places
- No, none of these

Go to question 7

Q7 Does this bother you?

Tick one box

- Yes
- No

Go to next question

Go to question 8 on page 4
Drinking

Q8 Have you ever had a proper alcoholic drink - a whole drink, not just a sip? Please don't count drinks labelled low alcohol.

Tick one box

Yes → Go to question 10
No → Go to next question

Q9 Have you ever drunk alcopops (such as Bacardi Breezer, Smirnoff Ice, WKD, Hooch etc)?

Tick one box

Yes → Go to next question
No → Go to question 19 on page 8

Q10 How old were you the first time you had a proper alcoholic drink or an alcopop?

I was □□□□□□ years old → Go to next question

write in

Q11 How often do you usually have an alcoholic drink or alcopop?

Tick one box

Almost every day □
About twice a week □
About once a week □
About once a fortnight □
About once a month □
Only a few times a year □
I never drink alcohol now □

Go to next question

Q12 When did you last have an alcoholic drink or alcopop?

Tick one box

Today □
Yesterday □
Some other time during the last week □
1 week, but less than 2 weeks ago □
2 weeks, but less than 4 weeks ago □
1 month, but less than 6 months ago □
6 months ago or more □

Go to next question

Q13 Which, if any, of the drinks shown below, have you drunk in the last 7 days? Please (_) either yes or no for each kind of drink.

For each kind of drink, write in the box how much you drank in the last 7 days.

Beer, lager cider or shandy (exclude bottles or cans of shandy)

Have you drunk this in the last 7 days?

Tick one box

No □
Yes □

Go to question 14

How much did you drink in the last 7 days?

Write in:

450-451 Pints (if half a pint, write in ½)
450-457 Large cans or bottles
450-452 AND/OR Small cans or bottles
Q14 Spirits or liqueurs, such as gin, vodka, whisky, rum, brandy or cocktails
Have you drunk this in the last 7 days?

Tick one box
No  Go to question 15
Yes

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

4 to 6

Glasses (count doubles as two glasses)

Q15 Sherry or martini (including port, vermouth, cinzano, dubonnet)
Have you drunk this in the last 7 days?

Tick one box
No  Go to question 16
Yes

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

4 to 6

Glasses (count doubles as two glasses)

Q16 Wine (including babycham and champagne)
Have you drunk this in the last 7 days?

Tick one box
No  Go to question 17
Yes

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

4 to 6

Glasses

Q17 Alcopop (such as Bacardi Breezer, Smirnoff Ice, WKD, Hooch, etc.)
Have you drunk this in the last 7 days?

Tick one box
No  Go to question 18
Yes

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

Large cans or bottles

AND/OR

Small cans or bottles

Q18 Other kinds of alcoholic drink?
Have you drunk this in the last 7 days?

Tick one box
No  Go to question 19
Yes

Complete details below

Write in name of drink

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

4 to 6

4 to 6

4 to 6

Score [15-30]
Your weight

Everyone please answer

Q19 Given your age and height, would you say that you are...

Tick one box

About the right weight [ ]
too heavy [ ]
or too light? [ ]
Not sure [ ]

Q20 At the present time are you trying to lose weight, trying to gain weight, or are you not trying to change your weight?

Tick one box

Trying to lose weight [ ]
Trying to gain weight [ ]
Not trying to change weight [ ]

General health over the last few weeks

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

HAVE YOU RECENTLY:

Q21 been able to concentrate on whatever you're doing?

Tick one box

Better than usual [ ]
Same as usual [ ]
Less than usual [ ]
Much less than usual [ ]

Q22 lost much sleep over worry?

Tick one box

Not at all [ ]
No more than usual [ ]
Rather more than usual [ ]
Much more than usual [ ]

Q23 felt you were playing a useful part in things?

Tick one box

More so than usual [ ]
Same as usual [ ]
Less so than usual [ ]
Much less useful [ ]

Q24 felt capable of making decisions about things?

Tick one box

More so than usual [ ]
Same as usual [ ]
Less so than usual [ ]
Much less capable [ ]

Q25 felt constantly under strain?

Tick one box

Not at all [ ]
No more than usual [ ]
Rather more than usual [ ]
Much more than usual [ ]

Q26 felt you couldn't overcome your difficulties?

Tick one box

Not at all [ ]
No more than usual [ ]
Rather more than usual [ ]
Much more than usual [ ]
HAVE YOU RECENTLY:

Q27 been able to enjoy your normal day-to-day activities?

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

Q28 been able to face up to your problems?

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

Q29 been feeling unhappy and depressed?

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

Q30 been losing confidence in yourself?

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

Q31 been thinking of yourself as a worthless person?

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

Q32 been feeling reasonably happy, all things considered?

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

Thank you for answering these questions.
Please give the booklet back to the interviewer.

10
ISMOKING

Q1 Have you ever smoked a cigarette, a cigar or a pipe?
Tick one box
Yes \[ \square \] Go to Q2
No \[ \square \] Go to Q9 on page 2

Q2 Have you ever smoked a cigarette?
Tick one box
Yes \[ \square \] Go to Q3
No \[ \square \] Go to Q9 on page 2

Q3 How old were you when you first tried smoking a cigarette, even if it was only a puff or two?
Write in how old you were then \[ \square \] Go to Q4

Q4 Do you smoke cigarettes at all nowadays?
Tick one box
Yes \[ \square \] Go to Q6
No \[ \square \] Go to Q5

Q5 Did you smoke cigarettes regularly or occasionally?
Tick one box
Regularly, that is at least one cigarette a day \[ \square \]
Occasionally \[ \square \] Go to Q9 on page 2
I never really smoked cigarettes; just tried them once or twice

CURRENT SMOKERS

Q6 About how many cigarettes a day do you usually smoke on weekdays?
Write in number smoked a day \[ \square \] Go to Q7

Q7 And about how many cigarettes a day do you usually smoke at weekends?
Write in number smoked a day \[ \square \] Go to Q8 on page 2
**EVENLY PLEASE ANSWER**

**Q8** Do you mainly smoke:
- [ ] filter-tipped cigarettes,  **Tick one box**
- [ ] plain or unfiltered cigarettes,  **Go to Q9**
- [ ] hand-rolled cigarettes?  **Hang 12-42**

**Q9** Did your father ever smoke regularly when you were a child?
- [ ] Yes  **Tick one box**
- [ ] No  **Go to Q10**
- [ ] Don't know

**Q10** Did your mother ever smoke regularly when you were a child?
- [ ] Yes  **Tick one box**
- [ ] No  **Go to Q11**
- [ ] Don't know

**Q11** Do you find that you are often near people who are smoking in any of these places?
- [ ] Please tick all the places where you are often near people who are smoking  **Tick all boxes which apply**
- [ ] At home  **Go to question 12**
- [ ] At work
- [ ] On buses or trains
- [ ] In other people's homes
- [ ] In pubs
- [ ] In other places
- [ ] No, none of these  **Go to question 13 on page 3**

**Q12** Does this bother you?
- [ ] Yes  **Tick one box**
- [ ] No  **Go to next question**

**DRINKING**

**Q13** Do you ever drink alcohol nowadays, including drinks you brew or make at home?
- [ ] Yes  **Tick one box**
- [ ] No  **Go to Q16**

**Q14** Just to check, does that mean you never have an alcoholic drink nowadays, or do you have an alcoholic drink very occasionally, perhaps for medicinal purposes or on special occasions like Christmas and New Year?
- [ ] Very occasionally  **Tick one box**
- [ ] Never  **Go to Q16**

**Q15** Have you always been a non-drinker or did you stop drinking for some reason?
- [ ] Always a non-drinker  **Tick one box**
- [ ] Used to drink but stopped  **Go to Q21 on page 6**

**Q16** How old were you the first time you ever had a proper alcoholic drink?
- [ ] Write in how old you were then  **Go to Q17 on page 4**
- [ ] 18 or older  **Skip Q17-32"**
Q17  Thinking now about all kinds of drinks, how often have you had an alcoholic drink of any kind during the last 12 months?

- Almost every day
- Five or six days a week
- Three or four days a week
- Once or twice a week
- Once or twice a month
- Once every couple of months
- Once or twice a year
- Not all in the last 12 months

Go to Q18

Q18  Did you have an alcoholic drink in the seven days ending yesterday?

- Yes
- No

Go to Q19

Q19  On how many days out of the last seven did you have an alcoholic drink?

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

Go to Q20

Q20  Please think about the day in the last week on which you drank the most. (If you drank the same amount on more than one day, please answer about the most recent of those days.)

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

<table>
<thead>
<tr>
<th>TICK ALL DRINKS DRUNK ON THAT DAY</th>
<th>WRITE IN HOW MUCH DRUNK ON THAT DAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glasses (count doubles as 2 singles)</td>
<td>Pints</td>
</tr>
<tr>
<td>Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol)-exclude bottles/cans of shandy.</td>
<td></td>
</tr>
<tr>
<td>Strong beer, lager, stout or cider (6% alcohol or more) such as Tennents Super, Speckled Eagle (Diamond White)</td>
<td></td>
</tr>
<tr>
<td>Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails</td>
<td></td>
</tr>
<tr>
<td>Sherry or martini (including port, vermouth, cointreau, dubonnet)</td>
<td></td>
</tr>
<tr>
<td>Wine (including babycham and champagne)</td>
<td></td>
</tr>
<tr>
<td>Alcoholic soft drink (‘slodge’) such as Hooch, or a pre-mixed alcoholic drink such as Beardi Breeze, WKD or Smirnoff Ice</td>
<td></td>
</tr>
<tr>
<td>Other kinds of alcoholic drink</td>
<td></td>
</tr>
<tr>
<td>WRITE IN NAME OF DRINK</td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
</tbody>
</table>

Spare 175-200
GENERAL HEALTH TODAY

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

Q21 Mobility

Tick one box

I have no problems in walking about

I have some problems in walking about

I am confined to bed

Q22 Self-Care

Tick one box

I have no problems with self-care

I have some problems washing or dressing myself

I am unable to wash or dress myself

Q23 Usual activities

Tick one box

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

I have some problems with performing my usual activities

I am unable to perform my usual activities

Q24 Pain/Discomfort

Tick one box

I have no pain or discomfort

I have moderate pain or discomfort

I have extreme pain or discomfort

Q25 Anxiety/Depression

Tick one box

I am not anxious or depressed

I am moderately anxious or depressed

I am extremely anxious or depressed

---

GENERAL HEALTH OVER THE LAST FEW WEEKS

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

HAVE YOU RECENTLY:

Q26 been able to concentrate on whatever you're doing?

Tick one box

Better than usual

Same as usual

Less than usual

Much less than usual

Q27 lost much sleep over worry?

Tick one box

Not at all

No more than usual

Rather more than usual

Much more than usual

Q28 felt you were playing a useful part in things?

Tick one box

More so than usual

Same as usual

Less useful than usual

Much less useful

Q29 felt capable of making decisions about things?

Tick one box

More so than usual

Same as usual

Less so than usual

Much less capable

Q30 felt constantly under strain?

Tick one box

Not at all

No more than usual

Rather more than usual

Much more than usual

Q31 felt you couldn't overcome your difficulties?

Tick one box

Not at all

No more than usual

Rather more than usual

Much more than usual
FAMILY AND FRIENDS

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

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

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

Q38 There are people I know – amongst my family or friends – who do things to make me happy.

Q39 There are people I know – amongst my family or friends – who make me feel loved.

Q40 There are people I know - amongst my family or friends - who can be relied on no matter what happens.

Q41 There are people I know – amongst my family or friends – who would see that I am taken care of if I needed to be.

Q42 There are people I know - amongst my family or friends - who accept me just as I am.

Q43 There are people I know – amongst my family or friends – who make me feel an important part of their lives.

Q44 There are people I know - amongst my family or friends - who give me support and encouragement.
YOUR LOCAL AREA

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

Q45 How long have you lived in this local area?

Tick all that apply

Write in

Years

Write in

Months

202-225

Q46 Please say whether you agree or disagree with the following statements:

(a) This area is a place I enjoy living in.

Tick one box

Strongly agree

Agree

Disagree

Strongly disagree

234

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

Tick one box

236

Strongly agree

Agree

Disagree

Strongly disagree

(c) This area has good local transport.

Tick one box

237

Strongly agree

Agree

Disagree

Strongly disagree

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

Tick one box

239

Very easy

Fairly easy

Fairly difficult

Very difficult

Q47 From here, how easy is it for you to get to a medium to large supermarket using your usual type of transport?

Tick one box

218

Very easy

Fairly easy

Fairly difficult

Very difficult

Q48 From here, how easy is it for you to get to a post office using your usual type of transport?

Tick one box

219

Very big problem

Fairly big problem

Not a very big problem

Not a problem at all

Q49 In your local area how much of a problem are teenagers hanging around on the streets?

Tick one box

216

Very big problem

Fairly big problem

Not a very big problem

Not a problem at all

Q50 In your local area how much of a problem is vandalism, graffiti or deliberate damage to property?

Tick one box

212

Very big problem

Fairly big problem

Not a very big problem

Not a problem at all

Q51 Do you regularly join in the activities of any of these organisations?

Tick all that apply

Political parties

Trade unions (including student unions)

Environmental groups

Parent-teacher association or school association

Tenants’ or residents’ group or neighbourhood watch

Education, arts, music or singing group (including evening classes)

Religious group or church organisation

Charity, voluntary or community group

Group for elderly or older people (e.g. lunch club)

Youth group (e.g. scouts, guides, youth club)

Women’s institute or Townwomen’s Guild or Women’s group

Social club (including working men’s club, Rotary club)

Sports club, gym, exercise or dance group

Other group or organisation

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

Q52 Generally speaking, would you say that most people can be trusted or you can’t be too careful in dealing with people?

Can be trusted

Can’t be too careful

Don’t know

Q53 Would you say that most of the time people try to be helpful or just look out for themselves?

Try to be helpful

Look out for themselves

Don’t know

Q54 Do you think most people would take advantage of you if they got the chance or would they try to be fair?

Take advantage

Try to be fair

Don’t know

Q55 If you are a woman, please go to Q56

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

Q56 Are you currently taking the contraceptive pill or having a contraceptive injection or implant?
Tick one box

Yes [ ] Go to Q57

No [ ] Go to Q59

Q57 What is the brand name of your contraceptive?
Please write in the name below.

Q58 What kind of contraceptive is this?
Tick one box

Injection [ ]

Mini pill (progestogen only) [ ]

Combined pill [ ]

Implant (Nonplant) [ ]

Not sure [ ]

Q59 Thank you for answering these questions. Please give the booklet back to the interviewer.
Health Survey for England
2006

Booklet for Adults
In Confidence

How to fill in this questionnaire

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

Example:

<table>
<thead>
<tr>
<th>Very healthy life</th>
<th>Fairly healthy life</th>
<th>Not very healthy life</th>
<th>An unhealthy life</th>
</tr>
</thead>
</table>

Do you feel that you lead a ...

Tick one box

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

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

Example:

Tick one box

Yes ☒ Go to Q4

No ☐ Go to Q5

GENERAL HEALTH TODAY

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

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

Q1 Mobility

Tick one box

I have no problems in walking about

I have some problems in walking about

I am confined to bed

Q2 Self-Care

Tick one box

I have no problems with self-care

I have some problems washing or dressing myself

I am unable to wash or dress myself

Q3 Usual activities

Tick one box

I have no problems with performing my usual activities (e.g. work, study, housework, family or leisure activities)

I have some problems with performing my usual activities

I am unable to perform my usual activities

Q4 Pain/Discomfort

Tick one box

I have no pain or discomfort

I have moderate pain or discomfort

I have extreme pain or discomfort

Q5 Anxiety/Depression

Tick one box

I am not anxious or depressed

I am moderately anxious or depressed

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

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

HAVE YOU RECENTLY:

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

<table>
<thead>
<tr>
<th>Better than usual</th>
<th>Same as usual</th>
<th>Less than usual</th>
<th>Much less than usual</th>
</tr>
</thead>
</table>

Q7 lost much sleep over worry?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>No more than usual</th>
<th>Rather more than usual</th>
<th>Much more</th>
</tr>
</thead>
</table>

Q8 felt you were playing a useful part in things?

<table>
<thead>
<tr>
<th>More so than usual</th>
<th>Same as usual</th>
<th>Less useful than usual</th>
<th>Much less useful</th>
</tr>
</thead>
</table>

Q9 felt capable of making decisions about things?

<table>
<thead>
<tr>
<th>More so than usual</th>
<th>Same as usual</th>
<th>Less so than usual</th>
<th>Much less capable</th>
</tr>
</thead>
</table>

Q10 felt constantly under strain?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>No more than usual</th>
<th>Rather more than usual</th>
<th>Much more than usual</th>
</tr>
</thead>
</table>

Q11 felt you couldn't overcome your difficulties?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>No more than usual</th>
<th>Rather more than usual</th>
<th>Much more than usual</th>
</tr>
</thead>
</table>

HAVE YOU RECENTLY:

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

<table>
<thead>
<tr>
<th>More so than usual</th>
<th>Same as usual</th>
<th>Less so than usual</th>
<th>Much less than usual</th>
</tr>
</thead>
</table>

Q13 been able to face up to your problems?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>No more than usual</th>
<th>Rather more than usual</th>
<th>Much more than usual</th>
</tr>
</thead>
</table>

Q14 been feeling unhappy and depressed?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>No more than usual</th>
<th>Rather more than usual</th>
<th>Much more than usual</th>
</tr>
</thead>
</table>

Q15 been losing confidence in yourself?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>No more than usual</th>
<th>Rather more than usual</th>
<th>Much more than usual</th>
</tr>
</thead>
</table>

Q16 been thinking of yourself as a worthless person?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>No more than usual</th>
<th>Rather more than usual</th>
<th>Much more than usual</th>
</tr>
</thead>
</table>

Q17 been feeling reasonably happy, all things considered?

<table>
<thead>
<tr>
<th>More so than usual</th>
<th>Same as usual</th>
<th>Less so than usual</th>
<th>Much less than usual</th>
</tr>
</thead>
</table>

General Health Questionnaire (GHQ-12)
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FAMILY AND FRIENDS

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

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

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

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

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

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

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

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

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

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

YOUR LOCAL AREA

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

Q25 How long have you lived in this local area?

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

   a This area is a place I enjoy living in.

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

   c This area has good local transport.

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

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

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

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

Q30 In your local area how much of a problem is vandalism, graffiti or deliberate damage to property?
Q31 Do you regularly join in the activities of any of these organisations?

Tick all that apply below:

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

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

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

Can be trusted

Can’t be too careful

Don’t know

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

Try to be helpful

Look out for themselves

Don’t know

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

Take advantage

Try to be fair

Don’t know

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

If you are a man, thank you for answering these questions.

Please give the booklet back to the interviewer.

WOMEN ONLY PLEASE ANSWER

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

Tick one box

Yes

Go to Q37

No

Go to Q40

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

Tick one box

Yes

Go to Q38

No

Go to Q40

Q38 What is the brand name of your contraceptive?

Please write in the name below.

Q39 What kind of contraceptive is this?

Tick one box

Injection

Mini pill (progestogen only)

Combined pill

Implant (Norplant)

Not sure

Q40 Are you still having periods (menstruating)?

Tick one box

Yes

Go to Q43

No

Go to Q41
Q41 Did your periods stop as a result of an operation?
   Tick one box
   Yes □ — Go to Q42
   No □ — Go to Q43

Q42 Have you had any ovaries removed?
   Tick one box
   Yes □ — Go to Q43
   No □ — END

Q43 Have you ever been on Hormone Replacement Therapy (HRT)?
   Tick one box
   Yes □ — Go to Q44
   No □ — END

Q44 At what age did you start Hormone Replacement Therapy?
   Write in age
   □□□□ years old — Go to Q45

Q45 Are you still on Hormone Replacement Therapy?
   Tick one box
   Yes □ — END
   No □ — Go to Q46

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

Thank you for answering these questions.
Please give the booklet back to the interviewer.
Strengths and Difficulties Questionnaire

We'd like you to tell us something about your child's behaviour over the last 6 months. For each item, please circle the number for Not true, Somewhat true, or Certainly true to show how true the item is of your child.

(CIRCLE ONE NUMBER ON EACH LINE)

<table>
<thead>
<tr>
<th>Item</th>
<th>Not true</th>
<th>Somewhat true</th>
<th>Certainly true</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Considerate of other people's feelings</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Restless, overactive, cannot stay still for long</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Often complains of headaches, stomach-aches or sickness</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Shares readily with other children (treats, toys, pencils etc.)</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Often has temper tantrums or hot tempers</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Rather solitary, tends to play alone</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Generally obedient, usually does what adults request</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. Many worries, often seems worried</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Helpful if someone is hurt, upset or feeling ill</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>10. Constantly fidgeting or squirming</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>11. Has at least one good friend</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>12. Often fights with other children or bullies them</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>13. Often unhappy, down-hearted or tearful</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>14. Generally liked by other children</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>15. Easily distracted, concentration wanders</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>16. Nervous or clingy in new situations, easily loses confidence</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>17. Kind to younger children</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>18. Often lies or cheats</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>19. Picked on or bullied by other children</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>20. Often volunteers to help others (parents, teachers, other children)</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Example:

Do you feel that you lead a ... Very healthy life Fairly healthy life Not very healthy life An unhealthy life

1    2    3    4
21. Thinks things out before acting  
22. Steals from home, school or elsewhere  
23. Gets on better with adults than with other children  
24. Many fears, easily scared  
25. Sees tasks through to the end, good attention span

26. Have you ever consulted any of the following people or organisations about any behavioural or developmental problem your child may have had?

CIRCLE ALL THAT APPLY

- General Practitioner (GP)  01
- Health Visitor  02
- Nurse at GP surgery or health centre  03
- Community, School or District nurse  04
- Consultant/Specialist or other doctor at hospital outpatients  05
- Social Worker  06
- Psychologist  07
- Teacher  08
- Other person or organisation (please write in who)  09
- None of these  10

Thank you for answering these questions. Please give the booklet back to the interviewer
EATING HABITS

Please read this carefully

We would now like to ask you about some foods which you may eat. Please answer ALL the questions by ticking the box which you think most applies to you.

1. What kind of milk do you usually use for drinks, in tea or coffee and on cereals? Is it ...

   (tick one box)

   - whole milk
   - semi-skimmed milk, including dried semi-skimmed
   - skimmed milk, including dried skimmed
   - Do not have a usual type
   - Do not drink milk

   GO TO Q2

2. About how much milk do you yourself use each day, on average (for drinks, in tea and coffee, on cereals etc.)? Is it ...

   (tick one box)

   - Less than a quarter of a pint
   - About a quarter of a pint
   - About half a pint
   - One pint or more

3. How often, on average, do you eat a serving of any type of cheese, except cottage cheese?

   (tick one box)

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

4. How often, on average, do you eat a serving of chicken or turkey?

   (tick one box)

   INCLUDE: processed chicken or turkey, chicken roll, chicken nuggets, turkey burgers

   - 6 or more times a week
   - 3 to 5 times a week
   - 1 to 2 times a week
   - Less than once a week
   - Rarely or never
10. About how many rounded teaspoons of butter, margarine or other spread do you usually use in a day, for example on bread, sandwiches, toast, potatoes or vegetables?

WRITE IN
No. of teaspoons per day

---

11. What sort of fat or oil do you usually use for cooking or frying food?

- Butter, ghee, lard, suet, solid cooking fat
- Hard or soft margarine, half fat butter
- Vegetable oil, e.g. Sunflower, olive, rape seed, mustard, peanut, corn
- Do not use oil or fat in cooking

Thank you for answering these questions
Please give the booklet back to the nurse
The Health Survey for England 2006 - Nurse Schedule

Household grid

Program Documentation

Nurse Schedule

Household grid

PERSON to OC are usually transmitted directly from the interview data to the nurse CAPI program. There is also a facility for nurses to key this information directly from the Nurse Record Form, for example if the nurse visit follows too quickly from the interview to allow the automatic transmission to take place.

Person
Person number of person who was interviewed
Range 01..12

Name
Name of person who was interviewed

Sex
Sex of person who was interviewed
1 Male
2 Female

Age
Age of person who was interviewed
Range 0..120

OC
Interview outcome of person who was interviewed
1 Agreed Nurse Visit
2 Refused Nurse Visit
3 No outcome yet

IF AGE <= 15 THEN
P1
Person number of child’s Parent 1.
Range: 1..12

NatP1
Parent type of Parent 1.
1 Parent
2 Legal parental responsibility

P2
Person number of child’s Parent 2
(code 97=no Parent 2 in household)
Range: 01..97

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

ENDIF

ENDIF

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

Text: Maximum 10 characters
The Health Survey for England 2006 - Nurse Schedule

HHDate
NURSE: ENTER THE DATE OF THE ORIGINAL HOUSEHOLD INTERVIEW FROM Q2 ON
THE NRF (OR INTERIM APPOINTMENT RECORD).
ENTER DAY OF MONTH IN NUMBER, NAME OF MONTH IN WORDS (FIRST THREE
LETTERS) AND YEAR IN NUMBERS, EG: 2 JAN 97.

OpenDisp
HERE ARE THE PEOPLE AT THIS HOUSEHOLD WHO HAVE BEEN SEEN BY THE
INTERVIEWER (NB. N/Y UNDER Nurse MEANS 'Not yet' or 'Not ever'.)
No Name Sex Age Nurse Par1 NatPs1 Par2 NatPs2
PRESS 1 AND <Enter> TO SEE WHICH NURSE SCHEDULE TO SELECT FOR EACH
PERSON.

SchDisp
TO INTERVIEW EACH PERSON, PRESS <Ctrl+Enter> AND SELECT THE
CORRESPONDING NURSE SCHEDULE AS LISTED BELOW.
No Name Sex Age Nurse Schedule
PRESS <Ctrl+Enter> TO SELECT A NURSE SCHEDULE FOR THE PERSON YOU WANT TO
INTERVIEW, OR TO EXIT.

Introduction

The Health Survey for England 2006 - Nurse Schedule

Introduction

IF OC = 1 THEN
Info
You are in the Nurse Schedule for:
Person Number: Name:
Age:
Sex:
Can you interview this person? TO LEAVE THIS SCHEDULE FOR NOW, PRESS <Ctrl
Enter>
1 Yes, I will do the interview now
2 No, I will not be able to do this interview
ELSEIF OC=2 OR 3 THEN
RefInfo
NURSE: (Name of respondent) IS RECORDED AS HAVING REFUSED A NURSE VISIT.
HAS (highly) CHANGED (his/her) MIND?
NURSE: THERE IS NO INFORMATION YET FROM THE INTERVIEWER WHETHER (Name of
respondent) HAS AGREED TO A NURSE VISIT. IF YOU ARE SURE THAT (hypoth) HAS
COMPLETED AN INTERVIEW AND HAS AGREED TO SEE YOU, CODE 1 FOR "YES" HERE. ELSE
CODE 2 FOR "No"
1 Yes, (nowthis person) agrees nurse visit
2 No, (still refuses)this person will not have a nurse visit
ENDIF

ALL WITH A NURSE VISIT (Info = Yes OR RefInfo = Yes, agrees nurse visit)
NurDate
NURSE: ENTER THE DATE OF THIS INTERVIEW.

NDoB
Can I just check your date of birth?
ENTER RESPONDENT'S DATE OF BIRTH. ENTER DAY OF MONTH IN NUMBERS, NAME
OF MONTH IN WORDS (FIRST THREE LETTERS), YEAR IN NUMBERS, EG: 2 Jan 72

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

DispAge
CHECK WITH RESPONDENT: So your age is (computed age)?
1 Yes
2 No
IF Age of Respondent is 0 to 15 years THEN
CParInt
NURSE: A child can be interviewed only with the permission of, and in the presence of, their
parent or person who has (permanent) legal parental responsibility, (parrent). No
measurements should be carried out without the agreement of both parent and the child.
ENTER 'T' TO CONTINUE

CParNo
NURSE CHECK: WHICH PARENT (OR "PARENT") IS GIVING PERMISSION FOR
MEASUREMENTS TO BE TAKEN AND ANSWERING QUESTIONS FOR THIS CHILD?
A (Name of Parent 1)
B (Name of Parent 2)
ENDIF
The Health Survey for England 2006 - Nurse Schedule

Introduction

IF (Age of respondent is 16 to 49 years) AND (Sex = Female) THEN
PregNT]
Can I check, are you pregnant at the moment?
  1 Yes
  2 No
ENDIF

The Health Survey for England 2006 - Nurse Schedule

Prescribed medicines and drug coding

ALL WITH A NURSE VISIT

MedCNJD
Are you taking or using any medicines, pills, syrups, ointments, puffers or injections prescribed for you by a doctor? NURSE: If statins have been prescribed by a doctor, please code them here. If they are bought without a prescription, code at the statins question.
  1 Yes
  2 No
IF MedCNJD = Yes THEN
MedIntro
Could I take down the names of the medicines, including pills, syrups, ointments, puffers or injections, prescribed for you by a doctor?
  1 Continue
Collect details of up to 22 prescribed medicines
FOR i:= 1 TO 22 DO
  IF (i = 1) OR (MedBIC[i-1] = Yes) THEN
    MedBIC[i]
    NURSE: ENTER NAME OF DRUG NO. (1,2,3,etc.). ASK IF YOU CAN SEE THE CONTAINERS FOR ALL PRESCRIBED MEDICINES CURRENTLY BEING TAKEN. IF ASPIRIN, RECORD DOSAGE AS WELL AS NAME.
    Text: Maximum 30 characters
    MedBIC[i]
    Have you taken/used (name of medicine) in the last 7 days?
      1 Yes
      2 No
    MedBIC[i]
    NURSE CHECK: Any more drugs to enter?
      1 Yes
      2 No
ENDIF
ENDDO
IF age>=16 AND MedCNJD = No OR MedBic = 2 THEN
Statins
Are you taking statins (drugs to lower cholesterol) bought over the counter from a pharmacist, without the prescription of a doctor?
  1 Yes
  2 No
IF Statins = Yes THEN
StatinA
Have you taken/used any statins in the last 7 days?
  1 Yes
  2 No

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### Immunisations and Infant Length

<table>
<thead>
<tr>
<th>Disease</th>
<th>Recommended Programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td>10 doses at 6 months, 12 months, 15 years</td>
</tr>
<tr>
<td>Diptheria</td>
<td>3 doses at 2, 4, 6 months</td>
</tr>
<tr>
<td>Tetanus</td>
<td>4 doses at birth, 2 months, 4 months, 6 months</td>
</tr>
<tr>
<td>Polio</td>
<td>3 doses at 2, 4, 6 months, 18 months</td>
</tr>
<tr>
<td>Hib</td>
<td>3 doses at 2, 4, 6 months, 12 months</td>
</tr>
<tr>
<td>RVV</td>
<td>2 doses at 2, 4 months</td>
</tr>
</tbody>
</table>

### Proscribed Medicines

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Prescribed Medicines</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-6 months</td>
<td>Vitamin A, Vitamin D, RotaVax, Pentavalent Vaccine</td>
</tr>
<tr>
<td>6-12 months</td>
<td>Vitamin A, Vitamin D, RotaVax, Pentavalent Vaccine, DTap, Hib</td>
</tr>
<tr>
<td>1-2 years</td>
<td>Vitamin A, Vitamin D, RotaVax, Pentavalent Vaccine, DTap, Hib, RVV</td>
</tr>
<tr>
<td>2-3 years</td>
<td>Vitamin A, Vitamin D, RotaVax, Pentavalent Vaccine, DTap, Hib, RVV, MMR</td>
</tr>
</tbody>
</table>

### Notes
- All children under 2 years old are to be vaccinated against DTP, Hib, and RotaVax.
- Children aged 2-3 years are to be vaccinated against DTP, Hib, RVV, and MMR.
- Vitamin A and Vitamin D are to be given to all children under 2 years old.
- RotaVax is to be given to all children under 6 years old.
- Pentavalent Vaccine is to be given to all children under 1 year old.
- DTap is to be given to all children under 5 years old.
- Hib is to be given to all children under 5 years old.
- RVV is to be given to all children under 3 years old.
- MMR is to be given to all children under 10 years old.